NHS

Bridgewater Community Healthcare

NHS Foundation Trust

THANK YOU

ANNUAL REPORT & ACCOUNTS

2020 - 2021

Bridgewater Community Healthcare NHS Foundation Trust

Annual Report and Accounts 2020/21

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

Contents

1. Statement from Chair and Chief Executive

Reflecting on the past year provides us with a unique opportunity to marvel how so many achieved so much in a short period of time.

On April 1, 2020 the NHS found itself one week into a national Lockdown. As we end the year we remain in Lockdown – the third the country has faced in a year unlike any other, not only for the NHS but the nation as a whole.

Our key objective throughout the past 12 months has been to ensure our most poorly and vulnerable patients continued to receive the care they needed in their homes, nursing and residential homes.

The pressures and demands have been enormous. Here at Bridgewater Community Healthcare NHS Foundation Trust, our staff have risen to the challenge to strengthen key services, and to adapt and adopt entirely new and different ways of working.

Many of our staff found themselves working seven days a week, many were asked to leave their usual places of work to support the frontline; podiatrists, health visitors and school nurses found themselves working alongside our community nursing teams. We made it a priority to provide our staff with support and protection as they faced risks on a daily basis.

We have regularly shared the experiences of these times throughout the organisation. Shining a light on the efforts of our staff, highlighting the huge contributions being made and acknowledging the differences being made have been essential in helping to maintain morale and momentum.

Supporting each other has been key to getting through the year.

We have been helped enormously by the generosity of our communities and the country as a whole. People delivered visors manufactured in school laboratories, kitchens and engineering workshops.

Chocolates, hand creams, goggles from the nuclear industry, scrubs from a local sewing factory and hand gels were just a few of the things donated. Thank you …they helped a lot.

As the nation clapped for NHS staff and keyworkers at 8pm each Thursday evening, it was not unusual for our staff to be stopped and clapped by people passing by.

Providing our staff with the gloves, goggles, visors, scrubs, aprons and masks was clearly essential from day one to afford staff the protection they needed, but that was only part of a far bigger challenge.

That was to ensure we supported our staff's mental and physical health and well-being throughout these testing and difficult times. We drew on the knowledge and expertise of colleagues to promote opportunities to relax and unwind.

Yoga, Tai Chi, resilience training, gardening clubs, counselling, an organisation wide 5K challenge and quizzes, were some of the ways we did this.

The challenges were not confined to frontline and clinical colleagues and our corporate and administrative staff have provided vital support throughout the year. Our Board and governors have been constantly sighted on our response and responsibilities.

It is credit to all that they have continued to ensure our systems and processes were the best they could be, and that our statutory duties and responsibilities were met and duly reported on.

Relationships have been tested and in many cases strengthened by the challenges posed by the pandemic. We have benefitted from mutual aid agreements and supported the safe discharge of many hundreds of patients from our hospitals into appropriate community settings.

This work continues today.

As we reflect on this year it is important we build upon the many changes for the good that have come out of these past 12 months.

Technologies are supporting our clinicians to see their patients in new and different ways and we are continuing to invest in our core community services.

The emergence of vaccines at the start of 2021 was the breakthrough that offers us and the country as a whole with a way out of this current crisis.

It will take a long time to get us back to where we were, but there is a significant amount of work being done, to develop and build a network of community services that meet the needs of the people we serve.

We should not underestimate the sacrifices that have been made by so many during the past twelve months. These have been the most challenging of times and circumstances and we owe all our staff an enormous debt of gratitude which will not be forgotten in the years ahead.

Colin Scales

CHIEF EXECUTIVE OFFICER

Karen Bliss

CHAIR

2. Performance Report

2.1 Overview of Performance

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

Chief Executive's statement

The 12 months covered by this Annual Report has been a period of significant stress, pressure and loss as the NHS faced its greatest health emergency in its history.

None of us could have predicted nor foreseen the enormous strain the pandemic would place on services within our communities, our patients and partners.

Our initial focus in March, April and May 2020, was to support the acute sector by supporting the safe and appropriate discharge of patients from hospital wards into community settings.

Our performance this year has been reflected in the need to treat patients safely and effectively in places of safety whilst ensuring our staff have had access to the right and proper protection, equipment and support.

It has been an extremely challenging time for all concerned and my gratitude and thanks to the sustained efforts of our staff in supporting this work and supporting some of our most frail and vulnerable patients.

The suspension of non-essential services, as efforts nationally were geared towards the support of the front line, has clearly had repercussions for all NHS organisations.

Whilst our urgent referrals have been dealt with, waiting times in a number of areas of our business are longer than we would like and our present focus is on managing this situation and dealing with it in appropriate and measured ways.

Whilst many of our clinicians have shifted to remote and virtual ways of working, benefitted from text/ telephone contact, we remain committed to the need for the restoration of face to face care and treatment.

As a Trust we have also seen a significant increase in safeguarding referrals and the emergence of new conditions i.e. long Covid that needs the professional and experienced management our allied health professional colleagues can offer.

Looking forward, all these challenges need to be factored into our operational planning as we continue to implement the NHS Long Term Plan next year and beyond.

We have continued to monitor expenditure, performance and progress reporting on all areas of the Trust's business as we are legally required to do. We have met our statutory and regulatory responsibilities and continued to meet with our Board and governors in appropriate ways.

We have continued to work with our partners to sustain and expand the NHS workforce and have embraced opportunities for apprenticeships to secure the workforce of tomorrow.

Our focus will now shift towards strengthening key partnerships and relationships between ourselves and our colleagues in health and social care.

Our patients are already benefitting from a number of robust and shared approaches that are having a significant impact on our ability to effectively manage discharges from acute to community settings and prevent hospital admission.

We are anticipating these arrangements will play a more significant role in health care locally, regionally and nationally.

In the meantime our staff continue to respond to the extraordinary demands and pressures resulting from the pandemic. Set alongside this we have vaccinated more than 85 per cent of our workforce utilising the skills, knowledge and expertise of a wide range of clinical and non-clinical colleagues.

Profile of the Trust

Bridgewater Community Healthcare NHS Foundation Trust (Bridgewater) is a leading provider of community health services in the North West of England. Established as an NHS Trust in April 2011, the organisation was awarded NHS Foundation Trust status on 1st November 2014 in which its name changed to Bridgewater Community Healthcare NHS Foundation Trust.

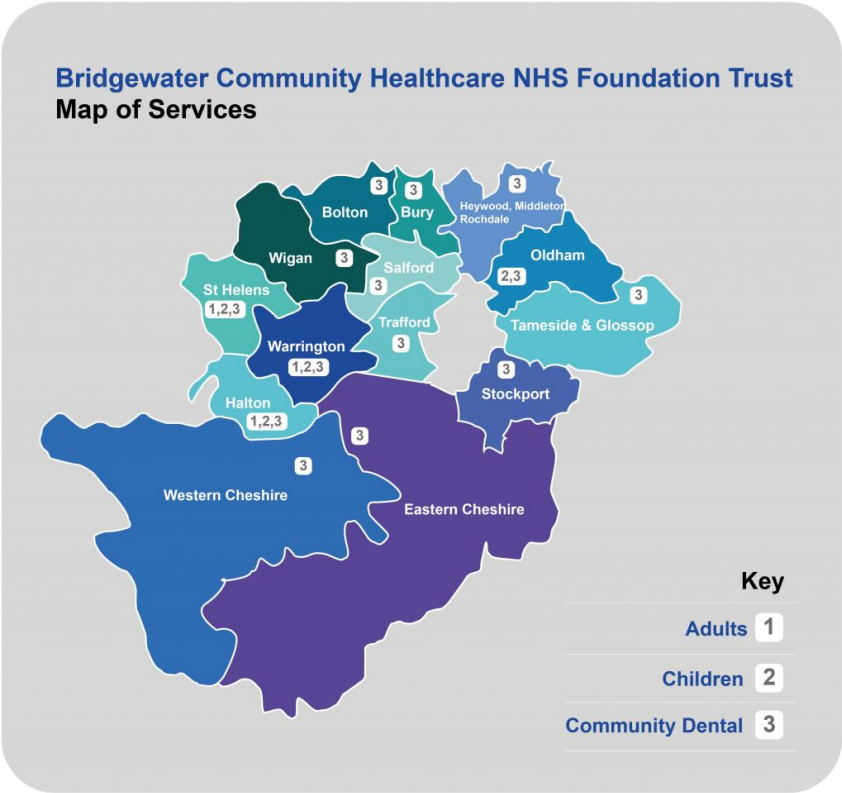
During 20/21 Bridgewater provided community adult and children's nursing and therapy services in Halton, Warrington, and St Helens. It also provided children's services in Oldham and specialist services such as community dental across a larger geographic footprint in the North West.

The majority of our services are delivered in patients' homes or at locations close to where they live. This varies from clinics and health centres to GP practices and schools. As a provider of mainstream and specialist care, our role is to focus on providing cost effective NHS care.

We do this by keeping people out of hospital and supporting vulnerable people throughout their lives. As a dedicated provider of community services, our strategy is to bring more care closer to home.

This means providing a wider range of services in community settings and to keep people healthier for longer by developing more specialist services to support people to live independently at home.

The map below shows the areas that Bridgewater provided services to in 2020/21:



Staff headcount and operating income

The whole time equivalent (WTE) and headcount of our staff as at 31 March was headcount at 1736 and WTE at 1462.52 – the majority of whom are staff members of our Foundation Trust.

Our income for the year ended 31 March 2021 totalled £106.4m (2019/20: £109.8m) and included:

CCG and NHS England	£69.06m (2019/20: £74.06m)
Local authorities	£19.04m (2019/20: £20.4m)

Health Education England £1.13m (2019/20: £1.0m)

Other NHS Foundation Trusts (excludes non-FTs) £2.70m (2019/20: £9.1m)

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

For the financial reporting year ended 31st March 2021, Bridgewater has reported a deficit of £2.46m (2019/20: £7.96m deficit) and this is the same figure as in the summarisation schedules that underpin the accounts. However, it should be noted that the deficit for 31 March 2021 includes technical adjustments for impairments, assets transferred by absorption, and DHSC centrally procured inventories to give an adjusted financial position of £2.19m deficit.

Our vision for the future

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

'Quality first and foremost'

Underpinning our vision are our five strategic goals. These are:

Strategic objective	What this means
Quality	Delivering high quality, safe and effective care which meets both individual and community needs.
Innovation and collaboration	Delivering innovative and integrated care closer to home which supports and improves health, wellbeing and independent living.
Sustainability	Delivering value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.
People	To be a highly effective organisation with empowered, highly skilled and competent staff.
Equality, Diversity and Inclusion	To actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

To deliver our vision of *'Quality first and foremost'*, we must focus on eight 'must dos'.

This means:

1. Achieving the highest standards for patient safety, clinical quality and improving patient experience;

2. Implementing out of hospital health and care models i.e. Integrated Community Services across our geographical footprint;
3. Maintaining financial viability and stability;
4. Developing further our organisational capacity and capability to deliver excellent services as the Trust's organisational footprint continues to grow;
5. Delivering excellent clinical services, striving to further improve outcomes and delivering across all NHS targets;
6. Engaging stakeholders, demonstrating leadership for corporate and social responsibility and strategically positioning Bridgewater services;
7. Playing a prominent role in our local health economies and the emerging STP footprints and safeguarding on-going employment opportunities for our staff;
8. Ensuring robust data and an evidence based approach to everything we do.

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

The Trust's organisational strategy - "Quality and Place" has two key priorities, Quality and Place, and eight workstream enablers and provides a clear overarching direction for the Trust to deliver high quality healthcare. It focuses on place and our role as a community provider and partner in each of our boroughs.

The Trust's strategy is underpinned by eight key principles namely:

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

Communication & Engagement

- In a year unlike any other, the coronavirus pandemic has seen Bridgewater strengthen the way it communicates and engages internally with its staff as well as externally to its public and partners.
- A key focus has been to shine a light on the everyday 'normal', to draw attention to the imagination, compassion and care our staff were delivering despite the extraordinary challenges of the pandemic.
- Reacting quickly to an ever-changing situation nationally, regionally and locally required us to respond to demand in new and imaginative ways. Social media once again stood out as a key communication and engagement tool for us to use.
- As we emerged from the first lockdown, a number of information videos were created to assist virtual patient consultations. The way the public absorbed communication began to change.
- In addition to video we have found animation to also be a key tool for us to use in our communications, both internally and externally.
- There was great focus throughout the year on promoting the regional and national messaging on Covid-19. Whether this was social distance guidance or supporting Covid-19 vaccinations.
- Away from Covid-19, it has been very much 'business as usual' for communications and engagement. Campaigns such as Chat Health were launched to help signpost service users to on-hand advice and support.
- A hugely successful recruitment campaign also formed part of the year in attracting Healthcare Support Workers to the Trust.
- Staff Engagement work has also continued across the Trust at pace, despite the Covid-19 pandemic, to ensure that staff feel valued, have the opportunity to be innovative, proud of the quality patient care they contribute to and/or provide and would continue to recommend the Trust as a place to work.
- Staff reward and recognition has been key throughout the past year. Knowing this has been one of the most challenging periods faced for colleagues, there has been strong engagement activity throughout. This included greater health and wellbeing activity such as the Bridgewater Virtual 5K.
- Knowing how difficult the past year has been, it has been pleasing to report the best ever results and response rate of the NHS Staff Survey.
- Celebrating our staff continues to be key. Although it had to be done virtually due to the pandemic, the Staff Awards ceremony was one of the highlights of the Trust's rewards and recognition programme.

Service Improvement and Transformation

Halton

Widnes Urgent Treatment Centre (UTC)

- As the Covid-19 pandemic began we moved from a walk in service to an appointment based service, this enabled us to continue seeing patients for face to face consultations, our service has used this effectively throughout the year enabling our patients to be seen whilst remaining Covid-19 safe.
- Patient feedback verbally has been excellent as patients feels this is a better service as they are not waiting around in the department.
- Waiting times have reduced from under 4 hours to patients now being seen within 2 hours.
- We helped support the immunisation team with the delivery of vaccinations to High school aged children; this allowed the waiting times to come down for the school immunisation team, whilst allowing parents and children a choice of when to have their immunisations, whilst also increasing our knowledge of immunisations.
- During the first wave of Covid-19 we had nurses redeployed to our department; this allowed other nurses to gain new knowledge and skills.
- We have introduced 111 first appointments and GP connect allowing different services to access the UTC.

Midwifery

- The service introduced video consultations for women in line with national guidance at the start of the pandemic as an alternative to face to face consultations where possible.
- The service Facebook page was enhanced and updated on a daily basis to provide information, support, help and advice for mothers and families which included regular updates, advice, and guidance from NHS England.
- We launched our 'Earlybird' information as a virtual offer and provided links to our women to local and national virtual platforms for parent education classes.
- In May 2020 when it was apparent that 'lockdown' was going to go on for quite some time the Head of Midwifery in her safeguarding lead midwife role introduced the 'Ask for Donna' concept across the service to enable women suffering from domestic abuse to have a safe code name which would be recognised by all staff and help would immediately be available. This concept has recently been adapted by our colleagues in 0-19 services and GP practices in the borough.
- The numbers of women who have accessed our service in the past 12 months shows an increase from the previous 12 months and, although affected at time by reduced

staffing numbers, we have managed to provide care for all women who were referred to the service.

Treatment Rooms

- During the pandemic Halton Treatment rooms offered a home visiting service to patients who would ordinarily have attended treatment rooms, but were unable to attend due to shielding etc. This initiative meant that quality care was maintained with no additional burden on the district nursing service. Redesign of clinics and time slots has ensured service efficiency with ear syringing and reduced waiting lists and commencement of clinic based routine catheterisations for non-housebound patients.

Matrons

- The matrons were redeployed during the first wave working with the frailty service preventing hospital admissions and facilitating discharges. With their skill set, they were a real asset to the service. Returning to their substantive roles they quickly reduced their waiting lists for new patients with review of their caseloads, returning to pre-Covid-19 waiting lists by November. Since November they have continued in their substantive roles preventing hospital admissions and facilitating discharges for patients with long term conditions, whilst continuing to work and integrate with the frailty service.

Halton Integrated Frailty Service

- The consultant geriatrician led frailty service, consisting of Advanced Nurse Practitioners, Therapists and a Pharmacist has been operational throughout the pandemic facilitating hospital discharges and preventing hospital admissions for patients aged 65+. With a 2 hour and 72 hour response time, this pilot service has been extremely well received and during the first wave saw a significant increase in referrals from primary care. The benefits of this service have recently been showcased in an externally commissioned report, with a second report due to follow shortly.

Halton District Nursing/OOH Service

- During the pandemic the District nursing service shared knowledge and experience with redeployed staff from podiatrist and 0-19 wellbeing services. This enabled us to provide care to all our patients referred into the service. We liaised with the palliative care teams to avoid duplication of visits and reviewed who was the best

placed to deliver care. Working in this integrated way reduced our visits and formed a more integrated workforce, allowing us to continue to ensure the highest delivery of care was met.

- We supported into care homes to offer additional support around infection control, pressure ulcer prevention and care planning. Daily contact was made to ensure patient safety issues were addressed, building upon resilience across all teams.
- Greater use of technology changed the way we worked. Online team meetings and virtual huddles supported care delivery, team working and allowed for a much more effective approach to prescribing and liaising with GPs.

0-19 Service – School Nursing; Health Visiting; Family Nurse Partnership and Immunisation Service

- Halton 0-19 service led on the development of an innovative new service offer 'Chat Health' which provides a safe way for children and young people to contact us via a dedicated App. Feedback so far has been really positive.
- We re-commenced School Aged Immunisation restoration programme in late 2020 which meant that we had to completely re-think how we delivered immunisations ensuring we were Covid-19 safe. Community venues across Halton were utilised and staff were trained from Urgent Care Centre to enable the immunisation offer to be extended 7 days a week to children and families across Halton. Parents have been positive in having the opportunity to attend late afternoon and weekend appointments. Schools have worked collaboratively with the Immunisation team and valued their expertise.
- Embedding new ways of working was essential in 2020/21. Smart phones technology- WhatsApp was a great enabler as an alternative in offering a face to face consultation differently. Initially the service has used this effectively enabling our patients to be seen whilst remaining Covid-19 safe. Patient feedback has been excellent and we plan to see how technology can improve our service further in 2021/22 by introducing video consultation.
- 0-19 service throughout Covid-19 continued to provide face to face home visits where safe to do so with Personal Protective Equipment (PPE) in place to protect our patients and staff.
- Alternate community venues were also utilised to good effect to support vulnerable Children Young People and families. Our 0-19 teams have moved to more agile working which has improved flexibility and responsiveness. The new way of working will be embedded going forward.
- Following a pause in the recruitment to the Family Nurse Partnership (FNP) due to Covid-19, FNP successfully implemented a National FNP Personalisation programme which reflects an understanding that every client has different characteristics and

needs. Halton FNP has embraced personalisation exceeding the target that was set to complete face to face assessments by December 2020.

