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**Wirral Community NHS Foundation Trust**  
**Annual Report and Accounts**  
**1 April 2018 - 31 March 2019**

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 2018-19 will be made available by **13** November 2019 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)

# Performance Report

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# Performance overview from the Chief Executive - a review of our performance in 2018-19

Welcome to our Annual Report and Accounts 2018-19 which presents what we have achieved over the last year and demonstrates how we are constantly striving to build on our 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 2018-19.

Our vision remains to be the **outstanding provider of high quality, integrated care to the communities we serve.**

This is informed by our values:

**The values at our HEART...**

- H** *Health and wellbeing at the heart of everything we do*
- E** *Exceptional person-centred care*
- A** *Actively supporting each other*
- R** *Responsive, professional, innovative*
- T** *Trusted to deliver*



In 2018-19 the Trust welcomed the publication of the NHS Long Term Plan not least because of its assertion to increase and invest in community and primary care services to benefit and build place-based care.

The plan has been developed by people who know the NHS best (frontline health and care staff, patients and their families, local people and other experts) and it asserts that for the first time investment in primary, community and mental health care will grow faster than the growing overall NHS budget. The Chair of NHS Improvement also acknowledged the need to shift the focus away from hospitals, to prevention and care in the community.

We are clear that the services we provide are central to the future of sustainable health and social care. The Long Term Plan confirms the key role community providers will be required to play over the next decade and beyond. It re-iterates why the Trust exists and why our services are uniquely placed to continue to provide the high-quality care and support that we deliver in the heart of our local communities.

During 2018-19, our services and teams have continued to demonstrate the Trust's specific role as a key partner in providing or navigating to alternatives out of hospital. We are clear and proud of the added value we contribute through a holistic view of patients and clients, our multidisciplinary team working, the knowledge we have of our communities, and strong partnerships and collaborative working.

We remain intensely ambitious for the health and wellbeing of our communities and 2018-19 saw a number of significant developments for the Trust including;

- the further development of a Place-Based Care model in Wirral, with many of our services provided and coordinated across 9 Neighbourhoods
- Senior leaders leading and supporting strategic system-wide developments in the Healthy Wirral Partners Board and the wider Cheshire & Merseyside partnership (STP/ICS)
- the redesign of intermediate care community services with greater collaborative working with Primary Care
- a successful community nursing transformation programme delivered with professionalism and pride using the Buurtzorg principles and contributing significantly to the development of neighbourhoods and the Trust's cost improvement programme without compromising safety or quality
- providing innovative solutions and vital nursing support to care homes through our expanding tele-triage service
- technology and informatics advances with the launch of the Health Information Exchange (HIE)
- enhanced engagement with our local population and particularly our young people

We are justifiably proud that these and many other developments have been delivered whilst maintaining and improving our good performance against all contractual KPIs. Further, the financial climate for organisations and place-based systems continues to be challenging and we have continued to work 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.

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 regional and national awards. Similarly, our patients and their carers and families continue to support us with 95% of our patients, on average, recommending the trust to their family and friends.

We welcomed the CQC to the Trust in March 2018 for a core services inspection. Whilst it was bitterly disappointing to receive an overall rating of 'Requires Improvement' we were pleased that the report recognised many areas of 'Outstanding' and 'Good' practice.

The CQC report stated that;

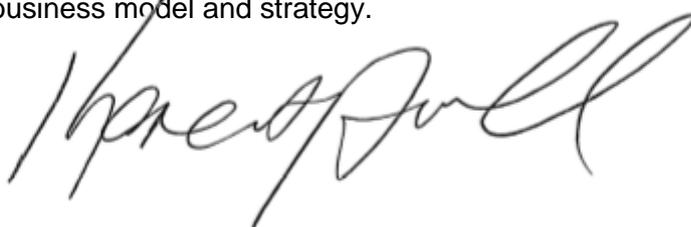
- *"People had good outcomes because they received effective care and treatment that met their needs"*
- *"People were supported, treated with dignity and respect and were involved as partners in their care"*
- *"People's needs were met through the way services were organised and delivered"*

We worked swiftly to respond to and immediately address all the recommendations raised by the CQC and we recognise the hard work and commitment of staff supporting this process.

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 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.

**Karen Howell**  
**Chief Executive**  
**22 May 2019**



## What our service users and their families have been saying about our services and our teams during 2018-19

*“Thank you so much for your support and expertise through what has been an incredibly difficult time. You are completely brilliant at your job and unfalteringly professional and it has been a real pleasure to meet you.”*

Children’s Dietetics

*“The school nurses are amazing. Professional, caring, knowledgeable and friendly. Nothing is too much trouble. They are always available for advice and help. I totally trust them with the life of my child and have benefitted from their care and expertise. They are wonderful, and a huge asset to the school community.”*

0-19 Wirral School Nurses

*“I just wanted to say how utterly wonderful ‘N’ is. She has been such a staunch support for us during our bottle battle! ‘N’ has been so wonderfully supportive and caring. We can’t thank her enough. When we first rang she came out straight away to support us. She then followed up with support phone calls. She is so calm, supportive and friendly and we are so grateful to her. She’s a real star!”*

Health Visiting, South Rural Team, Cheshire East

*‘An extremely professional and personal service expertly done. No pain or embarrassment, super comprehensive information provided and friendly and chatty staff.’*

Sexual Health Wirral

*A mum whose son has difficulties with speech and language, and concerns with feeding has shared how helpful and lovely ‘C’ has been, and has praised the interventions offered and how all her concerns were explained fully and professionally.*

Children’s Speech and Language Therapy

*“Excellent service. When we put a referral through it is acted on promptly, we get a phone call to discuss the patient before the therapist calls out, then when the therapist is here she will gather more information from staff about the patient, and suggest things to maintain patient safety. The communication is really good between yourselves and our staff.”*

Adult Speech and Language Therapy

*“I received very thorough attention which was very helpful. Staff were friendly, courteous and always provided a great atmosphere for the sessions. A very good team.”*

Community Cardiology

*Fantastic service provided from all staff dealing with ‘O’. She was obviously very apprehensive about the procedure and she was quickly put at ease by very friendly and professional staff.’*

Community Dental

*“My Doppler test was done at home by J who was totally professional and caring. She explained every aspect of the procedure to me with recommendation on future treatment and care. Thank you.”*

Tissue Viability

*“E’ has been an absolute joy to talk to on every visit to my home. She is warm, kind, empathetic, an amazing listener and the most delightful nurse my daughter and I have had the pleasure to meet. She went beyond the call of duty.”*

Community Nursing

## 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 to reflect the Board composition of 5 Non-Executive Directors and 4 Executive Directors.

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

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

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 2019 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 1,700 members of staff, 88% of who are in patient/service user roles. Our workforce represents 71% of the costs of the organisation and are our most important and valued resource. We have a turnover of £81.6m.

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 values are;



## 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.

Following the transfer in June 2017 of Adult Social Care services and staff from Wirral Council to the Trust, Wirral is now one of a handful of places in England to have made significant progress 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.

In 2018-19, our services collectively delivered close to 1 million face to face contacts.

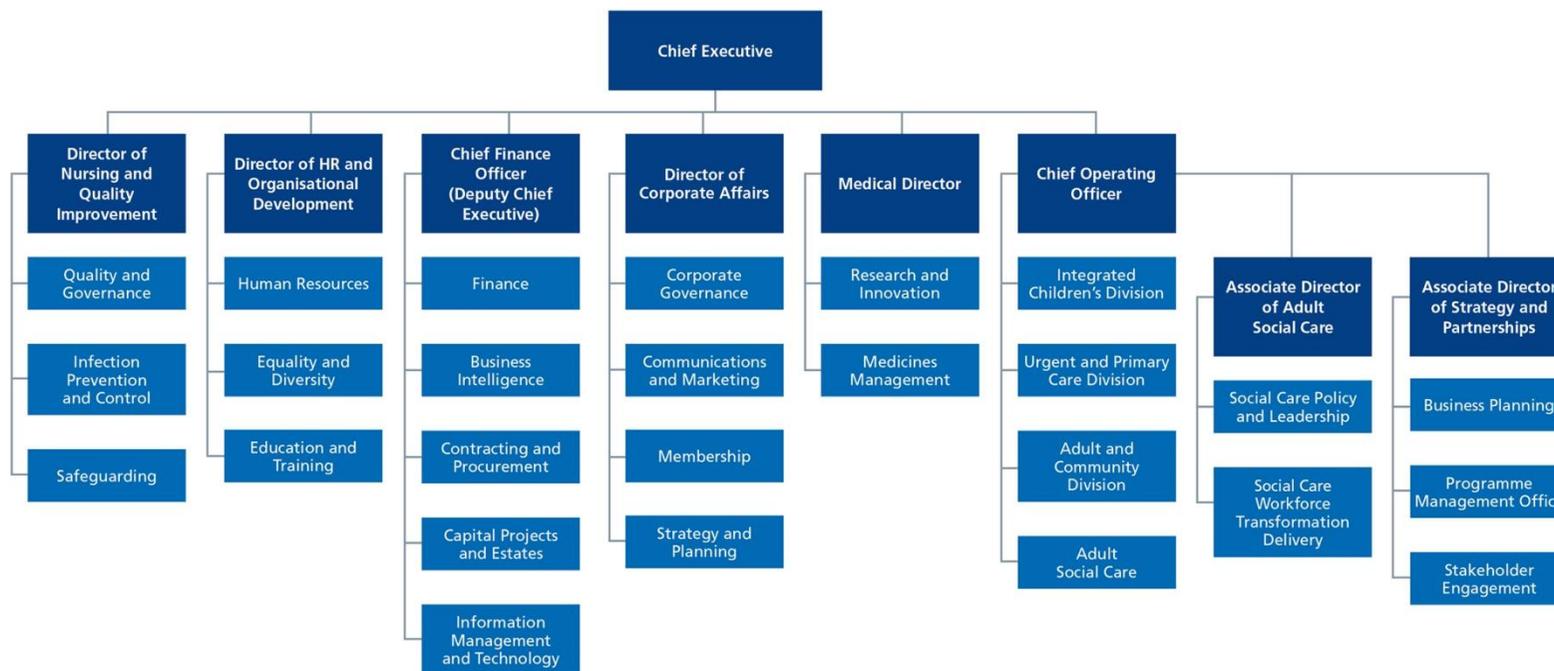
The number of patient contacts by service and division during 2018-19 are shown below;

Division	Service	Contacts 2018-19
Adult & Community Services	Integrated Continence	6,792
	Community Nursing/Matrons	310,863
	Community Discharge team	3,253
	Integrated Specialist Palliative Care	8,326
	Parkinson/Alzheimers	710
	Tissue Viability	420
	Heart Services (Heart Failure, Intermediate Heart Centre, Cardiac Rehabilitation)	21,701
	Speech and Language Therapy	2,106
	Community Physiotherapy & MSK	32,331
	Podiatry	47,952
	Dietetics	5,920
	Weight Management Service	3,129

Division	Service	Contacts 2018-19
	Rehabilitation at Home	10,133
	Wheelchairs (West Cheshire)	1,119
	Wheelchairs (Wirral)	2,005
Urgent & Primary Care	Phlebotomy	50,774
	Single Point of Access (Telephone Contacts)	20,403
	Deep Vein Thrombosis	12,984
	Intermediate Care	12,963
	Walk-in Centre	89,265
	Dental Service	5,132
	Ophthalmology	5,123
	Rapid Response/Home First	9,816
	GP Out of Hours	42,279
	Integrated Children's	Health Visitors & Family Nurse Partnership – Wirral
Health Visitors & Family Nurse Partnership – East Cheshire		60,046
School Nursing – Wirral		51,833
School Nursing – East Cheshire		32,421
Sexual Health		26,869
Paediatric Nutrition & Dietetics		2,220
Paediatric Speech and Language Therapy		12,349
Paediatric Continence	1,827	
Social Care	Birkenhead ICCT	7,631
	South Wirral ICCT	3,854
	Wallasey ICCT	6,129
	West Wirral ICCT	5,835
	Rapid Community Response Team	2,626
	CADT	3,715
	First Contact	1,561
	Integrated Discharge Team	3,424
	Occupational Therapy	2,221
	POPIN	962
	Visual Impairment	484
	Operational Support	73
	STAR	4,846
<b>Total</b>		<b>986,386</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.

## 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
- 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 2018-19

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, strategic objectives and associated priorities are shown on the 'plan on a page'.

# Organisational Strategy: Plan on a page

***Our vision is to be the outstanding provider of high quality integrated care to the communities we serve.***



## Our objectives and goals

**We will reliably provide the highest levels of safe and person-centred care.**

### ♥ Our Populations

- Outstanding, safe care every time
- More person-centred care
- Improving services through integration and better coordination

**We will attract, enable, value and involve skilled and caring staff, liberated to innovate and improve services.**

### ♥ Our People

- Improving staff engagement
- Advancing staff wellbeing
- Enhancing staff development

**We will maintain financial sustainability and support our local system.**

### ♥ Our Performance

- Growing community services across Wirral, Cheshire & Merseyside
- Increasing efficiency of all services
- Delivering against contracts and financial requirements

## Trust priorities - achieving our vision by working with partners to develop...

### 1. Place-based, Integrated Care Teams\*

- Align WCT staff to 'Neighbourhoods' and GP practices

### 2. Services and pathways that provide proactive, well coordinated care and support.

- Review priority pathways, including frailty, long term conditions, urgent care and children and families
- Bring together physical and mental health care pathways
- Realise benefits of health and social care integration
- Develop Single Gateway

### 3. Focus on health and wellbeing (for staff and public).

- Develop staff training to help people stay well
- Person-centred assessments
- Link people to community support
- Greater focus on staff wellbeing

\*Place-based care means organisations collaborating to manage the common resources available, addressing the challenges they collectively face.

## Strategic and operational risk

The Trust's Risk Policy was updated during 2018-19 and provides a systematic approach to the identification, management and escalation of risks within the Trust. 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, their likely impact and their mitigation.

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. This framework is set out in the Risk Management Policy. Risks are recorded at service, divisional and organisational level forming the Trust's risk register.

Strategic risks affecting the Trust are identified and managed through the Board Assurance Framework (BAF).

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

During 2018-19, the Board of Directors had oversight of the following major risk areas;

- On-going compliance with CQC fundamentals of care
- The impact of the outcome of the CCG Urgent Care Review
- Failure to engage staff to secure ownership of the Trust's vision and strategy
- Inability to implement the Trust's clinical transformation strategy
- Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)

## Going Concern

The Trust Board has reviewed the financial performance in 2018-19 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

## Performance management

Wirral Community NHS Foundation Trust measures performance against three domains which are derived from and aligned to the organisations strategic objectives, Board Assurance Framework, contractual requirements and statutory requirements.

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

- **Our Populations** - focusing on quality and patient experiences measures
- **Our People** - focusing on workforce and staff experience measures
- **Our Performance** - focusing on national and local performance, contractual requirements, financial and sustainability measures

These three domains form the core of the Trust's performance monitoring and management, and during 2018-19 the Trust reviewed and enhanced these arrangements. The implementation of the Trust Information Gateway (TIG) provided the opportunity to review arrangements as it provided an electronic solution for the timely interrogation of performance data across multiple domains across the whole organisation, thereby improving the availability and accuracy of data, the timeliness and flow of information and assurance through the governance structure.

The Trust reviewed arrangements at sub-committee level, and this strengthened the focus of oversight of performance across the organisation with greater accountability for performance. The changes were introduced for testing during Q4 and included the establishment of the Oversight & Management Board (OMB) as part of the revised governance arrangements for the Trust. The purpose of the OMB is to provide assurance to the Board of Directors, through the sub-committees of the Board, that effective performance management is being discharged across the organisation.

The OMB reviews performance and risk management across the Trust according to;

- Quality performance
- Workforce performance
- Financial performance
- Contractual performance

Performance dashboards have been built in TIG to support the monitoring of performance against each of these criteria; these dashboards provide timely access to information and allow members of the OMB to monitor performance at organisation, division and service level.

The review also included the introduction of the Programme Management Board (PMB) which is responsible for the management and delivery of a suite of programmes, projects and Task and Finish Groups designed to create a step change towards the delivery of the organisational strategy.

The Programme Management Board provides assurance to the Oversight & Management Board (OMB) on the delivery of the overall strategy by monitoring strategic programmes and project progress.

## Standards Assurance Framework for Excellence (SAFE) Steering Group

The revised governance structure also includes the introduction of the SAFE Steering Group. The purpose of the Standards Assurance Framework for Excellence (SAFE) Steering Group is to be responsible for the effective management and delivery of the Trust's quality governance framework providing compliance with regulatory standards.

The SAFE Steering Group provides assurance direct to the Quality & Safety Committee on compliance with regulatory standards including the Care Quality Commission. The SAFE Steering Group reviews learning from serious incidents and complaints to ensure Trust-wide dissemination to support delivery of high quality, safe services.

### Flow of information through the governance structure

The timeliness and availability of performance data has been reviewed following the implementation of TIG and the flow of information from divisional level to committees mapped accordingly. The Board of Directors considered the cycle of monthly committee meetings and supported a move to a bi-monthly schedule during Q4.

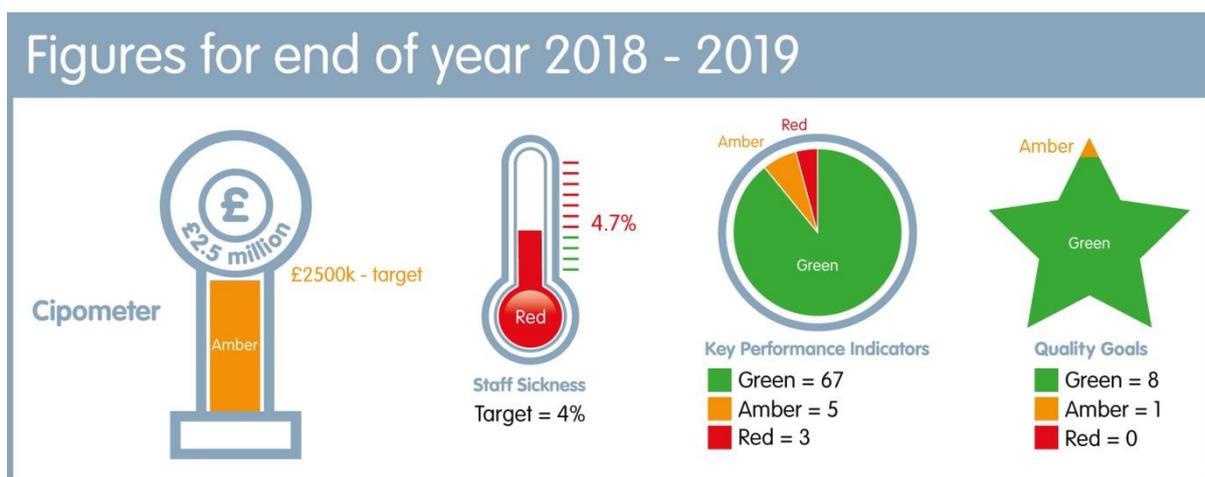
The Trust’s sub-committee titles remain the same and their scope of responsibility is unchanged. The sub-committees are as follows and the duties and responsibilities of each are recorded in the Annual Governance Statement;

- Education & Workforce Committee
- Finance & Performance Committee
- Quality & Safety Committee
- Remuneration Committee
- Audit Committee

The Board of Directors receives an Integrated Performance Report at each meeting. The purpose of the report is to provide assurance on the delivery of safe, effective, quality services and the Trust’s performance against strategic objectives. The report enables key indicators from each of the Trust’s three strategic domains to be triangulated and reviewed, ensuring that risks to quality and financial performance are identified early and well managed. The Integrated Performance Report is supported by the electronic dashboards of performance hosted within the Trust Information Gateway (TIG).

In addition to the KPIs monitored at the Board meetings, the Board of Directors also receives a dashboard based on the Single Outcomes Framework. This uses the methodology described by NHS Improvement and provides the Board with the latest published performance of the organisation.

### Reporting a strong year-end position



The Trust concluded the financial year 2018-19 with strong financial and contractual performance having delivered the control total surplus of £2.215m and reporting 96% of contractual KPIs as green or amber.

Significantly, sickness absence across the Trust also reduced for the third consecutive month to 4.7% in March and mandatory training compliance reached 92.6% with data security training in particular achieving 97% compliance.

The Trust is proud of this strong performance given the challenging financial and workforce pressures being seen and experienced by many NHS providers nationally. It is testament to the commitment, professionalism and dedication of all our staff who work tirelessly to provide high-quality health and social care to the communities we serve in Wirral and Cheshire East.

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 2018-19.

## Our Populations

The first strategic theme focuses on our populations, and our goal is “we will reliably provide the highest levels of safe and person-centred care”. Our goals are;

- Outstanding, safe care every time
- More person-centred care
- Improving services through integration and better coordination

Progress with the delivery of this strategic priority and the KPIs are monitored and reviewed in detail by the Quality & Safety Committee.

At the end of 2018-19, there were 8 green-rated quality goals and one amber-rated quality goal. The amber goal related to assessment response times in Adult Social Care; this will be included in the 2019-20 quality goals.

Our Patients & Community	2018-19	Thresholds		
		Red	Amber	Green
Avoidable Grade 3 & 4 Pressure Ulcers per 10,000 contacts	0.45 (rate)	1.23	0.82-1.23	0.82
CQUIN Performance	90%	<90%	90-99%	100%
Friends & Family Test (patients)	95.15%	<85%	85-90%	>90%
Missed Medication	0.58 (rate)	1.14	0.65-1.14	0.65
Zero Never Events	100%	99%		100%

Further information on quality and quality improvements during 2018-19 is included in the Quality Report on page 114.

## Responding to the CQC inspection report

Following the CQC inspection of the Trust in March 2018, the Trust was pleased that the report recognised many areas of ‘Outstanding’ and ‘Good’ practice and that the CQC key questions of Effective, Caring and Responsive were rated as Good.

The Trust received an overall rating of ‘Requires Improvement’ and welcomed the CQC inspection process responding immediately by addressing the recommendations including the MUST DO and SHOULD DO actions. Further information on the ratings is included in the Annual Governance Statement.

The CQC report stated that;

- *“People had good outcomes because they received effective care and treatment that met their needs”*
- *“People were supported, treated with dignity and respect and were involved as partners in their care”*
- *“People’s needs were met through the way services were organised and delivered”*

The Trust’s Children and Young People’s Division was particularly highlighted for Outstanding Practice in relation to the Dietetics Team and the Children’s Weight Reduction Service, the FIT club. The Trust’s GP Out of Hours service, Community End of Life Care and Community Dental services were also rated Good.

The kindness, respect and compassion of teams were recognised by inspectors and the inspection team also found that staff took account of patients' individual needs and involved them in decision making about their care. Patients told inspectors staff were friendly and approachable. This supports our Friends and Family Test results, which during 2018-19 showed that on average 95% of our patients and service users would recommend the Trust as a place to receive treatment or care.

## Health and Social Care Integration - Year Two

In June 2017 we were proud to transfer a number of Adult Social Care Services and staff to the organisation, enabling Wirral to become one of only a few places in the country to begin to deliver truly integrated health and care.

During 2018-19, we continued with the integration of Adult Social Care Services and continued to perform well against the agreed contractual KPIs. We celebrated World Social Work Day on 19 March 2019 to recognise the fantastic work that our 200 social workers and social care staff deliver and we were delighted that the Chief Social Worker for Adults, Lynn Romeo referenced our integration of health and social care in her fourth annual report, published in 2018.

Our Adult Social Care teams received more than 500 new referrals every month. These were directly from individuals, families or carers and a range of professionals including the police, ambulance service, GPs and more. In all the teams have over 3,000 contacts every month, and 350 safeguarding enquiries.

As we approach two years of being an integrated health and social care trust, it is satisfying to see the progress and the benefits this is bringing to the Wirral population.

Our social care staff are key to the Integrated Care Co-ordination Teams; they work across Urgent Care, Single Point of Access (SPA), Re-ablement Services, Intermediate Care and Hospital Discharge. They also hold additional responsibilities across Wirral-wide services such as the Multi Agency Safeguarding Hub (MASH), Care Arranging Team (CAT) and the Deprivation of Liberty Safeguard Team (DoL's) demonstrating that the Trust is working across just about every aspect of health and care.

In 2018-19;

- the Adult Social Care teams provided support to over 40,000 Wirral residents through the services we provide
- we introduced a single telephone number making it much easier for Wirral residents and professionals to access care services and advice - 40,010 calls were received
- we continued to work closely with key partners across Wirral to improve the percentage of people the Trust was supporting to remain at home 91 days after a hospital admission
- we worked hard with domiciliary care providers in Wirral to avoid delays in discharges from the hospital. A target of 2.5% for 'Delayed Transfer of Care' was more than achieved with excellent overall performance below 2% all year
- the Trust actively contributed to the Wirral Partners Board working with public sector organisations to develop programmes of more integrated and streamlined health and care provision for COPD, frailty, gastrology and cardio-vascular disease.
- We worked collaboratively with commissioners in Wirral and a number of commissioned Domiciliary Care agencies to develop a safe and sustainable model of Trusted Assessor aimed to improve demand management and improve flow especially in respect of hospital discharge and the provider market

The Local Authority also commissioned an internal audit of the governance and oversight of the social care contract in 2018-19 with very positive results and a high level of assurance. This position was attributed to the clarity of roles and procedures, the clear documentation relating to the service and contract, and the robust contract monitoring arrangements between the Trust and the Local Authority.

In addition the Trust commissioned Mersey Internal Audit Agency (MiAA) to support a review of the governance arrangements for the integrated health and social care teams; this audit provided valuable feedback to assist in ensuring a targeted and sustained approach towards continuous improvement. Most pleasing was positive feedback from staff following the transfer to the Trust and the pride and value they feel from working as part of the NHS family.

The Trust also began preparations for a peer-review of Adult Social Care Services to be conducted in May 2019. This supportive review will be undertaken by colleagues from neighbouring local authorities and the Trust looks forward to learning from this exercise.

### **Intermediate Care Community Services Redesign**

During 2018-19, the Trust worked closely with local commissioners to review Intermediate Care Community Services across Wirral resulting in recommendations to improve the approach for home and bed-based community support services. A new service model is being implemented which will provide a Single Point of Access for mental health, physical health and social care services. This exciting piece of work will continue in 2019-20 and firmly support integrated care across Wirral.

### **Developing Place-Based Care in Wirral**

During 2018-19, the Trust played a critical role in the development of Neighbourhood Care in Wirral. We recognise that integration is the cornerstone of our care model which the Trust is ideally placed and enthusiastic to lead.

In July 2018 nine Neighbourhood Leadership Teams were established to drive the development of each neighbourhood; clinical and professional staff from across the Trust provided (and continue to provide) vital contribution to these teams.

The Trust aligned staff to these Neighbourhoods (particularly nurses to GP practices) which was particularly significant given the Trust's employment of both health and social care professionals. This has

built the foundations for more integrated delivery of health and social care services, reducing complexity and improving people's experience of services.

It is recognised that key to improving Place-Based Care is effective multidisciplinary (MDT) working across primary and community health and care teams. An important piece of work during 2018-19 was a study to identify where effective MDT working was already established between GP practices and wider community teams. This study resulted in a set of proposals for optimising and ensuring consistency in approach at practice and locality level. In addition to improved MDT working, the Trust also introduced the use of 'risk stratification' to identify people who may be at risk of unplanned hospital admissions to allow care plans to be put in place aiming to reduce the need for unplanned and reactive care.

A further opportunity presented by the development of Neighbourhoods was to invest in improving a shared understanding of the services available across Wirral, to increase support for people in their home environment and reduce unplanned admissions to hospital. The Trust developed a series of one-page service descriptions to help other organisations make best use of community services, and also incorporated them into presentations at Neighbourhood meetings to clearly explain the roles of nursing and social care teams.

The Trust recognises the significant importance of such actions, and developing closer and stronger relationships between primary and community teams is consistent with the NHS Long Term Plan and essential for implementing Place- Based Care in Wirral.

## Tele triage Service - building on our success!



Building on the pilot project launched in 2017, the Trust successfully rolled out the Tele-triage service to 76 care homes across Wirral during 2018-19.

The service which has been recognised nationally and invited to present at The Kings Fund Digital Health and Care Congress 2019, provides vital advice and support to care homes giving them access to a senior nurse if they have concerns about a patient any time, day or night. The Trust's nurses are able to see the patient via video streaming technology and complete a rapid assessment and coordinate the most appropriate response.

The service receives around 350 calls each month with only 15% of patients requiring hospital treatment. It is directly reducing hundreds of unnecessary hospital admissions which is a much better outcome for the patients and also saves valuable NHS funds.

The Trust was delighted that the service was announced as a 'Transformation Award' finalist in the North West Coast Research and Innovation Awards 2019.

## Our new approach to Equality & Diversity

During 2018-19 we rebranded and reenergised our approach to Equality & Diversity under the brand;



We also launched the 'Earn your stripes' campaign inviting staff members to become Inclusion Champions for their areas, teams and services. These champions are already promoting and improving 'Inclusion' both inside and outside the work place.

The Trust is committed to engaging and promoting Trust services to local communities, vulnerable and hard-to-reach groups and people with protected characteristics.

**NHS**  
Wirral Community  
NHS Foundation Trust

## Earn your stripes

**Become an Inclusion Staff Champion!**

Are you passionate about 'Getting it right for everyone' - our workforce and community?

**As an Inclusion Staff Champion you will:**

- promote good practice of Inclusion within your team and across the Trust
- bring ideas and improvements to help reduce barriers to using your service
- join our bi-monthly meetings with agencies such as Mencap, Age UK and LGBT networks
- attend community events to raise the profile of your service amongst hard to reach groups and vulnerable people

**Wear your stripes with pride and be recognised as an Inclusion Staff Champion!**

For more details email: [wcnt.inclusion@nhs.net](mailto:wcnt.inclusion@nhs.net)

Be part of our new approach to Equality & Diversity.

**Inclusion**  
Getting it right for everyone

[wirral.nhs.uk](http://wirral.nhs.uk) [Facebook](https://www.facebook.com/wirralnhs) [Twitter](https://twitter.com/wirralnhs)

Through our active Partnership Forum which includes representatives from the local community and hard to reach groups, we have continued to strengthen our 'out-reach' programme for Sexual Health Services and also identified and implemented two further service enhancements. Our Wirral 0-19 team has worked with Tomorrow's Women Wirral, based in Birkenhead to offer health visiting services to help improve access and support for hard to reach and vulnerable families. Also, working with Tomorrow's Women Wirral we have started to offer a weekly walk-in centre facility to allow timely and convenient access to unplanned care services.

In 2018-19 the Trust also re-launched interpretation and translation services, provided by DA Languages.

Interpretation and translation services support healthcare professionals to deliver safe and effective care to patients who require alternative methods of communications.

## **Sexual Health Wirral launches on-line booking system!**

Since the on-line booking functionality was launched to the public via the Sexual Health Wirral website in May 2018 over 3,000 people have chosen to use this option either to make an appointment at one of the Sexual Health Wirral clinics or to register and book for a telephone advice appointment.

This easy to use pathway leads from the website landing page, and after securely collecting some personal information and asking the patients to choose from a range of services, their request is routed to a selection of appropriate and available slots - with the patient able to view a range of times (evening and daytime), days and venues, so they can choose which is most convenient for them before selecting. The patient receives a confirmation text message with all of the details.

Feedback has been really positive with patient surveys ensuring this new method is meeting people's needs and expectations.

*"it is much more private and discreet not having to speak to anybody about what you need to come for, you just choose from a list - so it's less embarrassing "*

*"I like that I can book on my phone on the bus on the way to work, or if my lunch hour - it's easy just using your phone "*

*"I like that I can see a full range of days, times and venues - so I can check with my diary which is most convenient for me with regards to my husband's shifts and childcare responsibilities"*

*"I like that I can now get telephone advice as it saves coming to clinic if I don't really need to. I registered for a call back and a nurse rang me a few hours later. I felt reassured"*

## **Wirral Heart Failure Services Transformation Launch Event**

In November 2018, the Trust was delighted to support the Wirral Heart Failure Services Transformation Launch Event, a celebration of partnership working and whole system thinking to improve heart failure care for the people of Wirral.

Our Community Cardiology Service was instrumental in organising the event and the real transformational change and greater partnership working that makes a difference to the quality of care we can provide to our patients, whilst ensuring a sustainable future for our services.

Over 150 delegates attended from Liverpool Heart & Chest Hospital, Wirral University Teaching Hospital, Liverpool CCG, the Countess of Chester Hospital, Wirral CCG and Northwest Coast Strategic Clinical Network, as well as external organisations Novartis and Salvera Services that are supporting the transformational change.

Delegates all pledged to help further improve the care and lives of people with heart failure on Wirral and to 'Stop Failing Heart Failure'. The event showcased the care pathways and the system-working by the nurses, GPs and consultants involved in the treatment and care of patients with heart failure, and demonstrated the drive to overcome the challenges.

Through the collaborative efforts of partners, this work is being seen as revolutionary in breaking down historical barriers to change and improvement.

## **Health Information Exchange - go live!**

In early November 2018, we were delighted to 'go live' with the Health Information Exchange (HIE) enabling our workforce to see patient data from Primary Care and the hospital, in real time, within SystemOne.

The benefits of this are countless and just another example of how the Trust, together with partner organisations, is continuing to improve the care we provide to people in Wirral.