- Halton's 0-19 team joined Halton Borough Council's Public Health Team's Covid-19 response for schools in October 20. The Public Health Practitioner assesses the data received regarding individuals or in respect of multiple cases in nurseries, schools and the college to determine if a family needs support, advice or guidance from a Health Visitor or School Nurse or if a multi-agency outbreak meeting needs to be called to review plans and/or the management of Covid-19. The practitioner liaises with early year's settings, schools and the college for additional information to determine the level of support required. The practitioner has worked alongside the Senior Specialty Registrar in Public Health to develop processes and attends the North West Schools Task Force meeting with colleagues across the North West of England.
- As part of the national response to the first wave of the Covid-19 pandemic many of our staff were re-deployed to other services supporting swabbing and frontline services such as District Nursing and Urgent Care Centre.

Key Achievements in 2020-21

- Successfully introduced video consultations using Attend Anywhere across therapies and community paediatric services.
- Developed a video consultation patient leaflet to effectively communicate this new process to parents.
- Supported the development of on-line Talk to Us data collection and utilised SMS texting to promote patient feedback throughout the pandemic.
- Evaluated video consultations during Quarter 1 and Quarter 2.
- Implemented an integrated nurse-led Attention deficit hyperactivity disorder (ADHD) pathway & clinics and increasing skill mix in community paediatric service.
- Implemented SystmOne ADHD review template & standardised GP communication report.
- Supported the development of Learning Disabilities (LD) hospital passports.
- Offered telephone parent/carer helpline throughout the pandemic Monday to Friday.
- Offered 13 staff for redeployment from Neurodevelopmental Nursing Team (NDNT), therapies and audiology during phase one of the pandemic to the Frailty Team, Community Equipment Store, Padgate House, Adult LD team and Halton District Nursing Out of Hours & Warrington Intermediate Care Services.
- Widespread use of Microsoft teams to allow staff to continue to participate in various team meetings and vitally sustain the weekly multidisciplinary team (MDT) meetings.

- Successfully implemented a project to implement electronic transfer of prescriptions in the community paediatric service in May 2020; this service improvement was effectively communicated to stakeholders including parents and parental feedback has been excellent.
- Successfully recruited staff to vacancies in therapies, community paediatrics, audiology and newborn screening to ensure services had sufficient capacity to restart services.
- Developed & implemented a Covid-19 Face to Face Consultation Standard Operating Procedure including details of Covid-19 secure measures across all services.
- Offered newborn screening throughout the pandemic across 7 days reducing the need for community appointments.
- Procured a new orthotic provider from April 2021; the new service level agreement intends to increase the quality of the provision and offers greater cost effectiveness.
- Secured capital funding to install disabled hoist equipment at Woodview Child Development Centre.
- Obtained Trust approval for newly developed integrated Standard Operating Procedures (SOPs) for Educational Health Care (EHC) needs assessments and EHC Plan Reviews; both have been implemented during the year successfully. The SOPs apply to all Trust children's services in Halton.
- Secured capacity for a new Education Health Care/Special Educational Needs (EHC/SEND) Admin Coordinator working across Halton to support the integrated processes.
- Referral to treatment time (RTT) 18 week breaches for new referrals caused by the pandemic have all been returned to pre-Covid-19 levels. Pleasing and significant progress to address delays in review assessments have been made in all services with an anticipated return to pre-Covid-19 levels by the end of June 2021.
- The refurbishment of Woodview has been completed and we have successfully secured some charity funding for reception pictures and staff garden benches.
- Capital funding has secured replacement audiology equipment.
- Continued to provide a Woodview Newsletter in June and December 2020; sharing news and providing useful information to all our stakeholders.
- Developed a patient follow up survey in conjunction with Healthwatch; the results are yet to be fully published but early feedback is encouraging. It's anticipated that the full survey report is to be available in late April 2021.
- Quality initiatives continued through 2020-2021 with the embedding of work around NEWS2 and Sepsis ensuring the continued safety of our Halton patients, we also focused on catheter associated Urinary tract infections (CAUTI) reviewing incidents and embedded practice improvements that will continue into the coming year.
- Even through business continuity we maintained our governance arrangements around patient safety and harm reduction as well as ensuring good effective

communication through the Bronze command structure giving staff opportunity to share their experiences and provide them with much needed support.

Warrington

Dermatology

- We have utilised national funding to help us return to pre-Covid-19 waiting lists. At the end of March the waiting list has reduced by 38% from the position in October, at the height of the Pandemic.
- We streamlined our communication with patients and GPs which has resulted in an improvement in the time for letters to be sent out. We also commenced work on our digital programme which will enable us to communicate electronically with GPs and other health care professionals.

Podiatry

- Some of the podiatry team were redeployed into the District Nurse service during this year where some of their skills helped in wider wound care management. Both services gained from this experience and lessons/increased skills were gained for both that will see greater shared pathway work going forward for this aspect of care.

- The Podiatry team gained increased experience in adult safeguarding which will be beneficial in their own areas of practice going forward.

- The wider aspects of Podiatry care (Paediatric and Adult Biomechanics, Orthotic management, low level nail surgery and diabetic annual screens) waits increased during the Covid-19 pause to significant levels however a robust plan was put in place to recover these. This will continue to first quarter 21/22.

Falls

- We introduced a single referral form for the service which has improved our response time to be able to see patients
- During the latter part of the year we implemented electronic patient records in to the service. This will result in improved efficiency for the service and our patients.

Intermediate Care

- We commenced an exciting new development called “discharge to assess” during 2020/21 working with our partners in Warrington Borough Council and Warrington and Halton Hospitals. This new service means that patients can be discharged from hospital earlier and their on-going needs, both care and health can be planned and delivered in their own home or in an intermediate care unit such as Padgate House.

Orthopaedic Clinical Assessment and Treatment Service (OCATS)

- The service introduced voice recognition and digital dictation and this has had a positive impact for the service.
- Our practitioners are now able to dictate directly into the patient's electronic record which can then be sent electronically to their GP, advising them of the treatment we have undertaken.
- We had our dedicated patient gym at the Wolves completely refitted with state of the art equipment which unfortunately we have not been able to use due to the Covid-19 pandemic. We are now looking forward to seeing our patients and providing post-operative care, back pain support and all of their musculo-skeletal needs.
- As part of the national response to the first wave of the Covid-19 pandemic our service was temporarily closed for routine referrals and many of our staff re-deployed to other services treating patients with Covid-19 and helping to keep our local hospitals running. Just as the pandemic was impacting us, we had managed to reduce our waiting time to just a couple of weeks and we intend to achieve that standard again in the coming year.
- Working with GPs in our local Primary Care Networks we implemented an innovative First Contact Practitioner (FCP) service or FCP. This service places an experienced physiotherapist within a primary care setting. GPs and other health care professionals can then refer directly to the FCP which frees up our service to deal with more complex patients.
- A new feature that we saw being widely used in 2020/21 was video technology as an alternative to a face to face consultation. Our service has used this effectively throughout the year enabling our patients to be seen whilst remaining Covid-19 safe.
- Patient feedback has been excellent and we plan to see how technology can improve our service further in 2021/22.

Community Nursing

- Launched the electronic patient record Holistic Assessment tool in partnership with Warrington GPs.

Children's Specialist Services

- Neurodevelopment pathway - the service has continued to support the development of the innovative multi-agency neurodevelopment pathway with partners and has recruited both the Neurodevelopment pathway coordinator and administrator to

help take this work forward. Recruitment to the clinical posts continue and we look forward to the official launch later this year

- "No Wrong Door" - the children's Speech and Language Therapy team have worked closely with partners in the development of the No Wrong Door service; a service that brings together a range of services and outreach support for the boroughs young people with the most complex health and social care needs under one management umbrella.

0-19 – School Nursing and Health Visiting

- We launched a new confidential text messaging service called "Chat Health" which provides a safe way for children, young people and their parents and carers to contact us for information, advice and support via a dedicated App. Feedback so far has been really positive.
- The COVID-19 pandemic meant that our school age immunisation programme had to be suspended for part of 2020/21. We commenced our Covid-19 safe restoration programme in late 2020 which meant that we had to completely re-think how we delivered immunisations in schools. The feedback from head teachers has been really positive.
- The service has also introduced video consultations for children and families where this is a safe alternative to a face to face consultation – trust wide
- Our Oral Health team have assisted both the Trust's staff Covid-19 vaccination programme as well the local authorities support offer to schools in relation to children and young people returning to school safely.
- The service has been working closely with the local authority to support the development of the combined early help/Multi-Agency Safeguarding Hub (MASH) front door with a health visitor appointment to the team.
- The service has been working closely with Warrington Hospital Maternity and Information teams to ensure robust information sharing following antenatal booking of pregnancy. This facilitates the timely provision of the mandated health visitor antenatal assessment.

Community Equipment Stores (CES)

- The service fully integrated its workforce across its three stores - Warrington, Halton and St Helens during the year.
- As a priority service during Covid-19, the CES expanded to seven day working and evenings during the week. This extra capacity was needed to support the increased patient discharges from our local hospitals

Palliative Care Team

- The service continued to support families in Warrington, working in partnership with Community Nursing, St Rocco's Hospice and the 3rd sector and introducing an integrated Palliative Care Hub.

Padgate House - Intermediate Care Beds

- Jointly provided between Bridgewater and Warrington Borough Council, Padgate House played a crucial role in managing safe discharges from Warrington Hospital throughout the pandemic.

Enhanced Care Home Support Team

- Continued to support Warrington care homes, working with homes to keep our most vulnerable population safe during the pandemic. The service introduced the use of telephone consultations, where appropriate, to aid the reduction in footfall throughout the homes and increase accessibility to support and guidance.

Rapid Community Response Service (RCRS)

- The RCRS is a crisis response service, jointly provided by Bridgewater and Warrington Borough Council. The service provides a 2 hour response time to see patients referred by GPs, North West Ambulance Service and other health and care professionals who are in crisis and might otherwise be admitted into hospital. The service is comprised of nurses, therapists and social workers.

Oldham

Right Start and School Nursing Service

- The service successfully continued to offer face to face contacts for all new births and all vulnerable and at risk families throughout the year.
- The service maintained its universal and universal plus group offer to families via zoom and MS Teams.
- The service has also introduced video consultations for children and families where this is a safe and appropriate alternative to a face to face consultation.
- The service launched a new confidential text messaging service called "Chat Health" which provides a safe way for children, young people and their parents and carers to contact a health visitor or school nurse for information, advice and support via a dedicated App. Feedback so far has been really positive.

- The service developed, in partnership with Oldham local authority, a Forest Babies programme at Hollinwood Children's Centre. Forest Babies is a nature based activity programme led by trained practitioners that supports play and exploration. It develops confidence and self-esteem through child inspired, hands on experiences in a natural setting.
- The Covid-19 pandemic meant that the national school age immunisation programme had to be suspended for part of 2020/21. We commenced our Covid-19 safe restoration and catch up programme in summer 2020 which meant that we had to completely re-think how we delivered immunisations in schools and other community venues. The feedback from head teachers, parents and young people has been really positive.
- The Family Nurse Partnership programme team developed PIPE (Partners in Parenting Education) bags for the young parents on their caseloads. The toys and other materials provided allowed parents an opportunity to practice the parent-child interactions demonstrated and promoted by the family nurses during their visits. The impact of this initiative will be evaluated this year and the outcome will inform future provision.
- Alongside the gifting of oral health products at each of the mandated health visitor contacts, the service has worked closely with food banks over the last twelve months to ensure oral health products are included for families accessing food parcels.
- The service has continued to work closely with parents, the local authority and key partners to evaluate and develop the Little Talkers intervention as part of the better communication pathway.
- The REAL beginnings programme has continued to be delivered to children 12 months - 22 months during the pandemic. Delivery of the programme has been adapted to ensure families could take part in the programme in a safe way. The sessions were delivered through virtual and video platforms to meet the needs of the families taking part.
- Throughout lockdown the service has supported the local authority and partners to deliver activity packs to children to support their development and learning during school's being closed. Feedback from families has been positive and the children enjoyed using the resources and following the activities.
- Electronic birth to five resource pack - the service has further developed the electronic birth pack which has links to resources and information to support parents of children
  0-5 years. The link to this pack is sent out during the antenatal period initially and then promoted throughout all contacts.
- Health visitors have been working closely with Healthy Minds to maintain delivery of the Parent and Baby group which focuses on supporting parents who have low level

depression and anxiety. This has been able to be delivered virtually during the Covid-19 pandemic.

Community Dental Services

- Bridgewater supported both the Cheshire and Merseyside (C&M) and Greater Manchester (GM) systems with the establishment of Urgent Dental Care centres so that our patients could access dental care in the midst of the pandemic. Equally we maintained access to specialist oral surgery provision for the most urgent of patients requiring treatment.
- We established a Covid-19 Recovery plan for the dental network to ensure all our services were able to deliver dental care when it became safe to do.
- During the pandemic, to support pressured priority 1 services internally and externally we redeployed dental staff to Infection Prevention Control (IPC) swabbing; to deliver FFP3 mask test fitting; to support the Community Equipment store; to deliver the 2nd course of the Covid-19 vaccination to our Bridgewater staff; as well as supporting the supporting the Nightingale Hospital.
- To enable Paediatric General Anaesthesia (GA) activity to restart we developed and implemented a swabbing protocol for Whiston Dental GA Paediatrics patients.
- Services restarted in July 2020, in line with the Office for Chief Dental Officer (OCDO) England guidance.
- We delivered a further year of our prison contracts in Thorn Cross and Risley Prisons to enable our trust partner to procure new providers.
- In September 2020 we on-boarded new community dental services from Pennine Care that covered the localities of Oldham, Rochdale and Bury.
- We established a collaborative Quality Summit with our GM commissioner to drive forward improvements across the system within Greater Manchester in a consistent manner
- In year we have delivered a number of improvements to our clinical estate: replacement of decontamination equipment within C&M and GM; replaced ageing x-ray machines in GM, replaced ageing Digital x-ray scanners in C&M; replaced flooring in dental patient waiting room and dental corridor at Hallwood; purchase of 'Dental wands' in GM.

Asset based delivery, prevention and self-care

- In Warrington, due to the pandemic response the Warrington Together's 'Organisational Development & Workforce' enabler group has not met and no further work to roll out strength based training has been delivered.

- In Oldham, the Right Start and School Nursing Service is working together to co-produce and evaluate a speech and language intervention, called 'Little Talkers'.
- An engagement role for Senior Dental Officers has been developed to build different relationships across the boroughs in which we deliver Community Dental Services.
- With the Cheshire and Merseyside Health and Care Partnership plans to roll out 'Making Every Contact Count (MECC)' training was suspended due to the pandemic response.

Workforce and Organisation Development

- The Trust welcomed a number of senior appointments, including Paula Woods, Director of People and Organisational Development; Sarah Quinn, Chief Operating Officer; Dr Aruna Hodgson and Dr Ted Adams as joint Medical Directors.
- The Trust has successfully prepared, launched and rolled out the e-Roster system to support with workforce planning, continuity of care and safer staffing.
- To support the recruitment to vacancies for Healthcare Support Workers (HCSW), the Trust recruited a cohort of 15 HCSW using innovative and enhanced recruitment and induction processes. This will inform and support future recruitment processes in addition to supporting our talent pool for the future.
- The Trust has launched a Workforce Operational Delivery Group to support with the delivery of the NHS People Plan 2020/21 and the People Promise.
- The Workforce Team continue to work with managers to support workforce planning, service redesigns and workforce monitoring – linking in with the fast evolving social prescribing networks.
- The Bridgewater Induction Programme was reviewed to allow for a more streamlined introduction and to ensure all new starters to Bridgewater have the best experience of joining our organisation. This was postponed as part of the pandemic response, however virtual delivery of the programme re-commenced in April 2021.
- Bridgewater continues to be a participant in the NHSI Nursing Retention review programme to support the reduction of turnover.
- Bridgewater continues to support new roles and has continued successfully with the Trainee Nurse Associate roles within the organisation.
- Training is being delivered across the Trust to staff to pledge to the Rainbow Badges initiative for LGBT+ inclusion.
- Bridgewater celebrated further Mary Seacole success with the North West Leadership Academy and has hosted and completed three cohorts of the leadership development programme with a fourth cohort underway. So far 39 staff have completed the programme with excellent results and a further 14 staff are currently studying for the leadership award. Another cohort is planned to start in June 2021.

- Our ‘Leader In Me’ was postponed in 2020 although an external speaker and trainer delivered 2 virtual sessions.
- We celebrated the 10th Anniversary of Bridgewater’s existence in April 2021 and launched a new virtual platform to celebrate the Trusts achievements within our boroughs which will also be used to support recruitment and retention of staff.

Technology

- Despite the challenges of Covid-19 the Trust continued many of its planned digital enabler and infrastructure developments in line with its digital strategy during 2020/21.
- The previous roll out of agile working capabilities meant the Trust was already well positioned to enable staff to quickly work from home and meet government guidelines that were issued throughout the Covid-19 pandemic. A further 300 new and replacement laptop devices were also issued.
- The NHSmail email system is now used by all Bridgewater staff (including the new Pennine dental staff that joined the Trust on 1st of April) and the local email service has now been closed.
- The entire Trust has been upgraded to Windows 10 and is ready for Office 365 deployment.
- Both video meeting and remote patient consultation capabilities were quickly introduced to support the organisation and our patients throughout Covid-19.
- A first of type capability to enable direct appointment booking from 111 into unscheduled care settings across Warrington and Halton was facilitated by Bridgewater’s suppliers and configuration team.
- New systems introduced to support our staff Covid-19 testing and vaccination programmes with the necessary reporting, all implemented in very short timescales.
- Significant progress rolling out staff e-Rostering and automated home visit scheduling capabilities within our nursing teams.
- The Trust’s core datacentre platforms have been changed to new technology solutions and our Cyber security capabilities enhanced.
- Interoperability work completed enabling record sharing with primary care and a National first of type to include pathology information within this.
- Pando secure communication app introduced to our clinicians.
- Clinical systems configured to support the integrated Rapid Community Response team and integrated care initiatives with social care.

Data and Information

- A real-time reporting solution was developed to capture the data mandated through the Covid-19 response.
- Worked with the organisation to manage Covid-19 Testing and Covid-19 Immunisation programmes surrounding information requests and mandated returns.
- Implemented a data improvement plan at the start of 2020, to ensure electronic capture of all information reporting requirements. This has continued despite the pandemic.
- During 2020 we continued to build upon the previous year's Qlik deployment: creating a suite of dashboards to support the pandemic and support the 'return to norm' work stream. This piece of work gained national recognition and Bridgewater was agreed to support the national 'Programme of Excellence' for community providers.
- An advanced Trust wide data solution was developed to enable the capture and reporting of real time data.
- Technical solutions were deployed to aid seamless real time data sharing between Bridgewater and local NHS and non-NHS Partners.
- The Trust wide approach to Demand and Capacity modelling continued.

Estate and Infrastructure

- The Patient Access Policy was also updated in 2019/20 to reflect the NHSI Model Elective Access Policy in line with national waiting time standards and the NHS Constitution.
- The Trust negotiated leases with various landlords on 6 properties transferred as part of the new GM dental contract.
- Backlog maintenance schemes included new warehouse heating, upgraded fire alarm and Infection Control and Prevention measures within the Oldham estate footprint. As a consequence of the Trust's response to the Covid-19 pandemic the estates team put in place the infrastructure to maintain stock, ordering and delivery of all Personal Protective Equipment (PPE). In year over 3.5m items of PPE were distributed to clinical and admin teams within the Trust.
- The estates team co-ordinated Covid-19 estate risk assessments and worked with clinical and admin teams to make buildings compliant with national guidance i.e. Working Safely during Covid-19.
- A staff vaccination centre was established in January 2021 and a short term lease was negotiated to accommodate this facility.
- As part of the Covid-19 response enhanced facilities were established across a number of sites namely Widnes UTC, Warrington Bath Street and Warrington Penketh Clinic.

Patient Feedback Received April 2020 – March 2021

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

Names have been removed due to personal data protection.

Halton:

District Nursing: "End of life care over several months. To all the district nurses who took amazing care of [Name]. Thank you for going above and beyond and making dads final months as happy, as dignified and comfortable as you possible could. Thanks again from the bottom of our hearts."

Heart Failure Service: "I would like to say a big thank you for the care and attention my Mum received from your Heart Failure Service in particular [Name]. She was always very caring, knowledgeable and would put Mum at ease with her lovely smile, it felt like a friend was coming to visit Mum not just a nurse. We wish you all to stay strong and safe and hope you know how valuable each and every one of you are. Thank you again."

Urgent Care Centre: "Just wanted to pass on my thanks to [Name] the triage nurse and all the other staff working today. Attended with my 10 year old who was diagnosed with a broken big toe. Since lockdown began, I've been to a small shop 3 times. I was apprehensive about seeking treatment. The setup was great, it was easy to get an appointment over the phone, and it was clear where to go and what to do. On arrival, we were triaged quickly and sent for an x-ray. We were seen almost immediately after the x-ray had been completed. We now have a virtual fracture clinic referral.
Everyone we spoke to was helpful. Thank you all for your care today."

Wheelchair Service: "[Name] OT and her student were so lovely when assessing me for my first wheelchair. I was nervous and I'm still coming to terms with having a 'disability' but she put me right at easy. She was thorough, knowledgeable, kind and caring and made the whole experience effortless. Her student was lovely also and I can tell she is going to be a real asset to the health service. I just wanted to make sure they knew how lovely and appreciated they are."

Oldham:

Children's Centres: "I would like to compliment a lovely lady called [Name] who works at Royton Childrens Centre. She has helped my family so much during this difficult time and nothing ever seems too much trouble. She is such a kind, caring and selfless lady who deserves the recognition for the fantastic work she does! I wish there were more people in the world like her!"

Children's Centres: "I have always been treated by all members of staff in a respectful, professional manner and seen as an individual."

Health Visitors: "I feel the service [Name] to myself and my daughter [Name] has been outstanding during the times we live in COVID 19 [Name] support especially advice and support around my mental health and mobility issues she is always helpful with advice and coping strategies and offers advice in techniques to help me support and care for my new baby daughter and older siblings. It is working with care professionals that I have been made to feel equal and my thoughts wishes and feelings to not be judged around my complex long standing mental health issues. That's why I have written this brief letter as I would hope it is recognised by the appropriate management this lady is of true importance to your team of health visitors and the work of [Name] is second to none."

Health Visitors: "Always available, very friendly and very helpful. Good guidance and very helpful advice given."

St Helens:

Integrated Community Equipment Store: "Caring, polite and efficient service"

Newborn Hearing Screening: "Often people only write with a complaint nowadays, but I would like to applaud the exceptional service I received this week from two audiologists at the WHISTON PRIMARY CARE RESOURCE CENTRE (hearing test for my son [Name]
I have never been received with such warmth, patience and professionalism by a healthcare professional as I did by the two audiologists on duty on the day of his appointment (Wednesday 27/05/2020). Unfortunately I don't remember their names because I am sleep deprived due to my new born son! But something that I will never forget was how the two audiologists went above and beyond to provide exceptional health care service to my little boy, making us feel welcome and reassured, even during these worrisome times. I don't have the words to express how grateful I am for their empathy and the attention they gave to little [Name] when providing his care. They are a true credit to the NHS trust, and should be recognised for their service, their kindness and their professionalism. Please see that they are acknowledged. A big thank you to two wonderful women and a big thank you to Bridgewater too!

An exceptionally positive experience."

Warrington:

Community Matrons: "I am writing to express our sincere thanks after the visit of [Name, Community Matron] to [Name] last week. She was with us to start the conversation about advanced care planning and to find out my father's wishes in the final weeks/months of his

life. This has obviously been a very difficult time for my family. We have found it difficult to get him to understand the severity of his medical conditions, especially due to his diagnosis of dementia. [Name] dealt with the situation with sensitivity and compassion, not rushing through the information. She checked his understanding of his condition and progressed from that point, checking he was following the conversation at every step. It made it easier for us to continue to chat about the details later on that day.

Her professional manner and approach was exemplary and we could not have expected any more from her visit. Please thank her and all the district nurses for the wonderful service you provide to the community."

Dermatology Service: "I just wanted to commend the staff on the dermatology clinic at Warrington Wolves today. My dad was seen by a Dr and nurse sorry we didn't take note of their names. I just wanted to make sure they receive the feedback of the fabulous job they did with my dad's care. Dad has dementia and is often distressed by his clinic visits and this was a very positive experience for him, so much so that he commented on it which is unusual! Thank you very much to them both. We could not be more grateful."

GP Extended Hours Service: On 22/05/2020 I had a telephone consultation with Dr. I was very impressed at how supportive and caring he was to both me and my family. He was very thorough in his examination over the phone and made me feel very relaxed. Dr could have then passed my issues over to my own GP practice but as he had took the time to conduct a detailed examination he then felt that it would be better for him to see me in person rather than transfer me back to my own practice as I would then have the continuity rather than trying to explain all over again the symptoms that I had been experiencing. On 29th May as agreed Dr made contact with me by phone to ensure that I could visit Bath Street clinic safely. Once we met again, he was extremely supportive, very caring and considerate and made me feel very valued. His examination was again very thorough and was not rushed which enabled me the time to try and explain properly my symptoms. Dr has now further referred me for further ENT examinations and fully explained the whole process and time line of expectations. I was very impressed with the whole experience and in my 51 years have never met a GP as kind, caring, considerate and polite as Dr. He very much deserves recognition for the service he offers and his representations of GP's and the NHS on the whole."

Intermediate Care, Warrington: "I want to say 'Thank you' for looking after me so well at Padgate House. You have all been so caring & helpful, nothing seems any trouble. I certainly feel so much better than I did when I came in. I'm looking forward to going home, although I'll miss you all. "Thank you" once again for all your care. "

Paediatric Community Medical Service: "My son has been referred to the Community Paediatric team. I have called today and spoken to a lady called [Name] to arrange the appointment. What a wonderful lady, the NHS needs more people like [Name]. Very knowledgeable about the service but most importantly has a wonderful manner, shows compassion empathy and genuine kindness. An asset to the service and made what is a difficult time exploring your child's development delay a calmer and more pleasant journey. Thank you!"

Palliative Care Team: "I would like to thank you all for your support, care and kindness towards [Name] during his illness. It was amazing and much appreciated by myself, [Name] and our family"

Dental Services:

Bolton: "Just wanted to say thank you to you and [Name] for the exceptional care and kindness you showed [Name], when she came to have her extractions done with her dad. I couldn't believe how well it all had gone and I know so much of that was down to your kind and reassuring approach. When we initially met you back in Feb/Mar for the PVC-OP of what was then to be an appointment under G&A) I remember [Name] and I commenting afterwards that if we could have handpicked someone to do the treatment, it would have been you. Thank you for making [Name] first real dental experience a positive one, it will serve a lifetime of positive dental attitude (I hope!)."

Bury: " I know healthcare isn't easy at the moment, so just wanted to pass on a quick thanks to all of you at Bury; from the staff at the front desk who make me comfortable so I don't run away, to the nurses, and in particular, [Name]. I have spent about a decade indoors because of mental health issues and medical problems, a lot of which was caused by poor self-image. I'm just as amazed as anyone that, not only do I actually attend my appointments, I enjoy them! My quality of life is improving and I'm a lot happier since you all helped me, and I never really thought that was going to happen. A long way to go, but you have all given me a light at the end of the tunnel, so to speak! So, a big thank you to you all! See you at the next appointment."

Stockport: "Just a quick note to thank you for trying to clean [Name] teeth. Unfortunately, I know no amount of coaxing is going to alleviate his phobia of dentist/hygienist. Your help and expertise is so appreciated. I can't believe how well you 'sussed' him out! Even [Name] commented on how well you dealt with him once he had calmed down. He was so remorseful regarding his behaviour and wanted to send you a note of apology. He wasn't

punished with withdrawal of laptop as I told him he wasn't misbehaving its genuine fear. Thank you all so much I can't thank you enough."

St Helens: "Our daughter [Name] had a tooth removed under GA with the dental team yesterday (17/07/20 11am) not really a good day for her but the team were great & did make her laugh. Strange times for everyone with PPE etc. but they were professional & put our 6 year old at as much ease as possible given the circumstances. She has bounced back today & we just wanted to thank you all."

Warrington: "The community dentist was very polite, knowledgeable and kept us informed of the current situation with COVID but made us feel important still."

West Cheshire: "I would like to take this opportunity to thank you again, for your support throughout this. Everything went so well, we could not have asked for better support from everyone. A great example of services working together, certainly better for [Name]."

Influences and risks

The Trust will be exposed to many external influences and risks which will change and drive the way services are delivered in years to come. Close monitoring and review will be needed and will be undertaken at a Trust level to ensure alignment to local system changes and health policy.

The analysis below illustrates the key external influencing factors and risks:

Political	▪ Increased financial challenge for the Trust ▪ Future commissioning arrangements i.e. ICSs ▪ Lack of coordination across clinical and political leadership when setting commissioning strategies ▪ Patient choice and NHS constitution ▪ Impact of integration with and across social care
Economic	▪ Rate of economic recovery ▪ Post Brexit and Covid-19 impact ▪ Risk to sustained transformation programme within current resources ▪ Continued impact of reduced funding, ambitious Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) targets combined with increasing levels of inflation ▪ Fragmented commissioning budgets across health, social care and wider public services ▪ Continued competition and procurement, further fragmenting service delivery/organisational sustainability ▪ Increasing demands e.g. ageing population and long-term conditions ▪ Reduction in Local Authority provision of Social Care services

Sociological	▪ Demographic changes and impact i.e. ageing population ▪ People dependent on services for their long term health and social care needs; services don't fit around their lives ▪ Poor deprivation scores across all boroughs ▪ Increased emphasis on community based preventative healthcare/self-management ▪ Increased choice for where care is received e.g. in community, at home etc. ▪ Growing culture of assertive consumerism with increasing expectation
Technological	▪ New IT solutions: People powered technology e.g. telehealth/telemedicine ▪ Alignment and sharing of information across IT platforms ▪ Greater access to the internet, apps and remote assessment ▪ Availability of new drugs to support conditions and disease ▪ Diagnostic/service capability i.e. opening up opportunities for delivery of more services/diagnostics outside the acute hospital sector ▪ Innovation to support care delivery and staff mobilisation e.g. Electronic Patient Records (EPR), agile working ▪ Home/office working, security and reliability ▪ Maintenance hardware/communications network/software
Legal	▪ Future organisational legal status i.e. ICSs ▪ Changes due to reversion to UK law ▪ Regulatory environment i.e. regulatory checks, CQC, NICE guidelines, governance etc. ▪ Potential future changes to staff terms and conditions ▪ Changes to drug and equipment licencing between EU and UK
Environmental	▪ Estates i.e. available estate to meet expectations and additional requirements e.g. Covid-19. ▪ Lack of space for co-location of services for integration ▪ Investment in smart buildings control systems ▪ Corporate responsibility to environmental factors e.g. carbon footprint, recycling etc. ▪ Increasing estate and utility costs

Going Concern

These accounts have been prepared on a going concern basis.

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the

public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. The Trust is also required to disclose material uncertainties in respect of events or conditions that may cast significant doubt upon the going concern ability of the Trust and the Trust does not consider that there are any such events or conditions requiring disclosure. However, details have been provided below in respect of future potential core activity changes.

The Trust's surplus/(deficit) for the year was £2.46m in 2020/21. However, this includes adjusting items such as impairments, gain on transfer by absorption, and net impact of DHSC procured inventories. Excluding these items the Trust's adjusted financial position for 2020/21 is a deficit of £2.19m.

As a consequence of the Covid-19 pandemic, all NHS providers were moved to block contract payments on account in 2020/21 with additional monies made available for COVID-19 and vaccination expenditure incurred plus a top up mechanism to support.

These arrangements are to continue for the first half of 2021/22 and a draft high level plan has been submitted to Cheshire and Merseyside Healthcare Partnership (C&M HCP) showing a deficit of £2.78m however this is subject to final approval by C&M HCP. Financial arrangements for the second half of 2021/22 have not yet been announced.

On 1st September 2020 the Trust acquired community dental services in Oldham, Rochdale and Bury and this contract continues until September 2022.

In 2019/20, Halton CCG made the decision to transfer the responsibilities of lead provider for services at the Widnes Urgent Care Centre to St Helens and Knowsley Hospital Trust (StHK). As part of this arrangement, StHK are required to subcontract this service back to Bridgewater. Due, in part to the pandemic, and the reprioritisation of all organisations' focus, the finalisation of this agreement has been delayed. It is expected that the transfer and subcontracting arrangements will be completed in 2021/22.

Halton CCG is looking to develop an integrated collaborative maternity service with local community and acute services. As part of their contractual process, the CCG has served notice on the maternity services provided by Bridgewater. At the time of writing this report, the development of the integrated service on going and the provision of maternity services by Bridgewater are a key element of the options being developed.

The Trust continues to actively seek new business opportunities with Commissioners either through tendering opportunities being advertised or collaborative working.

All other services provided by the Trust are contracted to continue.

Having considered the uncertainties in the Trust's financial plans, the directors have determined that these are not material and it remains appropriate to prepare these accounts on a going concern basis.

2.2 Performance Analysis

Due to the COVID-19 pandemic this section of the report is not required for the Annual Report as per the Annual Reporting Manual 2021.

The performance analysis will form part of the Annual Quality Accounts which is due for publication later in the year.

Financial Performance for 2020/21

Due to the COVID-19 pandemic this section of the report is not required for the Annual Report as per the revised Annual Reporting Manual March 2021.

Events after the Reporting Period

Due to the COVID-19 pandemic this section of the report is not required for the Annual Report as per the revised Annual Reporting Manual March 2021.

Future Financial Performance

Due to the COVID-19 pandemic this section of the report is not required for the Annual Report as per the revised Annual Reporting Manual March 2021.

Anti-Fraud, Bribery and Corruption Measures

The NHS is vulnerable to £1.21 billion worth of fraud each year, according to the latest estimate from the NHS Counter Fraud Authority (NHSCFA). This would be sufficient funding to pay for over 40,000 staff nurses, or to purchase over 5,000 frontline ambulances. Money lost to fraud effectively removes vital funding from a limited pot of resources.

Bridgewater Community Healthcare NHS Foundation Trust does not tolerate any form of fraud, bribery or corruption. The nominated Local Counter Fraud Specialist delivers an agreed programme of anti-fraud, bribery and corruption work, in line with the NHSCFA's counter fraud strategy, and in compliance with national standards. The programme of work is monitored by the Executive Director of Finance and is reported through the Audit Committee.

In 2020-21, work has been undertaken to help the Trust to maintain a strong anti-fraud, bribery and corruption culture and raise awareness, including delivery of training, circulation of articles and newsletters and promotion of International Fraud Awareness Week, which took place in November. Work has also been undertaken to help prevent fraud, bribery and corruption occurring in the first place, including review of Trust policies and procedures to ensure that they contain adequate anti-fraud, bribery and corruption measures, and completion of local and national proactive detection exercises to assist in identifying fraud and key fraud risk areas, as well as system weaknesses. The LCFS has also circulated a number of alerts to warn of emerging fraud threats, in particular those arising out of the COVID-19 pandemic.

All allegations of fraud, bribery and corruption received by the Trust are dealt with and investigated in line with the Trust's Anti-Fraud, Bribery and Corruption Policy and all staff are actively encouraged to report any concerns or suspicions to the LCFS or the national Fraud and Corruption Reporting Line.

Environmental management and sustainability

Due to the COVID-19 pandemic this section of the report is not required for the Annual Report as per the Annual Reporting Manual 2020/21.

Social, community and human rights issues

The NHS Long Term Plan places great emphasis on health inequalities in England's diverse communities, this is important as while for some life expectancy is increasing, for a great many others it is stalling or indeed decreasing.

While health inequalities are defined as the differences in the status of people's health the phrase is also commonly used to refer to the differences that affect care and outcome; these include access, quality, experience, prevalence, behavioural risks to health, and the social determinants of health as detailed by Professor Sir Michael Marmot and his team. It is a social, equality and human rights issue that for some groups, particularly the protected characteristic groups, people from low socio-economic backgrounds and other vulnerable groups such as the homeless, carers, and asylum seekers/refugees, their chances of living long, disability free, healthy lives are significantly less than for others.

As a Trust it is important that we understand the health inequalities and other challenges that face people in the communities we serve, and that we design and deliver services that address these. Supporting access and inclusion and ensuring that principles such as equality, dignity, fairness, independence and respect are important in all we do as a Trust, for both patients and for our employees.

We refreshed our overall Trust Strategy in 2020, recognising the impact that Covid, Black Lives Matters, and the spotlight on discrimination and inequality has had on our communities, but we retained the same fundamental principles – that the care we provide should be effective, should meet individual and community need, and should be of the highest quality; and that the design and delivery of services should have place, that is our diverse communities and the challenges in our boroughs in relation to health inequalities, firmly at the centre. The Strategy is underpinned by Borough Delivery Plans that are updated each year to address specific identified issues across the individual areas we serve.

During 2020-21 work has been taking place to refresh our approach to engagement and consultation, and of course how we can effectively deliver services as we move forward into a different world and new future.

There are no overseas operations to declare.

The Performance Report for Bridgewater Community Healthcare NHS Foundation Trust was approved by the Board on 24 June 2021.

Accounting Officer Colin Scales (Chief Executive)

24 June 2021

3. Accountability Report

3.1 Directors' Report

Directors' statement

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

The Board of Directors

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

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

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

The directors of the Bridgewater Community Healthcare NHS Foundation Trust for the period 1 April 2020 to 31 March 2021 were as follows:

Karen Bliss **Chair** 	Karen qualified as a Chartered Accountant in 1991 after joining PricewaterhouseCoopers as a graduate trainee. She has held a variety of roles within the company at senior management level and has worked in audit, business assurance and due diligence. She was originally appointed to the Board of Ashton, Leigh and Wigan Community Healthcare in 2008 and appointed to the Board of Bridgewater in 2010. Karen held the position of Interim Trust Chair from 1 July 2018 to 30 September 2018. She acted as Vice Chair from 1 October 2018 following the commencement of Andrew Gibson as Trust Chair.