## Engaging with the local community through membership, governors and volunteering

The Trust continues to have a strong and representative membership through 7,835 members, both public and staff. During 2018-19 the Trust continued to recruit young members through initiatives with local schools and the 'Young Chamber' in Wirral and saw a positive impact on membership numbers with over 1,000 young members (aged 16-21 years) signed up to the Trust. The public membership in the Rest of England constituency remains a priority for the Trust with a detailed action plan already in place.

The Council of Governors is keen to identify opportunities to engage with members and during 2018-19, the 'Your Voice' group continued to meet but with an expanded membership to include governors and more members. This group continues to evolve but has provided useful feedback and reflections on the meaning of membership to support a refresh of the Trust's membership strategy.

During 2018-19 the Council of Governors participated in walkrounds and service visits with Non-Executive Directors providing another opportunity to engage with Trust members and service users. Our governors are also invited to numerous events during the financial year to support a greater understanding of the Trust and to further develop and strengthen relationships. We are always delighted to have governors participate in judging the annual HEART Awards and value the perspective and enthusiasm they bring to this process.

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 2018-19 with some of the following key activities;

### Launching 'Generation Together'

Services both locally and nationally recognise two vulnerable groups of society - Young People and the Senior/Elderly Population. During 2018-19, our Integrated Children's Division joined forces with Alpha Housing to develop the 'Generation Together' programme. The aim of the programme is to develop specific activities which enable two generations to come together to support each other and indirectly improve health and social outcomes.



The sessions have been interactive and vibrant with 15 young people from Wirral Met College and 15 residents from Alpha Housing exploring many topics including IT skills, to support the older generation in IT competence and access to information and services.

It is hoped that the programme will help to improve the confidence and resilience of both groups, breakdown stereotypes and perceptions, reduce isolation and loneliness, develop new skills, and inspire. The feedback from the participants has been very positive with further sessions planned for 2019-20.

## INVOLVE - engaging with Young People

Engagement with young people is crucial to the delivery of a successful healthcare service and in 2018-19 we established our **INVOLVE** group, a Wirral based group of approx. 20 young people aged 13-18 years. The group first met in January 2019 and plan to meet 4 times each year with on-going engagement and communication via e-mail and social media. The group (which was named by the young people) is led by our Quality Manager in the Integrated Children's Division.

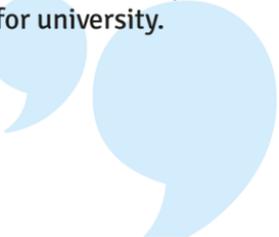
**INVOLVE** is identifying important issues that are affecting people and engaging with young people in the use of services with the aim of improving the services on offer and generate new ideas in the NHS. We want **INVOLVE** to help young people understand what services and support are available to them and importantly for the Trust we want **INVOLVE** to tell us if our services are effective.

Below are some reflections from the young people that are **INVOLVE**.



**INVOLVE** is a great platform to **make friends** and give back to the community.  
**Dhruv**

It's good to be involved and have your say in your services. The NHS is always evolving and **INVOLVE** provides young people with the amazing opportunity to **have their say in making these adaptations and being heard.**  
**Amber**



I'm hoping for a career in medicine so this is such a **good experience and something positive** to take part in that will also help me apply for university.  
**Marianne**

I come from a family of NHS workers so to be able to **have a role** within it, as well as work with people my own age is really exciting.  
**Rania**

Being given a responsibility and a voice is really important, being able to **share ideas** and have a laugh with like minded people is so much fun.  
**Hugo**

## Wirral Young Chamber Cadets

The Trust has continued to work closely with the Wirral Chamber of Commerce and particularly the 'Young Chamber' supporting an exciting pilot programme with local primary schools and The Johnson Foundation, called 'The Young Chamber Cadets'. This programme is working with children aged 8-11 years by partnering local businesses and organisations with primary schools in areas of deprivation across Wirral. The Trust is delighted to have been partnered with Cathcart Street School in Birkenhead and enjoyed leading a 'Classroom to Boardroom' workshop with the children talking about career aspirations and opportunities in the NHS. We look forward to continuing to support this programme through 2019-20 by hosting a visit by the children to St Catherine's Health Centre.



## Annual Art Exhibition with The Wirral Arts Society

Our annual Exhibition at St Catherine's Health Centre, was opened by The Mayor of Wirral in November 2018 featuring work by pupils from Pensby School. We were delighted to combine the event with the Christmas Carol Concert at St Catherine's Church welcoming many members of the local community. It was a wonderful evening and one that the Trust will be repeating in 2019.

## Supporting our young membership with work placement opportunities

In 2018-19 we continued to offer a successful programme of work experience placements in partnership with 6 local schools for students primarily aged 14 -18 years.

We were delighted to welcome 18 students across 14 different services and teams, both clinical and non-clinical. The programme is extremely popular with both our local schools but also our services and teams as it provides a valuable opportunity to engage with the future workforce and provide valuable insight on NHS careers. The contribution and ideas from the students is always impressive and very much valued by Trust staff.

## Volunteers - providing valuable support to the Trust

The Trust is proud and privileged to have an active and dedicated cohort of over 80 volunteers working across more than 10 services and teams providing valuable support to our patients and service users, and importantly our staff. 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 but also providing valuable support and sharing skills with our workforce.

In 2018-19 the Integrated Children's Division held a very successful volunteer recruitment event with over 30 new volunteers signing up to support services.

**VOL NTEER U!**  
The only thing missing is...

Can you offer your time to support Wirral's children, young people and families?

Come along to our volunteer recruitment event and find out what you could do to help.

- talk to existing volunteers
- find out what roles are available
- discuss the training and support we can offer

**Just drop in!**  
Tuesday 4 December 2018 - 10.00am to 2.00pm  
The Community Centre  
St. Catherine's Health Centre  
Derby Road  
Birkenhead CH42 0LQ

Enjoy a cup of tea and a mince pie!

**NHS**  
Wirral Community  
NHS Foundation Trust

For expression of interest or to find out more email:  
wcnf.integratedchildrensdivision@nhs.net

We are also delighted to work with our volunteers to support them returning to the workplace. In 2018-19 a number of our volunteers, following successful placements with the Trust, applied for and were successful in securing 'bank' employment with some even securing permanent paid employment either with the Trust or elsewhere locally.

At our annual HEART Awards we are always proud to present our Volunteer of the Year Award. In 2018-19 this was awarded to Alan Morris. Alan has been working with the Information Management and Technology Team at the Trust for over 18 months, and has been a real asset to the team offering his vast skills in IT.

We also supported the national HelpForce campaign led by the Daily Mail in 2018-19 which has introduced the Trust to a number of new potential volunteers across Wirral and Cheshire East.

### People's HEART Award

Every year at our HEART Awards we are delighted to present the People's Heart Award.

This coveted accolade invites nominations from service users, their families and carers for those individuals or teams who they felt had given them outstanding care and a fantastic patient experience that went beyond their expectations.

In 2018-19 the Community Nursing Team in West Kirby won this award after being nominated by a patient who, after six weeks of care, said she was sorry to say goodbye when it was time for her to be discharged. She described them as 'true angels', always showing tremendous skill, a positive attitude to work and respect towards patients. The patient said the team always greeted patients with a smile and a chat, and treated everyone with kindness, no matter how busy.

The Mayor and Mayoress of Wirral were delighted to present the award.

Celebrating 70 years of the NHS with our local community



On 5 July 2018 we marked the 70<sup>th</sup> birthday of the NHS working with our staff to plan a series of events and celebrations to mark this special occasion.

We ran a successful '70 Facts in 70 Days' campaign sharing fun facts about the Trust on social media every day for 70 days, with a finale when the national celebrations took place. We featured facts about every service, along with some quirky statistics about the Trust.



We ran a poster competition led by our 0-19 services in Wirral and Cheshire East, **Celebrating the NHS through the eyes of children / young people** with a focus on how the NHS has helped and supported children and their families.

Finally, to mark the NHS 70<sup>th</sup> birthday we held a 'Big 7Tea Party' at St Catherine's Health Centre inviting all staff and the local community to join us for a cup of tea and cake, thankfully in the sunshine! We were delighted to welcome The Mayor and Mayoress of Wirral, Olympian Sam Quek MBE and the winners and runners up in our NHS70 poster competition to the tea party. All Trust bases received a celebration pack and a delivery of cakes and tea, supported by Typhoo, to allow staff delivering valuable services the opportunity to enjoy the celebrations together.



## Our People

The second strategic theme 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, 88% of whom are patient and service user facing and 90% of whom are women. Our workforce represents 71% of the costs of the organisation and our most valued resource. The largest staff groups remain nursing, physiotherapists and clinical support.

Our People	2018-19	Thresholds		
		Red	Amber	Green
Mandatory Training Compliance	92.6%	>75%	75-90%	<90%
Sickness & Absence	5.54%	>4.8%	4-4.8%	<4%
Voluntary Staff Turnover	10.8%	>10.5%	9 -10.5%	<8.9%
Vacancy Rate	4.7%	>12%	10-12%	<10%
Agency Cap <sup>1</sup>	11.2%			

## Staff flu campaign

Our 2018-19 staff seasonal flu campaign was the most successful to date. With a target of 75% of eligible staff required to receive the vaccine, the Trust achieved 77.5%, the highest ever uptake. The team that led the campaign was recognised in the annual HEART awards receiving the prestigious Chair and Chief Executive's Award and were also finalist in the national NHS Employers Flu Fighters Awards.



The staff flu team receiving the Chair and Chief Executive's HEART Award.

This year the campaign adopted the 'flu-fighter seven elements for a successful campaign' from NHS Employers using them as a framework to strengthen the messages to staff. A key

<sup>1</sup> The Trust's agency cap was £1.896m in 2018-19.

element of the campaign was insight based, seeking to understand the reasons why staff did not want the vaccine to allow the Trust to address any barriers and dispel any myths. To do this, a survey was sent to all staff and from the responses received, myths were a leading cause for staff not having the vaccine - 11% of responses said they chose not to have the vaccine because they thought being fit and healthy would prevent them from catching flu. To challenge these misconceptions a myth-busting intranet page was launched in the weekly staff bulletin.

The campaign used a multi-media approach with messages in the weekly staff bulletin, via screen savers and team meetings. All messages were evidence-based by the World Health Organisation and Public Health England.

Members of staff were the face of the campaign; using familiar faces helped make the campaign more relatable and real. The posters featured these staff telling their stories to emphasise the seriousness of flu, supported by statistics of hospital admissions and deaths.



In addition to flu clinics, immunisers travelled to all Trust sites to vaccinate as many staff as possible. The immunisers capitalised on team 'away days', big meetings and even daily handovers, using them as opportunities to vaccinate staff in one location, and remove any barriers of time or travel restrictions.

Building on the success of the previous year and feedback from staff, the campaign in 2018-19, once again included the 'Jab for a job' scheme with every vaccine administered to staff, 10 tetanus vaccines were donated to UNICEF.

## Recognising our staff

The Trust's staff recognition scheme is our way of recognising the hard work and dedication of colleagues who go the extra mile for our communities and each other. In 2018-19 we refreshed the scheme and introduced some new initiatives.

Our scheme is open to all employees of the Trust and is complemented by local recognition and engagement activities within each of our divisions as well as nominations for national awards.

## Annual HEART awards



The 2019 HEART Awards were delivered, bigger and better than ever before in March 2019, with more nominations received, a new approach to the judging process and a bigger event with more than double the number of staff attending recognising not just the shortlisted entries but all nominations. It was a fantastic event which provided a great opportunity to celebrate the wonderful achievements of our staff. The feedback from everybody that attended was hugely positive and planning is already underway for next year! Full details of all the award winners are included in the Quality Report.

## Thank You cards

Our Thank You cards provide an opportunity for instant recognition to colleagues for delivering the HEART values. Anybody can send a Thank You card and since their launch the enthusiasm and momentum has been building with colleagues enjoying sending and receiving cards.

## Employee of the Month



The Employee of the Month is the third strand of the recognition scheme and recognises individuals in each of the clinical and corporate divisions for their hard work, commitment and enthusiasm in their daily work. The nominees and winners are announced in the staff bulletin.

## Appraisals

We maintained our strong track record with annual appraisals in 2018-19 with 98% of staff receiving an appraisal.

## Training and Development

Education and training opportunities are essential to ensure a workforce that is fit for purpose and performing at its peak to deliver outstanding effective healthcare. The Trust aims to ensure that job relevant learning opportunities are provided to those who require them in line with national guidelines, local priorities and personal development plans and are delivered in a flexible way to support modernising workforce initiatives, delivery of new models of care, provide opportunities for career development and promote professional body requirements for registration.

### Mandatory Training

In 2018-19 we made significant progress with mandatory training compliance and completed the year achieving 92.6% (against a target of 90%).

Our compliance in relation to mandatory data security training was 97% (against a target of 95%).

### Apprenticeships

During 2018-19, we supported a further 19 apprentices across the Trust, a significant increase on the previous year. The apprentices were welcomed across a number of services, clinical and non-clinical and a number of disciplines including business administration, health care support workers, accountancy/finance and project management.

Further activity to implement plans to increase apprentice numbers is planned during 2019-20 including an event for key leaders on vocational programmes and creating pathways from pre-employment, apprenticeships to substantive employment with the Trust.

### Building our future workforce

The Trust is privileged to be part of a partnership of NHS organisations, selected by Health Education England as one of the first pilot sites to pioneer the new Trainee Nursing Associate programme.

The partnership worked with the Faculty of Health and Social Care at The University of Chester to develop a two-year work-based Nursing Associate Foundation Degree with the first 40 students graduating at the end of March 2019. They are already making a really positive impact on the wider nursing family by supporting person-centred care; one of the cornerstones of the degree curriculum. Here at the Trust we are delighted that all five of our Nurse Associates successfully graduated and all of them have taken up posts in the Trust.

The role of the Nurse Associate has now been recognised nationally.

## Leadership for All

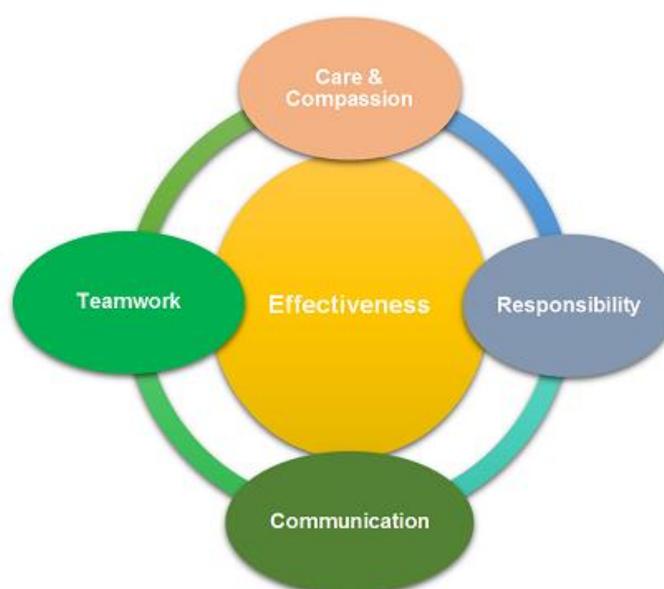
Our Leadership for All model was launched in 2015 to enhance leadership skills across the workforce. The model provides a set of behaviours that are essential for effective performance and applies to all staff.

During 2018-19 we completed a review of the model led by the Leadership Group with views sought from JUSS colleagues, Staff Council, the annual appraisal audit, and an on-line survey open to all staff.

The feedback received informed revisions to the model which were launched at the Annual Leadership for All event in November 2018, with overwhelmingly positive feedback. The revisions included simplifying the model, reviewing the language and making it more user-friendly, making the model more applicable to all roles.

Personal effectiveness is at the centre of the revised model supporting a greater understanding of the importance of both what we do and how we do it, and the impact this has on care outcomes.

There are four categories in the model as described below; all four are required for effective performance.



## Mentoring

To support the implementation of the Leadership Model, the Trust has continued to support a mentoring programme across the organisation. We realise that through mentoring, individuals can help grow their skills and reach their potential and by developing these leadership abilities we can enhance the innovation and integration of services within our organisation and across health and social care.

During 2018-19 we offered a mentoring programme with experienced colleagues across the Trust offering their support and experience to others.

## Leadership Forum

In 2018-19 we established our Leadership Forum bringing together the Trust's senior leadership group across all clinical and non-clinical divisions. The forum meets quarterly with the specific objective of engaging key decision makers and influencers across the Trust in key discussions and topics, seeking their feedback and agreeing a collective response to

ensure consistent and clear communication across all Trust services. The value from the forum allowing colleagues to engage across services and teams, learn and share ideas and take the opportunity to think differently is already proving beneficial.

## Wellbeing

The Trust had two main wellbeing goals for staff in 2018-19;

- To promote the physical & mental wellbeing of staff
- To address key causes of sickness in the workforce to improve attendance levels & support staff wellbeing

As part of this a number of actions were taken including developing a programme to achieve 100% completion of service stress risk assessments to proactively address and support staff who may be showing early signs of stress, developing a support network for staff who are suffering from cancer or affected by cancer and promoting the 'Refresh, Refuel, Rehydrate' campaign.

This remains a key focus for 2019-20.

## Freedom To Speak Up (FTSU)

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. In 2018-19 the Executive responsibility for FTSU transferred to the Director of HR & Organisational Development.

During 2018-19 we were pleased to increase the number of champions across the organisation to almost 60; these champions act as ambassadors for the Trust's policy and receive training to support them in their role.

## Gender Pay Gap

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

The Trust is committed to furthering equality, diversity and human rights and reducing inequalities in the workplace. We have addressed equality and fair access to career pathways and progression in our Equality Strategy 2018-2021.

The Trust has published its report which demonstrates that the gender pay gap for the Trust is not significant. However in order to address the gender pay gap, the Trust takes action in the following areas;

- Training and support for line managers
- Manage family-friendly leave successfully
- Make the most of flexible working
- Encourage and review career and talent development

## Celebrating our achievements

During 2018-19 staff across the Trust 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.

- Three applications to the Florence Nightingale Emerging Leaders Scholarship Programme were successful for Tracy Orr, Caroline Jones and Liz Jones
- Two of our nurses, Julia Bryant and Fiona Campbell were recognised with a prestigious royal honour and given the title of Queen's Nurse by community nursing charity The Queen's Nursing Institute
- One of our nurses, Emma Taylor was chosen as the Regional Winner for the Care and Compassion Award in the NHS70 Parliamentary Awards, nominated by Alison McGovern MP
- One of our Nurse Associates in the Integrated Children's Division, David Williamson-Draper was shortlisted in the national Student Nursing Times Awards for Nursing Associate of the Year
- Teams across the Trust were also recognised in regional and national awards including;
  - Wirral 0-19 Teen Team was shortlisted for a Nursing Times Child & Adolescent Services Award
  - Staff Flu Team was shortlisted for the NHS Employers Flu Fighter Award
  - three of our non-clinical staff were recognised and shortlisted for a national 'Unsung Hero Award' after they saved the life of a gentleman who had a heart attack whilst at St Catherine's Health Centre
  - the Teletriage service was shortlisted in the Transformation category at the regional Innovation Agency Awards
  - the Procurement team received a Highly Commended NHS Supplier Engagement Award at the NHS in the North Excellence in Supply Awards 2018
  - The Finance team achieved two NHS finance awards - the Future-Focused Finance (FFF) Level One accreditation and The Finance Skills Development Network (FSD) "towards excellence" Level One Award
  - The Estates Team was shortlisted for three awards in the 2018 Sustainable NHS Health & Care Awards - sustainable excellence (water & energy award), waste and resources and carbon reduction
- Caroline Golder from our Heart Support Team had an article published in the Nursing Times regarding the possible association between alcohol and heart disease
- We achieved great progress in "going green" not least by receiving the ISO 14001:2015 accreditation for being environmentally friendly for St Catherine's Health Centre and further buildings across our estate. We also exceeded the NHS carbon reduction target of 28% by 2020 (with a 44.7% reduction in carbon emissions to date)
- We participated in a study to evaluate the use of point of care testing for acute respiratory infection in out of hours and primary care settings (including walk-in centres) with Edge Hill University
- Our Wirral 0-19 Team participated in the Wirral Coastal Walk to raise money to invest in library areas for children in each of the four teams across Wirral

## Our Performance

The final strategic theme of the Trust's performance framework covers the monitoring of all contractual performance KPIs along with financial performance and performance against the organisation's Cost Improvement Programme (CIP) along with associated risks.

Performance is monitored for assurance by the Finance & Performance Committee.

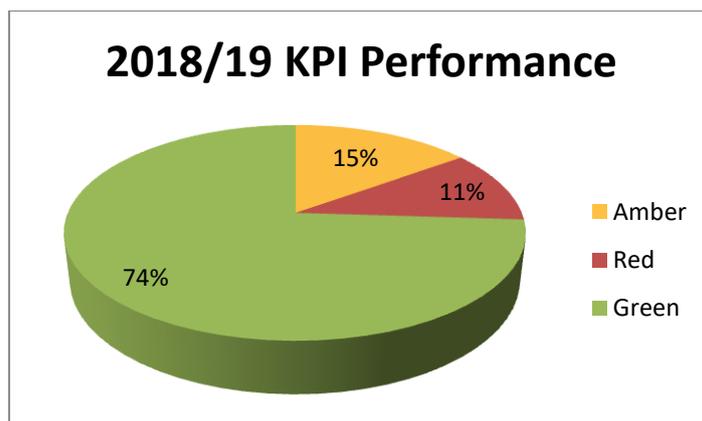
Financial performance monitoring is driven by Use of Resources Risk Ratings as set by NHS Improvement along with CIP progress. The progress against all contractual KPIs, of which there are 75, is presented to the committee each month and reviewed in detail by exception (i.e. amber or red rated performance). 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	2018/19	Thresholds		
		Red	Amber	Green
6 Week Diagnostic Wait	100%	<99%		>99%
A&E 4 hour wait	99.77%	<90%	90-95%	>95%
Agency Cap (% variance to plan)	11.2%	>25%	0-25%	0%
CIP v Plan	100%	<95%	95-98%	>98%
I&E Margin distance from Plan	1.8%	<-3%	-3-0%	>0%
KPI Performance (% KPIs that are Green or Amber)	94.67%	<80%	80-90%	>90%
Referral to Treatment Time	100%	<85%	85-92%	>92%
Use of Resources	1	3	2	1

In 2018-19 the Trust performed well against its contracts with commissioners and demonstrated an overall improvement from 2017-18. Of the 75 KPIs tracked and monitored across clinical and corporate divisions, 89% were reported as green, 7% as amber and 4% as red.

KPIs rated as Amber or Red have action plans in place to support improvements in the service area and are monitored via the OMB and Finance & Performance Committee.



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. The Trust meets with all commissioners in monthly formal contract meetings; from 2019-20 separate contract monitoring meetings in Wirral will be combined in to one integrated contract performance meeting.

In respect of financial performance, the Trust performed well during 2018-19, exceeding the set control total of £2.193m by £22,000. This resulted in further Provider Sustainability Fund (PSF) income of £1.508m and a final surplus of £3.723m (based on the NHSI control total criteria).

The Trust achieved its overall CIP target of £2.5m with £2.04m 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 as detailed below.

Individually, a rating of 2 was applied for the Agency Cap due to the Trust having exceeded its set cap for 2018-19; this was predominantly due to the on-going workforce challenges and recruiting staff to certain roles and most significantly the impact of winter funding initiatives across Wirral which required additional agency staffing.

The table below details the NHSI Use of Resources rating for 2018-19 for the Trust.

NHSI Risk Ratings	2018-19
Capital Service Cover rating	1
Liquidity rating	1
I & E Margin rating	1
I & E Margin: distance from plan rating	1
Agency rating	2
<b>Overall Rating</b>	<b>1</b>

The Trust met all of its statutory financial duties for 2018-19. The following table details the financial performance that resulted in an overall control total surplus of £3.723m.

	2018-19 £'000
Net surplus for the year	2,912
<b>Adjustment for items not included in the control total:</b>	
Reversal of impairment of land and buildings	(19)
Re-measurement of Merseyside pension scheme liabilities	830
<b>Control total</b>	<b>3,723</b>
<b>Comprising:</b>	
Sustainability and Transformation Fund income	2,963
Underlying surplus	760
<b>Total</b>	<b>3,723</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 (CIP)

The Trust's approach to CIP planning during 2018-19 again focused on service transformation and business planning to inform the development of Cost Improvement Plans (CIPs).

For the second year running, a series of workshops were held to allow service planning to be informed by Trust and local system strategy, and to provide opportunities for teams to network and develop improvement plans together. All CIP projects are monitored through the Programme Management Board with the Finance & Performance Committee.

### System resilience and supporting the Urgent Care system

In 2018-19 the CCG led a Wirral wide consultation on Urgent Care which included proposals to introduce an Urgent Treatment Centre (UTC) as mandated nationally. The feedback from the consultation had not been finalised at the end of March 2019.

The Trust has worked proactively to support the Urgent Care system during 2018-19 with notable progress made in relation to key priorities including;

- Maintaining DToC (Delayed Transfer of Care) good performance against national targets
- A point prevalence study to understand the root causes of any delays in transfer and discharge from Transfer to Assess (T2A) beds
- A new clinical streaming model at the front door of A&E supporting the triage of patients; 20-25 patients on average have been streamed (away from A&E) each day
- An enhanced community offer including 'HomeFirst' and 7-day therapy service

- Single Point of Access expansion bringing together physical health, mental health and social care services
- Telerriage providing effective and improved support to care homes across Wirral
- Trusted assessor pilot aimed to improve demand management and improve flow especially in respect of hospital discharge and the provider market

Performance against the 4-hour standard continues to be challenging and all system partners are working to address on-going priorities through the A&E Delivery Board and weekly calls with NHS Improvement during the winter period. These system calls demonstrate the important role the community plays in keeping patients safe.

The Trust's walk-in centre and minor injury unit activity has remained consistently high during the financial year with close to 10,000 attendances in January 2019 alone.

### **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 & 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

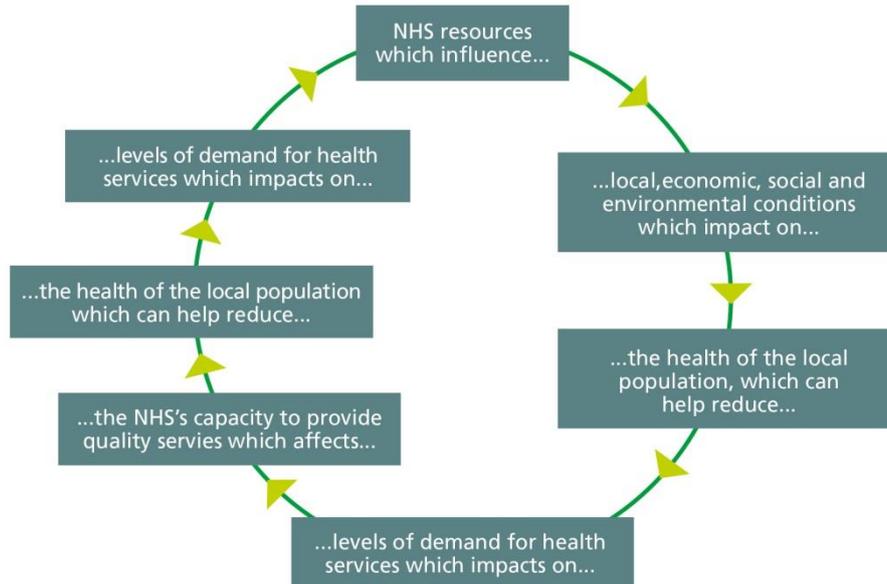
The Trust has developed an Environmental Management System (EMS) which resulted in achieving the ISO 14001-2015 Environmental Award in December 2017 for St Catherine's Health Centre. Our certification was renewed in December 2018 and expanded to cover 3 additional properties; Highfield Centre, Fender Way Health Centre and Prenton. 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

There has been a very good response from staff across the various sites and further recycling facilities have been provided.

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. The virtuous sustainability cycle is shown below.



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. Video phones have been installed for use with our sites in East Cheshire; these enable immediate face-to-face discussions between staff based in different sites, and reduce avoidable travel thus reducing carbon emissions. 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 behavioral 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.

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 producer 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 2013-14 (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.

These reductions have been secured through the co-location of staff in more energy efficient buildings, the introduction of LED lighting in the majority of Trust premises. There are plans to roll out LED in further buildings and plans for the future installation of solar panels, which could provide approximately half of the electricity requirements of the St Catherine's building.

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



The number of premises that the Trust has been asked to report on has increased for the year 2017-18. Therefore it appears that the gas and electricity usage has gone up, however occupied floor area reported and buildings occupied went up compared to 2016-17.

### Water usage

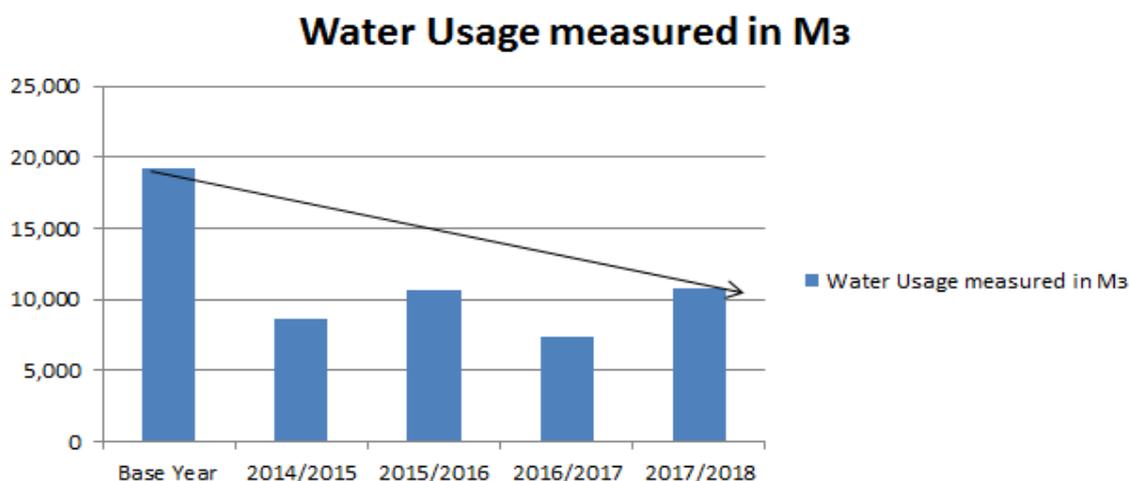
Water has been termed the “new carbon”: it is a scarce resource and costs are rising rapidly making it an increasingly precious but undervalued commodity. A significant amount of energy and resources are consumed to produce potable water, which contributes to the Trust's carbon footprint.

In 2018-19 we fitted waterless urinals in our main headquarters St. Catherine's Health Centre, which has saved three quarters of a million litres of fresh water to date.

We have introduced self-closing taps in the St Catherine's premises, and are exploring the opportunities to roll this out to other trust premises. Cistern dams are continuing to be installed across the Trust, as well as the urinal controllers.

A dripping tap wastes approximately 5,500 litres of water a year, and we encouraged staff to report leaking taps in our buildings allowing our engineers to repair them quickly. Trust staff are very engaged with sustainability, and staff regularly request additional recycling facilities when they identify the opportunity to do more to protect the use of resources.

The figure below provides an overview of the Trust's Water reduction over the last 4 years.



The number of premises that the Trust was asked to report on has increased for the year 2017-18. Therefore it appears that the water usage has gone up however occupied floor area reported and buildings occupied went up compared to 2016-2017.

## Waste

The Trust introduced a new procurement waste policy, and through this we are able to 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 recovered or recycled 119 tonnes of waste, which is approximately 64% of the total waste we produced.

## 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.

Waste hierarchy diagram is shown below:



### 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 are increasing our recycling across all our sites, and exploring the opportunities to increase the scope of our environmental ISO 14001-2015 award to include all our owned properties within the next two-to-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;

- Work with suppliers to increase the efficiency of deliveries and to minimise the associated carbon emissions
- Encouraging teleconferencing and video conferencing facilities to minimise business travel
- Promoting cycling - providing additional secure lockers, changing and shower facilities where feasible
- Developing a 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
- Improving the dissemination of public transport information to staff and patients/visitors

## Procurement without Carbon

Procurement is called sustainable when it integrates requirements, specifications and criteria that are compatible and in favour of the protection of the environment, of social progress and in support of economic development, namely by seeking resource efficiency, improving the quality of products and services and ultimately optimising costs.

Through sustainable procurement Wirral Community NHS Foundation Trust and its collaborative partners across the region uses its buying power to give a signal to the market in favour of sustainability and to base its choices of goods and services on;

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

Wirral Community NHS Foundation Trust has supported the above in developing its procurement policies and tendering processes in requesting that all suppliers tendering for Trust services

- operate a documented environmental management system
- declare that there hasn't been any convictions or breaching of environmental legislation, or had any notice served upon it, in the last three years by any environmental regulator or authority (including local authority)
- state that they have a policy or strategy for dealing with environmental issues (e.g. climate change, carbon emissions, transport, waste/recycling, resources - energy, water, materials, consumables and biodiversity)
- confirm they are a relevant commercial supplier as defined by section 54 ("Transparency in supply chains etc.") of the Modern Slavery Act 2015 ("the Act")
- promote social value

## 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.

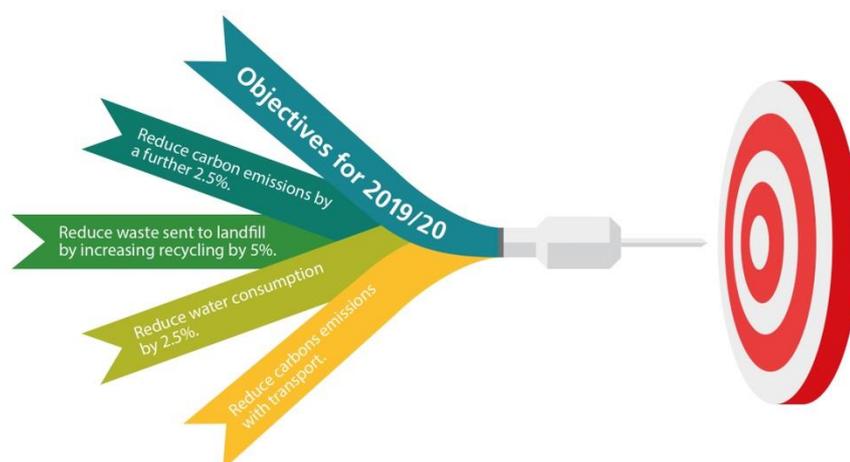
The Trust recognises the value in how we communicate our sustainable development messages to ensure information on our progress towards the Sustainable Development Management Plan (SDMP) goals are communicated in a simple, effective and relevant way in order to ensure maximum engagement.

## Objectives for 2019-20

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 2019-20.

- 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, during 2019.
- Charging points fitted to encourage staff to exchange their vehicles from petrol to electric are being explored.
- Plastic cups in our water dispensers have been changed to a paper type that can be recycled in patient areas, and the trust is looking at options for moving towards staff adopting reusable cups in staff areas.
- The trust has changed plastic knives, forks and spoons in the café to wooden so that they can be recycled.

## Looking forward - our organisational strategy

Throughout 2019-20, the Trust staff will continue to work closely with individual Neighbourhoods to identify best practice that can be shared across the borough. The Trust sees this role as critical to successfully implementing place based care, bringing the benefits of economy of scale and resilience with strong local relationships.

This is particularly important given the development of Primary Care Networks, which put significant emphasis on the relationships and coordination across primary and community-based care teams. The Trust will be ensuring that its management and leadership structures are able to effectively work with the new Primary Care Network teams as they form and develop from May 2019 onwards.

The Trust expects a greater emphasis on long terms conditions management and proactive identification of people at risk, working with general practice as part of integrated neighbourhood teams. This is likely to reduce the trend in unplanned admissions to hospital (though, as the Long Term Plan identifies, against a backdrop of rising demand, this may not be a real terms reduction).

Developing a plan for a primary-community workforce that increases the numbers of people skilled in holistic care planning, frailty and long term conditions management, alongside increasing numbers of other staff (e.g. first line physiotherapists) neighbourhoods is a key target for 2019-20.

The Trust transformation programme, and attendant efficiency savings, is an opportunity to reinvest savings into much needed community staff. Similarly, completion of projects such as Trusted Assessor, whereby assessments made by appropriately skilled staff can be utilised by others, will enable staff to work more effectively, reducing duplication of activity and improving the patient journey.

The Trust is playing a lead role in the further development of Wirral's Single Point of Access, which is delivered by the Trust, and is a partner in the on-going development of the peninsula's urgent care system, particularly given its provision of GP Out of Hours, Walk In Centres and Rapid Community Response teams.

The Trust also expects to support pathway development across Planned Care priorities including Cardiovascular Disease, Respiratory diseases, Gastroenterology and Outpatients redesign.

## Operational Plan 2017-19

The trust's strategy identifies the following themes and priorities, all of which link directly to those across wider Cheshire and Merseyside and which will be taken forward during 2019-20

<p><b>Developing Integrated Neighbourhood Teams</b></p>	<ul style="list-style-type: none"> <li>• Alignment of many nursing, health visiting, social care and therapies staff to 9 integrated care teams, and/or to community care teams at practice level for complex patients.</li> <li>• Some specialist services will be provided at Locality level, serving practices and teams in multiple Neighbourhoods.</li> <li>• Identification and implementation of leadership and management structures that promote local identity whilst providing effective professional leadership and supervision, and satisfy governance needs, with minimal unwarranted variation.</li> <li>• Development of information sharing and coordination capacity, using IM&amp;T, working towards a fully integrated assessment and care plan per person</li> <li>• Build relationships and coordinate / integrate services with social care and independent / VCF (Voluntary Community Faith) sector providers.</li> </ul>
<p><b>More integrated pathways and services</b></p>	<ul style="list-style-type: none"> <li>• Proactively work with partners to identify priority pathways, using data-driven analysis and evidence to inform revision/creation of models.</li> <li>• Realising benefits of health and social care integration through development of integrated service provision</li> <li>• Combining physical and mental health pathways, recognising that needs in one area often lead to needs in another, and these cannot be separated.</li> <li>• Further development of a Single Gateway for referrals and service coordination for both public and professionals</li> <li>• Ensuring development and better coordination of wider children and families services, scoping the transfer of services where this will improve provision</li> <li>• Collaborating with partners in general practice and secondary care to provide a new model of Urgent Care in Wirral</li> </ul>
<p><b>Focus on promoting health and wellbeing</b></p>	<ul style="list-style-type: none"> <li>• Development of training programmes in Brief Interventions / Making Every Contact Count and Motivational Interviewing; potential for use across wider system</li> <li>• Incorporation of person-centred assessment into service delivery models</li> <li>• Use risk-based approach to identify people who will benefit most from being connected to other services and groups</li> <li>• Ensure staff have easy access to information to connect people to groups and services.</li> <li>• Systematic focus and plan to increase staff wellbeing</li> </ul>

# 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 2018-19 comprised of;

- Chairman
- Chief Executive
- Chief Finance Officer/Deputy Chief Executive
- Medical Director
- Director of Nursing & Quality Improvement
- Director of Human Resources & Organisational Development (non-voting)
- Director of Corporate Affairs (non-voting)
- Chief Operating Officer (non-voting)
- 4 x Non-Executive Directors (including Senior Independent Director)
- Interim Director of Strategy & Business Development (*to May 2018*)

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

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

The Board of Directors considered its own balance, completeness and appropriateness to the requirements of the Foundation Trust through the completion of a skills analysis in 2018-19. This provided an opportunity to determine any skills gaps to support the recruitment of two new, replacement Non-Executive Directors.

## 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 previously served as Chair of Alder Hey Children's Charity.

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

Chris Allen, B.E.M, JP

### Non-Executive Director/Deputy Chairman & Senior Independent Director (to January 2019)

Chris Allen 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 was the Chair of the Quality & Safety Committee.

Brian Simmons

### Non-Executive Director and Chairman of Audit Committee Appointed Senior Independent Director in February 2019

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 (to May 2018)

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 was the Chair of the Education & Workforce Committee.

**Beverley Jordan**  
**Non-Executive Director**  
**Appointed Deputy Chair in February 2019.**

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.

Beverley is the Chair of the Finance & Performance Committee and was appointed the Deputy Chairman of the Trust in February 2019.

**Prof. Chris Bentley**  
**Non-Executive Director** *(from February 2019)*

Chris joined the Trust as a Non-Executive Director and Chair of the Quality & Safety Committee in February 2019.

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

Chris was a clinical Non-Executive Director on the Board of Derbyshire Community Health Service NHS Trust for 7 years during which time the Trust was awarded Foundation Trust status.

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

**Gerald Meehan**  
**Non-Executive Director** *(from February 2019)*

Gerald joined the Trust as a Non-Executive Director and Chair of the Education & Workforce Committee in February 2019.

Gerald has over 33 years' experience in Local Government and the operation of local democracy with a track record of successfully delivering major change programmes in a range of settings including county, city, and metropolitan, unitary and combined authorities.

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

Most recently Gerald was the Chief Executive of Cheshire West and Chester Council (CWAC) and the sub-regional lead for Cheshire & Warrington. Gerald is a specialist in Child Protection and Children's services.

### **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 2018-19 the Council of Governors led the process to appoint two new NEDs following the departure of Murray Freeman and Chris Allen.

<b>Non-Executive Director</b>	<b>Term</b>	<b>Term expiry</b>
<b>Michael Brown</b>	3 years	September 2020
<b>Chris Allen</b>	2 years	May 2019 <i>(left the Trust in January 2019)</i>
<b>Brian Simmons</b>	2 years	May 2019 <sup>2</sup>
<b>Murray Freeman</b>	2 years	May 2019 <i>(left the Trust in May 2018)</i>
<b>Beverley Jordan</b>	3 years	September 2020
<b>Chris Bentley</b>	3 years	February 2022
<b>Gerald Meehan</b>	3 years	February 2022

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<sup>2</sup> Brian Simmons was re-appointed by the Council of Governors for a further 3-year term of office with effect from 1 May 2019.

## 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 28 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.

**Dr Nick Cross**

**Interim Medical Director (to August 2018)**

**Appointed as substantive Medical Director for the Trust in September 2018**

*Voting member of the Board of Directors*

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.

Paula Simpson  
**Director of Nursing and Quality Improvement**  
*Voting member of the Board of Directors*

A committed nurse with 30 years' experience in the NHS, Paula is passionate about providing high quality, person centred care.

Paula graduated with a Bachelor's Degree in Nursing from the University of Liverpool in 1992 after which she embarked on a career in Health Visiting within Wirral.

Over time Paula developed a keen interest in quality improvement, population health and health protection. This led her to complete a Master's Degree in Applied Public Health, during which she undertook a variety of system wide commissioning and professional leadership roles across the Merseyside Health and Care System.

Her passion for nursing leadership brought her back to Wirral in 2014 to undertake the role of Deputy Director of Nursing. Since then, Paula has been awarded a Florence Nightingale Scholarship and works at a national level to influence nursing workforce development.

Jo Harvey  
**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.

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.

Alison Hughes

**Director of Corporate Affairs**

*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.

David Hammond

**Interim Director of Business Development & Strategy (to May 2018)**

*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.

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
Medical Director	Caldicott Guardian	Protecting the confidentiality of service-user information, enabling and applying the highest standards for appropriate information sharing.
	Accountable Officer for Controlled Drugs	Ensures all incidents involving controlled drugs are reported correctly, communication with Local Intelligence Network.
	Responsible Officer (RO) for Medical Registrations & Revalidation	Provides local leadership in developing systems of appraisal and clinical governance; lead for End of Life Care.
Chief Finance Officer & Deputy Chief Executive	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information security incident reporting and response.
	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation
Chief Operating Officer	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met

The Board of Directors completes annual self-declarations to demonstrate compliance with the Fit and Proper Persons Regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5). During 2018-19, 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.

The pre-employment checks for the two new NEDs were conducted in accordance with the Trust's Fit and Proper Persons Policy.

## 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 2018-19 and following an internal audit advisory review, the Trust further strengthened processes in relation to the management of conflicts of interest including a revision of the policy to ensure information on breaches was clear and in line with NHS England guidance. These changes were reviewed by the Audit Committee.

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 2018-19.

Better Payment Practice Code - Compliance		
	Number	£'000
Payables		
Total invoices paid in the year	11,557	26,302
Total paid within the 30 day target	10,251	21,326
Percentage paid within target	88.7%	81.1%

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

The Board of Directors has regard to the well-led framework and tests performance against the Key Lines of Enquiry that constitute the well-led framework. In July 2018 the CQC published its report following a

comprehensive inspection of Trust services; the Trust was disappointed to receive a rating of Requires Improvement in respect of well-led.

The Trust has considered the feedback and actions required as part of the CQC report and robust action plans were developed immediately to address all MUST DO and SHOULD DO actions. The progress against these action plans was tracked through the Quality & Safety Committee during 2018-19 with the committee receiving assurance on the action taken but also the evidence to demonstrate on-going compliance.

The key actions and programmes supported by the Trust during 2018-19 in relation to well-led include the following;

- Strengthening the **CQC Assurance Framework** with the establishment of the SAFE (Standards Assurance Framework for Excellence) programme allowing services and teams to self-assess against the CQC fundamental standards and key lines of enquiry
- Establishing the **SAFE Steering Group** chaired by the Director of Nursing to ensure the effective management and delivery of the SAFE programme
- Introducing the **Trust Information Gateway (TIG)** providing all services and teams, and senior leaders including members of the Board with the opportunity to analyse, manage and use performance data to support the Trust's activities
- Review of the **Trust's governance structure** to strengthen oversight and assurance on performance across the organisation from service and divisional level to the committees and the Board of Directors (further information on this review is included in the Annual Governance Statement)
- Revising the Trust's **Risk Management Policy** and providing further support to teams and services through mandatory risk management training focusing on the appropriate escalation of risk and the implementation of actions to mitigate risks
- Revising the Trust's **Policy for Policy Management** to strengthen process for effective policy management across the Trust. This review included a direct reporting line to the Audit Committee on the status of all trust-wide policies and to the SAFE Steering Group for divisional policies and SOPs. This review also introduced SAFE as an on-line policy document archive to track review status and monitor policy reviews proactively with authors and lead directors.
- Developing a **Fit and Proper Persons Policy** and supporting process for all members of the Board to ensure that those with Director level responsibility for the quality and safety of care and for meeting the fundamental standards were fit and proper to carry out these important roles
- Strengthening processes to review and **share learning** from serious incidents and complaints to ensure Trust-wide dissemination and support the delivery of high quality, safe services
- Improving **Staff Engagement Forums** across clinical divisions and holding a series of **Listening Events** with staff from across the Trust with senior leaders
- The approach to **refresh the organisational strategy** involved significant internal engagement with staff and an internal communications plan based around "I will" statements with staff sharing their approach and personal contribution to delivering the vision and strategy
- Enhanced the **staff recognition scheme** introducing Thank You cards and Employee of the Month awards across the organisation
- Relaunch of the Trust's **Equality & Diversity Strategy** through the Inclusion programme with Inclusion Champions recruited from across the Trust
- Reviewing the arrangements in place to support staff in raising concerns through **Freedom To Speak Up**
- Launch of the Trust's **Leadership Forum** bringing together all senior leaders from across the Trust to share a common purpose and shared goals to disseminate within the workforce

- Refreshing the approach to **Board Development and Informal Board sessions** allowing dedicated time for information sharing, learning and reflection by the members of the board and focused time on board dynamics
- Refreshing the leadership walkround programme to introduce **Service Shadowing** visits allowing senior leaders to connect with services and experience service delivery from the staff's perspective at first hand

The Trust will be conducting a self-assessment against the NHSI well-led framework for developmental reviews during 2019-20.

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

Under the Single Oversight Framework, NHS Improvement segments providers based on the level of support required across five key themes of quality of care, finance and use of resources, operational performance, strategic change and leadership, and improvement capability.

Following the publication of the CQC inspection report and the overall rating of Requires Improvement, the Trust moved from segment 1 to segment 2 during 2018-19. The Trust was disappointed with this technical change but as the issues raised by the CQC have been addressed the Trust has been ensuring regular updates to all regulators to provide assurance on progress.

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 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 reports directly to the Board of Directors and met on a monthly basis up to January 2019 and following a review of governance arrangements (as described in the Annual Governance Statement and Audit Committee Annual Report) moved to a bi-monthly meeting schedule during Q4 of 2018-19.

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 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 2018-19 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 2018-19 to facilitate the delivery of improved healthcare.



**Karen Howell**  
Chief Executive

22 May 2019

# Remuneration Report

## Annual statement from the Chairman of the Remuneration Committees

I am pleased to present the Directors' Remuneration Report for the financial year 2018-19 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 salary and benefits was reviewed, the nationally recommended annual uplift for the VSM framework was approved for eligible staff and the pay structure in GP Out of Hours was reviewed.

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, CBE, DL  
Chairman

May 2019

## Senior managers' remuneration policy

Remuneration for senior managers is shown on page 72.

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

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

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

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

One senior manager is paid above £150,000. This salary was subject to the same review and approval process as detailed above. An NHSI opinion was also sought and provided to the Remuneration Committee.

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

## Service contract obligations

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

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

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

## Annual report on remuneration

### The Remuneration Committees

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

The Remuneration & Terms of Service Committee is a non-executive committee of the 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 2018-19, the members of the committee were;

Michael Brown, Chairman (Chair of the Remuneration Committee)

Chris Allen, Non-Executive Director *(to January 2019)*

Murray Freeman, Non-Executive Director *(to May 2018)*

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

Beverley Jordan, Non-Executive Director

Chris Bentley, Non-Executive Director *(from February 2019)*

Gerald Meehan, Non-Executive Director *(from February 2019)*

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

The Remuneration & Terms of Service Committee meets at least annually; during 2018-19, it met on 4 occasions. The attendance record by members of the committee is detailed at page 97.

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 2018-19, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision relating to the appointment of two new Non-Executive Directors.

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 NEDs.

Attendance during 2018-19 was as follows;

Date	Agenda	Attendees
<b>28 September 2018</b>	Recruitment of two Non-Executive Directors* Non-Executive Director performance appraisals	Chairman Lead Governor (Irene Cooke) Appointed Governor (Prof. Janice Gidman) Staff Governor (Tom Meade) Elected Governors (Donald Shaw, Bill Wyllie, Lynn Collins) Director of Corporate Affairs
<i>*The group also met on a number of occasions during September - December 2018 to lead the recruitment process for the new NEDs e.g. long listing and short listing meetings, interview process</i>		

The process to appoint two new NEDs ran from September - December 2018 and during this period a number of elected governors (public and staff) were standing for re-election. It was therefore agreed to request support during the recruitment process from additional governors who were not due for re-election and to provide consistency through the process.

The following additional governors provided support to the process;

Fiona Fleming - staff governor  
Lynn Collins - public governor  
Angela Gill - public governor

Both Fiona Fleming and Lynn Collins became formal members of the Remuneration & Nomination subgroup following the governor elections and the departure of Tom Meade and Donald Shaw.

## 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 is £29,608 (prior period: £21,263). The banded remuneration of the highest paid director in the financial year is £150k-£155k (2018/19 £140k-£145k).

This is 5.15 times the median remuneration (prior period 6.70).

The increase in median pay and the change in ratio from median to highest paid director are due to the impact of the 2018-21 Agenda for Change pay deal which has increased pay for staff on the lowest grades in the NHS.

## Payments to past senior managers

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

## Payments for loss of office

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

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

Name	Position	2018-2019				2017-2018			
		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)	40-45	0	N/A	40-45	20-25	0	N/A	20-25
Christine Allen	Non-executive director (to 31 January 2019) (Chairman from 8 March 2017 to 31 August 2017)	10-15	0	N/A	10-15	20-25	0	N/A	20-25
Beverley Jordan	Non-executive director (from 4 September 2017)	10-15	0	N/A	10-15	5-10	0	N/A	5-10
Brian Simmons	Non-executive director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Chris Bentley	Non-executive director (from 1 February 2019)	0-5	0	N/A	0-5	N/A	N/A	N/A	N/A
Gerald Meehan	Non-executive director (from 1 February 2019)	0-5	0	N/A	0-5	N/A	N/A	N/A	N/A
Murray Freeman	Non executive Director (to 9 May 2018)	0-5	0	N/A	0-5	10-15	0	N/A	10-15
Alan Wilson	Non executive Director (to 12 August 2017)	N/A	N/A	N/A	N/A	0-5	0	N/A	0-5
<b>Executive Directors</b>									
Karen Howell	Chief Executive*	150-155	9,100	12.5-15	170-175	140-145	6,600	15-17.5	160-165
Mark Greatrex	Director of Finance and Resources/Deputy Chief Executive	125-130	200	117.5-120	245-250	110-115	600	55-57.5	165-170
Sandra Christie	Director of Nursing and Performance (to 31 March 2018)	N/A	N/A	N/A	N/A	45-50	2,000	N/A	45-50
Paula Simpson	Director of Nursing and Performance (from 1 April 2018)	90-95	0	165-167.5	260-265	N/A	N/A	N/A	N/A
Jo Harvey	Director of Human Resources and Organisational Development	95-100	8,400	55-57.5	160-165	75-80	6,800	25-27.5	105-110
Karen Walkden-Smith	Acting Director of Human Resources and Organisational Development (from 13 February 2017 to 31 August 2017)	N/A	N/A	N/A	N/A	30-35	0	17.5-20	45-50
Dr Ewen Sim	Medical Director (to 2 August 2018)	30-35	0	80-82.5	110-115	50-55	0	0	50-55
Dr Nick Cross	Interim Medical Director (from 1 December 2017 to 9 September 2018)*	50-55	0	N/A	50-55	45-50	0	N/A	45-50
Val McGee	Medical Director (from 10 September 2018)	80-85	0	122.5-125	200-205	N/A	N/A	N/A	N/A
Alison Hughes	Director of Integration and Partnerships	105-110	8,000	217.5-220	335-340	80-85	5,900	20-22.5	110-115
Phil Clow	Director of Corporate Affairs (from 4 September 2017)	70-75	5,000	47.5-50	125-130	30-35	3,500	20-22.5	55-60
David Hammond	Director of Business Development and Strategy (to 11 June 2017)	N/A	N/A	N/A	N/A	15-20	0	15-17.5	30-35
	Interim Director of Business Development and Strategy (from 12 June 2017 to 21 May 2018)	5-10	0	0-2.5	10-15	50-55	0	45-47.5	95-100

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

<b>2018/19</b>	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019
	bands of £2,500	bands of £2,500	bands of £5,000	bands of £5,000	£000	£000	£000
Mark Greatrex	5-7.5	12.5-15	35-40	90-95	479	86	580
Jo Harvey	2.5-5	2.5-5	20-25	40-45	267	88	364
Dr Ewen Sim	2.5-5	7.5-10	25-30	70-75	412	0	0
Nick Cross	5-7.5	12.5-15	5-10	20-25	34	105	141
Val McGee	10-12.5	30-32.5	45-50	145-150	834	322	1,181
Paula Simpson	7.5-10	17.5-20	25-30	60-65	279	181	469
Alison Hughes	2.5-5	N/A	5-10	N/A	57	43	102
David Hammond	0-2.5	N/A	5-10	N/A	80	26	108

<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 2017	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018
	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	426	53	479
Jo Harvey	0-2.5	0-2.5	15-20	35-40	234	33	267
Dr Ewen Sim	0-2.5	0	20-25	55-60	401	11	412
Phil Clow	2.5-5	5-7.5	20-25	55-60	265	65	330
Val McGee	0-2.5	2.5-5	35-40	110-115	790	44	834
Karen Walkden-Smith	0-2.5	5-7.5	35-40	105-110	719	69	787
Alison Hughes	0-2.5	N/A	5-10	N/A	40	17	57
David Hammond	2.5-5	N/A	5-10	N/A	51	29	80

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

#### **Notes to the remuneration table**

Nick Cross was employed by Humber NHS Foundation Trust and was seconded to Wirral Community NHS Foundation Trust as interim Medical Director until he became a direct employee of the Trust on 10 September 2018. His remuneration as interim Medical Director relates to invoices raised by Humber for his services. His remuneration as Medical Director comprises direct payments through the Trust's payroll.

#### **Notes to the pension table**

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

This table reflects the full pension benefits for each scheme member during the financial year. However, David Hammond was a Director of the Trust for only the first six weeks of the 2018/19 financial year and therefore the benefit has been pro-rated accordingly.

Non-executive directors do not receive a pensionable remuneration.



Karen Howell  
Chief Executive

May 2019

## 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

Following the publication of the CQC inspection report and the overall rating of Requires Improvement, the Trust moved from segment 1 to segment 2 in 2018-19. The Trust was disappointed with this technical change but as the issues raised by the CQC have been addressed the Trust has been ensuring regular updates to all regulators to provide assurance on progress.

This segmentation information is the Trust's position as at 31 March 2019. Current segmentation information for NHS trusts and foundation trusts is published on 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				2018-19			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Financial sustainability	Capital service capacity	1	1	1	1	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	3	2	2	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	2	1	1	1	1
	Agency spend	2	2	1	1	1	2	2	2	2	2
<b>Overall scoring</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

22 May 2019

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## Staff Report for 2018-19

At the end of 2018-19, Wirral Community NHS Foundation Trust employed 1,696 people. Details of our workforce are provided below. This table has been audited.

The following staff costs have been incurred during the period;

	<b>2018-19</b>		
	<b>Total</b>	<b>Permanent</b>	<b>Other</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Salaries and wages	44,784	42,735	2,049
Social security costs	3,806	3,633	173
Apprenticeship levy	207	207	0
Employers contributions to NHS Pensions	4,925	4,925	0
Other pension contributions	1,807	1,807	0
Termination benefits	0	0	0
Agency/contract staff	2,108	0	2,108
<b>TOTAL</b>	<b>57,637</b>	<b>53,306</b>	<b>4,331</b>

The overall staff turnover figure for 2018-19 was 13.15%; lower than the figure for 2017-18 which was 15.5%.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant and leaving involuntarily, the turnover figure for 2018-19 was 10.8% (2017-18 13.8%).

### Staff numbers

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

	<b>2018-19</b>		
	<b>Total</b>	<b>Permanent</b>	<b>Other</b>
	<b>Number</b>	<b>Number</b>	<b>Number</b>
Medical and dental	20	12	9
Ambulance staff	2	2	0
Administration and estates	141	125	15
Healthcare assistants and other support staff	396	396	0
Nursing, midwifery and health visiting staff	560	538	22
Scientific, therapeutic and technical staff	273	260	13
Healthcare sciences staff	2	0	2
Social care staff	0	0	0
<b>TOTAL</b>	<b>1,394</b>	<b>1,332</b>	<b>62</b>

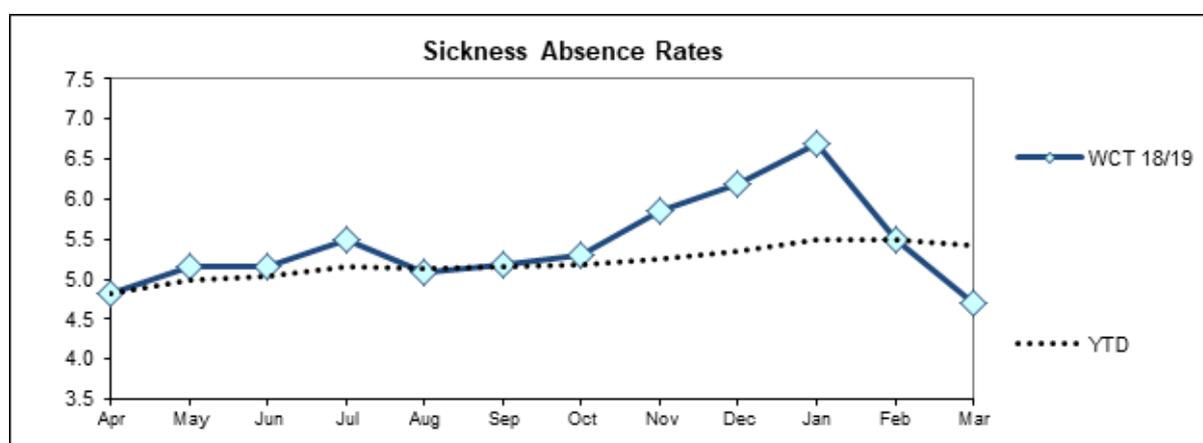
## Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust during 2018-19 are included in the table below:

	2018-19	Headcount
Directors male ( <i>including Non-Executives</i> )	50%	6
Directors female ( <i>including Non-Executives</i> )	50%	6
All Employees male	9.7%	173
All Employees female	90.3%	1523

## Sickness Absence Data

Information from the Electronic Staff Record (ESR) system reports the annual sickness rate for the year 2018-19 as 5.54%. This figure was higher than the Trust's target figure of 4.0%.



The level fluctuated throughout the year and the trend reflected the seasonal variation experienced annually. New oversight and management arrangements together with targeted support for divisions in managing absence resulted in a significant downturn at the end of the year with the final month's absence level at 4.7%. This approach is continuing together with a focus on the mental health and wellbeing of the workforce, as this represents the biggest proportion of absence and also on carers support.

Sickness absence figures are also provided for NHS providers for annual reporting purposes by the Department of Health and Social Care. The figures for the Trust are as follows;

Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
87.40	43.79	2.46	901 469,	6,027
1,2	16,0	1		2

## 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 and inclusion 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 approach to Equality and Diversity, and has established an "Inclusion Team" which is leading on a plan to bring about an innovative and service led improvement approach to E&D. This includes the re-launch of our Disability, LGBT and BAME Staff Forums which aim to foster good relations and support staff to share concerns and issues with the Trust to improve their working lives. The recruitment, redeployment and managing attendance policies are up to date and support disabled applicants in recruitment and existing staff with reasonable adjustments.

We have developed opportunities for work placements for young people with disabilities to provide a pathway into work. Our apprenticeship programme has also provided young people with employment opportunities.

### 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 a regular cycle of operational management and staff side meetings. Where required, formal consultation takes place with staff side representatives in relation to significant service change.

The quarterly forum 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 staff side, management and Human Resources.

Staff side representatives are part of the Trust's Freedom to Speak Up Steering Group and the Strategic Workforce Development Group as well as being represented on key strategic workstreams such as E-Rostering and Community Nursing Transformation and being part of the annual service transformation and Cost Improvement Programme planning; this ensures they are directly involved in key decisions about the workforce.

## 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.

## Approach to Staff Engagement

The Trust has a People Strategy (2017-2020) which is structured in 4 sections each supported by an annual delivery plan. These 4 areas reflect our strategic goals and the on-going priorities to plan, develop and support our workforce;

- Engagement Delivery Plan
- Wellbeing Delivery Plan
- Education and Training Delivery Plan
- 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. 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 provide a variety of forums through which staff can provide feedback to the Trust: Trust Board, Council of Governors, Joint Partnership Forum, Staff Council, Team meetings, Executive Briefing.

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. 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 have been reviewed this year to allow executive directors the opportunity to shadow staff members and gain a greater insight into the delivery of care.

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.

Our annual “HEART Awards” staff awards, combined with our long service awards play an important role in recognising contribution and performance. This year we have widened our staff recognition scheme to include “Thank You” cards and divisional “Employee of the Month” awards. This has helped to maintain a regular focus on the contribution our staff make to their work, their team and to our service users.

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. We have simplified these to enable our staff to focus more clearly on the key elements of the behaviours which make them effective in their roles;



In 2018-19 we have developed a highly successful Leadership Forum for senior leaders in the Trust, which provides a valuable space to develop leadership skills and strategic thinking in a collaborative way. In addition, Leadership ‘learning for all’ sessions look at everyday leadership skills and are open to all staff. These take place throughout the year and cover a range of topics which help to embed leadership behaviours across the Trust. We have also developed a specific Leadership Development programme for our middle managers, to help them in developing the skills to deliver continuous service improvement and collaboration.

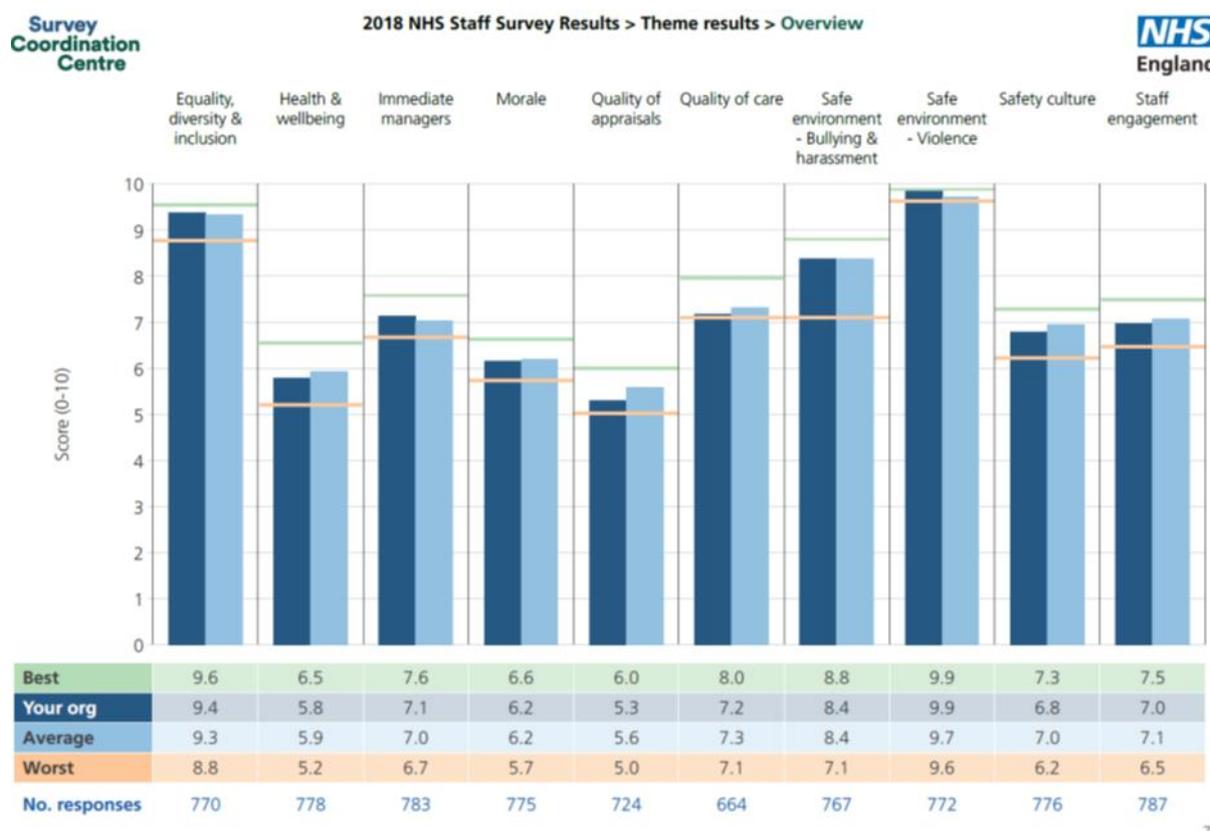
## Staff survey results

### Summary of performance

This was the fourth 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 50% which was higher than the NHS average (46%).