	From July 2019, Karen again held the position of Interim Trust Chair and was subsequently appointed to the Chair role on 23 September 2019 for three year tenure. <u>Qualifications</u> BA (Hons) Engineering, Cambridge University Fellow of The Institute of Chartered Accountants (FCA)
EXECUTIVE TEAM	
Colin Scales **Chief Executive Officer** 	Colin joined the NHS in 1994 after leaving university and has undertaken a range of roles within commissioning, operational management and the Department of Health during his career. As an Executive Director he has been responsible for developing strong relationships between organisations, developing leadership capacity and introducing systems to support managers to improve the performance of services. He has experience of working in a number of different NHS Trusts and was a member of a Trust Board that successfully achieved Foundation Trust status. Colin joined the Trust on 9 November 2011 as Chief Operating Officer and was appointed to the position of Chief Executive Officer on 1 April 2015. <u>Qualifications</u> BA (Hons) Degree in Geography, University of Salford Cranfield University, School of Management, Strategic Leadership Executive Programme, May 2014 NHS Top Leaders Programme 2014/15
Dr Ted Adams **Acting Medical Director** 	Ted joined us from Southport and Ormskirk NHS Trust, where he was Chief Clinical Information Officer and Clinical Director for Women's health. Ted has worked across the North West including at NHS Northwest and has also spent a year at Kaiser Permanente in California as a Harkness fellow, learning about improvement methodology and implementation across large systems. Ted is working with Dr Aruna Hodgson as Acting Medical Director.
Dr Aruna Hodgson **Acting Medical Director**	Aruna undertook her medical training at Cambridge University and then trained in General Practice before specialising in Palliative Medicine.

	She was Consultant in Palliative Medicine and Medical Director at Wigan & Leigh Hospice from 2005 to 2018. From April 2018 Aruna has held a part-time role as an Associate Dean for Health Education England North West. In October 2019 she took up the post of Deputy Medical Director for Bridgewater and since April 2020 she has worked as Acting Medical Director, on a job share basis with Dr Ted Adams. <u>Qualifications</u> FRCP (Fellow of the Royal College of Physicians) MSc in Palliative Medicine – University of Wales MRCGP (Membership of the Royal College of General Practitioners) MB BChir (Bachelor of Medicine & Surgery) – University of Cambridge BA (Hons) in Experimental Psychology – University of Cambridge
Lynne Carter **Chief Nurse / Deputy Chief Executive Officer** 	Lynne has been Chief Nurse in acute, community and integrated providers and has also been Head of Governance and Chief Operating Officer. She has extensive experience in developing new roles in order to meet the changing needs of healthcare including Advanced Clinical Practitioners, Nursing Associates and Consultant Nurse and Therapists. As an interim Lynne has delivered financial turnaround, safeguarding systems and new clinical pathways and is confident in all areas of leadership and management. Lynne remains a committed clinician with a strong professional perspective and belief in supporting healthcare services which meet the needs of local populations. Lynne joined the Trust on 23 March 2018 as an Interim Chief Nurse and was appointed in substantive role from the 1 May 2018. She was also appointed to the role of Chief Operating Officer from 13 July 2019 which she carried out until July 2020 when she assumed the role of Deputy Chief Executive Officer alongside of her role of Chief Nurse. <u>Qualifications</u> Post Graduate Diploma Medical Law Post Graduate Diploma Professional Studies in Management BSc (Hons) Nursing Studies Registered Nurse - Learning Disabilities Registered Nurse - Adult

Sarah Quinn **Chief Operating Officer** 	A pharmacist by professional background, Sarah joined the Trust in May 2016 as the Head of Medicines Management. She became the Director of Operations Health and Justice in October 2018 and Director of Strategic Delivery, Bridgewater in November 2019. In July 2020 she was appointed the Chief Operating Officer. As the Chief Operating Officer she is responsible for ensuring that services operate in a safe and effective way and that they deliver care that meets the standard required. She also has an important role in developing and maintaining relationships with our key partners and reviewing how the Trust can deliver services in a more integrated way to achieve the best outcomes for the populations that we serve. <u>Qualifications</u> 2001 – De Montfort University, Leicester – Masters in Pharmacy 2014 - Diploma in Clinical Pharmacy (Community) – Bradford University 2015 – Pharmacist Independent Prescriber – Robert Gordon University
Paula Woods **Director of People and Organisational Development** 	Paula has worked in the NHS since 2004. Prior to, she worked for many years as an Assistant Director of Human Resources within the Housing Association sector in Merseyside. Paula was a Deputy Director of Workforce for many years within the NHS which included 'acting up' to the role of Director of Workforce, before securing the role of Director of People & Organisational Development at Bridgewater in June 2020. During her career, Paula has been involved in developing a range of 'people' services which improve work life balance, whilst ensuring quality and safe working practices for staff, patients and service users. She has project managed a range of national and regional 'people' initiatives and programmes of work, requiring extensive experience in leadership and people management. <u>Qualifications</u> Fellow of the Chartered Institute of Personnel & Development (FCIPD).
Nick Gallagher **Director of Finance**	Nick is a member of the Chartered Institute of Management Accountants and started his career in the private sector in 1988. Nick has extensive NHS experience having worked in the NHS for 25 years in numerous organisations including PCT,

	community providers and shared services. He was Interim Deputy Director of Finance for two years at Bridgewater before being appointed as Executive Director of Finance in December 2018. Married with three daughters, Nick has lived for 38 years in the local borough of Warrington. Nick joined the Board of Bridgewater in January 2019. <u>Qualifications</u> Chartered Institute of Management Accountants

NON-EXECUTIVE TEAM*	
Dorothy Whitaker **Non-Executive Director** 	Dorothy originally trained as a nurse and worked in London before returning to the North West. She has 20 years' experience in the third sector and has undertaken a range of roles involving the development of innovative solutions to health and social care issues. Her final post was as Chief Officer for Blackburn with Darwen Council for Voluntary Service. Dorothy was appointed to the Board of NHS Ashton, Leigh and Wigan Primary Care Trust in 2006 and later joined the predecessor organisation to Bridgewater (Ashton, Leigh and Wigan) Community Healthcare in March 2008. She held the role of Chair of Workforce and Organisational Development Committee (later known as People Committee) until her departure from the Trust in November 2020. <u>Qualifications</u> State Registered Nurse Certificate OU Post Experience Certificate – Handicapped Person in the Community.
Linda Chivers **Non-Executive Director** 	Linda is currently Audit Chair and a member of the Governing body of Chorley and South Ribble CCG, having joined pre authorisation. Until June 2018 she was Chief Executive of Age Concern Central Lancashire, a post she held since 1997. She is a chartered management accountant with many years of experience working in the not-for-profit and service industries. During her time with Age Concern Central Lancashire she was actively involved in developing collaborative approaches to working, ensuring services which supported people in later life were informed by and met their needs and was a Non-executive Director of Age Concern Support Services (North West) and Age Concern Enterprises Ltd. Linda joined the Trust on 21 May 2018. Her appointment has been renewed for three year tenure in May 2021. Linda holds

	the position of Audit Committee Chair in the Trust and is also Deputy Chair. <u>Qualifications</u> BA Accountancy and Computer Science Member of the Chartered Management Accountants Associations – status – ACMA
Sally Yeoman **Non-Executive Director and Senior Independent Director** 	Sally started her career working in services for adults with learning disabilities and has since had more than 10 years' experience leading charitable organisations which support community, voluntary, not for profit and faith groups. She is an Institute of Directors certified Company Director and is currently Chief Executive Officer at Halton and St Helens Voluntary and Community Action. Sally joined the Trust in January 2012. Her appointment has been renewed for three year tenure in January 2020. From 1 January 2015 Sally held the position of Senior Independent Director. It is a requirement for foundation trusts to appoint a Senior Independent Director (SID) who is available to members and governors if they have concerns that cannot be resolved through normal channels. Sally has held the position of Quality and Safety Committee Chair from June 2019 (until 2021) following the departure of the previous chair, Marian Carroll. <u>Qualifications</u> BSc (Hons) in Sociology Institute of Directors Certificate in Company Directorship
Steve Cash **Non-Executive Director** 	Steve has held a number of senior roles in commercial management, strategic partnership and financial management spanning 30 years and most recently held a senior leadership position within the FTSE 100 company BT. He has broad leadership and business skills including strategy, finance, marketing, partnering and operational management. He was originally appointed to the Board of Ashton, Leigh and Wigan Community Healthcare in 2008 and appointed to the Board of Bridgewater in 2010. Steve held the position of Finance and Performance Committee Chair in the Trust until his departure from the Trust in March 2021. <u>Qualifications</u> Global Partner Vision programme – Harvard and Beijing University

	Diploma in Marketing – Manchester University BA Business Studies – University of Central Lancashire
Tina Wilkins **Non-Executive Director** 	Tina joined the Trust as a Non-Executive Director in September 2020, appointed for three year tenure. She is also a Director and Trustee for The Seashell Trust, a national charity based in Cheadle Hulme that provides education and care for children and young people with complex learning disabilities and additional communication needs, from across the UK. During her career she has worked within the fields of health, education and social care, in both operational and strategic roles. Tina became the Trust's Finance and Performance Committee Chair in 2021.
Gail Briers **Non-Executive Director** 	Gail joined the Trust as a Non-Executive Director in September 2020, appointed for three year tenure. She is a registered mental health nurse with over 35 years' experience working within the NHS in a variety of clinical and leadership roles. Prior to taking up the NED role for Bridgewater, her most recent post was as Chief Nurse and Deputy Chief Executive within a neighbouring mental health and community Trust. She has also worked as a NED within the quality improvement organisation AQuA. Gail became the Trust's Quality and Safety Committee Chair in 2021.
Imam Abdul Hafeez Siddique **Non-Executive Director** 	Abdul joined the Trust as a Non-Executive Director in September 2020, appointed for three year tenure. He is a Muslim chaplain currently working at HMP Wymott. He possesses MA degree in social work and MPhil in community cohesion as well as being a graduate of ILM leadership programme and Common purpose streetwise MBA. Abdul has 12 years of BAMER community engagement experience. He is the CEO The Flowhesion Foundation working to allow bamer communities to work better, live better and feel better, and is also a vice-chair of Lancashire Equalities Organisation. Abdul became the Trust's People Committee Chair in 2021.

**All Non-Executive Directors are considered to be independent as they do not hold any conflicts of interests.*

Balance, Completeness and Appropriateness of Board Membership

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

Performance Evaluation of the Board

During the year, the Board commissioned an independent Well-led review as part of its wider journey in improving Board effectiveness. It also undertook a review by of its effectiveness by its internal auditors MIAA, with the output of the exercise used to inform the board development programme in place throughout the year. The Trust has used a combination of internal subject matter experts and external development support. All Board members have an appraisal with the Chair or Chief Executive, and the Council of Governors oversee the performance review of the Chair and the Non-executive Directors of the trust to help inform their decisions on the re-appointment or termination of Non-executives as necessary.

The Board meets on a bimonthly basis, allowing the intervening month to be spent on a half-day of development as a team although some sessions did not take place this year due to the Trust dealing with the Covid pandemic. This has proved invaluable in enabling the board to spend time debating in depth the issues facing the Trust. It has also allowed time for personal and team development.

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

During 2020/21, the terms of reference of all Board Committees have been reviewed. Each meeting of the Board or Committee undertakes a review at the end of its meeting, with feedback provided to improve the performance in the coming months. This process is supplemented by pre-meets to set the agenda and to improve the function of the meeting. Formal evaluation is undertaken annually by means of a questionnaire to all attendees.

Register of Interests

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality (https://bridgewater.nhs.uk/aboutus/managing-conflicts-interest/). This applies to all decision-making staff, staff of Band 7 and above and any other member of staff with an interest to declare over within the past twelve months as required by the

Managing Conflicts of Interest in the NHS guidance. For these purposes we have interpreted 'decision making staff' as:

- Executive and non-executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Staff at Agenda for Change band 7 and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

Board Committees

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

Audit Committee

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

In addition, the Audit Committee:

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

The Audit Committee started the financial year with three Non-Executive Directors. Members of the Committee are selected from the Non-Executive Directors appointed to the Trust Board. During 2020/21, following the appointment of three new Non-Executive Directors and as part of the review of the Committee's Terms of Reference, it was agreed that all Non-Executive Directors should be members of the committee and this change commenced formally at the January 2021.

There were five Committee meetings during the year. The Committee was quorate at all meetings. No meetings were cancelled as a result of the response to the Covid-19 pandemic, however some items were deferred due to prioritisation resulting in some amends to the committee's cycle of business. All meetings were quorate. Internal and external audit and anti-fraud colleagues regularly attended the meeting. .

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

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

Self-Assessment:

During the financial reporting period for 2020/21 the Committee have complied with 'good practice' recommended through:

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

Audit Committee Business

Counter Fraud

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

Internal Audit

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

During the year MIAA has completed 12 internal audit reviews, covering both clinical and non-clinical systems and processes.

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

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

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

During the course of the year the Trust has taken steps to address and strengthen its systems of internal control across a range of areas, including developing the Board Assurance Framework arrangements and enhancing the follow up process to improve monitoring and timely implementation of actions.

During the year MIAA has completed 12 internal audit reviews, covering both clinical and non-clinical systems and processes and formed a view on the level of assurance as follows:

INTERNAL AUDIT PLAN OUTPUTS	**ASSURANCE LEVEL**
Assurance Framework	NHS requirements met
IT Data Warehouse	Moderate
IT Threat & Vulnerability	Substantial
Business Case development & approval	Not applicable
Freedom to Speak up	Substantial
Quality Spot Check follow up (1)	Moderate
Quality Spot Check follow up (2)	Moderate
CAS Alerts	Limited
Induction Processes	Substantial
Key Financial Systems	High/Substantial
Data Security & Protection Toolkit (progress review)	Not applicable
Risk Management	Substantial assurance*

**Risk management report at draft report stage, although audit opinion agreed with Trust*

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

External Audit

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

In response to recommendations raised by external Audit in 2019/20 the Committee considered the Trust's proposed response in relation to:

- Going Concern assessment.
- Impairment Assessment of property, plant and equipment.
- Review of useful life of assets.

The Trust maintains a Board Assurance Framework (BAF) which seeks to provide the Trust Board with a tool for the effective and focussed management of the risks which threaten the delivery of the strategic objectives. The Audit Committee supports the Trust Board regarding the management of the BAF by seeking assurance on the processes used to manage the risks on the BAF and Corporate Risk Register at each meeting. The Committee has consistently received the BAF throughout 2020/21 and provided direction where further information should be provided to the Trust Board.

The Trust's external auditors for 2020/21 were KPMG, this is the second year using these auditors as they were appointed in 2019/20 after an unsuccessful procurement exercise. The scope of work for external auditors is set out in guidance issued by the National Audit Office.

Disclosure to Auditors

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

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

Category	2020/21 (£000)	2019/20 (£000)
Audit services	**124**	**100**
Further assurance services	**-**	**-**

Other services	**-**	**-**
Total	**124**	**100**

KPMG LLP does not provide any non-audit services. ('Further assurance services' is in relation to the review of the Quality Report; however this has been suspended for 2021/22 due to the COVID-19 pandemic).

It should be noted that the figure for 2020/21 includes £16k of VAT in respect of the 2019/20 audit fee.

Systems of Internal Control

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

Ongoing assurance that the Board is sighted on its key strategic risks is provided in the Board Assurance Framework (BAF). In 2020/21, MIAA conducted a review to assess the approach to which the organisation maintains and uses the Assurance Framework to support the overall assessment of governance, risk management and internal control. The opinion and assurance statement found the Assurance Framework is structured to meet NHS requirements, is visibly used by the Board and clearly reflects the risk discussed by Board.

More detail is contained in the Annual Governance Statement.

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

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

It has not made any political donations.

Better payment practice code (BPPC)

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

	2020/21 Number	2020/21 £'000	2019/20 Number	2019/20 £'000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	11,922	23,689	16,296	26,728
Total Non-NHS Trade Invoices Paid Within Target	9,809	19,130	6,114	21,292
Percentage of Non-NHS Trade Invoices Paid Within Target	82.3	80.8	37.5	37.4
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,268	15,132	999	14,404
Total NHS Trade Invoices Paid Within Target	1,017	11,346	357	6,028
Percentage of NHS Trade Invoices Paid Within Target	80.2	75.0	35.7	41.8

Income disclosures

The directors can confirm that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Finance and Performance Committee

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

Its duties are to:

- Oversee the financial performance of the organisation, reporting to the Board the likely future financial position of the Trust.
- Ensure delivery of the Trust's cost improvement programmes (CIP).
- Receive assurance from the Trust Directors in respect of borough performance
- Consider the draft Annual financial, activity and workforce plans
- Consider the Trust's Business Plan
- Oversee the negotiation of contracts with the organisation's commissioners
- Oversee Digital Strategy
- Oversee the Estates Strategy

Remuneration Committee of the Board

The overarching role and purpose of the Nominations and Remuneration Committee is to be responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of

service. Further details on the work of the Committee are included with the Remuneration report at Section 3.2.

Quality and Safety Committee

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

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

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

Covid Assurance Committee

The Covid Assurance Committee was a temporary committee of the Board established with the aim of providing oversight of the programme of work developing in relation to the Trust dealing with the Covid-19 pandemic.

The Committee focused on the impact of the exceptional measures being taken in response to the pandemic in relation to:

a) Patient safety and wellbeing
b) Workforce safety and wellbeing
c) Review of major operational decisions taken
d) Covid related risks in relation to the Board Assurance Framework, and
e) Communications

The Committee received reports from the Executive Directors and from Gold Command. The membership consisted of all of the Non-executive directors and the Executive Directors and the Chair of the Trust chaired the Committee.

It met 5 times between 15 April 2020 and 27 August 2020 after which the Board made the decision that the remit of the committee would be dealt with by Board in its closed session. The Command structure remained in place for the whole of 2020/21 and Covid related work is now dealt with by the relevant committee of the Board.

The People Committee

The People Committee was previously known as the Workforce and Organisational Development Committee. Its name was changed in September 2020. The Committee's remit has not changed; it provides assurance to the Board on the development, implementation and effectiveness of Workforce, Staff Engagement, Learning and Development and Organisational Development strategies.

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

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

NHS Improvement's well-led Framework

During 2020/21 well-led was due a re-inspection from CQC. Due to the pandemic this did not occur, so the Trust commissioned an external independent well-led review by Facare Melius. The review concentrated on the CQC Key Lines of Enquiry. The report has been accepted by the Board and an action plan is being developed. The plan will be monitored by Audit Committee. More detail on well-led arrangements and governance can be found in the Annual Governance Statement.

There are no material inconsistencies between:

- the annual governance statement,
- the corporate governance statement and annual report, and
- reports arising from response reviews of the Trust and consequent action plans developed

Council of Governors and Membership

Communication and engagement

During a year of unprecedented challenge for the NHS, our members and governors experienced many changes, all prompted by the pandemic which dramatically affected the way we conducted our business.

Our commitment to an open and honest dialogue remained as did our involvement and engagement with our governing body so they might communicate key areas of the Trust's business during their conversations/discussions with their members.