Response Rate				
	2017	2018		
	Trust	Trust	Benchmarking group (community average)	Trust improvement/deterioration
Response rate	49%	50%	53%	Increase in response rate by 1%

There have been significant changes in the reporting process for the 2018 survey and the survey responses have been split into 10 new themes. The Trust's performance against these themes is set out below;



**We improved our performance in 5 themes, and maintained performance in 4.**

**We showed above average performance in 3 themes, average in 1 and below average in 5.**

A breakdown of performance across the 10 themes, including performance for the previous two years is included below:

	2018-19		2017-18		2016-17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.4	9.3	9.4	9.3	9.5	9.4
Health and wellbeing	5.8	5.9	5.8	6	5.9	6.1
Immediate managers	7.1	7	6.9	7	7.1	6.9
Morale	6.2	6.2	No comparable data	No comparable data	No comparable data	No comparable data
Quality of appraisals	5.3	5.6	5.1	5.4	5.6	5.6
Quality of care	7.2	7.3	7.1	7.3	7.4	7.5
Safe environment – bullying and harassment	8.4	8.4	8.4	8.4	8.5	8.4
Safe environment – violence	9.9	9.7	9.9	9.7	9.8	9.7
Safety culture	6.8	7	6.7	6.9	6.9	6.8
Staff engagement	7	7.1	6.9	6.9	7.1	6.9

## **Future priorities and targets**

The planned approach in light of the results is to have staff survey action plans for each of the five divisions within the Trust which will focus on the four key areas of;

- 1) Quality of Appraisals - although in 2018 our records showed 98% of staff received an appraisal the Staff Survey score regarding quality was below average for community trusts. Actions have been identified to improve the quality of appraisals during 2019 including a simplified process, revision of appraisal training and planning appraisals in teams.
- 2) Improving the Health and Wellbeing of staff - the staff survey scores were below average for community trusts and showed the biggest gap between the Trust's performance and the best performing trusts taking part in the survey. Divisions have developed targeted plans to improve this and trust wide actions have been identified including development of carer support and mental health wellbeing training.
- 3) Safety Culture - in particular this will focus on the action of improving feedback to staff following incidents. The results were below average for community trusts in relation to confidence that actions will be taken to reduce incidents and that feedback is received. Actions will be taken to improve the feedback mechanism and share learning widely across the organisation.
- 4) Staff Engagement - improving the levels of involvement by local actions within teams but at trust wide level and being clear during any communications regarding involvement from staff during initiatives and campaigns.

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, as well as the wider workforce. Performance against the resulting action plan is also reported to the Education and Workforce Committee.

The actions identified above have been incorporated into an improvement action plan. They have been aligned into the People Strategy Delivery Plans for 2019/20 to ensure that they are incorporated into the Trust's wider strategy for engagement and wellbeing.

## Trade union Facility Time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, this is the report produced for the financial year 2018-19 based on the returns submitted to date from trade union representatives.

**Table 1- Relevant Union Officials**

What was the total number of your employees who were relevant union officials during the relevant period?	Number of employees who were relevant union officials during the relevant period Full-time equivalent employee number
12	9.28

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

	Number of Employees
0%	5
1-50%	6
51-99%	1
100%	0

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

	Figures
Provide the total cost of facility time	£19,756.02
Provide the total pay bill	£57,637.00
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.03%

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	2.99%
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*This may be subject to revision for formal publication with gov.uk following further checks of data received.*

## Expenditure on consultancy

During the year, the Trust paid £239,107 to external consultants. This is reflected in note 5: "Operating Expenses" in the financial statements included below.

## Off-payroll engagements

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

The highest paid longer term sessional staff, principally locum GPs, are included on the Trust's payroll and appropriate tax and national insurance is deducted at source in compliance with IR35 rules. All other agency staff are recruited through 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 existing engagements at 31 March 2019	73
Of which:	
No. that have existed for less than one year	37
No. that have existed for between one and two years	16
No. that have existed for between two and three years	1
No. that have existed for between three and four years	3
No. that have existed for four or more years	16

**Table 2 - new off-payroll engagements**

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	17
Of which:	
No. assessed as within the scope of IR35	0
No. assessed as not within the scope of IR35	17
No. engaged directly on the Trust payroll	0
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 joined the Trust payroll on 10 September 2018 having previously been seconded from Humber NHS Foundation Trust.

## Exit packages (*subject to audit*)

During the year no exit packages were agreed. This is disclosed in note 7.1: "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
- 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 at 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. .

The public constituencies include;

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

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 2018-19, the Trust had 7,835 members split as follows across the two constituencies;

- 6,044 public members
- 1,791 staff members

An analysis of the Trust's membership population demonstrates that it is broadly representative of the communities we serve; however recruitment activities are targeted according to any areas where further recruitment is necessary. During 2018-19, the Trust continued to recruit young members through initiatives with local schools and the Young Chamber and saw a positive impact on membership numbers with over 1,000 young members (aged 16-21 years) signed up to the Trust. The public membership in the Rest of England constituency remains a priority for the Trust with a detailed action plan already in place.

During 2018-19, the 'Your Voice' group continued to meet but with an expanded membership to include governors and more members. This group continues to evolve but has provided useful feedback and reflections on the meaning of membership to support a refresh of the Trust's membership strategy.

The agreed 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 2018-19.

In November 2018 the Trust held governor elections following the end of terms of office of 6 public governors and 2 staff governors. The elections were run independently by ERS (Electoral Reform Services) and in accordance with the Model Election Rules as included in the FT Constitution.

The election results were as follows;

Constituency	Candidates	Opposed or Unopposed	Elected
<b>Public Governors</b>			
Birkenhead*	Irene Cooke	Opposed	Yes
	Ian Jones	Opposed	Yes
Wallasey	Christopher Steele	Unopposed	Yes
	Bill Wyllie	Unopposed	Yes
South Wirral and Neston	Kevin Sharkey	Unopposed	Yes
	No candidate		vacant
Rest of England	No candidate		vacant
<b>Staff Governors</b>			
Trust staff	Fiona Davies	Unopposed	Yes
	No candidate		vacant

\* For the Birkenhead Constituency the number of eligible voters was 1,792. The votes cast by post were 125, and the votes cast online were 65. The votes could be for one or two candidates. The turnout was 10.6% and of the total number of 189 valid votes counted, Irene Cooke had the highest number (150) and Ian Jones had the second highest number (68), and were duly elected.

The Council of Governors participated in a development day in July 2018 to consider the Trust’s response to the CQC inspection report, the arrangements in place across the Trust in respect of FTSU (Freedom To Speak Up) hearing from the Non-Executive FTSU Guardian and to receive a briefing on the Wirral Health & Care Commissioning Strategy.

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, Wirral South & Neston and 1 vacancy for the rest of England
- 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 2018-19.

Name	Constituency/ Organisation	Term of Office (End date)	2018 election status
<b>Public Elected Governors</b>			
Sara Braidwood	Wallasey	3 years (2018)	No re-election sought
Dr Paul Ivan	Wallasey	3 years (2020)	
Bill Wyllie	Wallasey	3 years (2021)	Re-elected
Christopher Steele	Wallasey	3 years (2021)	Newly elected
Irene Cooke	Birkenhead	3 years (2021)	Re-elected
Ian Jones	Birkenhead	3 years (2021)	Newly elected
Angela Gill	Birkenhead	3 years (2020)	
Donald Shaw	Birkenhead	3 years (2018)	No re-election sought
Lyn Collins	Wirral West	3 years (2020)	
Veronica Cuthbert	Wirral West	3 years (2020)	
Kevin Sharkey	Wirral South & Neston	3 years (2021)	Re-elected
Vacant	Wirral South & Neston		Vacant
Vacant	Rest of England		Vacant
<b>Staff Elected Governors</b>			
Fiona Fleming	Staff Governor	3 years (2020)	
Tom Meade	Staff Governor	3 years (2018)	No re-election sought

			(retired from the Trust)
Angela Price	Staff Governor	3 years (2018)	No re-election sought
Fiona Davies	Staff Governor	3 years (2021)	
<b>Appointed Governors</b>			
(vacant)*	NHS England		
(vacant)**	Wirral Borough Council		
Paul Edwards	Wirral Clinical Commissioning Group		
Prof. Janice Gidman	University of Chester		
Karen Prior	Healthwatch Wirral		
(vacant)***	Community Action Wirral		

\*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 with a proposal to invite a representative from a local Housing Association.

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

\*\*\* The Community Action Wirral seat was agreed as vital and work is underway to confirm an appointed governor.

## Council of Governors Meetings

During 2018-19, the Council of Governors met on 5 occasions:

- 16 May 2018
- 9 July 2018 (*Development Day*)
- 18 September 2018
- 5 February 2019

The Trust also held its Annual Members Meeting on 17 October 2018.

The following table summarises governor attendance at each formal CoG meeting and the development day during 2018-19.

		Possible Meetings	Meetings Attended
<b>Public Elected Governors</b>			
*Sara Braidwood	Public Governor, Wallasey	2	0
Lynn Collins	Public Governor, Wirral West	4	3
Irene Cooke	Lead Governor /Public Governor, Birkenhead	4	2
Veronica Cuthbert	Public Governor, Wirral West	4	3
Angela Gill	Public Governor, Birkenhead	4	2
Dr Paul Ivan	Public Governor, Wallasey	4	1

**Ian Jones	Public Governor, Birkenhead	1	0
Kevin Sharkey	Public Governor, Wirral South/Neston	4	4
***Donald Shaw	Public Governor, Birkenhead	3	2
****Christopher Steele	Public Governor, Wallasey	1	0
Bill Wyllie	Public Governor, Wallasey	4	3
<b>Staff Elected Governors</b>			
****Fiona Davies	Staff Governor	1	1
*****Tom Meade	Staff Governor	3	2
Fiona Fleming	Staff Governor	4	1
*****Angela Price	Staff Governor	3	2
<b>Appointed Governors</b>			
Paul Edwards	Appointed Governor, NHS Wirral CCG	4	1
Prof. Janice Gidman	Appointed Governor, University of Chester	4	3
Karen Prior	Appointed Governor, HealthWatch Wirral	4	3

*\*Sarah Braidwood - resigned from CoG in August 2018 due to relocation (term expired in November 2018)*

*\*\* Ian Jones - elected Nov 2018*

*\*\*\*Donald Shaw - term expired in November 2019 and did not seek re-election*

*\*\*\*\*Christopher Steele - newly elected in November 2018*

*\*\*\*\*Fiona Davies - newly elected in November 2018*

*\*\*\*\*\*Tom Meade - term expired in November 2018 and retired from the Trust at the end of October 2018*

*\*\*\*\*\*Angela Price - term expired in November 2018 and did not seek re-election*

Irene Cooke was elected as the Lead Governor in January 2016 and stood down pre-elections in November 2018. Following the elections, Bill Wyllie, public governor for Wallasey was elected as the Lead Governor.

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  
CH42 0LQ

Tel: 0151 651 3939

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 2018-19 are described above in the Remuneration Report.

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 now chaired by the Director of Corporate Affairs to align with the Trust's membership.

## Training and development for governors

All governors were invited to attend a full day Development Day in July 2018 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 2018, 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 are also invited to attend informal meetings with the Chairman, to provide an opportunity to share experiences of the Trust, learnings for the future and any areas of challenge.

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

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

The following table summarises Board of Directors' attendance at Council of Governors' meetings during 2018-19. This does NOT include the development day in July 2018 though all NEDs, the Director of Corporate Affairs and the Chief Executive attended.

		Possible meetings	Meetings attended
Michael Brown	Chairman	3	3
Karen Howell	CEO	3	2
*Chris Allen	NED	2	1
**Murray Freeman	NED	0	0
Brian Simmons	NED	3	3
Beverley Jordan	NED	3	3
***Chris Bentley	NED	1	0
****Gerald Meehan	NED	1	1
*****Dave Hammond	Interim Director of Business Development & Strategy	1	1
Mark Greatrex	Chief Finance Officer	3	2
Val McGee	Chief Operating Officer	3	2
Jo Harvey	Director of HR & OD	3	2
*****Dr Nick Cross	Interim Medical Director	1	1
	Medical Director	2	0
Alison Hughes	Director of Corporate Affairs	3	3
Paula Simpson	Director of Nursing & Quality Improvement	3	2

*\*Chris Allen - left the Trust in January 2019*

*\*\*Murray Freeman - left the Trust in May 2018*

*\*\*\*Chris Bentley - joined the Trust in February 2019*

*\*\*\*\*Gerald Meehan - joined the Trust in February 2019*

*\*\*\*\*\*Dave Hammond - Interim Director of Business Development & Strategy (June 2017 – May 2018)*

*\*\*\*\*\*Dr Nick Cross - Interim Medical Director from December 2017 - April 2018 and appointed as substantive Medical Director from May 2018.*

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 2018-19 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 continue to develop a clear policy detailing how disagreements between the two bodies will be resolved, aligned to the scheme of reservation and delegation of powers and the Code of Conduct for both bodies.

## The Board of Directors

The Board of Directors functions as a corporate decision-making body considering the key strategic issues facing the Trust in carrying out its statutory and other functions. It is a unitary Board with collective responsibility for all aspects of performance of Wirral Community 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 2018-19. 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 2018-19.

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 2018-19 as per the requirement in the Terms of Reference to attend three quarters of available meetings.

The brackets indicate the possible number of meetings individuals could have attended given any 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. Any non-required attendance is highlighted in grey.

The Quality & Safety Committee, the Finance & Performance Committee and the Education & Workforce Committee moved to a bi-monthly schedule from January 2019. This is described in more detail in the Annual Governance Statement.

April 2018 - March 2019	Board	Rem Com	Audit	Quality & Safety	Finance & Performance	Education & Workforce
<b>Number of Meetings</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>11</b>	<b>10</b>	<b>10</b>
<b>Chair/Non-Executive Directors</b>						
Michael Brown (Chairman)	5	2	-	-	-	-
*Chris Allen	4 (5)	1 (1)	3 (4)	9 (10)	6 (9)	8 (9)

April 2018 - March 2019	Board	Rem Com	Audit	Quality & Safety	Finance & Performance	Education & Workforce
**Murray Freeman	1 (1)	0 (0)	0 (1)	0 (1)	-	1 (1)
***Chris Bentley NED	1 (1)	0 (1)	0 (1)	1 (1)	0 (1)	0 (1)
****Gerald Meehan	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)
Brian Simmons	5	4	5	8 (10)	9	9
Beverley Jordan	6	4	5	11	10	10
<b>Executive Directors &amp; Directors</b>						
Karen Howell	6	-	-	4	6	3
Paula Simpson	5	-	2	11	7	8
Alison Hughes	6	-	5	10	9	10
Mark Greatrex	6	4	5	8	9	-
Jo Harvey	6	4	-	9	-	9
Val McGee	6	-	-	10	8	7
Dr Nick Cross (Interim Medical Director)	2 (2)	-	-	3 (5)		1 (5)
Dr Nick Cross (Medical Director)	3 (4)	-	-	5 (6)	1 (1)	3 (5)
*****Dave Hammond	1 (1)	-	-	-	1 (1)	-

\*Chris Allen - left the Trust in January 2019

\*\*Murray Freeman - left the Trust in May 2018

\*\*\*Chris Bentley - joined the Trust in February 2019

\*\*\*\*Gerald Meehan - joined the Trust in February 2019

\*\*\*\*\*Dr Nick Cross - Interim Medical Director from December 2017 - April 2018 and appointed as substantive Medical Director from May 2018.

\*\*\*\*\*Dave Hammond - Interim Director of Business Development & Strategy (June 2017 - May 2018)

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. During 2018-19 a skills audit was completed to determine the skills and experience for two new Non-Executive Directors joining the Board. Following this, the Board 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 with the Chief Executive and Chairman respectively. The Chairman also meets with all voting members of the Board to discuss their progress, contribution and objectives.

During 2018-19 the CQC conducted a comprehensive inspection of the Trust including a well-led inspection (this is described in the Accountability Report and the Annual Governance Statement). During 2019-20 the Trust will be completing a well-led developmental review in line with NHS Improvement guidance.

## 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 the Board of Directors. As described in the Annual Governance Statement, the Trust reviewed its governance structure during the summer of 2018 to identify areas of duplication and the opportunity to strengthen oversight and assurance on performance across the organisation, from service and divisional level to the committees and the Board of Directors.

The Board of Directors was involved in the review through discussions at informal session and receiving a status paper at formal Board of Directors in January 2019. The cycle of monthly committee meetings was discussed in respect of the review and a move to a bi-monthly schedule during Q4 and Q1 supported.

The members of the Board were sufficiently assured that the introduction of TIG and the OMB would provide robust performance management on a monthly basis and sufficient assurance to the committees of the Board. The escalation in-month has been recognised to ensure timely alerts as appropriate to the committees.

- Quality & Safety Committee
- Finance & Performance Committee
- Education & Workforce Committee
- 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**

<b>Committee</b>	<b>Non-Executive Director(s)</b>	<b>Director(s)</b>
<b>Audit Committee</b>	<b>Brian Simmons (Chair)</b> Beverley Jordan Murray Freeman <i>(to May 2018)</i> Chris Allen <i>(to January 2019)</i> Chris Bentley <i>(from February 2019)</i> Gerald Meehan <i>(from February 2019)</i>	By invitation <i>(not formal members)</i>
<b>Finance &amp; Performance Committee</b>	<b>Beverley Jordan (Chair)</b> Brian Simmons <i>(to February 2019)</i> Chris Bentley <i>(from February 2019)</i> Gerald Meehan <i>(from February 2019)</i>	Chief Finance Officer Director of Nursing & Quality Improvement Chief Operating Officer
<b>Quality &amp; Safety Committee</b>	<b>Chris Allen (Chair)</b> <i>(to January 2019)</i> <b>Chris Bentley (Chair)</b> <i>(from February 2019)</i> Brian Simmons <i>(to February 2019)</i> Murray Freeman <i>(to May 2018)</i> Gerald Meehan <i>(from February 2019)</i>	Director of Nursing & Quality Improvement Medical Director Director of HR & OD Chief Operating Officer Chief Finance Officer
<b>Education &amp; Workforce Committee</b>	<b>Murray Freeman (Chair)</b> <i>(up to May 2018)</i> <b>Gerald Meehan (Chair)</b> <i>(from February 2019)</i> Chris Allen <i>(to January 2019)</i> Beverley Jordan Chris Bentley <i>(from February 2019)</i>	Director of HR & OD Director of Nursing & Quality Improvement Medical Director Chief Operating Officer
<b>Remuneration Committee</b>	<b>Michael Brown (Chair)</b> Beverley Jordan Brian Simmons Murray Freeman <i>(to May 2018)</i> Chris Allen <i>(to January 2019)</i> Chris Bentley <i>(from February 2019)</i> Gerald Meehan <i>(from February 2019)</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>

## 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 2018-19 is included in the table above.

The Audit Committee met its responsibilities as set out in its terms of reference during 2018-19 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 2017-18 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 2018-19
- Receiving and approving the Clinical Audit Annual Programme for 2018-19
- Reviewing arrangements by which staff can raise issues (noting the work of the Quality & Safety Committee in relation to Raising Concerns/FTSU)
- Receiving regular updates in relation to Local Security Management
- Approving the revised Risk Management Policy
- Approving the revised Policy for Policy Management and associated documents
- Receiving the Trust-wide policy schedule for progress reporting and monitoring

During 2018-19 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 2018-19.

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.

# 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 on-going 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 2019 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 was combined with the Trust's Risk Management Policy during 2018-19, and the new policy sets out the Trust's approach which 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 Trust's approach to risk management supports staff in ensuring that risks within the organisation are managed proactively and effectively and to ensure compliance with statutory obligations. The Trust is keen to ensure that risk management processes not only identify and manage risk but also provide an opportunity for learning and shared reflection.

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

## **The risk and control framework**

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

The policy, updated during 2018-19, provides a systematic approach to the identification, management and escalation of risks within the Trust. 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, their likely impact and their mitigation.

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. This framework is set out in the Risk Management Policy. Risks are recorded at service, divisional and organisational level forming the Trust's risk register.

The process of sound risk management and the development of an organisation-wide risk awareness culture is high-priority. In addition to the Risk Management Policy, 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 risk and incident reporting via the Datix system, refreshed face to face risk management and identification training for senior leaders, risk drop-in sessions for services and teams with the Trust's Risk Manager, a renewed focus on risk identification, reporting, escalation and monitoring through the new governance arrangements established in the Trust, team leader checklists to ensure risk management is included on the agenda for team meetings, and service shadowing and visits by senior leaders.

For the first three quarters of 2018-19 the Integrated Performance Group had the primary purpose of ensuring the organisation had effective processes in place to deliver continuous integrated performance improvement, ensuring patients were kept safe, that risk was effectively managed and operational services met their financial targets. This group reported by exception to the sub-committees and provided assurance to the Board of Directors on the effectiveness of operational delivery specifically in relation to contractual KPIs, quality and safety, risk management and finance.

During the summer of 2018 the Trust reviewed its governance structure to identify areas of duplication and the opportunity to strengthen oversight and assurance on performance across the organisation, from service and divisional level to the committees and the Board of Directors.

The implementation of the Trust Information Gateway (TIG) provided the opportunity to review arrangements as it presented an electronic solution for the timely interrogation of performance data across multiple domains across the organisation, thereby improving the availability and accuracy of data and the flow of information and assurance through the governance structure

The governance structure was revised to reflect the outcome of this review and has been tested during Q4 2018-19.

The review identified a requirement to establish three new key groups within the governance structure supporting the flow of assurance to the committees of the Board.

- The Oversight & Management Board (OMB) provides assurance to the Board of Directors, through the sub-committees of the Board, that effective performance management is being discharged across the organisation. The OMB reviews performance and risk management across the Trust according to quality, workforce, and financial, contractual and operational performance.
- The Programme Management Board (PMB) is responsible for the management and delivery of a suite of programmes, projects and Task and Finish Groups designed to create step change towards the delivery of the organisational strategy of Wirral Community NHS Foundation Trust.

- The Standards Assurance Framework for Excellence (SAFE) Steering Group is responsible for the effective management and delivery of the Trust's Standards Assurance Framework providing compliance with regulatory standards.

The timeliness and availability of performance data has been reviewed following the implementation of TIG and the flow of information from divisional level to committees mapped accordingly.

The Board of Directors has been involved in the review through discussions at informal session and receiving a status paper at formal Board of Directors in January 2019. The cycle of monthly committee meetings has been discussed in respect of the review and a move to a bi-monthly schedule during Q4 and Q1 supported.

The members of the Board were sufficiently assured that the introduction of TIG and the OMB would provide robust performance management on a monthly basis and sufficient assurance to the committees of the Board. The escalation in-month has been recognised to ensure timely alerts as appropriate to the committees.

Each sub-committee of the Board (with the exception of the remuneration committee) receives a risk management report at every meeting 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 a report from the Chairs of each committee on the areas of focus and work of the committee including any high-level risks for escalation and the Board Assurance Framework (BAF) presented at every meeting of the Board includes all high-level organisational risks mapped across to the relevant principal risk to determine any impact on controls and mitigations.

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 2018-19 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 Freedom To Speak Up (FTSU) 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 receives at every meeting; 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 2018-19 there were 15 principal risks (strategic risks) recorded on the BAF against the organisation's 9 strategic goals, themed according to three strategic areas - Our Population, 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 2018-19, the Board of Directors ensured on-going assessment of in-year and future risks. Major risks related to;

- On-going compliance with CQC fundamentals of care
- The impact of the outcome of the CCG Urgent Care Review
- Failure to engage staff to secure ownership of the Trust's vision and strategy
- Inability to implement the Trusts clinical transformation strategy
- Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)

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, detail the risks recorded in the BAF during 2018-19. Full details can be found in the Board Assurance Framework March 2019.

Strategic Theme	Strategic Risk Areas	Summary Mitigating Actions
<b>Our Population</b>  Impact: Loss of CQC registration, poor reputation and, inability to deliver system change through integration of health and social care	Failure of organisations across the system to delegate appropriate authority to support the integrated care system	<ul style="list-style-type: none"> <li>- Governance structure (HealthyWirral) in place for reporting to Boards and project management of system strategy</li> <li>- Appointment of Independent Chair to hold to account</li> </ul>
	Increasing fragility of the social care market	<ul style="list-style-type: none"> <li>- Involvement in 2019 social care contract discussions</li> </ul>
	The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	<ul style="list-style-type: none"> <li>- Urgent Care Transformation Stakeholder Meeting with 4 workstreams established at which the Trust is represented</li> <li>- Robust monitoring of potential impact through FPC.</li> </ul>
	Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence.	<ul style="list-style-type: none"> <li>- Quality Strategy (QSC)</li> <li>- MUST DO and SHOULD DO action plans in place to address CQC inspection report with monitoring and assurance plan in place</li> <li>- Regular engagement meetings established with CQC lead inspector and relationships manage</li> </ul>
	Commissioning decisions do not promote integrated working across the health and care system	<ul style="list-style-type: none"> <li>- Joint commissioning structure established - Wirral Health and Care Commissioning</li> <li>- Trust representation and involvement in system-wide groups</li> </ul>
	Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	<ul style="list-style-type: none"> <li>- Strategic focus on population health, early intervention and prevention</li> <li>- Good relationships with Public Health Commissioners</li> <li>- Strong KPI and quality performance on public health contracts</li> </ul>
	Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
<b>Our People</b>  Impact: Workforce wellbeing and loss of staff. Inability to deliver contractual requirements	Failure to engage staff to secure ownership of the Trust's vision and strategy	<ul style="list-style-type: none"> <li>- People Strategy (EWC)</li> <li>- Annual Staff Survey and Staff FFT</li> <li>- Staff Council</li> <li>- Staff Survey action plans</li> <li>- Communications &amp; Marketing Strategy (inc. internal comms)</li> <li>- Leadership for All Programme</li> <li>- Strategic Workforce Development Group</li> <li>- Learning &amp; OD function restructure</li> <li>- JUSS</li> </ul>
	Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the	
<b>Our Performance</b>	Inability to implement the Trusts clinical transformation strategy and preferred model of care -	<ul style="list-style-type: none"> <li>- Clinical Leadership structure for Community Nursing</li> <li>- CCG commissioning strategy alignment</li> </ul>

Impact: Inability to meet contractual requirements/CIP, affecting ability to deliver financial duties and deliver safe care.	Neighbourhood care.	- Development of new models of care with partners
	Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	- Joint commissioning structure established - Wirral Health and Care Commissioning - Governance structure (HealthyWirral) in place for reporting to Boards and project management of system strategy - Exec to Exec with joint commissioning organisation (WHCC)
	Failure to deliver the efficiency programme	- Executive Lead for CIP - Programme Management Board with robust governance - Transformation Planning Sessions
	Failure to achieve all the relevant financial statutory duties	- Financial Plan approval and monitoring (FPC) - Audit - External & internal audit plans
	The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	- CFO member of STP Collaboration @ Scale Board
	Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	- Governance structure (HealthyWirral) in place for reporting to Boards and project management of system strategy - Ownership of 3-year recovery plan by PMO lead at HealthyWirral

During 2018-19 the Trust saw changes to the Non-Executive structure with two new Non-Executive Directors recruited, following the departure of two Non-Executive Directors. The process to appoint new Non-Executive Directors 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 knows 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 from the last quarter of 2018-19 bi-monthly basis and has a Non-Executive Chairman.

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

- Person centred care
- Outstanding, safe care every time
- Effective and responsive care

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 & Safety Committee and performance is 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 2018-19 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 2018-19.

The Quality Report 2018-19 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 is reviewed by external partners including HealthWatch, and the Local Authority and the CCG who provide supporting statements; the report is also shared with partner providers across the health and care system. The full Quality Report is available at page 114.

The Trust fully supports 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. During 2018-19 the Trust strengthened arrangements with the introduction of the SAFE steering group (as previously described), which monitors the Trust's compliance and delivery against CQC fundamental standards.

In July 2018 the CQC published a report following a core services and well-led inspection of the Trust. The overall rating was 'Requires Improvement'. The CQC inspected five core services during the inspection;

- Community Adults and Sexual Health Services were rated as 'Requires Improvement'
- Children and young people's services, Urgent Care and GP Out of Hours were all rated as 'Good'

The CQC reported examples of outstanding practice in the community children and young people's services. These included;

- Additional support for mothers to help them to continue breast feeding, including up to six week of donor milk, and;
- A children's weigh reduction service called FIT club, which offers weight reduction programmes which are tailored to the individual's needs. Staff work with the extended families of children in order to encourage sustainable lifestyle changes.

The inspection ratings are shown below;

<b>Overall rating for Wirral Community NHS Foundation Trust</b>	<b>Requires improvement</b>
Are services <b>Safe</b> ?	Requires improvement
Are services <b>Effective</b> ?	<b>Good</b>
Are services <b>Caring</b> ?	<b>Good</b>
Are services <b>Responsive</b> ?	<b>Good</b>
Are services <b>Well Led</b> ?	Requires improvement

The Trust welcomed the CQC inspection process and following publication of the report has taken clear action to address the recommendations including the MUST DO and SHOULD DO actions. The progress to address and implement the recommendations has been reported to the Quality & Safety Committee on a regular basis.

Furthermore, immediately following the inspection, the Trust addressed the requirement notices issued and provided detailed reports describing the action taken to meet the requirements. The CQC acknowledged this quick response by the Trust and the Trust continues to provide assurance to the CQC.

In 2018-19 the Trust also built on the work in previous years and introduced an on-line system that supports the implementation of a Standards Assurance Framework for Excellence (SAFE) system across the organisation. This system enables staff to have a single on-line tool to store, access and present information about their service, relating to the Well-led Key Lines of Enquiry used by CQC and NHS Improvement in their reviews.

The new SAFE system enhances visibility across the Trust of this information, provides a simple, yet thorough framework for service self-assessment and supports peer reviews against the CQC fundamental standards of care.

Data quality including performance information 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. As of 2018 the IG toolkit was refreshed and replaced with the new Data Security and Protection Toolkit (DSPT). An audit of the Trust's Toolkit conducted by Mersey Internal Audit Agency (MIAA) during 2018-19 provided a rating of Substantial Assurance.

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 provider licence
- The degree and rigour of oversight the Board has over the Trust's performance

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

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the 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 actively encouraged across the organisation with a focus on safety, openness and learning. The Quality & Safety Committee and Oversight & Management Board closely monitor the rates of incident reporting across divisions to identify any areas of focus and developing trends. All Divisions have access to the Trust Information Gateway (TIG) for electronic visibility of incidents to give real time information regarding incident numbers, levels of harm, emerging trends etc. There has been an 8% rise in

incidents reported in 2018-19 compared to incidents reported in 2017-18 and this continues to be a focus across all divisions.

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.

The Education & Workforce Committee receives the Trust's workforce plan and approves the Annual People Strategy. The workforce plan is a key supporting plan to deliver the Trust's strategic objectives and is one of the four key elements of the People Strategy. In particular, it delivers the Strategic People objective of *"We attract, enable, value and involve skilled and caring staff, liberated to innovate and improve services, releasing time to care"*.

The Trust's workforce trajectory is updated on an annual basis and submitted to NHS Improvement as part of the annual planning process. The Education & Workforce Committee receives a quarterly update on national and local workforce developments to complement the workforce planning staff projections.

Our People Strategy sets out the key activities the Trust takes to recruit, retain, develop and support the workforce to deliver our vision. This includes four delivery plans - Engagement, Wellbeing, Education and Training and Workforce. The workforce plan in particular identifies how the Trust complies with the 21 recommendations in NHSI's Developing Workforce Safeguards, which also reference the National Quality Board expectations and the CQC's fundamental standards.

The Trust has recently introduced the nationally recognised six step workforce planning process, which identifies existing and future demand based on a wide range of professional knowledge and data and how any gaps can be filled. It takes account of nationally recognised tools and strategies and is developed with input from all divisions and professional groups to ensure that services have the right staff with the right skills at the right time. This process will result in a 5 year workforce plan, which will be updated on an annual basis as part of the annual planning cycle.

Integrated performance data including quality, workforce, performance and finance is reviewed at service and divisional level, before being scrutinised at board level. All service developments involving skill mix or workforce changes require a Quality and Equality Impact Assessment which is reviewed at divisional level and a board level panel including the Medical Director and Directors of Nursing and HR before approval is given.

Where available, staffing levels reflect national recommendations and all service reviews include detailed assessments of staffing establishments based on available modelling tools and a range of considerations such as demand profiling, recruitment data, turnover, staff feedback and education and training requirements.