Despite having to suspend face to face meetings in March 2020, a suspension that remained in place for the rest of the financial year under consideration, we continued to "meet" virtually.

In line with Government guidance we suspended all but essential frontline services. Communicating this to our members was key. Social media became one of our biggest and most effective ways of getting key messages out.

Ensuing our governors had access to the information from all our key partners and were able to share with their members was essential. Daily bulletins, Teams calls, stakeholder bulletins, Tik Tok and Zoom were all employed to good effect.

Indeed all our Annual General Meeting / Annual Members and Staff Awards were undertaken virtually. Films of staff at work, highlighting changes to practice – all prompted by the pandemic, showcasing some of the fantastic work undertaken to ensure the most frail and vulnerable continued to receive the care they needed, were relayed via a virtual platform.

Animation was used to provide an overview of the year 2019/20 and more than 40 of our members logged in to join the event.

Doing things differently, thinking outside the box were essential requisites during this time and many examples of virtual consultations were shared as were our celebrations of International Day of the Midwife and National Nurses Day.

Governors' views, meetings and observation of committees

Our governors continued to attend the key committee meetings that met during this time. Our Board meetings were fully accessible during periods when we resumed business.

The Council of Governors routinely have as attendees the Non-executive Directors, they also require Executive Directors to attend on a regular basis to discuss specific items.

Governors also attend in an observation capacity Board and all of the Committees of the Board (with the exception of the Remuneration Committee). Whilst they do not contribute during the meetings they are always invited to feedback directly to the Chair or the Trust Secretary.

Governor views are communicated at the Council of Governor meetings that are attended by the Executive and Non-Executive Directors. Named Non-Executive Directors attend local

governor meetings and issues areas of governor/member concerns are taken to the Board. Responses are discussed openly at the Council of Governor meetings.

Governor views are captured at meetings including the Council of Governors and local governor meetings. Minutes of the Council of Governors are available on request. Work will be undertaken in the next financial year to make all minutes of the Council available to staff and the public. Work to progress this requirement will be led by the lead governor and the Trust Chairman.

Any conflict or disagreement between the Council of Governors and the Board would be addressed by the process laid out in the Trust constitution. There has been no dispute during this year that required this process to be enacted.

Lockdown and social distancing restricts meant we did not recruit any additional members in year, as the most effective means of recruitment has proven to be face to face at public facing events in the communities served by the Trust. In 2020/21 all such public facing events were cancelled and meetings were not allowed.

Information shared with staff regarding the objectives, priorities and strategy are shared via a number of communication tools including Team Brief, the Bridgewater Bulletin. Governors are also invited to observe the Trust Board meetings.

Our commitment to an open and honest dialogue remained as did our involvement and engagement with our Council of Governors so they might communicate key areas of the Trust's business during their conversations/discussions with their members.

Though Lockdown meant much of our non-essential business was suspended, we worked hard to make sure our governors had access to the information they needed to fulfil their statutory duties and responsibilities.

Despite having to suspend face to face meetings in March 2020, a suspension that remained in place for the rest of the financial year under consideration, we continued to "meet" virtually. Our governors continued dialogue with their communities/members via social media, on-line meetings.

In September our Lead Governor supported the organisation in recruitment of three additional Non-executive Directors (NEDs).

She also fully supported the appraisal of the NEDs and sought the views of all governor colleagues in advance of the formal appraisal sessions.

Our local governor meetings continued and we were given an insight from the Borough Directors into the key issues impacting on the business of the trust during this time. As the

pandemic developed, it was staff health and well-being that was the primary concern of our governors.

In February this year the governors issued an overwhelming message of support via our staff bulletin, acknowledging the extraordinary efforts that had been undertaken during a year of challenge and significant demand.

As a body it has continued to address key areas of its own development focusing on key areas of the organisation's business including finance and budgeting, audit – internal audit process, NHS Counter Fraud and the Board Assurance Framework.

The pandemic meant the quality visits programme had to be put on hold but in order to showcase and highlight some of the fabulous work undertaken, we opened up our virtual Time to Shine sessions to staff.

Our rest of England governors have also joined our Oldham colleagues in their virtual Question & Answer sessions with the Chief Executive and in March this year, all our governors were invited to join us our virtual 10th birthday celebration / thank you event.

Our Lead Governor, who has served as a governor throughout the lifetime of the organisation, as have several of our governors, featured in the celebration and again took the opportunity to thank staff for the remarkable work done during the year.

As we move forwards we look to develop the relationships made during the year and establish a more effective channel of two way communication between our governors and their members. This work is being supported by our Service Experience Group of which several governors are active members.

Constituencies, membership numbers and governors' responsibilities

Our public governors represent people living within the geographic boundary of the areas they serve.

We are now served by three main constituencies: Warrington, Halton and the Rest of England. The Rest of England constituency comprises members in St Helens, Community Dental, Oldham and areas outside of the Trust's cure business.

There are a total of 1,129 members in Halton, 1,802 in Warrington and 3,539 members in the rest of England constituency. The Trust also has 16 members who live outside the areas served by the Trust and four constituency patient members.

The latter members are mainly the relatives of staff who are interested in the work of the Trust but do not live in the geographic boundary of the constituencies served.

As at March 31, 2021 the Trust had 6458 public members and 1932 staff members. Staff are represented by two serving staff governors. Efforts this year will focus on recruiting additional staff governors.

The effects of the pandemic meant recruitment within the year 2020/21 were not felt to be appropriate but there are plans to identify individuals within our core staff constituencies to address the vacancy issue. The Trust has “lost” a number of staff governors as a result of the transition of business to other organisations and efforts to recruit governors to key posts have been unsuccessful.

The staff constituency comprises members from the following staffing groups within the organisation; registered medical practitioners and dentists – 84. Registered nurses, midwives and healthcare assistants – 779, other clinical staff – 385, all other staff – 385, allied health professionals – 152, unspecified-5.

As at March 31, 2021 the Trust had 6495 public members and 1932 staff members. Due to the divestment of services the number of staff members recorded currently exceeds the total number of current staff. A cleansing exercise is due to occur in 2021/22.

Key responsibilities include;

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

Governors’ responsibilities include:

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

The 2020/21 Council of Governors' membership is shown below:

Constituency	Governor	Date of election
Public: Halton (1)	Diane Mc Cormick	29.07.19
Public: Halton (2)	Peter Hollett Vacancy	29.07.19
Public: Halton (3)	Vacancy	
Public: Halton (4)	Vacancy	
Public: Warrington (5)	Matt Machin	29.07.19
Public: Warrington (6)	John Hyland	29.07.19
Public: Warrington (7)	Paul Mendeika	29.07.19
Public: Rest of England (8) and Lead Governor	Rita Chapman	29.07.19
Public: Rest of England (9)	Bill Harrison	29.07.19
Public: Rest of England (10)	Christine Stankus	29.07.19
Public :Rest of England (11)	Derek Maylor	29.07.19
Public: Rest of England (12)	Vacancy	
Staff: Registered Nurses and Midwives (13)	Corina Casey Hardman	29.07.19
Staff: Registered Nurses and Midwives (14)	Vacancy	
Staff: Allied health professionals/other registered healthcare professionals (15)	Vacancy	
Staff: Clinical Support Staff including Assistant Practitioners/ Healthcare assistants and trainee clinical staff (16)	Vacancy	
Staff: Registered Medical Practitioners (17)	Vacancy	
Staff: Community Dental (18)	Vacancy	

Staff: Non-clinical support staff including managerial and administrative staff (19)	Dave Smith	1/11/19
Partner: Higher Education (20)	Janette Gray	29.07.19
Partner: voluntary sector (21)	Alison Cullen	29.07.19

Council of Governors Tenures – narrative

(9) *Rita Chapman elected as Lead Governor from 19/07/17 and re-elected 27.07.19*

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

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

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

Directors' statement

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

3.2 Remuneration Report

The remuneration report includes:

- Annual Statement on Remuneration
- Appointments & Remuneration Committee
- Senior Remuneration Policy
- Non-executive Director Remuneration
- Salaries and Allowances – Table x 2
- Fair Pay Multiple
- Exit Packages
- Service contracts
- Pension Benefits - Table
- Cash Equivalent Transfer Values (CETV)
- Real Increase in CETV

Annual Statement on Remuneration

The **Nominations and Remuneration Committee** has met on five occasions between 1 April 2020 and 31 March 2021. During the period, the Committee reviewed the salary levels of all directors against national comparators as a part of the appointment process following the departure of previous incumbents. The Trust received notification from NHS Improvement/England outlining national recommendations to the Chair for a consolidated pay increase of 1.03% to those employed on VSM terms.

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

Nominations Committee – Council of Governors

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

Senior Managers Remuneration Policy

With the exception of Directors and the CEO, all senior managers within the Trust are employed on Agenda for Change terms and conditions and associated salary scales. Bridgewater Community Healthcare NHS Foundation Trust has adopted the NHS VSM pay framework (PCT Band 4) as the salary scale for all Directors. This provides a spot salary for each post, based on a percentage of the CEO salary.

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

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

Components of Remuneration Package of Executive and Non-executive Directors	Basic pay in accordance with their contract of employment (executive) and letters of appointment (non-executive)
Components of Remuneration Report that is relevant to the short and long term Strategic Objectives of the Trust	The directors do not receive any remuneration tailored towards the achievement of Strategic Objectives

Explanations of how the components of remuneration operate	With the exception of Directors and the CEO, all senior managers within the Trust are employed on Agenda for Change terms and conditions and associated salary scales. Bridgewater Community Healthcare NHS Foundation Trust has adopted the NHS VSM pay framework (PCT Band 4) as the salary scale for all Directors. This provides a spot salary for each post, based on a % of the CEO salary.
Maximum amount that could be paid in respect of the component	Maximum payable is the director's annual salaries as determined by the NHS VSM pay framework (PCT Band 4).
Explanations of any provisions for recovery	If an individual is overpaid in error, there is a contracted right to recover the overpayment.

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

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

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

Non-Executive Director Remuneration

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

- Chair £42,544 p.a from July 2019 to March 2020
- Non-executive directors £12,359 p.a
- Allowances for Committee Chairs/Senior Independent Director £1,500 p.a

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

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

The tables shown on the following pages provide information on the remuneration and pension benefits for Senior Managers for the period 1 April 2020 to 31 March 2021.

Governor and Director Expenses

During the reporting period, a total of one governor (out of 15 governors) claimed a total of £54 in expenses.
A total of four directors (out of 15 directors Executive and Non-Executive) claimed a total of £13,692 in expenses.

	2019-20	2020-21
DIRECTORS (EXECUTIVE AND NON-EXECUTIVE)		
Total number of Directors in the year	**14**	**15**
Number of Directors who claimed in the year	**9**	**4**
Total number of expenses claimed by Directors in the year	**£25,036**	**£13,692**
GOVERNORS		
Total number of Governors in the year	**15**	**15**
Number of Governors who claimed in the year	**6**	**1**
Total number of expenses claimed by Governors in the year	**£1,216**	**£54**

Salaries and Allowances

Period from 1 April 2020 to 31 March 2021.
(The following table has been subject to audit)

Directors **Name and title**	**Salary at 31.3.2021 (note 2)** **Bands of £5,000 £'000s**	**Taxable benefits at 31.3.2021** **Total to nearest £100**	**Performance pay and bonuses at 31.3.2021** **Bands of £5,000 £'000s**	**Long term performance pay and bonuses at 31.3.2021** **Bands of £5,000 £'000s**	**All pension-related benefits at 31.3.2021 (1)** **Bands of £2,500 £'000s**	**TOTAL at 31.3.2021** **Bands of £5,000 £'000s**
Karen Bliss Chair	40-45	-	-	-	-	40-45
Colin Scales Chief Executive	155-160		-	-	42.5-45	200-205
Lynne Carter Chief Nurse and Deputy Chief Executive	135-140	-	-	-	-	135-140
Ted Adams Joint Acting Medical Director	125-130	-	-	-	37.5-40	165-170

In post from 1.4.20						
Aruna Hodgson Joint Acting Medical Director In post from 1.4.20	70-75	-	-	-	75-77.5	145-150
Nick Gallagher Executive Director of Finance	125-130	-	-	-	32.5-35	160-165
Sarah Quinn Director of Strategic Delivery	110-115	-	-		55-57.5	170-175
Paula Woods Director of People and Organisational Development In post from 1.4.20	115-120	72	-	-	142.5-145	265-270
Linda Chivers Non-Executive Director	10-15	-	-	-	-	10-15
Steve Cash Non-Executive Director	10-15	-	-	-	-	10-15
Dorothy Whitaker Non-Executive Director In post to 30/9/20	5-10	-	-	-	-	5-10
Sally Yeoman Non-Executive Director	15-20	-	-	-	-	15-20
Tina Wilkins Non-Executive Director In post from 1/10/20	5-10	-	-	-	-	5-10
Abdul Siddique Non-Executive Director In post from 1/10/20	5-10	-	-	-	-	5-10
Gail Briers Non-Executive Director In post from 1/10/20	5-10	-	-	-	-	5-10
Band of Highest Paid Director's Remuneration (£'000s)	155-160					
Median Total Remuneration (£)	30,615					
Ratio	5.1					

All of the above Directors were in post for the year ended 31 March 2021 except where indicated.

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

(2) Ted Adams' salary includes £50k for remuneration for other clinical work outside of the Medical Director role.

Salaries and Allowances

Period from 1 April 2019 to 31 March 2020.
(The following table has been subject to audit)

Directors Name and title	Salary at 31.3.2020 Bands of £5,000 £'000s	Taxable benefits at 31.3.2020 Total to nearest £100	Performance pay and bonuses at 31.3.2020 Bands of £5,000 £'000s	Long term performance pay and bonuses at 31.3.2020 Bands of £5,000 £'000s	All pension-related benefits at 31.3.2020 (1) Bands of £2,500 £'000s	TOTAL at 31.3.2020 Bands of £5,000 £'000s
Andrew Gibson Chairman In post to 19.7.19	25-30	17	0	0	N/a	25-30
Karen Bliss Chair Non-Executive Director to 19.7.19 Interim Chair from 20.7.19 to 23.9.19 In post from 24.9.19	30-35	0	0	0	N/a	30-35
Colin Scales Chief Executive	155-160	4	0	0	32.5-35	190-195
Michelle Cloney Director of Workforce and Organisational Development Joint post with WHH NHS FT. In post to 31.03.20	65-70	0	0	0	0	65-70
Lynne Carter Chief Nurse and Chief Operating Officer	135-140	0	0	0	0	135-140
David Valentine Medical Director In post to 13.6.19	30-35	0	0	0	0-2.5	30-35
Simon Constable Medical Director In post from 1.7.19 to 30.9.19	5-10	0	0	0	0	5-10
Alex Crowe Medical Director In post from 1.10.19 to 31.03.20	15-20	0	0	0	0	15-20
Nick Gallagher Executive Director of Finance	125-130	0	0	0	112.5-115	240-245
Sarah Quinn Director of Strategic Delivery In post from 1.12.19	25-30	0	0	0	30-32.5	55-60

Linda Chivers Non-Executive Director	10-15	0	0	0	N/a	10-15
Steve Cash Non-Executive Director	10-15	0	0	0	N/a	10-15
Dorothy Whitaker Non-Executive Director	10-15	0	0	0	N/a	10-15
Sally Yeoman Non-Executive Director	10-15	0	0	0	N/a	10-15
Marian Carroll Non-Executive Director In post to 30.6.19	0-5	0	0	0	N/a	0-5
Band of Highest Paid Director's Remuneration (£'000s)	155-160					
Median Total Remuneration (£)	30,112					
Ratio	5.2					

All of the above Directors were in post for the year ended 31 March 2020 except where indicated.

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

Fair Pay Multiple

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

The mid-point of the banded remuneration of the highest paid director in Bridgewater Community Healthcare NHS Foundation Trust in the year ended 31 March 2021 was £157,500 (2019-20: £157,500). This was 5.1 times (2019-20: 5.2 times) the median remuneration of the workforce which was £30,615 (2019-20: £30,112).

In 2020-21 and 2019-20 no employees received remuneration in excess of the highest paid director. Remuneration ranged from £12,359 to £157,205 (2019-20: £5,097 to £155,602).

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

Exit Packages

There were five Mutually Agreed Resignations (MARS) contractual costs, of which total arrangements value was £132k.

Service Contracts

Name and Job Title	Date appointed to Trust Board	Tenure	Notice Period	Left the Trust
Colin Scales, Chief Executive Officer	1 November 2014*	Permanent	6 months	N/A
Lynne Carter, Chief Nurse	23 March 2018 as an Interim Chief Nurse and was appointed in substantive role from the 1st May 2018	Permanent	6 months	N/A
Nick Gallagher, Director of Finance	07 January 2019	Permanent	6 months	N/A
Dr Alex Crowe Medical Director	Shared Director post with Warrington & Halton Foundation NHS Trust Start date: 1 November 2019	SLA reviewed every 12 months	6 months	31 March 2020
Michelle Cloney, Director of Workforce and OD	7 January 2019 – Shared Director post with Warrington & Halton Foundation NHS Trust	SLA reviewed every 12 months	6 months	31 March 2020
Dr Ted Adams – Medical Director	Acting Medical Director from 1 April 2020	Permanent	6 months	N/A
Dr Aruna Hodgson – Medical Director	Acting Medical Director from 1 April 2020	Permanent	6 months	N/A
Paula Woods – Director of People & OD	1 July 2020	Permanent	6 months	N/A
Sarah Quinn – Chief Operating Officer	1 July 2020	Permanent	6 months	N/A

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

Pension Benefits

Period from 1 April 2020 to 31 March 2021
(the following table has been subject to audit)

Executive Directors

Name	Real increase in pension at pension able age Bands of £2,500 £'000s	Real increase in pension lump sum at pension able age Bands of £2,500 £'000s	Total accrued pension at pensionable age at 31 March 2021 Bands of £5,000 £'000s	Lump sum at pension able age related to accrued pension at 31 March 2021 Bands of £5,000 £'000s	Cash Equivalent Transfer Value at 1 April 2020 £'000s	Cash Equivalent Transfer Value at 31 March 2021 £'000s	Real increase in Cash Equivalent Transfer Value £'000s	Employer's contribution to stakeholder pension £'000s
Colin Scales Chief Executive	2.5-5	0-2.5	40-45	70-75	639	706	33	-
Nick Gallagher Director of Finance	2.5-5	0-2.5	25-30	50-55	465	519	28	-
Lynne Carter Chief Nurse and Deputy Chief Executive	-	-	-	-	-	-	-	1
Sarah Quinn Director of Strategic Delivery	0-2.5	-	10-15	-	85	126	23	-
Paula Woods Director of People and Organisational Development In post from 1.4.20	5-7.5	15-17.5	20-25	45-50	280	421	120	-
Ted Adams Joint Acting Medical Director In post from 1.4.20	2.5-5	2.5-5	20-25	45-50	312	361	28	-
Aruna Hodgson Joint Acting Medical Director In post from 1.4.20	2.5-5	5-7.5	50-55	120-125	925	1,034	84	-

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a FinalSalary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

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

The pension benefit table provides further information on the pension benefits accruing to the individual.