Wirral Community NHS Foundation Trust has responded to the recommendations made as part of the CQC report in July 2018 and is therefore confident that it remains compliant with the registration requirements of the Care Quality Commission. The Trust remains committed to working closely with the CQC to ensure ongoing compliance through regular engagement meetings; during 2018-19 the CQC has confirmed assurance on the Trust's progress and performance, and consequently it (CQC) has reviewed the engagement meeting schedule.

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

As an employer with staff entitled to membership of the NHS Pension Scheme and the Merseyside Pension Fund, 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 Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

In 2018-19 the Trust was awarded the ISO14001 accreditation for sustainability for St Catherine's' Health Centre and four other sites.

### **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 at the Finance & Performance Committee. 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 2018-19 required in-year cost savings of £2.5m. To support delivery, the Transformation & Efficiency Group (TEG) maintained monthly oversight of cost improvement schemes progress, supported by the Project Management Office (PMO). Following the Trust's review of governance arrangements the TEG meeting was replaced by the Programme Management Board which monitors efficiency programmes and reports via the Oversight & Management Board to the Finance & Performance Committee.

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

Under the Single Oversight Framework, NHS Improvement segments providers based on the level of support required across five key themes of quality of care, finance and use of resources, operational performance, strategic change and leadership, and improvement capability.

Following the publication of the CQC inspection report and the overall rating of Requires Improvement, the Trust has moved from segment 1 to segment 2. The Trust was disappointed with this technical change but as the issues raised by the CQC have been addressed the Trust has been ensuring regular updates to all regulators to provide assurance on progress.

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. The Trust is currently a pilot site and a roadmap partner for NHS Improvement's Costing Transformation programme.

### **Information governance**

As of 2018 the IG toolkit was refreshed and replaced with the new Data Security and Protection Toolkit (DSPT). The Data Security and Protection Toolkit (DSPT) is an on-line self-assessment tool that enables organisations to measure and publish their performance against the National Guardian's ten data security

standards. Wirral Community NHS Foundation Trust's Data Security and Protection Toolkit was submitted on 31 March 2019.

Evidence was provided for 100/100 mandatory evidence items. An audit of the Trust's Toolkit conducted by Mersey Internal Audit Agency (MIAA) during 2018-19 provided a rating of Substantial Assurance.

Mandatory e-learning Information Governance training was successfully completed by 97.15% of staff across the Trust.

The Information Governance Group monitors performance of action plans designed to meet the requirements of the Data Security and Protection Toolkit and reports to the Quality and Safety Committee.

Two incidents were reported to the Information Commissioners Office (ICO) in 2018-19. The ICO were satisfied with the internal investigation for both incidents and consequently both incidents have been closed with no further action.

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 2018-19 included a Cyber Security follow-up report to provide assurance that the recommendations made in the original report were being reviewed and managed appropriately. The objective of the follow-up was advisory in the context of on-going potential risks. The review assessed progress against the original 24 recommendations made, grouped according to 6 main themes. The report concluded that the overall management of cyber risks had become more embedded in the IT operations infrastructure with the development of new policies and upgraded tools. This work continues to be monitored through the Finance & Performance Committee.

### **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 2018-19 has been developed in line with relevant guidance and presents a balanced view of quality performance. 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.

The Annual Quality Report 2018-19 has been reviewed by external auditors Ernst & Young with a limited assurance opinion provided on the contents and the two mandated indicators

Further development of quality improvement skills across the organisation remains a high priority. A continuous quality improvement model underpinned by relevant Policies 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 2018-19. 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 2018-19 provides **Substantial Assurance**.

It confirms that *"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently"*.

The work of internal audit during 2018-19 included 9 assurance reviews, 1 advisory review on Integrated Health & Social Care, and 1 review on Conflicts of Interest that provided actions rather than an assurance level. Of the full reviews, 7 received substantial assurance, 1 received limited assurance and 1 moderate 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.

Review Title	Assurance Level
Financial Systems Reporting & Integrity	Substantial/High
Service Transformation & QIAs	Substantial
Performance Data & Key Performance Indicators	Substantial
Data Protection & Security Toolkit	Substantial
Mobile Devices	Limited
Risk Management Arrangements	Substantial
Cyber Security Follow Up	Moderate
Payroll/ESR	Substantial
Quality Spot Checks	
- Learning from Deaths	Substantial
- FTSU	Moderate

The Trust has a robust programme of clinical audit in place and during 2018-19, 43 clinical and professional audits were completed. The key quality outcomes from the audits are reported in the Annual Quality Report on page 114.

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 (in particular the actions and recommendations following the CQC inspection in 2018-19)
- Internal audits of effectiveness of systems of internal control

### **Conclusion**

As Accounting Officer I confirm that there were no significant issues to report in 2018-19 and internal control systems are fit for purpose and being further developed to ensure sustainability.

**Karen Howell**  
**Chief Executive**  
**Wirral Community NHS Foundation Trust**



**May 2019**



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# Part 1: Introduction

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

This Quality Report covers the period April 2018 to March 2019 and during this period we have been inspected by the Care Quality Commission (CQC) as part of their routine inspection timetable. All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. Quality Reports aim to increase public accountability and drive quality improvements within NHS organisations.

Wirral Community NHS Foundation Trust provides high quality primary and 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 is 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 healthier, more active and independent lives, reducing unnecessary hospital admissions.

**Karen Howell**  
Chief Executive  
22 May 2019



# Quality Report

## Statement on quality from the Chief Executive and declaration

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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.

We aim to be 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, adults and children across Wirral and Cheshire East in a seamless and integrated way.

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 2018/2019 and our priorities for continuously improving quality in 2019/2020.

# Staff awards at a glance

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2018 – 2019



The Trust has an annual HEART Awards ceremony that recognises the fantastic achievements and commitment of our staff. The winners from 2018 were:

## **Exceptional Care – Infant Feeding and Paediatric Dietetic Team**

The team has developed a weekly multi-disciplinary Lactation Clinic providing exceptional and accessible specialist care to vulnerable breastfed babies and their families.

Following a comprehensive assessment, a care plan is developed allowing families to be reviewed by the most relevant practitioner and supported so they are able to feed their baby in the way they want to. This means they are less likely to give up. This has contributed to meeting targets for increasing breastfeeding rates at 6-8 weeks. They have also developed the UK's only Donor Breast Milk in the Community service, supporting breastfed babies who are struggling to grow.

## **Promoting Equality and Diversity – Judy Fairbairn**

Within the Sexual Health Service, Judy has shown a unique quality for building and maintaining relationships with vulnerable people who can be hard to reach, making sure they are informed about the sexual health support available to them.

She works with a broad spectrum of organisations across Wirral including Tomorrow's Women Wirral, connecting with sex workers in Birkenhead to give advice and help keep them safe. As a result, the Urgent and Primary Care Division is now working with Tomorrow's Women Wirral to set up a health clinic at their centre to reach those women who won't normally access healthcare.

## **Innovation – Joe Clark**

With incredible determination and commitment, Joe is a man on a mission to make the Trust more environmentally friendly and an example of excellence in sustainability.

Over the past two years, his work on writing and implementing a sustainable management plan has led to the Trust being one of only a few in the country to achieve and retain a highly acclaimed environmental accreditation. As a result of the framework single-handedly set up by Joe, the Trust has achieved a significant reduction in gas, electric and water usage, and already exceeded 2020 NHS targets to reduce carbon dioxide emissions.

## **Excellence in Partnership – Wallasey 0-19 Team**

Wallasey 0-19 Team has established, maintained and developed high standards working in partnership with schools, GPs, the Children's Centre and social care across the area. This has led to easier access to 0-19 and allowed it to develop its own services, supporting projects which focus on what matters most to local families.

Staff get involved in a litter pick as part of the 'Love Where You Live' project and helped to set up a clothes bank with Seacombe Children's Centre, providing warm clothes over winter. Successes have included free vitamins for mums-to-be, better access to health advice and support for asylum seeker families, all of which have supported strong partnership links, improved Key Performance Indicators (KPI), improvements in care and very positive Family and Friends Test feedback.

## **Quality Improvement – Caroline Jones and Linda Taylor**

Rising to a complex challenge, Caroline and Linda have educated, supported and campaigned to raise awareness and recognition of Sepsis among Community Nursing, Social Care colleagues, Therapists, Specialist Nursing Services, the general public and the voluntary sector.

They have hosted public events at Eastham Clinic and St Catherine's Health Centre, delivered Sepsis training to around 400 community nursing staff and provided informal teaching sessions to social care staff, Age UK, and others – with excellent feedback – in addition to their day-to-day duties.

Caroline and Linda's work has been vital in supporting staff to understand the increasing risk of Sepsis among patients.

## **Outstanding Achievement – Mick Blease**

With a trademark positive attitude, Mick stepped up to take on additional duties to support Trust colleagues during a challenging time for another team. Mick provided health and safety expertise as well as general cover and combined this with continuing to fulfil his normal duties.

Mick combines authority with great competence and reliability. He always goes the extra mile (or two) in supporting colleagues.

In 2018 he also played a key role in resuscitating a man in St Catherine's Health Centre, coming to his aid, taking control of the situation and operating the defibrillator to revive him and save his life.

### **Volunteer of the Year – Alan Morris**

Working one day a week in the Technology department, Alan cycles to St Catherine's Health Centre – but it's not just on his bike he goes the extra mile!

Often researching ideas in his own time, Alan has developed a system to monitor IT support call queues and phone queues for the support desk. His design uses wall-mounted screens to display call status for different teams. It creates an alert if a priority one call is logged, enabling the IT team to respond immediately. If the Trust had outsourced the system it would have cost thousands of pounds.

Alan is enthusiastic, innovative and always goes the extra mile. His colleagues say it is a privilege to work with him.

### **Inspirational Leadership – Tracy Orr**

Tracy has succeeded in reigniting the passion and dedication of a team which, after a period of restructure, was struggling.

From day one she made it her mission to meet and listen to everyone, from receptionists to senior clinical managers, to find out what the challenges were and what could be done to tackle them.

Never afraid to speak up, she pledged to restore the team, encouraging every member and believing in them. Investing in staff and resources, and creating clearer pathways, she updated staff on all developments and made sure everyone felt involved by inviting suggestions and answering every question and concern.

### **Chair and Chief Executive's Award**

This year there were two Chair and Chief Executive's Awards to recognise the extraordinary efforts of an individual or team which has had a significant and positive impact on our service users, staff or local people.

**Flu Team** - Our flu team has done exceptional work on this year's flu campaign and we are proud of what we have achieved. We vaccinated 77.5 % of front-line staff and throughout the campaign we were in the top three Community Trusts in England for flu vaccine uptake.

The flu team's enthusiasm drove a high uptake in the first six weeks, this year the team's tenacity and hard-hitting messages kept momentum going and we achieved the 75% Commissioning for Quality and Innovation (CQUIN) target by end of November 2018.

The team continually drove the campaign forward each week, agreeing actions and reviewing vaccination figures. Everyone shared the same goal and supported one another, regardless of whether they were clinical or corporate. All ideas were welcomed which helped to uphold an engaging campaign.

### **Mick Blease, Ashley Zepeda and Adele Whitgrave**

These three non-clinical members of staff successfully resuscitated an elderly gentleman who collapsed in the Café of St Catherine's Health Centre and through their actions brought him back to life. The gentleman suddenly fell to the floor, Adele went over to him and realised he wasn't breathing. She called to Ashley who was having her lunch to help her. Ashley did the compressions while Adele did mouth to mouth. Mick arrived with the defibrillator and the gentleman was 'shocked' three times. The paramedics arrived and took him to hospital where he fully recovered. They later found out that it was his birthday.

The three non-clinical staff used their knowledge and skills from their mandatory training to support the member of the public

The staff were shortlisted for the Unsung Hero Awards.

### **People's Heart Award – West Kirby Community Nurses**

West Kirby Community Nursing team was nominated by a patient, who, after six weeks of care, says she was sorry to say goodbye when it was time for her to be discharged.

She describes them as 'true angels', always showing tremendous skill, a positive attitude to work and respect towards patients. Never complaining but saying how much they love their job, they find time to greet patients with a smile and a chat, and treat everyone with kindness, no matter how busy.

# Part 2.1 Priorities for improvement and statements of assurance from the board

## Progress made during 2018 – 2019



## Progress made during 2018 – 2019

Annually, the Trust identifies three quality goals aligned to the recognised pillars of quality:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

Quality goals are subjected to a consultation and approval process with external partners as well as senior leaders, Trust Board and our Council of Governors.

Patient Safety	Patient Experience	Clinical Effectiveness
We will move towards a target of zero avoidable pressure ulcers in 2 years	We will take a lead role in co-designing the Frailty pathway in Wirral	We will achieve 90% uptake in mandatory training for all staff
We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis	We will undertake 6 patient and service user shadowing events across all clinical services	We will increase the number of qualified improvement practitioners in our staff group to 50
We will improve our response times for social care assessments across all neighbourhood teams	We will embed the Always Events framework undertaking a minimum of 4 in-depth projects	We will facilitate quarterly Quality Improvement forums

## Our Patient Safety Priorities for 2018/19 were:

<b>Quality Ambition:</b> There will be no avoidable injury or harm to people from the health and care they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times
<b>Quality Goal</b>
We will move towards a target of zero avoidable pressure ulcers in 2 years
We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis
We will improve our response times for social care assessments across all neighbourhood teams

The improvement interventions that will enable us to reach our ambitions are:

- Establish a clinical network group
- Establish a clinical quality group to support improvements in wound management
- Embed NEWS reviews within all relevant interventions across the organisation
- Establish integrated neighbourhood teams which wrap care around individuals

## Our Patient Experience Priorities for 2018/19 were:

<b>Quality Ambition:</b> Mutually beneficial partnerships between people, their families and those delivering health and care services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.
<b>Quality Goal</b>
We will take a lead role in co-designing the Frailty pathway in Wirral
We will undertake 6 patient and service user shadowing events across all clinical divisions
We will embed the Always Events framework undertaking a minimum of 4 in-depth projects

The improvement interventions that will enable us to reach our ambitions are:

- Embed standard requirements for clinical / professional quality leads within health and care services, including leadership for service user engagement and co-design
- Develop a quality dashboard in the Trust Information gateway to support monitoring of progress against person centred care goals
- Introduce a series of Patient Reported Outcome Measures (PROMS)

**Our Clinical Effectiveness Priorities for 2018/19 were:**

Quality Ambition: The most appropriate treatments, intervention, support and services will be provided at the right time close to home and wasteful or harmful variation will be eradicated
Quality Goal
We will achieve 90% uptake in mandatory training for all staff
We will increase the number of qualified improvement practitioners in our staff group to 50
We will facilitate Quarterly Quality Improvement Forums

The improvement interventions that will enable us to reach our ambitions are:

- Implement monthly protected learning time for all services
- Commission training to enable us to reach our target of 50 quality improvement practitioners
- Establish quarterly quality forums

# Patient Safety: We protect people from avoidable harm

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## Progress made during 2018/19

### **We will move towards a target of zero avoidable pressure ulcers in two years**

This priority was successfully achieved during 2018/2019

This priority is a new two year target, 2018/2019 being the first year

Reducing the development of avoidable community acquired grade/category 3, 4 and unstageable pressure ulcers is a strategic priority to evidence the delivery of high quality, safe, harm free care.

2018/2019 is the first year of the Trust's new pressure ulcer improvement programme, aiming to move towards zero avoidable pressure ulcers acquired during care within a 2 year period.

The quality goal and improvement plan was reviewed at the commencement of the 2018/19 period and re-launched using learning resulting from the 2017/2018 pressure ulcer investigations, supported by the Trust's Pressure Ulcer Multi-Disciplinary Review meetings.

During 2017/18, there were 33 unavoidable community acquired grade 3, 4 or unstageable pressure ulcers. During 2018/19, there were 15 avoidable community acquired grade 3,4 or unstageable pressure ulcers, this equates to a 55% reduction.

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

For further information regarding our pressure ulcer improvement work, please see page 66.

## **Priority 2: Sepsis**

### **We will achieve 95% completion of the National Early Warning Score for patients at risk of sepsis**

This priority was successfully achieved during 2018/2019

As part of our improvement work we audited a selection of records for patients identified as being at risk of sepsis.

We achieved 100% completion of the National Early Warning Score for patients at risk of sepsis during their episode of care.

Improvements have been achieved via several initiatives, including the addition of the Sepsis Toolkit to the patient's electronic health care record system across the Trust. This can be accessed via a quick access button on the toolbar of the patient's electronic health record.

The 'suspected sepsis' box was launched in August 2018 and is now available for use across Social Care, Sexual Health and Adult and Community electronic health care records. The 'suspected sepsis' box is auditable via a read code.

The National Early Warning Score Version 2 (NEWS2) was launched across the Trust in January 2019 and templates are available on patient electronic health record.

Triangulation of data will continue following implementation of NEWS2

### **Priority 3: Adult Social Care**

#### **We will improve our response times for social care assessments across all neighbourhood teams**

This priority is a two year target, 2018/2019 being the first year.

Promoting wellbeing and supporting people to be independent, is at the heart of our services. We recognise the importance of ensuring local residents can access a new assessment in a timely and proportionate manner. This priority will ensure that our assessments are strength based, person centered, and focus on supporting individuals to access community based assets and services.

During the first year of this quality goal, we have reduced allocation times, and increased the number of new assessments that have been undertaken with local residents. This work will continue through 2019/20 with progress being reported monthly to the Standards Assurance Framework for Excellence (SAFE) Steering Group, and to the Trust Oversight and Management Board.

# Patient Experience

## Progress made during 2018/19

### Priority 1: Frailty

#### We will take a lead role in co-designing the Frailty pathway in Wirral

This priority was successfully achieved during 2018/2019

A task and finish group was set up during 2018/2019 in order to co-produce a frailty pathway.

The pathway was developed with multi-disciplinary professionals, providing an aide memoire for any professional within the Trust to signpost/refer frail people to relevant services. This pathway will be further developed across the whole health economy on Wirral.

The Frailty Scale adopted by the Trust is the Rockwood Frailty Scale which has been added to the patient electronic health record (SystemOne)

#### Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging. Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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## **Priority 2: Engagement Events**

### **We will undertake 6 patient and service user shadowing events across all clinical divisions**

This priority was successfully achieved during 2018/2019

The Five Year Forward View (2014) states that more could be done to involve people in their own health and care, to involve communities and the voluntary sector in improving health and wellbeing and to coordinate and personalise care.

Involving people in decisions about their health and care will improve health and wellbeing, improve the quality of care and ensure people make informed use of available care resources

Two services from each Clinical Division undertook a patient shadow – Urgent and Primary Care Division, Integrated Children's Division and Adult and Community Division

## **Priority 3: Always Events**

### **We will embed the Always Events framework undertaking a minimum of 4 in-depth projects**

This priority was successfully achieved during 2018/2019

Always Events are co-designed with patient, families and carers to ensure changes are happening in areas which really matter to them. .

Always Events are aspects of care experience that are so important to patients, service users and carers that health care providers must perform them consistently for every patient, every time.

Four services across the Trust undertook an Always Event and action plans were completed.

## Always Events

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Service	Always Event Aim Statement	Outcome
Adult Social Care: Short Term Assessment and Reablement (STAR) Service	By March 31 <sup>st</sup> 2019 we will improve communication for Short Term Assessment and Reablement (STAR) service users regarding non-residential finances.	This aim statement was achieved.
Integrated Children's Division	By March 31 <sup>st</sup> 2019 we will improve our services to ensure our communities know who we are and how to access the service.  Posters with photographs of staff will be displayed in school entrances and outside health clinics to ensure service users know who is in clinic / school and their job roles.	This aim statement was achieved.
Community Nursing	By March 31 <sup>st</sup> 2019 we will implement a patient information leaflet for patients to provide them with information and contact details of the named nurse responsible for their care.	This aim statement was achieved.
Urgent and Primary Care: Walk-in-Centres	By March 31 <sup>st</sup> 2019 we will ensure we always inform patients on arrival of what to expect at the Walk-in-Centres	This aim statement was achieved.

# Clinical Effectiveness

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## Progress made during 2018/19

### **Priority 1: Mandatory Training**

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

This priority was successfully achieved during 2018/2019

The subjects included in the quality goal are either face to face or e-learning and include:

- General Data Protection Regulations
- Risk, Patient Safety and Human Factors
- Equality, Diversity and Human Rights
- Basic Life Support
- Preventing Radicalisation
- Infection, Prevention and Control

At the end of March 2019, Trust compliance with statutory and mandatory training was 93.27% for eligible staff groups.

Additionally, 97% of staff completed their General Data Protection Regulations (GDPR) training within the reporting period, exceeding the National GDPR Toolkit requirement of 95%

### **Priority 2: Quality Improvement**

#### **We will increase the number of qualified improvement practitioners in our staff group to 50**

This priority was successfully achieved during 2018/19.

A key enabler to us achieving our ambitions is the embedding of a quality improvement infrastructure across the organisation. In partnership with the Advancing Quality Alliance (AQuA), staff had the opportunity to develop their skills to become improvement practitioners and advanced improvement practitioners.

The Trust now has over 50 staff who are qualified improvement practitioners who are our ambassadors for transformation and change and will lead larger scale improvement projects.

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 2018/2019 staff across all Divisions were supported to attend external quality improvement events, supporting our quality improvement infrastructure.

### **Priority 3: Quality Improvement Forums**

#### **We will facilitate quarterly quality improvement forums**

This priority was successfully achieved during 2018/2019

The Trust is committed to ensuring continuous quality improvements are embedded to improve the quality of services we provide. One of the Trust Quality Goals for 2018/2019 was to undertake Quarterly Quality Improvement Forums to promote creative thinking and by being innovative in the way we work to implement effective new ideas to help us work more effectively. This approach is an integral part of building a culture of improvement to improve patient experience of care and deliver cost effective clinical care.

# NHS Staff Survey

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## Staff Survey Results

2018/2019 was the eighth survey since the trust was established in 2011 and the 16th 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

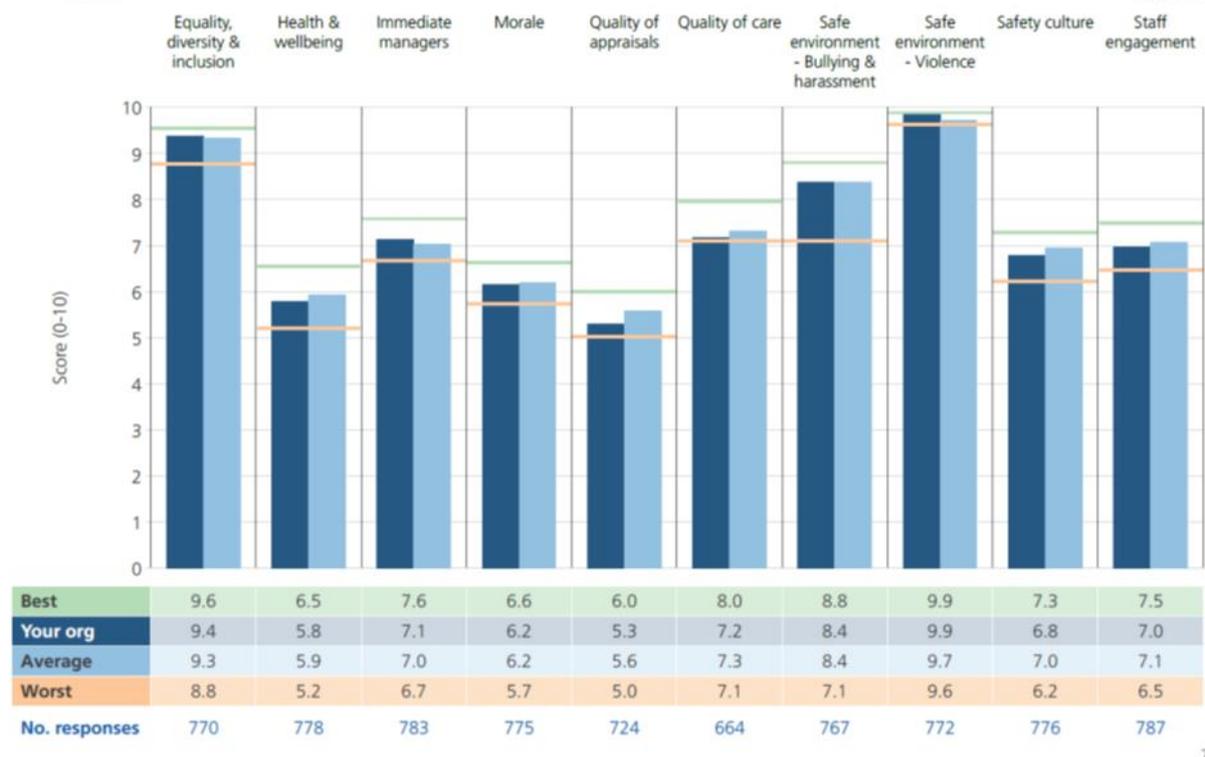
This was the fourth year the trust used a combined method of paper based and electronic surveys. 1578 staff received the survey which was an increase on the previous year reflecting the transfer into the organisation of adult social care staff. The overall final response rate was 50% which was higher than the NHS average (46%).

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 action plan is also reported to the Education and Workforce Committee.

Response Rate				
	2017	2018		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group (community average)	
Response rate	49%	50%	53%	Increase in response rate by 1%

There have been significant changes in the reporting process and the survey has been split into 10 themes:



We improved our performance in 5 themes, and maintained performance in 4.

We showed above average performance in 3 themes, average in 1 and below average in 5.

### Future priorities and targets

In response to the learning obtained from the staff survey results each Division has developed a staff survey improvement action plan focussing on the following areas:

- Quality of Appraisals – although in 2018 our records showed 98% of staff received an appraisal the Staff Survey score regarding quality was below average. Therefore actions have been identified to improve the quality of appraisals during 2019 for example revising training and planning appraisals in teams.
- Improving the health and wellbeing of staff – the staff survey scores were below average and showed the biggest gap between the Trust’s performance and the best performing trusts taking part in the survey. Divisions have developed plans to improve this and trust wide actions have been identified.
- Safety Culture – in particular this will focus on the action of improving feedback to staff following incidents. The results were below average in relation to confidence that actions will be taken to reduce incidents and that reporters receive quality feedback. Actions will be taken to improve this feedback mechanism and demonstrate improvements to practice.

- Staff Engagement – improving the levels of involvement by local actions within teams and at Trust wide level, being clear during any communications regarding involvement from staff during initiatives and campaigns.

The improvement action plans have been aligned to the People Strategy Delivery Plans for 2019/20, to ensure that they are incorporated into the trusts wider strategy for engagement and wellbeing.

# Priorities for improvement

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## 2019 – 2020

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.

Trend analysis is submitted to the Quality and Safety Committee bi-monthly, 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 Trust's 2019/2020 quality goals.

In addition to this, the 2019/2020 quality goals have been subjected to an additional consultation and approval process with Non-Executive Directors, Divisional Managers, Senior and Executive Leadership Team, Standard Assurance Framework for Excellent (SAFE) group, Quality and Safety Committee, Trust Board and the Council of Governors.

# Summary: Quality Improvement Plan

2019/20

Priority	Quality Improvement Plan
Pressure ulcers	<p>Attendance at the Cheshire and Merseyside pressure ulcer steering group and the NHS Improvement pressure ulcer collaborative.</p> <p>Identified as a Quality Goal for 2019/2020.</p> <p>The trust was successfully chosen to be a part of a national pilot site in the reduction of pressure ulcers by National Health Service Improvement (NHSI).</p> <p>The Improvement Plan includes changes to Datix incident reporting system. All pressure ulcers reported from the beginning of April 2019 will be coded to enable data to be analysed, looking for themes and trends.</p> <p>Following data analysis a further improvement plan will be developed based on findings.</p>
Adult Social Care Assessment Response Times	<p>We have developed a quality goal to ensure the continuous improvement and sustainability of assessment response time within our Adult Social Care Service to maximise service user safety and experience.</p> <p>The Trust has developed an internal standard of 28 days for an assessment. Progress is reported monthly to the Standards Assurance Framework for Excellence Steering Group and to the Trust Oversight and Management Board.</p>
Sepsis and recognising the deteriorating patient	<p>To support the Trusts on-going work in relation to Identifying the Deteriorating Patient, the National Early Warning Score (NEWS2)/Paediatric Early Warning Score (PEWS) and Sepsis Toolkits has been fully launched across the Trust. Completion of the NEWS2 and Sepsis training has been rolled out across the trust and we continue to work collaboratively with our secondary care colleagues to identify opportunities for improvement. Shared system-wide learning and triangulation of data is conducted to support measurement of patient outcomes.</p>

Gram negative blood stream infections	<p>The Trust recognises that preventing Health Care Associated Gram Negative Bloodstream Infections requires a whole health economy approach.</p> <p>The Cheshire and Merseyside Healthcare Provider Forum aims to reduce infection rates, improve patient experience and monitor local surveillance activity, to compare findings and develop local action plans.</p>
Learning from deaths	<p>Trust Board recognises that effective implementation of the Learning from deaths framework (National Quality Board, March 2017), is an integral component of the Trust's learning culture, driving continuous quality improvement to support the delivery of high quality sustainable services to patients and service users.</p> <p>Learning from deaths is reviewed at the Trust's monthly mortality review group which is chaired by the Executive Medical Director who is responsible for the learning from deaths agenda. Minutes from this meeting are submitted to relevant sub-committees and committees and are submitted directly to Trust board, before being displayed on the Trust public website.</p> <p>The system and processes in place have been reviewed by our external auditor who received substantial assurance that Trust statutory obligations were being met. Action plans are in place to improve trust wide learning and incident reporting.</p> <p>The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers.</p>
Learning from National investigations	<p>The Trust actively responds and incorporates learning from national investigations into strategies, policies and staff training.</p> <p>In response to the Gosport Independent panel, the Trust continually reviews its mechanisms for receiving feedback from patients, service users families and carers, in addition to patient safety concerns raised by staff. This further enhances our open, transparent culture of learning.</p> <p>National learning is shared in the safeguarding quarterly report and implemented throughout the Trust to ensure evidence of best practice. Recent learning includes the</p>

	<p>Spicer report which reviewed Operation Sanctuary the investigation into sexual abuse of children and vulnerable adults in Newcastle. Learning has been incorporated into an action plan implemented across the 0-19 and safeguarding services within the Trust. Actions include:</p> <ul style="list-style-type: none"> <li>• Flagging of all children discussed at Multi agency child exploitation meetings in both sexual health and SystemOne</li> <li>• Sharing information across services of young people at risk</li> <li>• Monitor the number of Child Sexual Exploitation (CSE) victims attending sexual health and sharing this with Wirral Safeguarding Children's Board (WSCB)</li> <li>• Update safeguarding adults training to include CSE</li> <li>• Training staff in the difference between learning disability and learning difficulties</li> </ul>
Sustainable staffing	<p>The Trust is an active member of the Cheshire and Merseyside workforce development group.</p> <p>Services have implemented improvement plans to reduce reliance on agency staffing and increasing availability of bank staff.</p> <p>Flexible models of working are being developed across the Trust utilising new clinical roles including Nursing Associates.</p>
Learning from incidents	<p>Review of processes relating to mortality review and Serious Incident investigation and implementation of improvement plan.</p> <p>We have reviewed our processes for incident and serious incident reporting, and are developing a robust staff engagement plan to ensure learning from incidents is maximised at every opportunity.</p> <p>To support this, we are increasing the training available for Root Cause Analysis (RCA) investigations, developing a Serious Incident /RCA panel to determine level of investigation, review the quality of the report and approve resulting action plans.</p> <p>Incident reporting rates, trends and learning themes are reported to our Oversight and Management Board and the Trust's sub-Board Quality and Safety Committee.</p>

	To ensure prompt identification of learning, the Quality and Governance Service have introduced weekly safety huddles to ensure prompt escalation to the Director of Nursing and Medical Director. This supports an appropriate timely response and escalation as required.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in Sustainable and Transformation Partnership (PSTP) improvement project.
Infection prevention and control	Implementation of Infection Prevention and Control (IPC) strategy and systems leadership to support improved outcomes across the community.
Palliative care re-design	Wirral System working together to create an innovative End of Life Pathway, focusing on outcomes and improving the experience of patients and bereaved carers and families.
Patient experience	<p>Patient experience has been identified across NHS England as a vital element of patient care, enabling service users to direct us through feedback, involvement and engagement to providing care that is not only clinically outstanding but provides a holistic approach to patient wellbeing whilst they are in our care. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Our patients are at the heart of everything that we do.</p> <p>The Trust is currently reviewing our patient and service user experience strategy and implementation of a refreshed delivery plan.</p>

# Patient Safety

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## Priorities for improvement 2019/20

### Priority 1: Pressure Ulcers

**We will reduce avoidable pressure ulcers by one third based on 2018/19 performance, with an ambition to achieve zero**

#### Why have we chosen this priority?

This is a Trust new two year quality goal with 2019/2020 being the second year.

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.

#### 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 bi-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 Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

## **Priority 2:**

### **We will improve the response times for social care assessments across all neighbourhood teams**

#### **Why have we chosen this priority?**

This is a Trust two year quality goal

The Trust has responsibility for providing a number of adult social care statutory services including assessments 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 neighbourhood 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 (bi-monthly to the Quality and Safety Committee) to the following groups which provides assurance to the Trust's Quality and Safety Committee

- Divisional Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Meeting
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

### **Priority 3:**

#### **Increase reported incidents by 10% or more above the 2018/2019 levels**

#### **Why have we chosen this priority?**

Organisational learning is at the heart of the Trust's risk management approach and the reporting of all incidents is a key factor to provide assurance that all incidents are being reported to sustain and develop a safety culture.