Cash Equivalent Transfer Values (CETV)

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

Real Increase in CETV

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

Colin Scales
Chief Executive **24 June 2021**

3.3 Staff Report

Staff Analysis

As at 31 March 2021, Bridgewater employed staff 1736 (1462.52 WTE – whole time equivalent), the majority of whom are clinically trained, including district nurses, health visitors, specialist nurses, occupational therapists, speech and language therapists, physiotherapists and Clinical Admin.

The breakdown of male and female employees is as follows:

	Male		Female	
	Headcount	**WTE**	**Headcount**	**WTE**
Directors	3	2.50	4	3.50
Other Senior Managers	14	14.00	22	20.58
Employees	144	133.45	1549	1288.49
Total	161	149.95	1575	1312.57

The sickness absence rate for the Trust for this period was 5.27%. This equates to a Long Term Sickness Absence rate as 4.29% and Short Term Sickness Absence rate as 0.98%.

The top three reasons for sickness absence are stress/anxiety (40%), back problems (10.8%) and other musculoskeletal problems (8%).

The Trust's turnover rate for the period 1st April 2020 to 31st March 2021 was 10.43%. This includes all reasons for leaving (including TUPE). The top three reasons for leaving are retirement, better reward package and flexi retirement.

Audited staff cost

Staff costs

	Permanent	Other	2020/21 Total	2019/20 Total
	£000	**£000**	**£000**	**£000**
Salaries and wages	48,139	2,036	**50,175**	54,344
Social security costs	4,126	219	**4,345**	4,751
Apprenticeship levy	221	8	**229**	280
Employer's contributions to NHS pensions	8,488	435	**8,923**	9,807
Pension cost – other	38	1	**39**	31
Termination benefits	132	-	**132**	-

Temporary staff	-	5,274	**5,274**	4,646
Total gross staff costs	**61,144**	**7,973**	**69,117**	**73,859**
Recoveries in respect of seconded staff	-	-	**-**	(315)
Total staff costs	**61,144**	**7,973**	**69,117**	**73,544**
Of which				
Costs capitalised as part of assets	-	54	**54**	167

Average number of employees (WTE basis)

	Permanent Number	Other Number	2020/21 Total Number	2019/20 Total Number
Medical and dental	53	8	**62**	30
Administration and estates	182	31	**213**	240
Healthcare assistants and other support staff	326	22	**348**	460
Nursing, midwifery and health visiting staff	521	59	**580**	671
Nursing, midwifery and health visiting learners	-	-	**-**	8
Scientific, therapeutic and technical staff	226	17	**243**	195
Other	-	-	**-**	34
Total average numbers	**1,308**	**137**	**1,446**	**1,638**
Of which:				
Number of employees (WTE) engaged on capital projects	-	3	**3**	4

Reporting of compensation schemes - exit packages 2020/21

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	1	**1**
£10,000 - £25,000	-	3	**3**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	1	**1**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**5**	**5**
Total cost (£)	£0	£132,000	**£132,000**

Reporting of compensation schemes - exit packages 2019/20

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

Exit packages: other (non-compulsory) departure payments

	2020/21		2019/20	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Mutually agreed resignations (MARS) contractual costs	5	132	-	-
Contractual payments in lieu of notice	-	-	-	-
Total	5	132	-	-
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Gender Pay Gap

As per the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 we analyse and publish details of our gender pay gap results annually before 30th March along with an action plan to address gaps and fulfil the three aims of the Equality Duty in relation to gender pay.

We submit our results to the Government Equalities Office via the online portal (https://gender-pay-gap.service.gov.uk/) from where all applicable companies and organisations results can be viewed, before publishing our report and action plan on the Trust website - http://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/ .

Modern Slavery Act

We are committed to improving our practices to combat slavery and human trafficking. We are fully aware of our responsibilities we have towards patients, service users, employees and our local community. We have a robust set of ethical values that we use as guidance for our commercial activities. We also expect all suppliers to the Trust to adhere to the same ethical principles.

Our policies on slavery and human trafficking

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

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

Our guidance on Modern Slavery is to:

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

We will:

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

Trust staff must:

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

Procurement staff will:

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

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2021.

Equality, Diversity and Inclusion

EDI Workforce Policies, Initiatives and Longer Term Ambitions

2020 and into 2021 has been a challenging year for our NHS workforce nationally, and equality and inequality, diversity, exclusion have never been so in the spotlight nationally and globally.

In summer 2020 the NHS People Plan was published alongside the People Promise. The People Plan set out the practical actions we need to take as employers, and the People Promise set out what we must all expect from each other. The golden thread running through both is belonging – equity, compassion and inclusion.

In 2020 we have built on existing equality policy, procedure and practice, and taken steps to support staff and meet differing needs during the unprecedented times we have experienced.

- We have risk assessed and taken steps to ensure the safety of all our staff, with strong verbal commitments from the executive, particularly to our staff from minority ethnic backgrounds.
- We have established staff networks to facilitate the voice of our disabled, LGBT+, and minority ethnic staff, and we are developing a women's network in Spring 2021 to listen and understand better the gender equality issues within our workplace.

- We have renewed our commitment as a Disability Confident Employer and committed to work alongside our staff network to take actions to move to Leader level.
- We are actively recruiting diverse staff to our Freedom To Speak Up Champions team.
- We are working across the Trust with staff network representatives on zero tolerance, anti-bullying, and the Violence Prevention and Reduction Standard, and as a Trust we are on our journey to embedding a Just and Learning culture.
- We are developing programmes for disability support and race equality champions.
- And we are at the beginning of our NHS North West Leadership Academy Reciprocal Mentoring Programme.

All our equality reports can be viewed on our website. On the page we have also published our Equality Strategy 2020 -2023 and our Six Point Action Plan for Equality. These set out our longer term ambitions aligned to our overall strategic objective of creating a culture where compassion and inclusion thrive.

Finally we want to finish with a message that we feel is important to state, and that is our anti-racism statement, a statement that is at the heart of all we are trying to achieve:

Bridgewater is committed to improving race equality for our staff and our communities, and to becoming actively anti-racist.

We will as a Trust demonstrate honesty and transparency; we will admit where we have gaps in knowledge, understanding, data, representation; we will be open and honest about where we believe we can do better; and we will actively facilitate and listen to the voices of our diverse workforce and communities, recognising that Black, Asian and Minority Ethnic groups are not a collective 'BAME' whole any more than 'White British' is a group with identical views, needs, aspirations and issues.

We will work in true partnership with our staff networks and with our wider communities to develop and deliver real and sustainable plans that address racism, discrimination, and inequality.

Equality of service delivery to different groups

As will have been referenced elsewhere in this report 2020 has been challenging, and as a Trust we have been called upon to support our partners dealing with the pandemic at the frontline and under tremendous pressure. To do this we have had to make some difficult decisions that have impacted on patients, particularly the stepping down of services.

In order to meet due regard to the three aims of the Equality Duty we ensured equality impact assessments and risk scoring were integral to the decision making of the panel reviewing each service quality impact assessment document. These documents were also used, alongside the narrative of service staff and clinical leads, to identify priorities for re-starting service delivery. The services themselves developed processes to ensure their urgent caseload continued and support for less urgent patients was available via telephone, email, video, social media and other communications.

We continue to work to raise awareness and embed equity of access and outcome through policies, processes and actions such as the adjustments for patients with disabilities and language needs policy, the provision of language interpretation support, and awareness raising such as the annual equality calendar and information and advice for particular calendar events such as Ramadan. As we move forward we are working to ensure we take the learning from the new ways of working that were brought in so quickly, such as remote appointments, to ensure our services are meeting individual needs, alongside our planned actions to embed equity for communities and patients at the heart of all we do. Our Equality Strategy 2020 – 2023, our Six Point Action Plan for Equality, and our performance reports in relation to EDI, including Equality Delivery System 2 (EDS2) and our Equality Annual Reports can be found on our website.

Internal Communications

In a year unlike any other for the NHS, internal communications has played a vital role in supporting our staff.

As a leading provider of community services with insight and knowledge of services and support in the communities in which we work, our clinicians were called upon to support the safe discharge of patients and care for some of the most vulnerable in their homes, residential/nursing homes, places struggling to cope with unprecedented demand and pressures .

Our communications approach was multi-faceted, all encompassing, providing a range of communications tools to suit all and one.

Our clinicians turned to social media in their droves, they shared their stories via Tik Tok and our staff bulletin, and they also highlighted the kindness of strangers via Twitter and Facebook.

Reacting quickly to an ever changing situation nationally, regionally and locally required us to respond to demand in new and imaginative ways and so we set about introducing a whole new suite of dedicated resources on to our staff intranet.

Our staff app too became the “go-to” place for latest news and information; how to order your PPE, how to access the support available, where to go for training, how to use/wear the PPE that has been delivered, how to care for your patients safely in a community setting.

There have been many challenges but providing staff with the means to make their voices heard has played a significant role in helping us to achieve so much. In November 2020, the Communications Team were delighted to be recognised in the annual staff awards and commended for our efforts. A poll of staff showed 93 per cent of staff felt we had added value.

Case Study

In June we celebrated our nurses and the NHS as a whole via Tik Tok, it went viral!

Nurses day and International Day of the Midwife presented us with a one off opportunity to film our staff and share their messages via social media. Almost overnight we recorded more than 23,000 views.

It was important to focus on the organisation that was supporting society at this time. The 72nd anniversary of the NHS gave us cause to renew our energies and enthusiasms and again celebrate the differences being made every day.

Building on the goodwill and learning of these months was essential as we shifted our focus to support the restoration and re-start of services.

Post Lockdown

As we emerged from the first Lockdown our priority to support virtual consultations, create films/videos for staff to post on line, became a whole new focus for the team as we supported the organisation’s drive to recharge and restart.

In November 2020, we produced an all-encompassing animation for our annual general meeting. A medium much enjoyed and again utilised for our 10th anniversary celebrations in March/April 2021.

2021

As the New Year commenced and infection rates in our communities started to rise again, we needed to draw on all the resources developed during the First wave, refine them to drive the need for continued vigilance.

Whilst we continued to drive home the need to work together, support each other, we needed to stress the need for continued vigilance and finally, after months of

unprecedented challenge we had something to celebrate and shout about as the vaccinations programme commenced and infections started to drop.

Staff Engagement

The Trust's Staff Engagement Strategy 2017-2020 was launched in March 2017 and is monitored by the Staff Engagement Strategy Steering Group; that meets bi-monthly. Since its launch, all of the objectives set have been achieved and Staff Engagement Champions throughout the Trust also support this agenda. There are over 70 Staff Engagement Champions who all receive gold lanyards and personal development opportunities. During 2019 the Champions' role was further developed by supporting, promoting and being involved in equality, diversity and inclusion, health and wellbeing campaigns, initiatives and events. The strategy was reviewed in January 2020 with a plan for it to be re-launched but due the pandemic, work on the Strategy was halted.

The first audit of Staff Engagement by MIAA took place in January 2020 and the Trust received an outcome of Substantial Assurance.

Staff Engagement work has continued across the Trust, despite the Covid-19 pandemic, to ensure that staff feel valued, have the opportunity to be innovative, be proud of the quality patient care they contribute to and/or provide and would continue to recommend the Trust as a place to work.

The start of the pandemic in March 2020 impacted on the whole of the organisation and necessitated changes to the way that Staff Engagement had previously been delivered. The Staff Engagement Steering Group meeting, which oversees the Staff Engagement activity and which allows Staff Engagement champions to have a voice within the organisation, could not meet and the usual quarterly Staff Engagement Surveys did not take place as they were superseded by surveys directly related to the Covid-19 response.

The Trust established a Health & Wellbeing Covid Hub to ensure positive engagement with staff, liaising with the Communications Team around promoting messages via social media, Questback and daily Covid updates.

During the pandemic the utilisation of our staff engagement tool, Questback, has increased to support the surveys and messages sent out to staff. There has been a positive response from staff with an increase in survey participation. The use of the tool has also shown an increase in participation in health and wellbeing initiatives i.e. exercise classes, resilience training. Due to the ability to reach each individual staff member directly. Teams from across the Trust have enquired around the use of Questback for their own surveys and messages.

As a consequence of the pandemic the Trust was fortunate to receive a number of donations to support our staff. The Staff Engagement Lead liaised with those donating to support the Health and well-being of staff and with the assistance of the North West Driving Assessment Team and the Equipment Services, donations have been distributed across the Trust ensuring that they were received by all staff. Information on all donations received is provided to the Trust Secretary to be presented at Audit Committee (this does not include individual donations received directly to teams).

We recognised that the children of our staff have also found this a challenging time so we conducted a colouring competition and pumpkin carving competition for the children of our staff. It was fantastic to see the lovely artwork. The framed artwork is displayed at Trust Headquarters and each winner and runner up received their own framed artwork, which some have decided to donate to their school, GP and parent's place of work. It was agreed for further prints of the artwork to be ordered and displayed across the Trust.

To celebrate the NHS' 72nd Birthday, we worked with the Communications Team to produce "Thank You" video messages to the communities, companies, organisations and members of the public that supported our Staff and Trust during the pandemic. All Bridgewater staff received a thank you card from the CEO and Chair thanking them for their support, dedication and commitment during these challenging times.

Two successful online live events were held, Taking Control of Yourself and Your Future, with over 300 attendees across both events. The event focused on how staff can build their resilience and support each other during the current climate. The invite to the event was also opened out to our partner organisations (Halton & Warrington CCG) and our new Pennine Dental Staff.

The Trust became a finalist in the NHS Providers Governance showcase in the category of engaging and empowering staff innovation in technology. The Governance Showcase is a space to shine a light on the innovative and pioneering work NHS Trusts are doing, recognising their successful contribution to governance in healthcare.

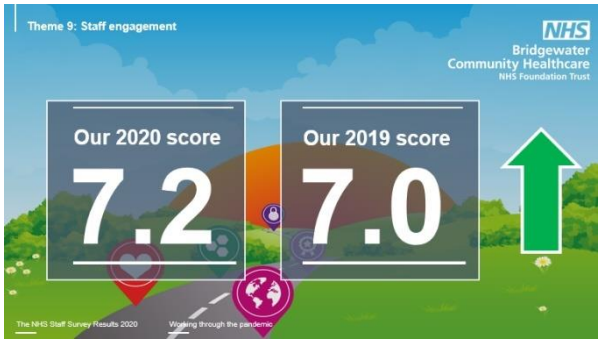
The Trust was recognised for the improvements over the last two years within staff morale, communication, staff recognition and the increase in survey participation.

The Trust was recognised for the continued development of board, executive team and senior management visibility amongst staff to encourage a two-way communication approach and opportunities for staff to share innovative ideas directly to the executive team.

The Trust shared the important contribution our Staff Engagement Champions make, what they undertake alongside their daily duties and the enthusiasm they display in developing engagement within their teams.

We shared how the Trust is continuing to develop new ways of engaging staff and how our online engagement tool, The Bridge, has enhanced the Trust's ability to communicate messages to staff, making information more accessible, increased participation in staff surveys, introduction of staff networks and a platform for staff and teams to share their achievements.

During August 2020 we challenged staff to get involved with the Bridgewater Virtual 5K. Exercise and getting outdoors is really important for our general health and our mental health too. Staying active and taking notice of what's around you can lift your mood, reduce stress, help you deal with negative emotions and even help with anxiety and reduce the risk of depression and dementia. Over 150 staff, family and friends completed the Bridgewater Virtual 5k, sharing their photos and achievements on social media, bulletin and Covid update.



We were pleased to see an increase in our 2020 NHS Staff Survey results for Staff Engagement, increasing from 7.0 to 7.2

In addition to the direct engagement work with staff, the Trust has historically delivered bespoke development programmes to strengthen staff relationships and allow time for employees to explore their values and behaviours to drive the cultural change that is necessary to equip the Trust to face the challenges of the future. However, due to the pandemic response, all non-essential training and development was paused in March 2020

and the Trust's Leadership & Organisational Development team were re-deployed to assist with the Health & Well-being Hub and the Emergency Planning response.

In September 2020 the team came back together and the Leadership Development Offer was reviewed and revamped to offer virtual, bite-sized sessions to support Health & Well-being. We were able to deliver action learning sets and individual team sessions on request e.g. self-compassion for Oldham team leaders, leadership dimensions for community paediatrics. During the pandemic we also added 360 degree assessments to the offer and individual talent conversations for staff who have identified areas for growth as a result of working during the pandemic.

Recognising the disproportionate impact the pandemic has had on our BAME staff the Head of Leadership & Organisational Development delivered a presentation on the Leadership Development offer to our BAME network, highlighting the opportunities and offering 1-1 support with coaching and 360 degree assessment.

Celebrating our staff

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

At the beginning of the pandemic it was decided to postpone the Trust's Star of the Month process as it was felt that all staff and teams were currently working above and beyond their remit, as part of the pandemic response, so to single out individuals at a time of heroic efforts by everyone may have been counter-productive. Staff and Teams continued to be recognised in the daily Covid Update produced by the Communications Team following the identification of good news or good practice during the Command and Control meetings.

The highlight of the Trust's staff reward and recognition programme is the annual Staff Awards ceremony. Because of the pandemic it was agreed that the Staff Awards would still take place but would celebrate all staff and team achievements. Over 180 staff, governors and partners attended the Trust's on-line Celebration Event in November 2020.

Health and safety performance and occupational health

Information on accidents and incidents are included in the integrated performance report and therefore are available for all staff. Health and wellbeing data is also available in the integrated performance report.

Occupational Health

Services that are available to staff from our Occupational Health provider are available in leaflet form for staff and details are on the intranet.

The Trust's Occupational Health Services are provided externally by 'Well Being Partners' (WBP) formed through a formal partnership of Bolton, Wigan and Lancashire Trusts in 2014 and part of Wrightington, Wigan and Leigh NHS Foundation Trust – this provides a consolidated Consultant led Occupational Health Service to Bridgewater. The service includes:

- Pre-employment screening
- Full immunisations and vaccinations
- Absence management support
- Physiotherapy via Physio Med Ltd incorporating 'fast track' programme of support across a range of geographical sites
- Mental wellbeing and counselling support
- Access to telephone counselling across a range of issues and a range of other support areas including legal and financial advice via the Employee Assistance Programme (EAP) provided by Insight. This is available to staff 24 hours a day, 365 days a year.

The Trust is committed to ensuring it provides a healthy, safe and supportive environment. The Covid-19 pandemic emphasised the additional health and wellbeing support needed for staff, so in response the following support initiatives were implemented to complement the existing Occupational Health provision:

- Support 'Hubs' were established within the Human Resources Department including Health and Wellbeing and fast-track Covid-19 related Occupational Health access.
- An additional enhanced Occupational Health service was commissioned via the provider 'Health Work' to support staff affected by Covid-19.
- The Health and Wellbeing Hub provided information and guidance on a range of topics to help maintain staff health and wellbeing, plus provided a number of interactive stress-busting sessions.

- A ‘Staff Wellbeing and Outreach Team’ was established, seeking to provide additional psychological support and emotional first aid to staff.
- Virtual Resilience Training was developed and tailored to meet the needs of staff.
- Bespoke Covid-19 individual risk assessments were promoted for all staff, with a quality assurance review process incorporated into this.