The Trust recognises that incident reporting is more likely to take place in an organisation where there is a well-developed safety culture and strong leadership. We are therefore committed to nurturing a strong safety culture underpinned by the promotion of incident reporting.

#### **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:

- Divisional Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

# Patient Experience

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## Priorities for improvement 2019/20

### Priority 1:

**We will carry out 12 shadowing events; to look and listen what happens along a person's care pathway, to see what is working well and what needs to improve**

### 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 individual's 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 12 patient and service user shadowing events across all divisions during 2019/2020, to continually 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:

- Divisional Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

## **Priority 2:**

**The organisation will maximise the Trust's Your Voice Group to embed a consistent approach to service user engagement and feedback across all services**

### **Why have we chosen this priority?**

The Your Voice terms of reference confirm that the purpose of the group is to improve the experience of patients and services users receiving care and support from the Trust, and to support the Trust in effective membership engagement. The members of the Your Voice group includes public governors and public members with a shared commitment to identify and maximise opportunities for the Trust to seek feedback and input on the redesign of services and key projects. The group meets at least quarterly to discuss patient experience feedback, to hear from and share insight with Trust services on redesign, and to support the Trust's public governors in discharging their duty to represent the views of the membership and public.

### **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 Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

### Priority 3:

**We will undertake four co-produced Always Events with patients and service users to learn from person-centred perspectives**

#### Why have we chosen this priority?

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engage groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:



#### 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 Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

# Clinical Effectiveness

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## Priorities for improvement 2019/20

### Priority 1:

**We will develop a QI network to evaluate impact of quality improvements undertaken across the Trust**

### Why have we chosen this priority?

The Trust is committed to ensuring continuous quality improvements are embedded to improve the quality of services we provide.

During 2019/20 we will further develop our QI network to ensure effective evaluation of the impact of our quality improvements. In particular, we will focus on the impact of QI programmes on patient outcomes, ensuring continuous quality improvement delivered at the frontline by our frontline staff.

### 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 Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

## **Priority 2:**

**We will implement a consistent framework for clinical and managerial supervision across the Trust, strengthening support mechanisms to staff**

### **Why have we chosen this priority?**

The Trust has a supervision policy that covers clinical and professional supervision.

The CQC states that staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

Currently some services do not have a consistent framework for collating regularity of supervision for staff. This quality goal will ensure a consistent approach to the monitoring and documenting of supervision across all services.

### **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 Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

### **Priority 3:**

**We will implement a validated Patient Reported Outcome Measure for palliative patients to improve the quality of their end of life care**

#### **Why have we chosen this priority?**

More and more people are living with a chronic disease near the end of their life. Palliative care needs are therefore increasing and are also becoming more complex because due to the range of illnesses patients are suffering from.

Outcome measures have a major role to play in improving the quality, efficiency and availability of palliative care. Measuring changes in a patient's health over time, and finding out the reasons for those changes can help service providers focus on learning and improving the quality of service.

Patient Reported Outcome Measures (PROMs) are tools that can effectively be used in palliative care to assess and monitor care. PROMs put the patient at the centre of care and focus on what matters to them.

#### **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 Quality Performance Experience and Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

## 2.2 Statements of assurance from the Board

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### Review of services

During 2018 / 2019, 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 2018 / 2019 represents 92% of the total income generated from the provision of relevant health services by Wirral Community NHS Foundation Trust for 2018 / 2019.

### Participation in clinical audit

#### National Clinical Audit

2. During 2018/19, 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% of national clinical audits and 0% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

- National Audit for Cardiac Rehabilitation

2.3 The national clinical audits and national confidential enquiries that Wirral Community NHS Foundation Trust participated in during 2018/19 is as follows:

- National Audit for Cardiac Rehabilitation

2.4 The national clinical audits and national confidential enquiries that Wirral Community NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2018 – 31 March 2019, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
National Audit for Cardiac Rehabilitation	100%

2.5 – 2.6

These sections are not applicable to the Trust, as there have been zero national clinical audit reports published during the reporting period in which the Trust has participated.

2.7– 2.8 Local Clinical Audits

The reports of 43 local clinical audits were reviewed by the provider in 2018/2019 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	Rehabilitation at Home	Compliance with National Institute for Health and Care Excellence (NICE) guidance for Prevention and Management of Pressure Ulcers	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Identify and document pressure ulcer risk at first initial face to face visit</li> <li>• The seating needs of people at risk of developing a pressure ulcer who are sitting for prolonged periods of time are considered</li> </ul>	
	Community Nursing	Compliance with NICE guidance and Trust policy for Management of End of Life Care	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Symptom score to be recorded on initial assessment</li> <li>• Insight score to be recorded on initial assessment</li> <li>• Patient pain assessed and to be recorded at each visit on Patient and Carer Assessment</li> <li>• Do Not Attempt Cardio-Pulmonary Resuscitation Form is to be present in patient record</li> <li>• Patient to be</li> </ul>	A re-audit will be undertaken in 2019/2020 to allow time for changes to documentation and electronic patient record

			offered their Preferred Priorities of Care documentation or rationale documented	
	Community Nursing / Dental / Urgent and Primary Care	Mental Capacity Assessment Training Needs Analysis (TNA)	A Mental Capacity Assessment Training Needs Analysis was undertaken to gauge staff's knowledge and skills relating to mental capacity assessments. The outcome of the TNA will inform future training needs.	
	Community Nursing	Compliance with Trust Policy 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>• Allergy history (including no allergies) to be recorded</li> <li>• Past medical history to be recorded</li> <li>• Length of wound to be recorded at initial presentation</li> <li>• Width of wound to be recorded at initial presentation</li> <li>• Clinical signs of infection to be recorded, including no clinical signs of infection</li> <li>• Pain assessed at each visit and documented</li> </ul>	A further audit will be undertaken in Q1 2019/20 to allow time for changes to electronic templates to be embedded into practice
	Community Nursing	Quality of Risk Assessments and Screening Tools	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• A falls risk assessment to be undertaken</li> <li>• National Early Warning Score (NEWS) undertaken at initial visit (repeated at every</li> </ul>	

			visit for patients): <ul style="list-style-type: none"> <li>➤ With a pressure ulcer grade 3 or 4</li> <li>➤ Current infection</li> <li>➤ Acutely unwell</li> <li>➤ Long term catheters (at catheter change)</li> <li>➤ Administration of IV antibiotics</li> </ul>	
	Community Nursing	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	Following the audit there were no areas requiring improvement	
	Community Cardiology	Optimisation of cardiac medications across patients attending cardiovascular and heart failure rehabilitation	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Appropriate action to be taken for any blood pressure and / or heart rate suitable for medical optimisation (if required)</li> <li>• Appropriate assessment and / or follow up inclusive of Heart Failure Specialist Nurse, Laboratory, further rehabilitation input undertaken</li> <li>• Patient file to be reviewed on completion of cardiovascular and heart failure rehabilitation programme to identify optimisations of medications and further review if required</li> </ul>	
	Bladder and	Compliance	Following the audit,	

	Bowel Service	with Guidance for Stoma patients (12 months post-surgery)	only one area for improvement was identified: <ul style="list-style-type: none"> <li>Evidence of reassessment of size of stoma to be recorded</li> </ul>	
	Dietetics	Compliance with NICE guidance for Obesity Identification, Assessment and Management	Following the audit there were no areas requiring improvement	
	Integrated Specialist Palliative Care Team (ISPCT)	Integrated Specialist Palliative Care Outcome Scale (IPOS)	Feedback from the clinicians who used the IPOS found this assisted them to focus their attention to provide a patient centred approach. This gives the patient the opportunity to approach subjects at their own pace and when they are ready to. The data shows the effects of ISPCT involvement increases with multiple visits.	
Integrated Children's Division	Special Schools	Compliance with Trust Policy for the care and Management of Deteriorating Patients	Following the audit there were no areas requiring improvement	
	Special Schools	Compliance with Trust Clinical Protocol for the Administration of liquidised diet via gastrostomy buttons for children	Following the audit there were no areas requiring improvement	
	Children	New health	Following the audit	

	Looked After	assessment for Children Looked After	there were no areas requiring improvement	
	Continence	Compliance with NICE guidance for constipation in children	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• The parent / carer to be advised regarding adequate fluid / fibre intake</li> <li>• Child starting laxative treatment, parent should receive written information about laxatives</li> <li>• Bowel record chart to be offered to parent / carer to complete</li> </ul>	
Urgent and Primary Care Division	Walk-in-Centres	Compliance Trust Policy for the care and management of deteriorating Children	Following the audit there were no areas requiring improvement	
	Walk-in-Centres	Compliance with NICE Guidance: Urinary tract infection in under 16s: Diagnosis and management	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Practitioner to record whether the child had a history of renal problems or Urinary Tract Infection</li> <li>• Sample to be sent for microbiology as per NICE guidelines and recorded</li> </ul>	
	GP Out of Hours	Compliance Trust Policy for the Care and Management of Deteriorating Patients	Following the results of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Evidence that the physiological parameter cap refill</li> </ul>	

			<p>time was recorded in the notes (if required)</p> <ul style="list-style-type: none"> <li>• Evidence a Paediatric Early Warning Score (PEWS) was completed</li> </ul>	
	Minor Injuries Unit	Compliance with NICE Guidance for adult patients with a head injury	<p>As a result of the audit, the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• Record any history of visual disturbance</li> <li>• Alcohol or drug intake to be recorded</li> <li>• Did patient feel unwell prior to fall to be recorded e.g. chest pain</li> </ul>	
	Ophthalmology	Compliance with NICE Guidance for the management of patients with Glaucoma	<p>Following the audit, only one area for improvement was identified:</p> <ul style="list-style-type: none"> <li>• Allergy status of patient to be documented (including no allergies)</li> </ul>	
	Sexual Health	Quality of Risk Assessments and Screening Tools	<p>Following the audit, only one area for improvement was identified</p> <ul style="list-style-type: none"> <li>• Evidence of other relevant medical history – allergy check not always ticked</li> </ul>	
	Social Care	Ensuring Principles of Making Safeguarding Personal (MSP)	<p>As a result of the MSP audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• At the referral stage, we expand our feedback processes to incorporate enhanced outcome</li> </ul>	

			<p>requirements for individuals; and we improve our feedback mechanisms to safeguarding referrers</p> <ul style="list-style-type: none"> <li>• We continue to enhance our recording and delivery of outcomes for individuals within the safeguarding process</li> </ul>	
<p>Clinical Effectiveness / NICE Guidance / Patient Safety</p>	<p>All clinical services / adult social care</p>	<p>Clinical and Social Care Supervision Audit including Preceptorship</p>	<p>Following the results of the audit, the following areas were identified for improvement:</p> <p><b>Clinical Supervision:</b></p> <ul style="list-style-type: none"> <li>• Staff to attend a minimum of 3 clinical supervision sessions per year</li> <li>• Clinical staff to have a signed clinical supervision contract</li> </ul> <p><b>Social Care Supervision:</b></p> <ul style="list-style-type: none"> <li>• Social care staff to keep a written record for each supervision session</li> <li>• Newly qualified social workers to have a supervision session weekly in their first six weeks of employment</li> </ul> <p><b>Preceptorship:</b></p> <ul style="list-style-type: none"> <li>• New starters who have preceptorship to have a preceptorship contract</li> </ul>	

	All clinical services	Record Keeping	<p>As a result of the audit, the following areas were identified for improvement:</p> <p><b>Paper Records:</b></p> <ul style="list-style-type: none"> <li>Record to be free from blank spaces</li> </ul> <p><b>Electronic Records:</b></p> <ul style="list-style-type: none"> <li>Are abbreviations, if used, contained within an agreed abbreviations list (if an abbreviation has been used, but 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>	
Medicines Management – Patient Group Direction (PGD) Audit	Community Nursing	Audit of Patient Group Directions (PGDs) used within the service	<p>As a result of the audit, the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>There was insufficient evidence to demonstrate all staff always had a personal copy of the latest version of the PGD they are working under available for reference at the time of the consultation</li> <li>There was insufficient evidence to demonstrate all staff working under the PGD signed the latest version of that PGD</li> <li>There was insufficient evidence to demonstrate that all</li> </ul>	

			<p>staff working under the PGD had been signed off by their senior clinician/manager as competent to work under that PGD</p> <ul style="list-style-type: none"> <li>• There was insufficient evidence to demonstrate that all staff have completed the necessary training and continuing professional development specified in the PGD/s they are authorised to work under</li> </ul>	
	Community Cardiology	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	Bladder and Bowel Service	Audit of PGDs used within the Service	<p>Following the audit, only one area for improvement was identified:</p> <ul style="list-style-type: none"> <li>• There needs to be an up-to-date record within the service of all staff who have attended specific PGD training</li> </ul>	
	Adult Speech and Language Therapy	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	0-19 Health Visiting	Audit of PGDs used within the service	<p>As a result of the audit, the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• An up to date list to be held within the service of all staff authorised to work under each PGD in use</li> </ul>	

			<ul style="list-style-type: none"> <li>• There is an up-to-date record within the service of all staff who have attended the specific PGD training</li> </ul>	
	Wirral Special School Nursing	Audit of PGD used within the service	<p>Following the audit, only one area for improvement was identified:</p> <ul style="list-style-type: none"> <li>• All staff working under the PGD to be signed off by their senior clinician/manager as competent to work under that PGD</li> </ul>	
	0-19 Cheshire East School Nursing	Audit of PGDs used within the service	<p>As a result of the audit, the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• An up-to-date list needs to be held within the service, of all staff authorised to work under each PGD in use</li> <li>• An up-to-date record is required within the service of all staff who have attended the specific PGD training</li> </ul>	
	0-19 Cheshire East Styal Prison	Audit of PGDs used within the service	<p>Following the audit there were no areas requiring improvement</p>	
	Walk-in-Centre / Minor Injuries Unit	Audit of PGDs used within the service	<p>As a result of the audit, the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• An up to date list to be held within the service of all staff authorised to work under each PGD in use</li> <li>• All staff to complete</li> </ul>	

			the necessary training and continuing professional development specified in the PGD(s) they are authorised to work under	
	DVT Service	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	Sexual Health	Audit of PGDs used within the service	As a result of the audit, the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• All staff must complete the necessary training and continuing professional development specified in the PGD/s they are authorised to work under</li> <li>• The service must maintain an up to date record within the service of all staff who have attended the specific PGD training</li> </ul>	
Medicines Management - Safe handling of prescription forms (management V300/ V150/ V100)	Community Nursing	A Trust Pharmacy Technician conducted a sample audit and visited two community nursing teams	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	Community Cardiology	A Trust Pharmacy Technician visited the Community Cardiology	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed.	

		Service	Compliance with the action plan will be monitored via the Medicines Governance Group.	
	Family Nurse Partnership (FNP)	A Trust Pharmacy Technician visited the FNP service	Following the audit there were no areas requiring improvement	
	Walk-in-Centre Victoria Central Health Centre	A Trust Pharmacy Technician visited 1 Walk-in Centre	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group	
	Walk-in-Centre Eastham Clinic	A Trust Pharmacy Technician visited 1 Walk-in Centre	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	Ophthalmology	A Trust Pharmacy Technician visited Ophthalmology service	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group	
	Dental Service	A Trust Pharmacy Technician visited 1 Community Dental Service	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the	

			Medicines Governance Group.	
	Sexual Health	A Trust Pharmacy Technician visited Sexual Health Service	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	GP Out or Hours	A Trust Pharmacy Technician visited the GP Out of Hours service,	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	

### **Participation in Clinical Research**

- 3 The number of patients receiving relevant health services provided or sub-contracted by Wirral Community NHS Foundation Trust in 2018/19 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 income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Wirral Community NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 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 2016/17, 2017/18 and 2018/19 was as follows:

- 2016/17: £1.042m
- 2017/18: £1.039m
- 2018/19: £1.000m

### **Care Quality Commission Registration**

- 5 5.1 Wirral Community NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration is 'Requires Improvement'. Wirral Community NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against the Trust during 2018/19.
- 7 7.1 Wirral Community NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The detailed rating for each service inspected was:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018
Community health services for children and young people	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018
Community end of life care	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Community dental services	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Urgent care	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018
Sexual Health	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Arrowe Park Hospital GP Out of Hours Service	Good Jul 2018	Good Jun 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Victoria Central GP Out of Hours Service	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
<b>Overall*</b>	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

Core Services rated overall as Good:

- Community health services for children and young people
- Urgent Care
- GPOOHs

Core Services rated overall as Requires Improvement:

- Community health services for adults
- Sexual Health

Overall organisational ratings for the five key lines of enquiry were as follows:

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

During their inspection the CQC identified several areas of good practice across the organisation:

### **Community health services for children and young people**

- Throughout the service, staff were caring and passionate about providing good quality services to children, young people and families. Staff spoke with enthusiasm about their roles and specialities and demonstrated dedication to improvement and innovation.
- The service planned care effectively with external providers to create and implement care plans which were individualised and took into account the specific needs of individuals.
- Leaders and senior managers within the service engaged with staff in order to shape and improve services. This led to the implementation of bespoke services which better met the needs of the local population and improved morale among staff who felt their opinions were listened to.

### **Community health services for adults**

- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the Trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were compared with other services to drive improvements.
- Staff worked collaboratively with local acute trust, GPs and the local authority to deliver effective care and treatment to support people to live healthier lives and manage their own conditions.

### **Urgent Care**

- Staff were caring and passionate about providing good quality services to people using the urgent care services. Staff spoke with enthusiasm about their roles and demonstrated dedication to providing timely and effective care.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. We saw that clinical guidelines followed national guidelines and clinical practice was monitored for compliance and consistency.
- There were effective governance structure in place and a systematic approach to monitoring reporting and improving the quality of care.

## **Community Sexual Health**

- Staff were caring and passionate about providing good quality services to people using the sexual health service. Staff spoke with enthusiasm about their roles and demonstrated dedication to providing effective care.
- Staff were able to describe the relevant national guidance and local procedures.
- There were systems in place to record incidents and staff we spoke to were aware of reporting incidents and how to report them. Managers investigated incidents and provided feedback to staff through team meetings.

## **Areas for Improvement**

Following the CQC inspection, the Trust was set a number of 'Must do' and 'Should do' actions to assure compliance with CQC regulations.

The Trust had 100 'Must do' actions and 114 'Should do' actions.

All 'Must do' actions have been fully completed and sustainability of improvements tested.

## **Implementation of Standards Assurance Framework for Excellence (SAFE)**

The CQC inspection provided the Trust with an excellent opportunity to review how we evidence the excellent care we provide to our local communities.

During 2018/19 the Trust implemented an enhanced clinical governance system to ensure consistent delivery of quality standards. Our new system is supported by a new online tool SAFE which helps teams to assess themselves against CQC standards. The system provides services with a single, online portal to store, access and present information about the care they deliver. It provides assurance in relation to quality and safety from service level to Board.

Since January 2019, over 150 members of the Organisation have been SAFE trained. Teams have completed a CQC self-assessment against the CQC 5 domains – Safe, Well-Led, Effective, Caring and Responsive.

The system has been positively evaluated by staff and has enabled sharing of good practice across teams.

In addition to clinical services, corporate services also complete a Well-Led self-assessment using the NHS-I framework. This provides the opportunity to showcase best practice and track quality improvements.

## Secondary User Service

- 8 8.1 Wirral Community NHS Foundation Trust submitted records during 2018/2019 to the Secondary User 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 care

## Data Security and Protection Toolkit Attainment Level

- 9 Wirral Community NHS Foundation Trust's Data Security and Protection Toolkit was submitted on 31 March 2019. Evidence was provided for 100/100 mandatory evidence items. An audit of the Trust's Toolkit conducted by Mersey Internal Audit Agency during 2018/2018 provided a rating of substantial 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 2018/19 by NHS Improvement.

## Learning from Deaths

- 27.1 During 2018/19, 26 of Wirral Community NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 5 in first quarter
- 8 in the second quarter
- 8 in the third quarter
- 5 in the fourth quarter

27.2 By 31 March 2019, 26 case record reviews and 6 investigations have been carried out in relation to 26 of the deaths included in item 27.1.

In 6 cases 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:

- 5 in the first quarter
- 8 in the second quarter
- 8 in the third quarter
- 5 in the fourth quarter

27.3 0 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.

The Trust's Datix incident reporting system is aligned to the Learning from deaths policy to ensure prompt communication to the Medical Director, Deputy Director of Nursing and Chief Operating Officer for all 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 continue to closely monitor the impact of implementing a system-wide approach to learning from deaths during 2019/20.

27.7 0 case record reviews and 0 investigations completed after 01 April 2018 which related to deaths which took place before the start of the reporting period.

27.8 0 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 0 representing 0% of the patient deaths during 2018/19 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 of death
2018/19	4045	50 (1.24%)
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 action to improve this number, and so the quality of its services:

- Quality Goal for 2019/2020 is to 'Increase reported incidents by 10% or more above the 2018/2019 levels

# Part 3: Other Information

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## Performance in 2018/19

### **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 on 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
- Outstanding Safe Care Every Time
- Effective Care Every Time

## Always Events

### Adult Social Care:

**Aim Statement:** To improving communication for patient's regarding finances.

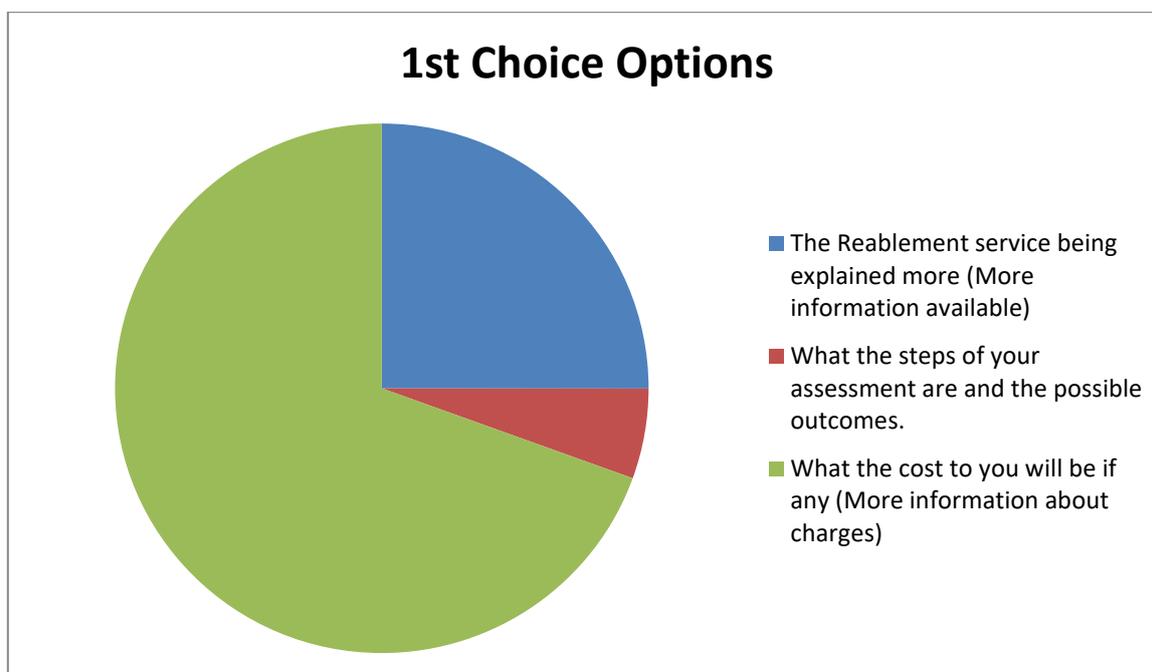
The Wirral Short Term Assessment and Reablement (STAR) Service is aimed at people aged 18 or over who live in Wirral, who may have been in hospital as an in-patient or be living in their own home. They will have been assessed as needing the service by a social care worker or an occupational therapist from the hospital or intermediate care services. STAR looks at what patients used to do and finds ways to enable them to become more independent.

The service is provided for one to three weeks but may continue for a maximum of six weeks depending on their progress. The service is provided by health professionals and social care workers who will assess patients in their own home to get a clearer idea of their needs and help them regain their independence.

There is no charge for this service during their assessment period, however following their assessment if they require on-going support they may, following a financial assessment, have to contribute towards the cost.

This is where communication needs to be clearer for the patient to understand this process.

Following a 2 week Plan, Do, Study, Act (PDSA) cycle the following responses were received from new patients on STAR



The outcome of the PDSA cycle showed that patients do need clearer information about the financial impact of on-going services.

The financial fact sheet has been updated and staff can now share the fact sheets with every patient that comes in to the service. This will enable patients, their next of kin and carers to make informed choices about their care and have a clearer understanding of the possible charges to them for on-going support after STAR; this will help reduce the amount of complaints received regarding finances after STAR.

### Walk-in-Centres

**Aim Statement:** By 31 March 2019 we will ensure we always inform patients / carers on arrival of what to expect at the Walk-in-Centres

Patients / carers will often complain they are not informed on arrival at the Walk-in-Centre of waiting times or what services are offered and will complain that patients who arrive at the centre after them are often seen before them.

Reception staff will always give patients / carers a laminated sheet informing them that a number of services take place within the building and patients arriving after them may be seen before them. The laminated sheet will always be wiped clean between patients.

In the future we are expecting a pop up stand informing patients of what to expect and a screen saver on the waiting room showing key messages.

### 0 – 19 Health and Wellbeing Service

**Aim Statement:** By 31 March 2019 we will improve our services to ensure our communities know who we are and how to access the service.

The service undertook engagement surveys with parents / carers and also with young people.

Parent / Carer's feedback about experience of using the service:

Q5 Tell us about your experience

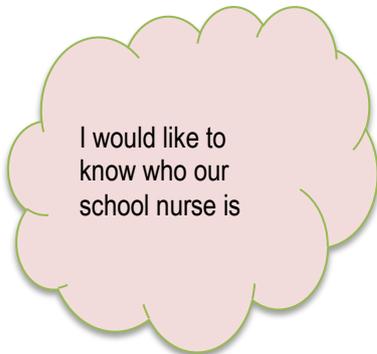
excellent friendly always Breastfeeding support help breastfeeding  
helpful advice health visitor experience  
support given good needed service son children  
supportive times positive

Always very friendly, thorough and you are encouraged to ask about anything

Fantastic and informative

Posters with photographs of staff will be displayed in school entrances and outside health clinics to ensure service users know who is in clinic / school and their job roles.

Parent / Carer's feedback, what should always happen to ensure you have a positive experience of our service:



Young people feedback about what should always happen to ensure you have a positive experience of our service:



## Community Nursing

**Aim Statement:** To develop an information leaflet for patients which provides details of staff caring for them and services available to assist the patient in remaining healthy in their own home

The community nursing service had an awareness that improving patients and service user experience of care and treatment, leads to optimal enhanced outcomes. The services needed to find out from patients what would make a difference to the care they received from community nursing.

A brief questionnaire was designed for patients which gave 3 choices and patients were asked to either rank them in order or name their top priority.

The questions on the form were:

What do you feel is so important that it should always happen when you have contact with community nurses?

1. They should provide an information leaflet with their contact details and useful information
2. They should always introduce themselves
3. Advise me of other services available that could support me at home

What mattered most to patients was that staff introduced themselves at each visit. Secondly patients would like further information in a leaflet. Based on the feedback it was felt a leaflet could be produced which included:

- the name of the community nursing team and their contact details
- supporting services

# Service Innovation

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The Trust has an innovation fund which was established in 2014/2015 and was designed to support and introduce service transformation opportunities, driven by a culture of staff engagement and ownership.

A robust process for staff innovation applications has been developed and the projects must set out an innovative approach that makes a significant contribution to the evidence base for delivering high quality care.

All innovation proposals must meet the essential requirements of the scheme and address at least three of the specific CQC themes.

Two innovation applications were approved during 2018/2019

## **Children's Speech and Language Therapy**

The service are committed to providing highest quality, evidence based care that has positive outcomes for both children and their families. The Hanen programme provides a proven teaching methodology and coaching framework for effectively engaging parents in their child's early language intervention. The service use strategies with children to develop their language skills for 30 minutes a week but wanted to empower parents to develop their child's skills all the time.

The aim of their innovation was to:

- Increase the amount of therapists trained in **'It Takes Two to Talk'® - The Hanen Program®** for parents of children with language delays within the department to enable programmes to be offered where there is an identified need
- Empower parents to support their child's language development at home.

The innovation project will continue into 2019/2020

## **0-19 Service Senior Health and Wellbeing Advisor**

The senior health and wellbeing advisor is committed to provide quality physical activity sessions for children and young people who are above a healthy weight and who may not like traditional forms of exercise. By using an external coach, the service can signpost clients to the session at no cost to the Trust. The effectiveness of the activity sessions will be evaluated to demonstrate its impact and reported back to service leads.

The aim of the innovation was to:

- Deliver two exercise sessions a week for a younger vs older age group
- To monitor the impact of the sessions on emotional health and wellbeing measures, improve BMI (Body Mass Index) and attendance rates

The innovation project will continue into 2019 / 2020

**Individual staff / teams / services who were nominated for external awards during 2018 / 2019**

- Teletriage Team shortlisted in the Innovation Category in the North West Coast Research and Innovation Awards 2019
- David Williamson-Draper shortlisted as Trainee Nursing Associate of the Year in the Student Nursing Times Awards 2019
- Mick Blease, Adele Whitgreave, Ashley Zepeda were shortlisted for an Unsung Hero Award for their life-saving CPR
- Emma Taylor – Regional Winner of MP Parliamentary Awards
- Procurement team for their Highly Commended NHS Supplier Engagement award at the NHS in the North Excellence in Supply Awards 2018

# Pressure Ulcer Quality Improvements

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A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to medical or other device), resulting from sustained pressure, including pressure associated with shear. The damage can be presented as intact category/grade 1 or as an open ulcer which is categorised by the depth or characteristics of the wound bed which can indicate the severity.

Pressure ulcers can cause pain and discomfort to individuals and are a national and local improvement priority for protecting patients from avoidable harm.

The Trust has an aspiration to move towards a target of zero avoidable pressure ulcers attributed within the community in two years; 2018-19 was the first year of this improvement programme. To support our ambitions, the Trust were successful in being selected to participate in the NHS Improvement Pressure Ulcer Collaborative Programme. This programme has supported national networking opportunities and provided advanced quality improvement training for participants.

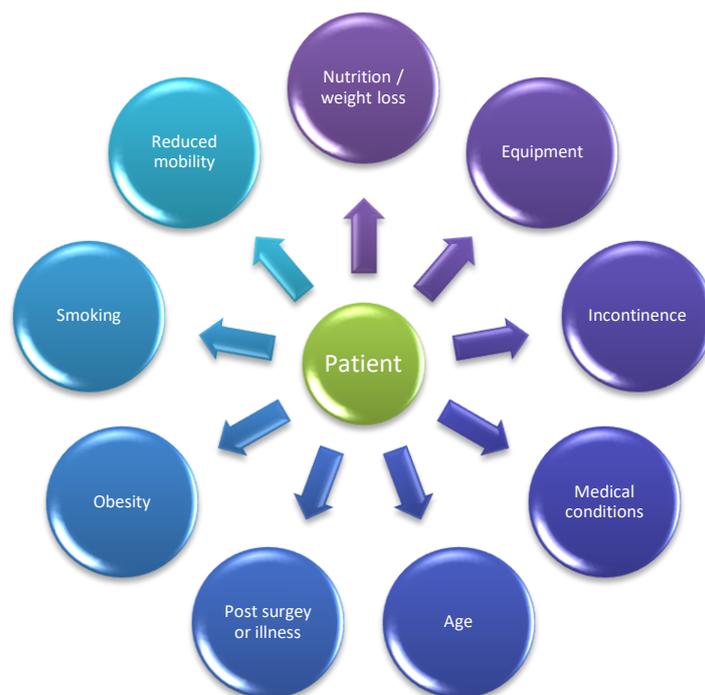
The outcome of the first year of our pressure ulcer improvement programme has been a 55% reduction in the number of avoidable category 3, 4 and unstageable community acquired pressure ulcers. This outcome is slightly ahead of expected performance and demonstrates the successful impact of our improvement programme.

We are committed to reducing this further and aspire to move toward zero avoidable pressure ulcers from the end of 2019-20.

The reduction in avoidable pressure ulcers during 2018-19 was achieved through collaborative working across teams and with social care and patients/carers. This work has been enhanced by having a Tissue Viability Nurse (TVN) link in each team, to support colleagues in the management of patients who are deemed at risk of pressure ulcer development. In addition, the TVN link nurses have a vital role in working with patients/carers and providers to support a self-management model of care.

The wrap around care offered to patients includes increasing patients' knowledge of pressure ulcers, understanding early warning signs and triggers for pressure ulcer development, and implementing proactive measure to minimise risk of developing a pressure ulcer. This model of patient and carer empowerment in partnership with nursing teams has supported our improvement model and delivered improved outcomes to patients.

To support this model of care delivery, the service always considers the whole needs of the patient including the types of risks that can increase the likelihood of a patient developing a pressure ulcer; these are as follows:



This approach has been incorporated into an information leaflet for patients and careers, which has been fully supported by the Trust's 'Your Voice', which provides a valuable mechanism for engaging and consulting with members of the public regarding the readability of our literature, to achieve maximum impact.

The introduction of monthly meetings for our Tissue Viability Link Nurses has provided a forum to discuss clinical care of ulcers, in addition to identifying themes and trends in the development of ulcers across the patient population. Guest speakers for example dieticians, attend the meeting to share specialist knowledge of areas relating to pressure ulcer prevention and treatment.

Using quality improvement methodology, an enhanced analysis of data on pressure ulcers has also been conducted throughout the year to maximise learning opportunities, informing actions to continuously improve quality of care and patient outcomes.

# Sepsis Quality Improvements

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Sepsis arises when the body's response to any infection injures its own tissues and organs. If not recognised early and managed promptly, it can lead to septic shock, multiple organ failure and death (WHO 2019). Sepsis is a serious complication of infection, a life-threatening condition arising when the body's abnormal, or 'dysregulated' immune response to an infection causes organs to start failing.

Sepsis can be triggered by any infection, but most commonly it occurs in response to bacterial infections of the lungs, urinary tract, abdominal organs or skin and soft tissues. If recognised early, outcomes are excellent. Left unchecked, the person is likely to spiral to multi-organ failure, septic shock and death. It is estimated that, every year, sepsis costs the NHS £2 billion and claims the lives of at least 52,000 people (UK Sepsis Trust 2017).

Following the successful introduction of sepsis mandatory sepsis training in 2017/18, Sepsis Awareness has been successfully delivered across all divisions during 2018/19 focusing on the use of Sepsis Toolkits for clinical and non-clinical staff and the introduction of the new National Early Warning Score NEWS2. The training has been delivered by senior community matrons and divisional sepsis leads.

The local joint Sepsis CQUIN 2018-19 with our secondary care colleagues has facilitated collaborative working to develop a sepsis pathway across community and secondary care and National Early Warning Score NEWS2. This supports following the patients' journey across trust to provide an opportunity for improvement and triangulation of data which will support future measurement of patient outcomes providing opportunities for shared learning across the Wirral health economy.

The Trust went live with NEWS2 across the trust in January 2019 to promote patient safety and continuity of acuity scores across the health economy with our secondary care colleagues at Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and the North West Ambulance Service. This system-wide approach to quality improvement will continue throughout 2019/20.

This quality improvement work has been very positively received by staff, with many people sharing personal and professional experiences of Sepsis. Staff report that the additional knowledge and skills has supported them to recognise early deterioration and has had a positive impact across the Wirral health economy and the wider public health agenda on patient outcomes.

# Learning from Incident Reporting

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## Performance in 2018 – 2019

The Trust is 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.

Shared learning is communicated using a variety of methods, which can include:

- Shared learning by listening to patient stories and learning from patient experience
- Shared learning with the relevant teams to promote continuous quality improvements
- Reporting learning to commissioners as part of the quality contract monitoring
- Significant clinical incidents may be shared via the patient safety bulletin
- Significant medication incidents are shared via the Medicines Management bulletin
- Local procedures and policies are updated when significant learning needs to be incorporated for all staff to promote harm free care and to promote staff safety

### **Never Events**

During the 2018 – 2019 reporting period the Trust had zero never events.

# Clinical Effectiveness

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## Progress made during 2018 – 2019

### 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 a range of questions. When combined with the 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 the total number of responses:

<b>Month / Year</b>	<b>% of those who would recommend our services for care or treatment</b>	<b>Total Number of responses</b>
April 2018	98	535
May 2018	97	379
June 2018	97	269
July 2018	93	453
August 2018	93	328
September 2018	93	449
October 2018	93	262
November 2018	96	435
December 2018	96	431
January 2019	95	199
February 2019	94	685
March 2019	98	374

## Quality Improvements

During 2018/2019, services within the Trust undertook a range of quality improvements using the Model for Improvement Plan, Do, Study, Act (PDSA) cycle to improve patient safety, patient experience and clinical effectiveness.

Key achievements include:

### 1. Community Nursing

Our Community Nursing Service delivers seamless 24-hour community nursing responding to planned and unplanned needs 365 days a year.

Community Nursing proactively assess needs, plan care, implement care plans and review outcomes for all patients referred and accepted into the service

#### **Quality Improvement: To support patients with Chronic Obstructive Pulmonary Disease (COPD)**

Chronic Obstructive Pulmonary Disease (COPD) causes 115,000 emergency admissions and 24,000 deaths per year, 16,000 of these deaths occur within 90 days of admission (NHS England, 2014). An estimated 1.2 million people are living with diagnosed COPD. In terms of diagnosed cases, this makes COPD the second most common lung disease in the UK after asthma (British Lung Foundation, 2018).

**Goal One:** To audit patients following the introduction of the nebuliser pathway which supports the optimisation of inhalers

- Following an audit of 12 patients, 100% of patients with respiratory care plans were no longer required
- 75% of patients were discharged from the caseload

**Goal Two:** To provide education sessions for staff

Education sessions were delivered at community nursing bases. Content focussed on:

- Inhaler devices
- Pulmonary rehabilitation

**Goal Three:** To obtain staff feedback from education sessions (nebuliser pathway)

Results showed an increased level of confidence for:

- Completion of nebuliser care plans/template
- When to step up for community matron support
- Maintaining nebuliser machine/frequency of review
- Optimisation of inhalers
- Long term management

**Goal Four:** To review the management of COPD Policy

- An amendment to the policy was added to reflect changes in practice

**Goal Five:** Introduction of an inhaler tick box to patient electronic health record (SystemOne) / Introduction of a pulmonary rehabilitation tick box and referral process on SystemOne

- Referral form added to SystemOne

**Goal Six:** To undertake an audit against NICE standards relating to Pulmonary Rehabilitation (PR) referrals / inhaler checks

- **205%** increase in the number of PR referrals completed
- **2261%** increase in the number of inhaler technique documented

**Goal Seven:** To hold a COPD public engagement event in November 2018 in collaboration with the COPD and Oxygen Team at Wirral University Teaching Hospital (WUTH)

- An event was held on 18 November 2018 to support COPD day
- A questionnaire is completed by 51 attendees

**Goal Eight:** To review respiratory care plans on community nursing case load for patients with COPD – to ensure optimisation of inhalers, signposting for example, pulmonary rehabilitation of patients and provide a self-management plan required

- An audit was undertaken and results showed a reduction of 38 care plans

# World COPD Day

**Thursday 15 November 2018**

**Do you have COPD, care for or know someone who has COPD?**

Visit St. Catherine's Health Centre for our COPD awareness event where you can talk to specialist healthcare professionals about:

- living with COPD
- information, advice and education
- local support services
- quitting smoking

**Talk to specialist healthcare professionals from:**

- Wirral Community NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- ABL Health (stop smoking support)
- Age UK



**St. Catherine's Health Centre**  
Derby Road  
Birkenhead CH42 0LQ  
Thursday 15 November 2018  
10.00am - 4.00pm

Supported by the **British Lung Foundation**.

**In partnership:**

Wirral Community NHS Foundation Trust  
Wirral University Teaching Hospital NHS Foundation Trust

## 2. Community Nursing and North West Ambulance Service

### Quality Improvement – To reduce inappropriate hospital admissions for patients with complex long term conditions

NHS England: Long term conditions (LTCs) are one of the biggest issues facing health and care today, but people living with LTCs are being supported to maintain a good quality of life. About 26 million people in England have at least one LTC; 10 million have two or more.

LTCs account for:

- 70% of all hospital bed days
- 70% of health and care spend
- 50% of emergency bed days for over 75s

**Goal One:** To identify patients with a long term condition to be added to the ERISS (ambulance electronic) system

- A process was developed to identify patients with a long term condition who are a high users of secondary care

**Goal Two:** To provide training to Multi-Disciplinary Team (MDT) Co-Ordinators to enable access to input into the ERISS system

- Training was provided to four MDT Co-Ordinators to enable them to input details of identified patients

**Goal Three:** Agree information sharing between North West Ambulance Service (NWAS) and Wirral Community NHS Foundation Trust

- A Data Protection Impact Assessment (DPIAs) was introduced to help identify and reduce the privacy risks of the project and are a mandated requirement for all high risk processing
- A DPIA is a process that will help Wirral Community NHS Foundation Trust ensure all projects are carried out with the best interests of our patients, service users and staff members

**Goal Four:** To liaise with SystemOne Support to agree read codes for patients identified for inputting on ERISS

- Read codes were agreed with IT Support for patients identified for inputting onto the ERISS system
- An icon has been identified for SystemOne for patients who are included on the ERISS System

**Goal Five:** Single Point of Access (SPA) to support communication with the paramedic attending the patient to enable them to liaise with the duty community matron

- A meeting took place with the Single Point of Access Manager to arrange the referral process from the paramedic at the patient's home to the duty matron within one of the four hubs

### 3. Community Children's Dietetic Service

#### **Quality Improvement – Evaluation of group education sessions to support and empower families to manage Cow's Milk Protein Allergy**

The Nutrition and Dietetics Service provides expert advice about nutrition, how the body uses nutrients and the relationship between nutrition, health and disease.

The NHS North West Paediatric Allergy Group (NWPAG) comprises all paediatric allergy centres across the north west of England. The group has signed up to the Future Hospital Programme which was established by the Royal College of Physicians in response to the Future Hospital Commission report, where recommendations are based on the very best of our hospital services, taking examples of existing innovation and patient-centred service to develop a comprehensive model of care.

The NWPAG group has identified that providing patient centred group education sessions for children and families on how to manage children who have been diagnosed with mild / moderate delayed cow's milk protein allergy.

The aim of the Quality Improvement was to introduce and evaluate interactive group education sessions as an alternative forum to educate families on how to manage children who have been diagnosed with mild / moderate delayed cow's milk protein allergy.

**Goal One:** To reduce clinic waiting times through the provision of group sessions

The impact of group sessions alone on waiting times could not be measured due to the presence of too many confounding factors over which we have no control such as the number of incoming referrals and the number of clinics run

Instead a measure of how many clinic slots were freed up for use for other patients by running group sessions was assessed. Implementation of the new pathway and group sessions successfully resulted in freeing up 435 clinic slots over the 14 month period studied.

**Goal Two:** To improve efficiency through better use of dietetic time (Band 6 and 7 staff)

Implementation of the new pathway and group sessions successfully resulted in freeing up 197 hours of dietetic time over the 14 month period studied.

**Goal Three:** To evaluate new group session with the aim of improving patient experience through more time and in-depth information

Patient experience was highly rated with 95-97% respectively rating the 2 group session as excellent and 3-5% rating them as good.

- **100%** of parents felt more confident providing a milk free weaning diet to their children following the Milk Free Weaning group session.
- **99%** of parents felt more confident re-introducing milk back into their child's diet following the Milk Ladder group session



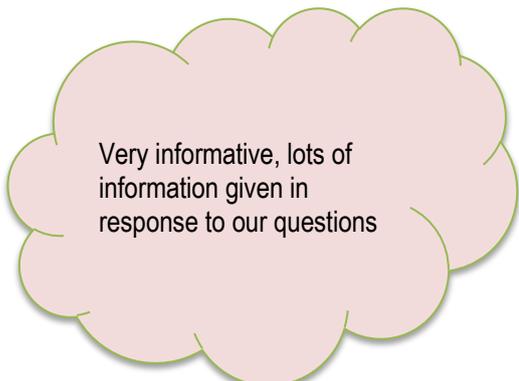
This session was really helpful and I feel so relieved now and feel I have all of the information I need to help with our weaning Thank you.



Excellent - couldn't rate highly enough - always very informative, helpful and reassuring



Very useful, especially as my baby is 5 months old so this was at exactly the right time for us, so now I feel more prepared for weaning him.



Very informative, lots of information given in response to our questions

**Goal Four:** To measure cost of do not attend (DNA) rates

Although the DNA rate remained high, this was comparable to clinic DNA's across the service and as all group sessions had attendance there was no wasted patient facing time.

This resulted in projected cost savings of up to £854 from missed face to face clinical appointments.

#### 4. Walk-in-Centre

##### **Quality Improvement – Chlamydia testing in conditions where it is clinically appropriate**

Across Wirral, there are three nurse-led walk-in centres which provide treatment for minor ailments.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences, opportunistic screening remains an essential element of good quality sexual health services for young adults.

**Aim:** To improve the number of patients within the target group (patients aged between 15-24) that are offered chlamydia testing.

**Goal One:** To amend SystemOne template to ensure use during consultation

- The setting for the template was amended in September 2018 to ensure the pop-up appears for eligible patients only

**Goal Two:** To measure the number of patients attending each walk-in-centre within target group from April – September 2018

- A total of 1,531 tests were offered during a 9 month period, an average of 170 per month

## 5. Wirral and West Cheshire Wheelchair Service

### Quality Improvement – The effectiveness of changing entry level standard wheelchairs provided

The Wheelchair Service assesses and supplies standard and bespoke wheelchairs, special seating and pressure distribution cushions for adults and children with long-term mobility problems.

**Aim:** To improve the effectiveness of the entry level wheelchair provided by the Wheelchair Service, by reviewing the model/manufacture used.

**Goal One:** To ascertain the risk benefits identified relating to modifications and supply of accessories

- **42%** (5/12) of wheelchairs would have required modifications
- **42%** (5/12) of wheelchairs would have had to have an additional accessory not supplied by the manufacturer of Ben

**Goal Two:** To ascertain the clinical benefits for user / carer

- **42%** (5/12) evidenced a clinical benefit to the user / carer in relation to posture, safety or access
- **33%** (4/12) of service users / carers would have had to have an alternative model wheelchair supplied

**Goal Three:** To provide costing reductions following provision of new wheelchairs

The total cost saving achieved for the 12 service users: **£959.30**

The comments below were provided by service users / carers who had used the wheelchair service and left feedback on the patient experience feedback forms:



Thank you to the service as mum is now very comfortable and sits without being propped up with cushions for the first time in a long time.



With thanks for your care, kindness and hard work in getting my mum the wheelchair she needed. They made her condition more comfortable. You are all appreciated

## 6. Children's Speech and Language Therapy Service

**Quality Improvement - To standardise the report writing process to improve communication with families for children with speech, language and communication needs**

The children's Speech and Language Therapy team support children and young people aged 0-25 with a range of speech, language and communication needs. When children are seen for an assessment or review of their speech, language and communication skills, a report is completed to provide parent/carers and other agencies involved with information about the assessment results, recommendations and care plan.

The quality improvement was initiated due to:

- A number of incidents and concerns raised relating to the quality of the written communication to parents/carers
- A need to streamline reports within sub teams to maximise use of time

**Goal One:** To have a set of standard report templates for each clinical team, that are used for certain clinical pathways

- A **50% reduction** has been achieved and the service now has 16 report templates. The new reports are being used in community clinics for under 5's, mainstream primary and secondary school, early years complex needs and special schools.

**Goal Two:** To ascertain if Royal College of Speech and Language Therapists (RCSLT) have published guidance relating to report writing (content and distribution)

RCSLT have published guidance on report writing in keeping with Health and Care Professions Council standards, General Data Protection Regulation and Data Protection Act 2018 UK

**Goal Three:** To establish time and cost savings for standard review and full assessment reports

- An average of 10 minutes can be saved per standard review report
- An average of 15 minutes can be saved per full assessment report
- 6 hours 40 minutes can be saved per month for standard review reports, per staff member
- 10 hours can be saved per month for full assessment reports, per staff member

**Goal Four:** To gather staff and patient experience feedback following use of the new report templates

- Positive feedback was received from staff and patients following the use of the new template reports

## Staff feedback

The new reports are quicker to complete and help me be more concise

Easier to write, quicker to complete

## Feedback from Special Educational Needs Co-ordinators

The new report style contained the information that we needed. We know that we can call our therapist if we need any more information

Clear and quick to read. We are mostly interested in the conclusion and next steps which our newer reports have included

## Feedback from Parent

My report was clear and had lots of ideas and strategies to help us help patient with his communication

## 7. Nurse Practitioner for Older People

### Quality Improvement – Implementations of ‘Forget me not’ stickers for Dementia patients

To promote the use of the ‘forget me not’ sticker in the home to enable staff and external agencies to recognise when somebody has dementia. To record on SystemOne the dementia icon for patients with a history of dementia.

**Aim: Increase the number of dementia patients on the caseload to have a ‘forget me not’ sticker on door and icon on SystemOne**

**Goal One:** To monitor number of dementia icons completed on SystemOne

- 83% of patients with a history of dementia read code on SystemOne have the dementia icon on their patient record

**Goal Two:** To monitor the use of the ‘forget me not’ sticker in the home

- 275 stickers have been displayed in patient’s own home or care home

**Goal Three:** To promote Dementia Action Week – 21<sup>st</sup> May 2018

- A stand was displayed at St Catherine’s Health Centre on Wednesday 23<sup>rd</sup> May 2018. Information and advice was provided to patients and carers by a Nurse Practitioner for Older People

**Goal Four:** To develop a pack (patient support for carers) which provide information on support available

- A pack which provides patient support information for carers has been collated and distributed to patients with dementia

## 8. Adult Speech and Language Therapy

### Quality Improvement – Introducing electronic communications link with Nursing Homes (Local Authority)

The adult community speech and language therapy team main communication with nursing home for reports is via the postal system. To improve the efficiency and timeliness of report distribution, a quality improvement was undertaken to introduce electronic report sharing. This maintains confidentiality for patients through the use of NHS email. The new process also provides a cost saving for the Trust in the reduction of administration time, postage and stationary costs.

**Aim:** To be able to send patient reports / letters to nursing homes electronically and securely, rather than by post.

**Goal One:** To set up local authority nursing homes with an NHS.net email account

- From September 2018 local authority nursing homes were searchable in the address book on the patient electronic record system to enable letters to be sent securely via nhs.net
- In November 2018, a mail screenshot was sent to the nursing homes via post to inform them of the new process

**Goal Two:** To audit the number of documents sent via the post

- A total of 71 reports were distributed in one month via post, this equates to 852 reports per annum

**Goal Three:** To calculate the cost saving of postage

- A total of £374.88 could be saved based on 12 months of report distribution via second class postage

The new process also provides a reduction for the service in:

- Printing costs
- Paper and envelopes
- Administrative time

# CQUINS

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## Performance in 2018/19

During 2018 / 19 the Trust participated in the following CQUINS:

### **National CQUINS**

#### **Improving Staff Health and Wellbeing:**

There were three parts to this indicator:

- 1a. Improvement of health and wellbeing of NHS staff – Not achieved
- 1b. Healthy food for NHS staff, visitors and patients – Fully Achieved
- 1c. Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff – Fully Achieved

#### **Improving the assessment of wounds (2<sup>nd</sup> year of CQUIN):**

The CQUIN aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment – Partially Achieved

#### **Personalised Care and Support Planning:**

The aim of this CQUIN is to embed personalised care and support planning for people with long-term conditions – Fully Achieved

#### **Sepsis:**

Implementation of Sepsis pathway with Wirral University Teaching Hospital – achieved – Fully Achieved

## Developing Neighbourhood Care

Wirral Community NHS Foundation Trust is a key partner within Wirral's health and care system and the Healthy Wirral programme. Wirral and Cheshire East both sit within Health & Care Partnership for Cheshire & Merseyside. The three priorities for Cheshire & Merseyside are:

- Delivering care more efficiently
- Improving the quality of care
- Improving the health and care of the population

During 2019/2020 the Trust, in partnership with Healthy Wirral Partners, will continue to develop place-based care, which means health and social care being provided by a functionally integrated primary-community care team. The importance of this work has been reinforced by the publication of the national NHS Long Term Plan and the new GP Contract Framework (January 2019). These describe a clear expectation that these teams – working within Primary Care Networks (currently known locally as Neighbourhoods) – covering populations of 30-50,000 people. Wirral Community NHS Foundation Trust staff are already members of Wirral's 9 Neighbourhood Leadership Teams, formed in July 2018 to take forward the development of their Neighbourhoods. During 2019 / 20, Wirral Community NHS Foundation Trust will work with partners to develop improved models of multidisciplinary working across Wirral, enabling care to be better co-ordinated around people's needs, and identifying best practice that can be shared across the borough. Wirral Community NHS Foundation Trust will also continue to work with partners across the Care Market to improve services for local residents and carers through initiatives such as through the trusted assessor programme.

Wirral Community NHS Foundation Trust will increase its focus on long term conditions management and proactive identification of people at risk, working with general practice as part of integrated Neighbourhood teams. This is likely to reduce the trend in unplanned admissions to hospital. Promoting independence, wellbeing, community based support solutions remain pivotal to health and social care services within Wirral Community NHS Foundation Trust.

Developing a plan for a primary-community workforce that increases the numbers of people skilled in holistic care planning, frailty and long term conditions management, alongside increasing numbers of other staff (e.g. first line physiotherapists) in neighbourhoods is a key target for 2019/2020.

Also key to effective place-based care, Wirral Community NHS Foundation Trust is playing a lead role in further development of Wirral's Single Point of Access, which is delivered by the Trust, and is a partner in the ongoing development of the peninsula's urgent care system, particularly given its provision of GP Out of Hours, Walk in Centres and Rapid Community Response teams.

## **Freedom to Speak Up**

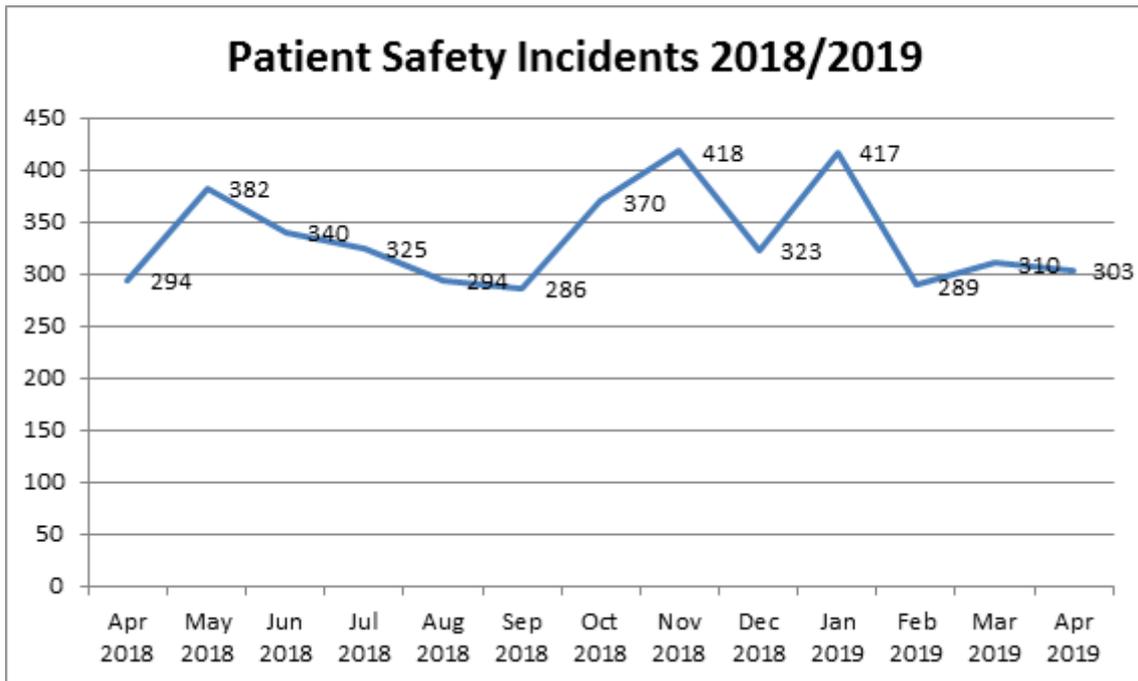
Since June 2017 the Trust has had a bespoke system to log Freedom to Speak Up concerns built into Datix. This is separate from the incident reporting system to allow for anonymous reporting and to restrict access rights to only the Freedom to Speak Up Team due to confidentiality

There is a separate section on the staff zone to access the reporting form as well as additional information on reporting concerns, who the FTSU team are, who the champions are and what to expect in the way of feedback. There are 63 champions across all services in the Trust to support the speaking up process. The champions meet on a quarterly basis to share experience and learning. The Freedom to Speak Up Team meet bi monthly to discuss concerns raised, actions taken and learning.

The national target is for feedback to be provided to reporters within 10 working days. If there are actions following the concern the target is for all actions to be completed within 28 working days. If the concern has not been raised anonymously feedback is provided either face to face, over the telephone, in a letter or in an e-mail. If the feedback has been provided in time and the method of feedback is recorded within the Datix record.

Once a concern is closed the reporter is sent a questionnaire. This asks protective characteristic questions, to ensure all reporters are being treated in the same way, and also asks the question how likely are you to speak up again? The responses to the questionnaire are also recorded in the Datix record.

## Patient Safety Incidents 1 April 2018 – 31 March 2019



## Patient Safety Incidents Severe Harm or Death as an Actual Degree of Harm

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Severe	1	1	0	5	2	2	1	3	3	5	1	0	24
Death	3	1	1	3	2	3	2	1	5	4	0	1	26
<b>Total</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>50</b>

### 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:

	18/19	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%	100%	N/A

A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:

	18/19	17/18	16/17	15/16	14/15
A&E Maximum waiting time of four hours from arrival to admission/transfer/discharge	99.77%	99.19%	99.16%	99.57%	99.72%

# Annex 1:

## Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees



Wirral Community Health and Care NHS Foundation Trust Quality Account 2018/19

### **Statement from Wirral Metropolitan Borough Council**

The Adult Care and Health Overview & Scrutiny Committee are responsible for the discharge of the health scrutiny function at Wirral Council. The Committee established a task and finish group in May 2019 in order to review the Quality Account of the Wirral Community Health and Care NHS Foundation Trust for 2018/19 and were grateful for the opportunity to comment on the draft report.

Members welcome the progress that the Trust has made on its priorities for 2018/19, with apparent improvements in all key areas of quality indicators. Members note that objectives set within the parameters of patient safety, patient experience and clinical effectiveness all show clear advancement on last year's performance and appreciate that there has been an emphasis on tangible developments throughout the year. Members are particularly pleased to note the 55% reduction in avoidable pressure ulcers, the improvement in social care assessment response times (despite increased assessment numbers) and the 90% target for mandatory staff training reached - we look forward to this continued trajectory of improvement throughout 2019/20.

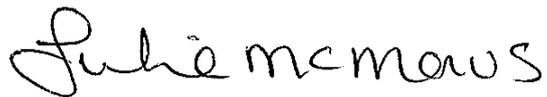
Members commend the Trust on its 'Forget Me Not' sticker campaign – a cost effective yet high impact programme for dementia patients which has gained momentum in the last year. It is heartening to see deserved recognition given to those responsible for the conception of the programme, and the involvement of frontline staff in idea gathering.

The innovative approach the Trust has taken in order to boost community services is also welcomed – notably the development of the UK's only community Donor Breast Milk facility, supporting breastfed babies who are struggling to grow, and providing specialist care. In addition, Members are pleased to note that not only has the 'Always Events' framework been embedded, but that the Trust have gained national recognition through promotion of the programme via social media channels. This shows the benefit of good social engagement and digital communication to publicise the positive work of staff and volunteers within health and care.

It is clear that there is a direct correlation between the satisfaction of staff and the quality of patient care, and although Members are adequately assured that the Trust places the needs of its staff in high regard, there are notable areas of feedback from the Trust's 'NHS Staff Survey' in 2018/19 that require development. Members would expect to see improvements in next year's staff survey results around enhanced health and wellbeing of staff and continued development of communication and engagement on a Trust-wide level, given the areas of focus within the Quality Account to address these shortcomings.

In July 2018, Members were disappointed to be notified that following inspection, the Care Quality Commission had awarded the Trust a 'Requires Improvement' rating. Since then, the Committee have been keen to have an oversight of the Trust's improvement strategy and action plans. Members note that positive improvements have been made in this area and look forward to seeing the outcomes of these developments result in an improved rating following the next inspection of the Trust.

The Adult Care and Health Overview & Scrutiny Committee look forward to continued partnership working with the Trust during the forthcoming year and note its priorities for 2019/20.

A handwritten signature in black ink that reads "Julie McManus". The signature is written in a cursive, flowing style.

**Councillor Julie McManus**

Chair, Adult Care and Health Overview & Scrutiny Committee  
Wirral Borough Council

## Quality Account Commentary for Wirral Community NHS Foundation Trust provided by Healthwatch Wirral CIC May 2019

Healthwatch Wirral (HW) would like to thank Wirral Community NHS Trust for the opportunity to comment on the Quality Account for 2018/19

### Priorities for 2019/20

The account detailed these in a comprehensive Quality Improvement Plan with clear rationale for choosing each priority.

We look forward to receiving quarterly reviews on progress against these priorities.

### Review of Performance in 2018/19

It was noted:-

- **Pressure Ulcers** – There was a 55% improvement in the first year of the new 2 year priority towards a target of zero avoidable pressure ulcers. The Trust reported that they are committed to ensuring a sustained reduction in the development of avoidable pressure ulcers. Healthwatch look forward to hearing how confident the Trust are that they will achieve this target in the second year.
- **Patient Experience** – The 3 goals detailed on page 10 are all inputs not outcomes and do not appear to measure any improvement.
- **Frailty** - The Frailty Pathway has been developed.
- **Sepsis** – The Sepsis Toolkit has been added to patient's electronic healthcare system across the Trust and the 'suspected sepsis' box is available for use widely. Healthwatch look forward to learning how the Trust will share their performance with us and what impact the faster Social Care assessments are making.
- **Never Events** - Zero 'Never Events' were reported during the year.
- **Engagement Events, Always Events, Mandatory Training, Quality Improvement and Forum** targets set by the Trust were successfully achieved

### Annual Staff Survey

It was noted that the Trust performed below average in 5 themes, Health and Wellbeing, Quality of Appraisals, Quality of Care, Safety Culture and Staff Engagement.

Although the staff survey response rate improved from the previous year Healthwatch would be interested to see if the significant changes that have been made in the reporting process, actions planned around appraisals, staff engagement, health and wellbeing of staff and safety culture improves the results in 2019.

## **CQC Inspection**

The Trust were rated 'Requires Improvement' in 2 of the 5 key lines of enquiry and in 2 services. However, it was reassuring to see that the Trust had completed the actions set by CQC and the sustainability of improvements had been tested.

## **Friends and Family Test**

It is commendable that the Trust continues to achieve high scores throughout the year in patients recommending their services for care and treatment to family and friends.

## **Reporting against Core Indicators – Safety Incidents reported**

The Trust declares that it has an open, honest and transparent culture of learning from experience and that staff are encouraged to report all incidents to ensure continuous quality improvement. Healthwatch would value learning more about how this is achieved.

## **Local Clinical Audits**

Healthwatch noted the audits and actions undertaken by the Trust and look forward to hearing about their progress.

## **CQUINS**

The CQUINS that the Trust participated in during 2018/19 were noted. It was reported that in the 'Improving Staff Health and Wellbeing' CQUIN part 1, 'Improvement of health and wellbeing of NHS staff' was not achieved. Healthwatch look forward to learning how the Trust will address this.

## **Quality Improvements**

Healthwatch noted the range of quality improvements undertaken by services and congratulate the Trust for their key achievements.

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 Health and Care Commissioning

Wirral Health and Care Commissioning (WHACC) are 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 to 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. WHACC acknowledges the amount of focus the organisation has placed on this priority; however it is unclear from the report what the level of progress has been made during the year. WHACC continues to support this priority for 2019/20 and will monitoring progress closely through the quality contract meetings.

**Patient experience:** It is pleasing to see that the frailty pathway has been redesigned in 2018/19. This will ensure that patients are assessed consistently and then are able to sign posted accordingly.

WHACC welcomes the approach the Trust has adopted in relation to engagement events and quality improvement. It is important that these experiences are shared and used to improve care and quality in service design and delivery.

**Clinical Effectiveness:** Audit is a method of measuring care that has been delivered against a set of agreed standards based on local and/or national best practice. WHCC welcomes the number of audits that have been undertaken by the Trust in 2018/19, forty six which is an increase from last year and welcomes the re-audits in End of Life Care and community nursing

The trust has seen an increase by 1% in the response rate and the scoring of the 2018 NHS staff survey in comparison to last year. There has been a difference in reporting in 2018 and therefore WHACC are unable to draw comparisons from 2017. As the NHS facing another challenging year, good staff engagement and well-being is critical to delivering high quality care and service transformation.

The trust is to be congratulated on their achievement of 90% mandatory training for staff and also the uptake of flu vaccinations at 77%.

Looking forward in 2019/20 Wirral Health and Care Commissioning 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 quality account gives a high profile to continuous quality improvements in Wirral Community Trust and the monitoring of the priorities for 2018/19. 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.

A handwritten signature in black ink, appearing to read 'Sue Wells', with a long horizontal flourish extending to the right.