Health and Safety, Fire and Security April 2020 – March 2021:

- 22 Fire Risk Assessments (Freehold sites and leasehold sites) – reports generated and action plans produced
- 22 Security Risk Assessments (Freehold sites and leasehold sites) – reports generated and action plans produced
- 11 Fire Risk assessments Children Centres. 5 Fire Risk Assessments Dental – other sites (CHP/NHSPS/GP & Private landlord) – BCH Occupied areas delivering services
- Fire Warden training x 4 Children Centre staff
- 3 Contract Reports
- Health, Safety, Fire and Security Meetings – 3
- Attendance at Estates Meetings
- Attendance at EW FM Contractor meetings
- Attendance at CHP BUG meetings
- Advice First Aid Training and requirements – priority of high risk services/locations and identification of staff to be trained
- Advice Evac-chair/ski pad training requirements – Dental staff to be trained priority
- Update/review of (Health ,Safety, Fire &Security) Policies and Procedures
- New Procedure – RIDDOR and COVID-19 Reporting
- COVID-19 production of ‘Estates Risk Assessment’ – Spencer House and template provided to Managers for completion (service/site/location). Advice and support to Managers in completing COVID-19 Risk Assessments
- 14 COVID-19 Risk Assessments
- Advice and support Widnes HCRC – set-up COVID-19 testing site. Liaising with CHP/TLM
- Advice and support Bath Street Health Centre– set-up COVID-19 testing site. Liaising with CHP/TLM
- Advice and support set-up Spencer House Vaccination site. Attendance at the site each day of vaccination
- Attendance at COVID-19 meetings
- Produce and communicate various articles
- Investigation of accident/incidents/thefts
- Communication of ‘ALERTS’ High risk patients/warning notices

- Liaise with, and preparation for Fire & Rescue Services Inspections – Chapelfield Clinic and Fountains Health Centre (Dental Services)
- Advice/support Europa Point Warehouse- FM and Operational issues
- CDM - College Street, St Helens - refurbishment Dental suite. Europa Point - Gradwood heating
- Provide advice/comment on various Policies and procedures, SOPS and Risk Assessments
- Assist sites – production of 'local' Lockdown Procedures
- Lone Working – meetings with Contractor RELINACE and on-going support to managers/staff
- Advice/support and assistance to managers and staff and liaising with Union Representatives

NHS Staff Survey

The NHS Staff Survey is conducted annually. From 2020 onwards, the results from questions are grouped to give scores in 10 Themes. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2020 survey among Trust staff was 50% (2019: 43%). The number of completed questionnaires was 768. Scores for each indicator together with that of the survey benchmarking group (15 Community Trusts) are presented below:

	2020/21		2019/20		2018/19	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.5	9.4	9.4	9.4	9.4	9.3
Health and Wellbeing	6.2	6.3	6.0	6.0	6.0	5.9
Immediate Managers	7.0	7.2	7.1	7.2	7.1	7.0
Morale	6.4	6.5	6.1	6.3	6.1	6.2
Quality of care	7.5	7.5	7.4	7.4	7.4	7.3
Safe environment – bullying & harassment	8.7	8.5	8.4	8.4	8.4	8.4
Safe environment – violence	9.9	9.7	9.8	9.7	9.8	9.7
Safety culture	7.1	7.1	6.8	7.0	6.7	7.0
Staff engagement	7.2	7.3	7.0	7.2	7.1	7.1

Team Working	6.9	6.9	7.2	7.0	-	-

The Trust's 2020 Staff Survey response of 50% is the highest the Trust has achieved to date, along with the best Staff Survey scores overall. The organisation was benchmarked against 15 other Community Trusts and the median response rate overall was 58%.

The 10 themes assist the Trust to continually measure the quality of staff experience. Data relating to workforce indicators are reported to the Trust Board, as are the national NHS Staff Survey results. The Staff Survey Action Plan is monitored for progression via the Trust's Staff Engagement Steering Group with updates and assurances to the People Committee.

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

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

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ⬆ indicates that the 2020 score is significantly higher than last year's, whereas ⬇ indicates that the2020 score is significantly lower. If there is no statistically significant difference, it is recorded as 'Not significant'. When there is no comparable data from the past survey year, it is recorded as 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.4	740	9.5	761	Not significant
Health & wellbeing	6.0	742	6.2	768	Not significant
Immediate managers †	7.2	746	7.0	766	Not significant
Morale	6.1	737	6.4	767	⬆

Quality of care	7.4	646	7.5	651	Not significant
Safe environment - Bullying & harassment	8.4	740	8.7	762	↑
Safe environment - Violence	9.8	738	9.9	766	↑
Safety culture	6.8	743	7.1	767	↑
Staff engagement	7.0	747	7.2	769	Not significant
Team working	7.2	743	6.9	754	↓

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the final staff survey results report.

https://www.nhsstaffsurveyresults.com/wp-content/uploads/2021/03/!sta$$21!/NHS_staff_survey_2020_RY2_full.pdf

The improvement in results will be celebrated across the Trust as we have continued to improve year on year through our action plans, focus groups, partnership forums and the People Committee. However, the Trust is conscious that there are opportunities for further improvement and work will continue to ensure that the Trust becomes and remains an excellent employer.

The Trust's results, when compared with the benchmark for community services, are also a generally positive picture. Of the 10 themes the Trust is above the benchmark score for 3 of them, below for 4 and equal to for 3. The table below reflects this:

Theme	2020	Benchmark	Variance
Equality, Diversity & Inclusion	9.5	9.4	0.1 ↑
Health & Wellbeing	6.2	6.3	0.1 ↓
Immediate Managers	7.0	7.2	0.2 ↓
Morale	6.4	6.5	0.1 ↓
Quality of care	7.5	7.5	0.0 →
Safe environment – Bullying & Harassment	8.7	8.5	0.2 ↑
Safe environment – Violence	9.9	9.7	0.2 ↑
Safety Culture	7.1	7.1	0.0 →

Staff Engagement	7.2	7.3	0.1 ↓
Team Working	6.9	6.9	0.0 →

Future Priorities and Targets

Having reviewed the NHS staff survey results the key priorities for the Trust to focus on during 2020, from the 10 themes have been grouped into 2 areas:

1. Immediate Managers
2. Team Working

The Staff Engagement Team will work with Borough/Service Directors to identify areas of focus and to create Borough action plans.

An emphasis on staff Health & Well-being will continue to develop providing an opportunity to look at the wider determinants of well-being, introducing the Just Culture programme into the Trust as well as rolling out Leadership Support Circles and focusing on the Compassionate Leadership Development Programme for Operational and Clinical Managers, linked to competency frameworks.

We will continue to focus on areas that contribute to staff well-being such as communication and engagement, raising and reporting concerns, retention, discrimination and the meaningfulness of the appraisal process.

This will be reviewed by the Trust on a regular basis. This will include, but not be limited to:

- Staff Engagement Steering Group
- People Committee
- Bi monthly Joint Negotiation & Consultation Committee (JNCC) and Local Negotiating Committee (LNC), comprising of Executives, Senior Management and Staff-side colleagues
- Monthly Finance, Workforce and Performance Meetings held within each borough (FWP)
- Quarterly reviews with the Senior Management Team (SMT)
- Regular updates to the Executive Management Team (EMT)
- Quarterly reviews with the respective CCGs (or as per their meeting cycles)

Trade Union Facility Time

1st April 2019 – 31st March 2020

This section details the statutory submission for the period April 2019 to March 2020 as per the Trade Union (Facility Time Publication Requirements) Regulations 2017, which took effect from 1 April 2017.

The purpose of these regulations is to promote transparency and allow for public scrutiny of facility time.

Facility time data is data that the Trust is required to collect, report and publish under the Trade Union Facility Time Publication Requirements Regulations 2017.

Facility time can be broken down as follows:

Trade union duties

- duties connected with collective bargaining – for example, on terms and conditions of employment, redundancy, allocation of work
- taking part in a negotiation or consultation process – including meeting and corresponding with managers, and informing union members of progress and outcomes
- attending a disciplinary or grievance hearing, with trade unions, including allowing reasonable time to prepare
- attending training for the trade union representative role

Trade union activities

- discussing internal union matters
- dealing with internal administration of the union – for example, answering union correspondence meetings other than as part of the negotiating or consultation process

Details of the statutory submission are contained within tables 1-4 below.

1. **Table 1 – Relevant Union Officials**

What was the total number of your employees who were relevant union officials during 2019/20?

Number of employees who were relevant trade union officials during the relevant period	*Total full-time equivalent of trade union officials*
20	15.87

2. **Table 2 - Percentage of Time Spent on Facility Time**

How many of your employees who were relevant union officials employed during 2019/20 spent a) 0%, b) 1% - 50%, c) 51% - 99%, or d) 100% of their working hours on facility time?

Percentage of time	*Number of employees*
0%	4
1 – 50%	15
51% - 99%	0
100%	1

3. **Table 3 – Percentage of Pay Bill Spent on Facility Time**

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during 2019/20.

	Figures
Provide the total cost of facility time	£46,863.21
Provide the total pay bill	£66,994,878
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.07%

4. **Table 4 – Paid Trade Union Activities**

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

	Figures
Provide the total hours spent on paid trade union activities	331.35
Provide the total paid facility time hours	2323.40
Time spent on 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 2019-20 / total paid facility time hours) x 100	14.26%

Expenditure on consultancy

The Trust spent £0.7m (2019/20: £0.2m) on Consultancy.

Off-payroll engagements

The Trust had the following highly paid off-payroll engagements as at 31 March 2021, earning £245 per day or greater:

No. of Existing engagements as of 31 March 2021	4
Of Which…	
No. that have existed for less than one year at time of reporting	0
No. that have existed between one & two years at time of reporting	0
No. that have existed between two & three years at time of reporting	1
No. that have existed between three & four years at time of reporting	0
No. that have existed for four or more years at time of reporting	3

All highly paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater:

Number of off-payroll workers engaged during the year ended 31 March 2021	0
Of Which:	
Not subject to off-payroll legislation*	0
Subject to off-payroll legislation and determined as in scope of IR35*	0
Subject to off-payroll legislation and determined as out of scope of IR35*	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
Number of engagements that saw a change to IR35 status following review	0

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

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. (1)	0
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements. (2)	0

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

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

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

- The constitution of the Trust
- Standing orders
- Standing financial instructions
- Schemes of delegation and decisions reserved to the Board
- Terms of reference for the Board of Directors, Council of Governors and subcommittees
- Role descriptions

- Codes of conduct for staff, directors and governors
- Annual declarations of interest

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

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

3.5 Regulatory Ratings

Single Oversight Framework

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

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

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

Segmentation

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

This segmentation information is the Trust's position as at 26th April 2021. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHSI website.

Finance and use of resources

Due to the COVID-19 pandemic reporting against use of resources was suspended in 2020/21.

3.6 Statement of Accounting Officer's Responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Bridgewater Community Healthcare NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bridgewater Community Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bridgewater Community Healthcare NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Colin Scales
Chief Executive Officer

The Accountability Report for Bridgewater Community Healthcare NHS Foundation Trust was approved on behalf of the Board on 24 June 2021.

Accounting Officer Colin Scales (Chief Executive)
24 June 2021

3.7 Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bridgewater Community Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bridgewater Community Healthcare NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

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

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

The Medical Director offered leadership as the Responsible Officer (RO) and has responsibility, together with the Chief Nurse, for monitoring and improving clinical service delivery, safety, and quality and is responsible for the process for revalidation of medical staff (doctors) across the trust.

The Chief Nurse, together with the Medical Director, has responsibility for monitoring and improving clinical service delivery, safety, and quality. This includes ensuring mechanisms are in place for reporting clinical incidents and identifying opportunities for service improvement as identified from incident investigations. They have responsibility for monitoring of trust achievement against the Care Quality Commission (CQC) standards, supported by sound clinical governance systems across the trust. The Chief Nurse is responsible for the process for revalidation of nursing staff across the trust and holds the role of Executive Lead for Safeguarding. The Medical Director role encompasses the role of Controlled Drugs Accountable Officer (CDAO) as set out in the Medicines Policy, and provides the executive lead on medical equipment as set out in the Medical Devices Policy. The Chief Nurse holds the role of the Caldicott Guardian as set out in the Information Governance Policy.

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

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

Lessons Learned were identified by the Serious Incident Review Panel (SIRP) to identify and cascade areas of improvement across the Trust using electronic bulletins, intranet, and Team Brief from the Executive Team. Recommendations from investigations into serious incidents also feed directly back to local teams and services.

During 2020 to manage the pandemic a Command and Control structure was put in place. This structure was our combined and co-ordinated response to major incidents. The structure was divided into three levels, Bronze, Silver and Gold.

The Bronze team is an operational group who are actively involved in the front line response to Covid-19 such as Borough Directors and Clinical Managers. The Silver Command

oversees, but is not directly involved in providing the operational response to the pandemic, this group focused on determining priorities in allocating resources and obtaining further resources. Gold command is the overall executive command of the Trust response with the responsibility for formulating the strategy to respond to Covid-19. This structure was established in March 2020 and continued throughout the year, this structure is flexible with the ability to increase / decreased meetings as required.

A temporary Covid Assurance Committee was established in April 2020. This Committee consisted of the whole Board and was responsible for ensuring the appropriate governance structures were in place and looked at what covid-related risks were emerging. At the same time a temporary covid risk was added to the Board assurance framework. The Covid Assurance Committee was stood down in August 2020 and the Committees of the Board were tasked with oversight of covid-related risks and issues in relation to their remit.

The risk and control framework

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

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

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

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

Policies, procedures, and clinical guidelines and associated staff training/implementation are the most common form of control for the majority of both strategic and operational risk. The Policy Approval Group has delegated responsibility for establishing policy development guidelines, reviewing, and approving the policies for the trust. Built into the process for

policy development, each document is approved with evidence of an Equality Impact Assessment being completed.

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

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

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

Operational risks and incidents were monitored monthly by the Borough Directors via the Quality & Safety Sub-groups and the Risk Management Council meetings. Controls and assurance that affected local operational process were managed and recorded by managers at an operational level within the directorate. High risks are escalated to the relevant Board Committee. Each of the Board Committees takes a role in oversight of key risks pertaining to their remit and considers them in detail at each meeting. The Audit Committee considers the systems and processes of Risk Management at each of its meetings.

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

The Digital Information Governance and Information Technology (DIGIT) group is well established and sits on a bi-monthly basis. This group combines members from both the Information Governance (IG) and the Information Technology (IT) steering groups into one group. The group is chaired by the Deputy Chief Nurse, who is also the deputy Caldicott Guardian, also in attendance is the Director of Finance in their role as Senior Information Risk Owner (SIRO) and the Trust Secretary in their role of Data Protection Officer (DPO). The group reports to the Finance and Performance Committee. The DIGIT group is responsible for developing and implementing the Trust's Digital Strategy to ensure it is delivered in a safe, secure and cost effective. The group will also ensure the Digital Strategy is underpinned by a comprehensive information governance framework and IT and reporting infrastructure. An audit plan has been established to ensure that the Data Security Protection Toolkit (DSPT) requirements are evidenced and fully embedded into the Trust. The DSPT is a mandatory requirement for all how handle personal information it is "*to measure their performance against the National Data Guardian's 10 data security standards*"(NHS Digital 2020).

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

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

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

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

Operational risks as identified by operational staff and managers, within Boroughs and services, are those that may foreseeably impede the safe delivery of high quality services to patients on a day to day basis. Significant operational risks could adversely affect a service's ability to meet organisational objectives.

Operational risks are identified, assessed, and documented at service level and monitored by the Quality and Safety Sub-Groups with any significant issues escalating to the Operation and Performance meetings, the Risk Management Council and the relevant Board Committee. During the pandemic, the Command and Control Structure also provided a vehicle for the rapid oversight of emerging operational risks that impacted on the Trust's capacity to deliver services.

In order to provide the Trust with assurance that risks have been identified and are being managed correctly, the Risk Management Council, despite the on-going pandemic, continued to meet on a monthly basis throughout the year. The council reviewed the Corporate Risk Register and received reports from Borough and Service leads regarding the risks within their respective portfolios.

During 2020/21 the Trust recognised the most routinely reported significant operational risks likely to remain the focus of risk treatment during 2021/22 were: -

- Demand and capacity issues within both clinical services and also corporate support functions. This remains a strategic issue and systems are in place which are referred to in the strategic risk referred to below.
- Service contracts should include provision for requirements of GDPR
- Information technology issues. These were identified as symptoms of more strategic issues and systems put in place. The oversight of risk relating to Information Technology was strengthened by consolidating the meeting structure, for Information Technology and Information Governance.
- Performance and delivery of KPI's increased in prominence, this resulted in the introduction of a Performance Council.
- Potential breaches of waiting times for assessment and treatment. As these breaches occur they are now being reported via Ulysses as incidents to establish whether any harm has occurred and form part of monthly monitoring via the IQPR.

It is recognised that the pandemic has impacted on many risks in the above categories, the Trust's Risk Management systems have been modified to facilitate monitoring of risks relating to the pandemic.

Operational finance risks. These were acknowledged and reported to the Finance & Performance Committee during 2020/21. However it should be noted that due to the changed NHS Finance regime as a result of the pandemic the risk profile of all Finance risks has reduced and there are none with a risk score of 12 or above.

- If the operational Run Rate exceeds resources and impacts on forecast outturn position, it may lead to impact on overall financial position, increased impact on cash position, impact on service delivery
- If the non-pay expenditure exceeds resource it may lead to impact on the financial position, impact on cash balances, impact on CIP programme, impact on risk rating

Actions and controls to mitigate the above risks include:

- Development and implementation of 'Service Line reporting' to facilitate contract management by commissioner.
- Monthly Reports to F&P committee include :-
  - Finance report including financial position, forecast, working balances commentary and capital update
  - TIF report (inc. minutes)
- Weekly Aged Debt Review meetings
- Agency management through a single engagement provider
- Executive and directorate performance meetings
- Detailed cash flows and forecasts are reviewed on a regular basis to manage working balances.

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

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

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

Failure to implement and maintain sound systems of Corporate Governance. If the Trust is unable to put in place and maintain effective corporate governance structures and processes; caused by insufficient or inadequate resources and / or fundamental structural or process issues.

Managing demand and capacity. If the Trust is unable to manage the level of demand; caused by insufficient resources and / or fundamental process issues; it may result in sustained failure to achieve constitutional standards in relation to access; substantial delays

to the treatment of multiple patients; increased costs; financial penalties; unmanageable staff workloads; and possible breach of license.

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

Strategy and organisational sustainability. If the Trust does not develop and deliver a strategy which demonstrates innovation and collaboration with partners and which is in line with current NHS guidance then the organisation may fail to deliver the best outcomes for patients and their families. The Trust may also lose its identity as a key system partner which could result in services being assigned to other providers and the Trust would become financially unsustainable.

Digital services which do not meet demands of the organisation. The failure to maintain and develop digitally enabled services within a governance framework to meet the current and future needs of the Trust. This includes IT, Systems, Security, Informatics, and Performance Management. This could impact in our ability to; deliver key related Trust objectives, meet regulatory, contractual and reporting requirements and to enable the development of new and exemplar service models. Maintain our position as an innovator and influencer in enhancing Out of Hospital services, collaborate in system-wide developments and recruit and retain highly skilled and motivated staff.