**Sue Wells**

**Wirral Health and Care Commissioning**

## Annex 2:

### 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 2018/19 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 2018 to 31 May 2019
- papers relating to quality reported to the board over the period 1 April 2018 to 31 May 2019
- feedback from commissioners dated 14/05/2019
- feedback from governors dated 15/05/19
- feedback from local Healthwatch organisations dated 15/05/2019
- feedback from Overview and Scrutiny Committee dated 13/05/2019
- the trust's Quarter 4 complaints report dated 10/05/2019
- the national staff survey 18/04/2019
- the Head of Internal Audit's annual opinion of the trust's control environment dated 22/05/2019
- CQC inspection report dated 06/07/2018
- 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 2019 Professor Michael Brown, Chairman



May 2019 Karen Howell, Chief Executive



# Annex 3:

## Independent Auditor's Limited Assurance Report

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### **Independent auditor's report to the council of governors of Wirral Community Health and Care NHS Foundation Trust on the quality report**

We have been engaged by the council of governors of Wirral Community NHS Foundation Trust (renamed by an amendment to the Foundation Trust constitution to Wirral Community Health and Care NHS Foundation Trust on 1 April 2019) ("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 2019 (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 03/05/2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 to enable the Council of Governors to demonstrate 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 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- ▶ **Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.**
- ▶ **Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.**

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 2018/19' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2018/19', which is supported by NHS Improvement's Detailed Requirements for quality reports 2018/19;
- the quality report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19' and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19'. These are:

- Board minutes for the period April 2018 to May 2019
- Papers relating to quality reported to the Board over the period April 2018 to May 2019
- feedback from commissioners, dated 14/05/2019
- feedback from governors, dated 15/05/2019
- feedback from local Healthwatch organisations, dated 15/05/2019
- feedback from Overview and Scrutiny Committee dated 13/05/2019
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated quarterly throughout the year, final quarter dated 10/05/2019
- the latest national patient survey, dated 2018
- the latest national staff survey, dated 2019
- Care Quality Commission inspection, dated 06/07/2018
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 22/05/2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

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 Hospital NHS Foundation Trust NHS Foundation Trust as a body, to assist the Council of Governors in reporting Wirral Community Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Wirral Community Hospital 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 2018/19' 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 2018/19' 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 Hospital NHS Foundation Trust.

### **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 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 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement.

*Ernst & Young*  
*Manchester*  
 23 May 2019

Notes:

1. The maintenance and integrity of the Wirral Community Hospital 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 31/03/2019 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<sup>1</sup> to 21, 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 (FRoM) 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 2019 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 and Social Care's Group Accounting Manual 2018/19 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.

## 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 company'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>• Fraud in revenue and expenditure recognition</li> <li>• Misstatements due to fraud or error (Management override)</li> </ul>
Materiality	<ul style="list-style-type: none"> <li>• Overall materiality of £1.541 million which represents 2% 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>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, and tested variances between amounts recognised and amounts externally confirmed through the Agreement of Balances exercise.</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>We tested capital expenditure to assess whether the items were capital or revenue in nature, to identify expenditure excluded from the Statement of Comprehensive Income.</p> <p>Our testing also reviews the transactions that have occurred post year end to identify any omissions in expenditure.</p>	<p>Our testing has not identified any material misstatements from revenue and expenditure recognition.</p> <p>Overall 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>Misstatements due to fraud or error</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</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</p>	<p>We have not identified any material weaknesses in controls or evidence of management override.</p> <p>We have not identified 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</p>

<p>prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p>	<p>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>which appeared unusual or outside the Trusts normal course of business.</p>
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In the prior year, our auditor's report included a key audit matter in relation to the valuation of land and buildings. In the current year, this matter has not been included as the full valuation in the prior year has been updated by a desktop exercise in the current year.

In the prior year, our auditor's report included a key audit matter in relation to the Accounting for the transfer of Social Care staff from Wirral Metropolitan Borough Council. In the current year, this matter has not been included due to the initial transfer relating to 2017/18.

## **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 £1.541 million, which is 2% of operating expenditure (2017/18 £0.757 million, 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 concluded that it remained appropriate in relation to 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 75% of our planning materiality, namely £1.135 million (2017/18 £0.378 million). We have set performance materiality at this percentage due to our experience of our prior year audit finding no significant issues and our understanding of the control environment at the Trust.

### **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 £0.076 million (2017/18 £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 to 87, 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 2018/19.

### **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 2018/19 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 2018/19 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 76, 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 risks that we consider significant, which the Code of Audit Practice 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.

### Use of our report

This report is made solely to the Council of Governors of Wirral Community NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no 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.

### 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  
23 May 2019*

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**

**FINANCIAL STATEMENTS FOR THE YEAR ENDED 31**  
**MARCH 2019**

## **FOREWORD TO THE ACCOUNTS**

Wirral Community NHS Foundation Trust  
Accounts for the year ended 31 March 2019

The following presents the accounts for Wirral Community NHS Foundation Trust for the year ended 31 March 2019.

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).

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

**22 May 2019**

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

## Statement of Comprehensive Income (SOCl)

	Note	2018-19 £'000	2017-18 £000
Operating Income from patient care activities	4	76,170	73,133
Other operating income		6,924	5,231
<b>Total operating income</b>		<b>83,094</b>	<b>78,364</b>
Operating Expenses of continuing operations	5	(80,112)	(75,694)
Impairment adjustments	8	19	(374)
<b>Operating surplus/(deficit)</b>		<b>3,001</b>	<b>2,297</b>
Finance income		91	28
PDC Dividends payable		(181)	(412)
<b>Net finance costs</b>		<b>(90)</b>	<b>(384)</b>
Gains/(losses) on disposal of assets		0	2
Gains/(losses) on transfer by absorption	7.3	0	(7,211)
<b>Surplus / (deficit) for the year</b>		<b>2,912</b>	<b>(5,296)</b>
<b>Other comprehensive income</b>			
Impairments	8	(327)	(726)
Revaluations		218	215
Asset losses on disposals		0	0
Remeasurement of net defined benefit pension scheme assets/(liabilities)		(1,062)	941
<b>Total comprehensive income / (expense) for the period</b>		<b>1,743</b>	<b>(4,865)</b>

### Reconciliation from the Statement of Comprehensive Income to the Trust trading position

	2018-19 £000	2017-18 £000
Surplus/(deficit) from continuing operations	2,912	(5,296)
Normalising adjustments:		
Losses on disposal of assets	0	0
Impairment/(reversal of impairment) of land and buildings	(19)	374
Transfer by absorption of defined pension scheme liabilities	0	7,211
Remeasurement of net defined benefit pension scheme (assets)/liabilities	830	760
<b>Trading (deficit)/surplus for the period</b>	<b>3,723</b>	<b>3,049</b>
Comprising:		
Provider Sustainability Fund income	2,963	2,032
Underlying surplus	760	1,017
	<b>3,723</b>	<b>3,049</b>

The notes on pages 226 to 251 form part of these accounts

## Statement of Financial Position (SOFP)

		31 March 2019 £000	31 March 2018 £000
<b>Non-current assets</b>			
Intangible assets	9	985	1,437
Property, plant and equipment	10	23,182	22,072
Trade and other receivables	13	102	121
<b>Total non-current assets</b>		<b>24,269</b>	<b>23,630</b>
<b>Current assets</b>			
Inventories	12	471	471
Trade and other receivables	13	6,932	6,445
Cash and cash equivalents	14	16,880	13,105
<b>Total current assets</b>		<b>24,283</b>	<b>20,021</b>
<b>Total Assets</b>		<b>48,552</b>	<b>43,651</b>
<b>Current liabilities</b>			
Trade and other payables	15	(14,264)	(13,442)
Provisions	16	(278)	(17)
Other liabilities	15	(149)	(127)
<b>Total current liabilities</b>		<b>(14,691)</b>	<b>(13,585)</b>
<b>Total assets less current liabilities</b>		<b>33,861</b>	<b>30,065</b>
<b>Non-current liabilities</b>			
Other liabilities	7.3	(8,922)	(7,030)
<b>Total non-current liabilities</b>		<b>(8,922)</b>	<b>(7,030)</b>
<b>Total assets employed</b>		<b>24,939</b>	<b>23,035</b>
<b>Financed by Taxpayers equity</b>			
Public Dividend Capital		477	315
Revaluation reserve		2,734	2,841
Income and expenditure reserve		21,729	19,879
<b>Total taxpayers' and others' equity</b>		<b>24,939</b>	<b>23,035</b>

The financial statements and notes on pages 222 to 251 were approved by the Audit Committee, on behalf of the Board, on 22 May 2019. They are signed on its behalf by:

Karen Howell  
Chief Executive  
22 May 2019



## Statement of Changes in Taxpayers' Equity (SOCITE)

	Note	Total Taxpayers equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
<b>Taxpayers' and Others' Equity at 1 April 2018</b>		<b>23,035</b>	<b>315</b>	<b>2,841</b>	<b>19,879</b>
Surplus/(deficit) for the year		2,912	0	0	2,912
Impairments	8	(327)	0	(327)	0
Revaluations		218	0	218	0
Other adjustments		2	0	2	0
Remeasurements of defined net benefit pension scheme liability / asset	7.4	(1,062)	0	0	(1,062)
Public Dividend Capital received		162	162	0	0
		<b>24,939</b>	<b>477</b>	<b>2,734</b>	<b>21,729</b>
<b>Taxpayers' and Others' Equity at 31 March 2019</b>					
<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)
Impairments		(726)	0	(726)	0
Revaluations		215	0	215	0
Remeasurements of defined net benefit pension scheme liability / asset		941	0	0	941
Public Dividend Capital received		116	116	0	0
<b>Taxpayers' and Others' Equity at 31 March 2018</b>		<b>23,035</b>	<b>315</b>	<b>2,841</b>	<b>19,879</b>

## Statement of Cash Flows (SCF)

	2018-19 £000	2017-18 £000
<b>Cash flows from operating activities</b>		
<b>Operating surplus/(deficit)</b>	<b>3,001</b>	<b>2,297</b>
<b>Non cash or non-operating income and expense</b>		
Depreciation and amortisation	5 1,813	1,486
Impairments/(Reversal of Impairments)	5 (19)	374
On SOFP pension liability less net charge to the SOCI	7.3 830	760
(Increase)/Decrease in Trade and Other Receivables	(538)	(1,344)
(Increase)/Decrease in Inventories	0	(12)
Increase/(Decrease) in Trade and Other Payables	561	4,869
Increase/(Decrease) in Other Liabilities	22	44
Increase/(Decrease) in Provisions	261	(9)
Other movements in operating cashflows	2	0
<b>Net cash generated from / (used in) operations</b>	<b>5,933</b>	<b>8,465</b>
Cash flows from investing activities:		
Interest received	91	28
Purchase of intangible assets	(141)	(667)
Purchase of Property, Plant and Equipment	(2,158)	(1,293)
Sales of Property, Plant and Equipment	0	10
<b>Net cash generated from/(used in) investing activities</b>	<b>(2,208)</b>	<b>(1,921)</b>
Cash flows from financing activities:		
PDC Dividend received	162	116
PDC Dividend paid	(112)	(529)
Cash flows from other financing activities	0	0
<b>Net cash generated from/(used in) financing activities</b>	<b>50</b>	<b>(413)</b>
Increase/(decrease) in cash and cash equivalents	3,775	6,131
Opening Cash and Cash equivalents	13,105	6,974
<b>Closing Cash and Cash equivalents</b>	<b>16,880</b>	<b>13,105</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 2018/19 DHSC Group Accounting Manual 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 as determined by HM Treasury, advised by the Financial Reporting Advisory Board. 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. 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.

#### 1.5. Critical judgments in applying accounting policies

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which have had a significant effect on the amounts recognised in the financial statements.

#### 1.6. Key sources of estimation uncertainty

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 2019.
- 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.
- Pension liabilities – the Trust estimates the potential pension scheme liability arising from membership of the Merseyside Pension Fund. This is based on estimated life expectancy of members and current and future performance of investments and is therefore subject to significant uncertainty. The Trust has obtained an actuarial valuation of the pension assets and liabilities from the scheme actuaries, Mercer.

## **1.7. Revenue**

IFRS 15: revenue from contracts with customers has been adopted for the first time in the 2018/19 financial statements. As anticipated, this has resulted in no change in the way the Trust accounts for revenue due to the nature and value of contract and non-contract income.

The main sources of income for the Trust are contracts with commissioners in respect of health and social care services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to customers. This is measured at the amount of the transaction price allocated to that performance obligation. Where income is received for a specific performance obligation that is to be satisfied 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, for instance, by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

## **1.8. Employee Benefits**

### **1.8.1. 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.

### **1.8.2. Pension costs**

#### **1.8.2.1. 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 charged to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to

expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

#### **1.8.2.2. Local Government Pension Scheme**

Some adult social care 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. Re-measurements 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'.

### **1.9. 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.

### **1.10. Property, plant and equipment**

#### **1.10.1. Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
  - 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.

### **1.10.2. 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.

### **1.10.3. 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.

### **1.10.4. 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.

#### **1.10.5. 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.

#### **1.10.6. 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.

### **1.11. Intangible assets**

#### **1.11.1. Recognition**

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

#### **1.11.2. 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.

### **1.11.3. Amortisation**

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

## **1.12. 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.

### **1.12.1. 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.

### **1.12.2. 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.

## **1.13. 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.

#### **1.14. 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.

#### **1.15. 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.

##### **1.15.1. 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.

##### **1.15.2. 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.

#### **1.16. 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.

## **1.17. Financial instruments**

### **1.17.1. 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.

### **1.17.2. 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.

### **1.17.3. 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 derecognised 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.

### **1.18. 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.

### **1.19. 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.

### **1.20. 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).

## **2. Accounting Standards that have been issued but have not yet been adopted**

The Treasury FReM does not require IFRS16 Leases to be applied in 2018/19. This has been deferred to accounting periods beginning on or after 1 January 2019. As this standard has not yet been adopted by the FReM, early adoption is not permitted.

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 standard does not impact on leases where the Trust is a lessor.

## **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 health and social care.

#### 4. Operating income

##### 4.1. Operating Income (by source)

	2018-19	2017-18
	£000	£000
<b>Income from activities</b>		
NHS England	3,039	2,855
Clinical Commissioning Groups	44,465	45,949
NHS Foundation Trusts	2,579	755
NHS Trusts	1	30
Local Authorities	24,695	23,313
Department of Health and Social Care	880	0
Injury cost recovery scheme	164	209
Non NHS: Other	348	22
<b>Total income from activities</b>	<b>76,170</b>	<b>73,133</b>
Education and training	2,171	1,441
Provider Sustainability Fund	2,963	2,032
Other contributions to expenditure	326	245
Rental revenue from operating leases	1,465	1,513
<b>Total other operating income</b>	<b>6,924</b>	<b>5,231</b>
<b>TOTAL OPERATING INCOME</b>	<b>83,094</b>	<b>78,364</b>

##### 4.2. Operating Income (by nature)

	2018-19	2017-18
	£000	£000
<b>Community Services Income</b>		
Income from CCGs and NHS England	47,503	48,804
Income from other sources	27,275	24,307
Other clinical income	1,392	22
<b>Total income from activities</b>	<b>76,170</b>	<b>73,133</b>
Total other operating income	6,924	5,231
<b>Total operating income</b>	<b>83,094</b>	<b>78,364</b>

##### 4.3. Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that 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.

	2018-19	2017-18
	£000	£000
<b>Core contracts</b>		
CCGs	38,910	37,683
Local Authorities	23,952	22,593
NHS England	2,320	2,232
<b>Total core contracts</b>	<b>65,182</b>	<b>62,508</b>
Other services	17,912	15,856
<b>Total operating income</b>	<b>83,094</b>	<b>78,364</b>

## 5. Operating expenses

	2018-19	2017-18
	£000	£000
Purchase of Healthcare from other NHS bodies	1,244	1,452
Purchase of Healthcare from non-NHS bodies	879	766
Staff and Executive Directors costs	57,637	54,996
Non-executive directors	86	91
Supplies and services - clinical (excluding drug costs)	4,664	4,650
Supplies and services - general	924	945
Drug costs	769	892
Consultancy costs	239	162
Establishment	2,219	2,287
Premises - business rates payable to Local Authorities	582	480
Premises - other	2,246	1,633
Transport	194	203
Depreciation on property, plant and equipment	1,220	1,079
Amortisation on intangible assets	593	407
Increase/(decrease) in provision for impairment of receivables	76	(4)
Provisions arising/released in year	261	(9)
Audit fees:		
- audit services - statutory audit	48	48
- other services - audit related assurance services	9	9
Internal audit	77	53
Clinical negligence	133	94
Legal fees	233	85
Insurance	96	90
Education and training	1,663	1,205
Operating lease rentals	3,410	3,399
Car parking & Security	263	237
Hospitality	4	6
Losses, ex gratia & special payments	14	0
Other services, e.g. external payroll	319	392
Other	10	48
<b>OPERATING EXPENSES</b>	<b>80,112</b>	<b>75,693</b>
Impairment/(reversal) to property, plant and equipment	(19)	374
<b>TOTAL OPERATING EXPENSES</b>	<b>80,093</b>	<b>76,068</b>

The external auditors' liability is limited to £2,000,000.

## 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.

	2018-19		
	Total £000	Buildings £000	Other £000
Minimum lease payments	2,748	2,717	31
Contingent rents	0	0	0
Service charges	662	662	0
<b>TOTAL</b>	<b>3,410</b>	<b>3,379</b>	<b>31</b>
Future minimum lease payments due:			
- not later than one year;	2,771	2,717	54
- later than one year and not later than five years;	10,787	10,748	40
- later than five years.	29,610	29,610	0
<b>TOTAL</b>	<b>43,169</b>	<b>43,075</b>	<b>94</b>

	2017-18		
	Total £000	Buildings £000	Other £000
Minimum lease payments	2,696	2,636	46
Contingent rents	78	78	0
Service charges	625	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>

### 6.2. Trust as Lessor

The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations. Several contracts are now negotiated on a rolling basis with up to one years' notice and therefore there is no contractual obligation after one year.

	2018-19 £000	2017-18 £000
<b>Operating Lease Income</b>		
Minimum lease receipts	1,465	1,513
<b>TOTAL</b>	<b>1,465</b>	<b>1,513</b>
<b>Future minimum lease payments due</b>		
- not later than one year;	1,350	1,326
- later than one year and not later than five years;	697	5,306
- later than five years.	597	0
<b>TOTAL</b>	<b>2,645</b>	<b>6,632</b>

## 7. Employee benefits

	2018-19			2017-18		
	Total £000	Permanent £000	Other £000	Total £000	Permanent £000	Other £000
Salaries and wages	44,784	42,735	2,049	42,289	42,241	48
Social security costs	3,806	3,633	173	3,943	3,943	0
Apprenticeship levy	207	207	0	196	196	0
Employers contributions to NHS Pensions	4,925	4,925	0	4,798	4,798	0
Other pension contributions	1,807	1,807	0	1,567	1,567	0
Termination benefits	0	0	0	99	99	0
Agency/contract staff	2,108	0	2,108	2,105	0	2,105
<b>TOTAL</b>	<b>57,637</b>	<b>53,306</b>	<b>4,331</b>	<b>54,996</b>	<b>52,843</b>	<b>2,153</b>

### 7.1. Exit packages

During 2018/19 no voluntary redundancies were agreed (2017/18: none, £nil). No compulsory redundancy was agreed. (2017/18: one, £98,805). A provision has been made for redundancy costs in 2019/20 but individual redundancies had not been agreed as at 31 March 2019.

### 7.2. Pension Costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

## **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

### **7.3. Pension Costs – Local Government Pension Scheme**

On 1 June 2017 Wirral Metropolitan Borough Council transferred its Adult and Social Care services to the Trust. As part of this agreement 206 staff were transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Of these employees 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, Mercer. In the latest review below, Mercer has confirmed they have made no adjustment for the impact of the McCloud judgement in relation to their valuation, due to the uncertainty around the outcome and timing.

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.

### 7.3.1.Changes in the defined benefit obligation and fair value of plan assets during the year

	2018/19 £000	2017/18 £000
<b>Transfers by absorption on 1 June 2017</b>	0	(22,446)
<b>Present value of the defined benefit obligation at 1 April</b>	(23,375)	0
Current service cost	(1,565)	(1,385)
Interest cost	(631)	(471)
Contribution by plan participants	(319)	(266)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gains / (losses)	(1,662)	1,185
Benefits paid	401	8
<b>Present value of the defined benefit obligation at 31 March</b>	<b>(27,151)</b>	<b>(23,375)</b>
<b>Transfers by absorption on 1 June 2017</b>	0	15,235
<b>Plan assets at fair value at 1 April</b>	16,345	0
Interest income	453	328
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	600	(244)
Administration expenses	(25)	(21)
Contributions by the employer	938	789
Contributions by the plan participants	319	266
Benefits paid	(401)	(8)
<b>Plan assets at fair value at 31 March 2018</b>	<b>18,229</b>	<b>16,345</b>
<b>Plan surplus/(deficit) at 31 March 2018</b>	<b>(8,922)</b>	<b>(7,030)</b>

### 7.3.2.Reconciliation of the present value of the defined benefit obligation and the plan assets to the assets and liabilities recognised in the SOFP

	31 March 2019 £000	31 March 2018 £000
<b>Present value of the defined benefit obligation</b>		
<b>Plan assets at fair value at</b>	(27,151)	(23,375)
Fair value of any reimbursement right	18,229	16,345
<b>Net (liability) / asset recognised in the SoFP</b>	<b>(8,922)</b>	<b>(7,030)</b>

### 7.3.3.Amounts recognised in the SOCI

	31 March 2019 £000	31 March 2018 £000
Current service cost		
Interest expense / income	(1,565)	(1,385)
Past service cost	(203)	(164)
<b>Total net (charge) / gain</b>	<b>(1,768)</b>	<b>(1,549)</b>
Comprising:		
Contributions made by the Trust recognised in the SOCI	(938)	(789)
Liability arising from actuarial adjustments guaranteed by Wirral MBC	(830)	(760)
	<b>(1,768)</b>	<b>(1,549)</b>

### 7.3.4. Actuarial assumptions

	2018-19		2017-18	
	Start of period	End of period	Start of period	End of period
<i>Financial assumptions</i>				
Inflation	2.1%	2.2%	2.2%	2.1%
Rate of salary increase	3.6%	3.7%	3.6%	3.6%
Rate of pensions increase	2.2%	2.3%	2.2%	2.2%
Discount rate	2.7%	2.5%	2.5%	2.7%
<i>Post retirement mortality assumptions (normal health)</i>				
Non retired members				
Female	27.8 years	27.9 years	27.7 years	27.8 years
Male	25 years	25.2 years	24.9 years	25 years
Retired members				
Female	24.8 years	25 years	24.7 years	24.8 years
Male	22 years	22.2 years	21.9 years	22 years

### 7.4. Retirements due to ill-health

During 2018/19 there was two early retirement from the Trust on the grounds of ill-health. (2017/18: one). 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 (2017/18: nil).

### 8. Impairment of assets

During 2018/19 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.

	2018-19		
	Net impairments £000	Impairments £000	Reversals £000
<b>Impairments charged to operating surplus</b>			
Changes in market price	(19)	41	(60)
<b>Total impairments charged to operating surplus</b>	<b>(19)</b>	<b>41</b>	<b>(60)</b>
Impairments charged to the revaluation reserve	327	327	0
<b>Total impairments</b>	<b>308</b>	<b>368</b>	<b>(60)</b>
<b>2017-18</b>			
<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	0
<b>Total impairments</b>	<b>1,100</b>	<b>1,120</b>	<b>(20)</b>

## 9. Intangible assets

	<b>Total</b>
<b>2018-19</b>	<b>£000</b>
Valuation/Gross cost at 31 March 2018	2,373
Additions - purchased	141
Disposals	(71)
<b>Gross cost at 31 March 2019</b>	<b>2,443</b>
<b>Less:</b>	
Amortisation at 31 March 2018	936
Provided during the year	593
Disposals	(71)
Amortisation at 31 March 2019	1,458
<b>Net book value at 31 March 2019</b>	<b>985</b>
<b>2017-18</b>	
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>

### 9.1. 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. Property, plant and equipment - 2018/19

	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 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>
Additions - purchased	2,420	0	635	270	0	1,516	0
(Impairments)/reversal charged to operating expenses	0	0	0	0	0	0	0
(Impairments)/reversal charged to the revaluation reserve	(327)	0	(327)	0	0	0	0
Revaluations	(44)	0	(44)	0	0	0	0
Disposals	(218)	0	0	0	0	(218)	0
<b>Valuation/Gross cost at 31 March 2019</b>	<b>26,676</b>	<b>1,127</b>	<b>18,467</b>	<b>1,543</b>	<b>13</b>	<b>5,076</b>	<b>450</b>
<b>Less:</b>							
<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>
Provided during the year	1,220	0	289	116	0	726	89
Impairments charged to operating expenses	41	0	41	0	0	0	0
Reversal of impairments charged to the revaluation reserve	(60)	0	(60)	0	0	0	0
Revaluations	(262)	0	(262)	0	0	0	0
Disposals	(218)	0	0	0	0	(218)	0
<b>Accumulated depreciation at 31 March 2019</b>	<b>3,494</b>	<b>0</b>	<b>19</b>	<b>895</b>	<b>13</b>	<b>2,172</b>	<b>395</b>

### 10.1. Property, plant and equipment financing – 2018/19

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport Equipment £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value 31 March 2019</b>							
Owned	23,182	1,127	18,448	648	0	2,904	55
Finance lease	0	0	0	0	0	0	0
<b>Total net book value at 31 March 2019</b>	<b>23,182</b>	<b>1,127</b>	<b>18,448</b>	<b>648</b>	<b>0</b>	<b>2,904</b>	<b>55</b>

## 10.2. 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>

## 10.3. 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>

#### 10.4. Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. As disclosed in note 1, the estate was revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2019. The valuation has been based on existing use value using the depreciated replacement cost approach as certain properties are specialised in nature. The valuers have assumed that the replacement would be with a modern equivalent asset, which may in some cases be a smaller property.

#### 10.5. Economic life of property, plant and equipment

The economic life of property, plant and equipment, is based on assessment of the individual asset or, in the case of buildings, the advice of the Trust's valuers.

	<b>Min Life Years</b>	<b>Max Life Years</b>
Buildings	4	78
Plant & Equipment	5	15
Transport equipment	3	7
Information Technology	3	5
Furniture & Fittings	5	24

#### 11. Capital commitments

At 31 March 2019 the Trust had £187,041 capital commitments (31 March 2018: £47,131).

#### 12. Inventories

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
Consumables	471	471
<b>TOTAL Inventories</b>	<b>471</b>	<b>471</b>
Additions	3,115	3,039
Inventories recognised in expenses	(3,115)	(3,027)

### 13. Trade and other receivables

	Current		Non-current	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Contract receivables (invoiced) IFRS15	2,710	0	0	0
Contract receivables (not yet invoiced) IFRS15	3,004	0	0	0
Trade receivables pre-IFRS15	0	5,044	0	0
Accrued income pre-IFRS15	0	431	0	0
Provision for impaired receivables	(502)	(485)	(29)	(35)
Prepayments	1,190	1,048	0	0
PDC receivable	68	137	0	0
VAT receivable	225	66	0	0
Other receivables	237	204	131	156
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>6,932</b>	<b>6,445</b>	<b>102</b>	<b>121</b>

#### 13.1. Provision for impairment of receivables

	31 March 2019 £000	31 March 2018 £000
Opening balance	520	520
Increase in provision	252	155
Amounts utilised	(65)	(4)
Unused amounts reversed	(176)	(151)
<b>Closing balance</b>	<b>531</b>	<b>520</b>

#### 13.2. Analysis of impairment of receivables

	31-Mar-19		31-Mar-18	
	£000 Trade Receivables	£000 Other Receivables	£000 Trade Receivables	£000 Other Receivables
<b>Ageing of impaired receivables</b>				
0 - 30 days	28	0	4	0
30-60 Days	11	0	4	0
60-90 days	7	0	4	0
90- 180 days	12	0	13	0
over 180 days	393	81	409	86
<b>Total</b>	<b>450</b>	<b>81</b>	<b>434</b>	<b>86</b>

#### Ageing of non-impaired receivables past their due date

	31-Mar-19	31-Mar-18
	£000	£000
0 - 30 days	1,689	3,990
30-60 Days	392	745
60-90 days	18	110
90- 180 days	223	115
over 180 days	3	222
<b>Total</b>	<b>2,325</b>	<b>4,960</b>

#### 14. Cash and cash equivalents

	31 March 2019 £000	31 March 2018 £000
<b>Opening balance</b>	13,105	6,974
Net change in year	3,775	6,131
<b>Closing balance</b>	<b>16,880</b>	<b>13,105</b>
Comprising:		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	16,879	13,104
<b>Cash and cash equivalents as in SoCF</b>	<b>16,880</b>	<b>13,105</b>

#### 15. Trade and other payables

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Trade payables	2,157	4,442
Capital payables	652	390
Accruals	9,483	6,891
Social Security costs	668	553
Other taxes payable	462	362
Other payables	843	805
<b>Total current trade and other payables</b>	<b>14,264</b>	<b>13,442</b>
Deferred income	149	127
<b>Total other liabilities</b>	<b>149</b>	<b>127</b>
<b>Non-current</b>		
Net defined benefit pension scheme liability	8,922	7,030
<b>Total other non-current liabilities</b>	<b>8,922</b>	<b>7,030</b>

#### 16. Provisions for liabilities and charges

	31 March 2019 £000	31 March 2018 £000
Other legal claims	92	17
Redundancy	186	0
<b>Total</b>	<b>278</b>	<b>17</b>

£585,233 is included in the provisions of the NHS Resolution at 31 March 2019 in respect of clinical negligence liabilities (31 March 2018: £1,569,108).

## 16.1. Provisions for liabilities and charges - analysis

	<b>Total</b>	<b>Redundancy</b>	<b>Other legal</b>
	<b>£000</b>	<b>£000</b>	<b>claims</b>
			<b>£000</b>
Opening balances	17	0	17
Arising during the year	261	186	75
<b>Closing balance</b>	<b>278</b>	<b>186</b>	<b>92</b>
Expected timing of cashflows:			
- not later than one year;	278	186	92
<b>TOTAL</b>	<b>278</b>	<b>186</b>	<b>92</b>

## 17. Contingencies

### 17.1. Contingent liabilities

The Trust has £6,500 contingent liabilities relating to NHS Resolution cases as at 31 March 2019 (31 March 2018: £11,080). There have been no other contingent liabilities recognised at 31 March 2019 (31 March 2018: nil).

### 17.2. Contingent assets

The Trust has identified a contingent asset of £8,922,000. 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 7.3.

## 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 Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

### 18.1. Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

### 18.2. Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

### 18.3. 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.

### 18.4. Carrying value of financial assets and liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

#### Financial assets at amortised cost

31 March 2019	31 March 2018
£000	£000

#### Assets per Statement of Financial Position at 31 March

Trade and other receivables	5,551	5,524
Cash and cash equivalents at bank and in hand	16,880	13,105
<b>Total as at 31 March</b>	<b>22,431</b>	<b>18,629</b>

#### Financial liabilities at amortised cost

31 March 2019	31 March 2018
£000	£000

#### Liabilities per Statement of Financial Position at 31 March

Trade and other payables	12,331	11,882
<b>Total at 31 March</b>	<b>12,331</b>	<b>11,882</b>

## 19. 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 and Social Care is a related party as the parent department of the Trust. The Trust has material transactions related NHS clinical commissioning groups, NHS Foundation Trusts and other NHS organisations in the normal course of business.

The table below includes material transactions with these bodies in the financial year.

Organisation	Income	Expenditure	Receivables	Payables
	£000	£000	Outstanding £000	Outstanding £000
<b>2018/19</b>				
Wirral University Teaching Hospital NHS Foundation Trust	2,969	1,142	736	248
NHS West Cheshire CCG	1,153	0	8	40
NHS Wirral CCG	42,790	423	170	463
NHS England	5,996	195	2,219	195
Bridgewater Community NHS Foundation Trust	0	842	17	0
Cheshire & Wirral Partnership NHS Foundation Trust	122	850	65	192
NHS Property Services	0	2,509	0	2,144
Health Education England	2,123	0	0	0
Department of Health and Social Care	880	0	3	0
<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	1,498	0	1	6

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 Ewen Sim, and Murray Freeman who were 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 was a GP until his retirement in August 2018, 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	Expenditure	Receivables	Payables
	£000	£000	Outstanding £000	Outstanding £000
<b>Fender Way Medical Practice</b>				
2018/19	39	0	2	0
2017/18	43	0	93	0
<b>St Catherine's Surgery</b>				
2017/18	523	0	6	0

Receivable balances of £45,660 relating to Fender Way Medical Practice were written off during 2018/19 relating to a dispute with the Trust over historic service charges.

Gerald Meehan became a non-executive director on 1 February 2019. He also undertakes work as an adviser for the Cheshire and Merseyside Health and Care Partnership. This is a consortium of health and care providers and commissioners across the Cheshire and Merseyside area, including Wirral Community NHS Foundation Trust and is hosted by Warrington and Halton Hospitals NHS Foundation Trust. The Trust paid £32,000 as a contribution to the management costs of the partnership for the 2018-19 financial year.

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.

## **20. Losses and special payments**

During the period the Trust made four special payments with a total value of £13,680 (2017/18: Two at a value of £110). Of these, two claims related to cases handled by the NHS Resolution at a value of £11,769 (2017/18: nil). The Trust wrote off 22 receivable balances in the period with a total value of £65,704. (2017/18: three with a total value of £4,241).

## **21. Event after the Statement of Financial Position date**

On 1 April 2019 the Trust changed its name to Wirral Community Health and Care NHS Foundation Trust.



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