Staff engagement and morale. If the Trust loses the engagement of a substantial sector or sectors of its workforce; caused by national, regional and local organisational change or impacts such as the pandemic; it may result in low staff morale, leading to poor outcomes and experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.

Risk of Trust objectives due to Covid-19 pandemic. Failure to meet two of the Trust's objectives due to the Covid-19 pandemic, due to a change in healthcare services provided by the Trust and the expected increase in staff sickness, namely:

- Quality - to deliver high quality, safe and effective care which meets both individual and community needs
- People - to be a highly effective organisation with empowered high skill staff

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

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

In 2020/21 the Trust completed a Corporate Governance Statement (required under NHS foundation trust condition 4(8) (b)). The Board was satisfied that systems and standards of corporate governance are sound. The Trust Secretary engages with the NHS Providers Company Secretaries Network and routinely checks the NHS Improvement website and publications to ensure the trust remains compliant and responsive to any new information or requirements. Terms of Reference for the Board and committees were reviewed during 2020/21. External audit reports support the annual financial accounts. The Finance & Performance Committee, as a committee of the Board, routinely scrutinises the Trust's financial decision-making, management, and control. The Board receives annual confirmation that the Trust complies with the conditions of its licence. There is an Accountability Framework and Escalation Framework in place to ensure the Board is sighted on significant issues and risks in an appropriate manner. The Trust undertakes a range of engagement with its stakeholders, through Governors, Patient Partners, via Health Watch. A Trust-wide staff engagement programme is in place, and directors regularly undertake drop-ins to team meetings. Non-executive Directors and Public Governors take part in Time to Talk visits to services and engage with staff and service users to gauge the effective delivery of a service on site.

Policies, procedures, and clinical guidelines and associated staff training/implementation are the most common form of control for the majority of both strategic and operational risk.

The Policy Approval Group has delegated responsibility for establishing policy development guidelines, reviewing, and approving the policies for the Trust. Built into the process for policy development, each document can only be approved once evidence of an equality impact assessment has been completed.

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

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

There is an escalation framework that ensured Board members were briefed on any significant events or risks between Board meetings. When this happened, Board members received an email from the Trust Secretary, with detail including the nature of the issue, immediate remedial action, any likely media interest, long-term action, and to which Board or committee meeting a formal report on the issue will be presented. For serious incidents, the Head of Risk and Patient Safety completes a Directors' notification for the Board. Additionally, during 2020/21 the Board has received a weekly Covid update via the Trust Secretary to ensure up-to-date information was received throughout the pandemic.

The Audit Committee oversees a programme of counter fraud arrangements, including the contract with MIAA for a Counter Fraud Officer. An MIAA Internal Audit Plan was developed and produced to address and ensure coverage of key risk areas of the trust, with reference to strategic risks identified within the BAF, management requests into areas of potential gaps and weaknesses etc. along with mandated reviews. The overall opinion from the MIAA, internal auditors, for the period 1st April 2020 to 31st March 2021 provides Substantial Assurance that 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 Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

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

In 2018 the Trust was subject to a CQC inspection, this resulted in a 'requires improvement' rating for the domain of well led. The Trust was due for a re-inspection in 2020 however due to the Covid-19 pandemic all CQC inspections were suspended. As a result of this the Trust commissioned Facere Melius to conduct an independent Well-led Governance Review. Facere Melius was commissioned to conduct this review due to their experience in this field and due to the fact they had had no prior connection to the Trust.

The following findings were identified:

The review identified that the leadership in the Trust has been evident, especially during the Covid-19 pandemic. The Board and executive team have spent a lot of effort keeping staff updated through regular team briefs and the Chief Executive holding regular question and answer sessions with staff. Interviews with staff at a variety of levels within the Trust evidenced an understanding of the Trust's values.

From observations of committees and meetings together with individual interviews with staff, it was clear that Trust leaders demonstrated an appetite for high-quality, sustainable care. There was a shared approach to delivering the vision and values of the Trust and a supportive dynamic direction of travel to get things done. Open and honest discussions were evident, and staff were comfortable escalating concerns and potential risks.

The Trust has developed a new refreshed strategy developed with supporting governance arrangements around the delivery of the strategic objectives. Discussions with staff in the Trust and partner agencies identified that further work is required in sharing the refreshed strategy and the future vision for the Trust.

The Trust uses information well; the Board and Board committees were getting high quality and timely information. It allowed them to take an assurance view on the controls in place within the Trust, the information executive directors were using to make decisions, and ultimately, the actions taken by the Trust leadership. Good quality information is included in key corporate documents such as the BAF, IQPR, and corporate risk register, and these are produced monthly.

The information contained within these documents was always challenged and acted upon. There were no challenges in any meeting to the accuracy or validity of the data being presented, which suggested people had confidence in the information they were using to manage the service. The Trust has implemented a new data warehouse housed in a cloud-based solution, Azure. The warehouse now stores most of the Trust data in a single database. Improvements in reporting are now being seen.

Good practice was identified in how the Trust engaged people who used their services, the public and external partners. There are good processes in places to support each area of engagement, and they are supported with good strategies with clear accountabilities. Whilst a considerable amount of quality improvement work is currently undertaken within the Trust, it has not been part of a standardised improvement approach. During the review, the Trust executive agreed to develop a quality improvement group chaired by the Chief Nurse/Deputy Chief Executive, and this group would lead on the development, coordination, and implementation of the Trust approach to quality improvement. The reviewers strongly supported this initiative by the Trust as it strives to establish a 'Bridgewater' way of making continuous improvement.

After a period of vacancies at board level, the Trust has a full complement of non-executive and executive posts in place. There is now in place a mixture of new and experienced board members.

Whilst full capacity has now been achieved; it was noted that five of the existing executive directors are in their first substantive director role. The creation of a board development programme with non-executive and executive director modules and the board collectively should now be progressed.

The structures the Board have put in place to ensure it has good governance are now starting to mature, and this is supported by the review and the self-assessment results that were received. The frequency of the Finance and Performance Committee should now be reviewed to reflect the ongoing maturity of the broader governance arrangements within the Trust.

There are clear responsibilities and accountabilities in place, and at a board and executive level, there is evidence of extended responsibilities prior to the full recruitment into posts. This was well-managed, and handover of accountabilities to newly appointed non-executive and executive directors was done very well. Senior leaders are aware of their accountabilities and responsibilities and are supported by a good governance framework.

To further improve the development of the governance of the Trust and the overall efficiency of meetings, it was suggested that those writing reports for executives and sometimes deputising at meetings are provided with some extra governance support as part of their executive development.

Finally, consideration was given as to whether there were clear and effective processes in place for managing Covid-19. The Trust quickly responded to the pandemic and established an effective control and command structure. There were good board arrangements in place

for oversight of the Trust management of Covid-19 through the BAF and the CAC, which was stood down when high levels of assurance had been achieved.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality. This applies to all decision-making staff, staff of Band 7 and above and any other member of staff with an interest to declare over the past twelve months as required by the *Managing Conflicts of Interest in the NHS* guidance.
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

As a result of the changes to the NHS Finance regime NHS organisations were not required to deliver efficiencies during 2020/21 and reporting against the Single Oversight Framework was suspended.

Information governance

There has been no serious incidents relating to data breaches for 20/21; therefore none has been reported to the UK regulators, the Information Commissioners Office (ICO). The serious incidents relating to previous years, two in 19/20 and two in 18/19 have been closed.

Bridgewater underwent an on-site audit by the Information Commissioner's Office (ICO) in February 2020. The audit achieved high assurance for Data Breach Reporting and Governance and Accountability. Despite the high assurance the Trust is always keen to improve, an action plan has been put in place where the ICO made recommendations.

The DSPT is a self -assessment tool and provides an overall measure of the data quality systems, standards and processes within the Trust. The COVID -19 pandemic has meant

extending deadlines for submissions for the mandatory Data Security and Protection Toolkit (DSPT).

The submission made in October 2020 (normally the end of March) shows the Trust to be "Standards Not Fully Met (Plan Agreed)". There is only one area that the Trust was required to implement an action this was Assertion 3.2.1 – "*at least 95% of all staff complete their annual Data Security Awareness Training between 1st April 2019 and 31st March 2020*". The highest percentage achieved within 2019/2020 was 91% and increase of 11% on previous year. This year's mandatory training figures (April 2020– March 2021) show the highest percentage to be 93%. The 2% increase is an excellent achievement, within the current situation. It reflects the commitment of our staff in upholding their awareness training responsibilities and understanding the importance of data security.

Included in the DSPT is the mandated requirement to have an internal audit undertaken. An audit was conducted by Mersey Internal Audit Agency (MIAA) during February 2020 to evaluate and validate the Trust's self-assessed scores. The final report from MIAA awarded the Trust with "Substantial Assurance".

This year NHS Digital has further enhanced the DSPT standards including how the auditors evaluate the findings. The auditor verifies the information produced by the Trust, i.e. tests, authenticates and observes the information flows that the Trust has produced. The interim report shows some gaps in evidence, which will be addressed prior to the DSPT submission in June 2021.

Data quality and governance

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

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

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

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

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

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

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the quality and safety committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

The main focus of an Audit Committee's work is related to internal financial control matters, the maintenance of proper accounting records, the reliability of financial information, and a wider focus on the safety and quality of patient care.

During the financial reporting period for 2020/21 the Audit Committee have complied with 'good practice' recommended through:

- Agreement of Internal and External Audit and Counter Fraud plans.
- Regular review of progress and outcomes in relation to internal audit and counter fraud.

- Private meetings with External and Internal Audit.
- Regular review of the Audit Committee work plan.
- Review of the Committee's Terms of Reference.

The overall opinion from the Director of Internal Audit for the period 1st April 2020 to 31st March 2021 provides **Substantial Assurance that 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 overall opinion is provided in the context of the level of risk awareness of the Trust and the targeted and effective use of Internal Audit as part of the system of internal control. Internal Audit resource has been directed into known risk areas by Trust management and the Audit Committee. Whilst this has resulted in a number of moderate and limited assurance opinions being provided for individual reviews, this has not adversely impacted on the overall assurance level assigned. The risk based approach adopted by the Trust supports the overall opinion of substantial assurance.

During the course of the year the Trust has taken steps to address and strengthen its systems of internal control across a range of areas, including developing the Board Assurance Framework arrangements and enhancing the follow up process to improve monitoring and timely implementation of actions.
During the year MIAA has completed 12 internal audit reviews, covering both clinical and non-clinical systems and processes and formed a view on the level of assurance as follows:

INTERNAL AUDIT PLAN OUTPUTS	**ASSURANCE LEVEL**
Assurance Framework	NHS requirements met
IT Data Warehouse	Moderate
IT Threat & Vulnerability	Substantial
Business Case development & approval	Not applicable
Freedom to Speak up	Substantial
Quality Spot Check follow up (1)	Moderate
Quality Spot Check follow up (2)	Moderate
CAS Alerts	Limited
Induction Processes	Substantial
Key Financial Systems	High/Substantial
Data Security & Protection Toolkit (progress review)	Not applicable
Risk Management	Substantial assurance*

**Risk management report at draft report stage, although audit opinion agreed with Trust*

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

The Trust takes the view that Internal Audit is a key management tool for improvement and therefore consciously asks its auditors to review areas where it is aware it can benefit from advice or recommendations relating to good practice from elsewhere. All audits carry responses to any risks identified in internal audits.

Head of Internal Audit Opinion

The overall opinion from the Director of Internal Audit for the period 1st April 2020 to 31st March 2021 provides Substantial Assurance that 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 2020/21 Internal Audit Plan has been substantially delivered with the focus on the provision of your Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year. There is one review outstanding in relation to Covid expenditure claims (fieldwork in progress) which will be reported as part of next year's HOIA opinion.

In addition, the delivery date for the Data Protection & Security Toolkit was extended to June 2021 in line with NHS Digital timeframes for submission. As such this assurance is not included within the HOIA opinion, although a progress review has been performed.

The impact on the organisation of COVID-19 required us to review your internal audit risk assessment and plan for 2020/21 on a regular basis, in liaison with yourselves. As part of this assessment we took account of the following:

- How the organisation has implemented NHSE/I guidance, issued to support them in responding to COVID-19, whilst still discharging their stewardship responsibilities;
- Any revisions to the organisation's strategic priorities as well as liaising with you to review areas for internal audit focus;
- Independent assurance requirements on how COVID-19 costs are captured and claimed across a range of areas; and
- Mandated review requirements and audits which from a professional internal audit perspective are pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion.

Therefore review coverage has been focused on:

- The organisation's Assurance Framework
- Core and mandated reviews, including follow up; and
- A range of individual risk-based assurance reviews.

External Audit Opinion

The Annual Report and Accounts 2020/2021 includes KPMG's external audit opinion.

Conclusion

The systems of internal control are sound and they have been reviewed and are able to identify and escalate any significant issues speedily and appropriately to the proper level. The trust identified risks associated with the CQC rating of Requires Improvement during 2020/21. All of the 'musts' have been addressed and outstanding actions now form part of the Trust continuous improvement plan which is monitored by the Board.

Accounting Officer: Colin Scales (Chief Executive)

Organisation: Bridgewater Community Healthcare NHS Foundation Trust

Signed: 

Date: 24 June 2021

4. Annual Accounts for year ended 31 March 2020

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 March 2021

FOREWORD TO THE ACCOUNTS

These accounts, for the period ended 31 March 2021, have been prepared by Bridgewater Community Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed: 

Name: Colin Scales
Job title: Chief Executive
Date: 24 June 2021

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in *the NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bridgewater Community Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bridgewater Community Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *Department of Health Group Accounting Manual* and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health Group Accounting Manual*) have been followed, and disclose and explain any material departures in the annual accounts
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance, and
- Prepare the annual accounts on a going concern basis.

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

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

Signed  Chief Executive

Date: 24 June 2021

Statement of Comprehensive Income for year ended 31 March 2021

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	**89,431**	100,634
Other operating income	4	**16,927**	9,104
Operating expenses	5,7	**(108,594)**	(109,203)
Operating surplus/(deficit) from continuing operations		**(2,236)**	535
Finance income	10	**1**	29
Finance expenses	11	**-**	(491)
PDC dividends payable		**(285)**	(23)
Net finance costs		**(284)**	(485)
Gains/(Losses) arising from transfer by absorption	25	**59**	(8,008)
Deficit for the year from continuing operations		**(2,461)**	(7,958)
Deficit for the year		**(2,461)**	(7,958)
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	6	**(166)**	-
Revaluations	14	**-**	(790)
Total comprehensive expense for the year		**(2,627)**	(8,748)

Adjusted financial performance	2020/21 £000	2019/20 £000
Deficit for the period	**(2,461)**	(7,958)
Remove net impairments not scoring to Departmental expenditure limit	**608**	-
Remove (gains)/losses on transfers by absorption	**(59)**	8,008
Remove net impact of inventories received from DHSC group bodies for COVID response	**(274)**	-
Adjusted financial performance surplus / (deficit)	**(2,186)**	50

Statement of Financial Position as at 31 March 2021

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets:			
Intangible assets	12	**2,267**	2,829
Property, plant and equipment	13	**8,340**	9,876
Trade and other receivables	16	**99**	521
Total non-current assets		**10,706**	13,226
Current assets:			
Inventories	15	**274**	23
Trade and other receivables	16	**10,532**	24,232
Cash and cash equivalents	17	**17,886**	3,587
Total current assets		**28,692**	27,842
Current liabilities			
Trade and other payables	18	**(14,071)**	(14,280)
Borrowings	19	**-**	(26,180)
Provisions	20	**(910)**	(47)
Total current liabilities		**(14,981)**	(40,507)
Net current assets/(liabilities)		**13,711**	(12,665)
Total assets less current liabilities		**24,417**	561
Total assets employed		**24,417**	561
Financed by:			
Public dividend capital		**32,657**	6,174
Revaluation reserve		**1,998**	2,360
Income and expenditure reserve		**(10,238)**	(7,973)
Total taxpayers' equity		**24,417**	561

The notes on pages 8 to 37 form part of this account

The annual accounts on pages 1 to 37 were approved by the Board on 24 June 2021 and signed on its behalf by:

Chief Executive:  **Date: 24 June 2021**

Statement of Changes in Equity for the year ended 31 March 2021

	Public Dividend Capital	Revaluation Reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 – brought forward	**6,174**	**2,360**	**(7,973)**	**561**
Deficit for the year	-	-	(2,461)	**(2,461)**
Other transfers between reserves	-	(196)	196	**-**
Revaluations	-	(166)		**(166)**
Public dividend capital received	26,483	-	-	**26,483**
Taxpayers' and others' equity at 31 March 2021	**32,657**	**1,998**	**(10,238)**	**24,417**
Taxpayers' and others' equity at 1 April 2019 – brought forward	5,683	7,256	(4,121)	**8,818**
Deficit for the year	-	-	(7,958)	**(7,958)**
Transfers by absorption: transfers between reserves	-	(4,106)	4,106	**-**
Revaluations	-	(790)	-	**(790)**
Public dividend capital received	491	-	-	**491**
Taxpayers' and others' equity at 31 March 2020	**6,174**	**2,360**	**(7,973)**	**561**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating (deficit)/surplus		**(2,236)**	535
Non-cash income and expense:			
Depreciation and amortisation	5	**2,869**	1,956
Net impairments	6	**608**	-
Decrease/(increase) in receivables and other assets		**14,750**	(6,691)
(Increase)/decrease in Inventories		**(251)**	5
Increase/(decrease) in payables and other liabilities		**340**	144
Increase/(decrease) in provisions		**863**	(11)
Net cash from/(used in) operating activities		**16,943**	(4,062)
Cash flows from investing activities			
Interest received		**1**	29
Purchase of intangible assets		**(1,037)**	(567)
Purchase of property, plant, equipment and investment property		**(1,578)**	(1,488)
Net cash used in investing activities		**(2,614)**	(2,026)
Cash flows from financing activities			
Public dividend capital received		**26,483**	491
Movement on loans from Department of Health and Social Care		**(26,040)**	8,026
Interest on loans		**(140)**	(473)
PDC dividend paid		**(333)**	(23)
Net cash (used in)/from financing activities		**(30)**	8,021
Increase/(decrease) in cash and cash equivalents		**14,299**	1,933
Cash and cash equivalents at 1 April – brought forward		**3,587**	1,654
Cash and cash equivalents at 31 March	17	**17,886**	3,587

Notes to the Accounts

Note 1 - Accounting policies and other information

Note 1.1 - Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 - Going concern

These accounts have been prepared on a going concern basis.

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. The Trust is also required to disclose material uncertainties in respect of events or conditions that may cast significant doubt upon the going concern ability of the Trust and these are disclosed below.

The Trust reported a deficit of £2.62m in 2020/21. However, this includes adjusting items such as impairments, gain on transfer by absorption, and net impact of DHSC procured inventories. Excluding these items the Trust's adjusted financial position for 2020/21 is a deficit of £2.19m.

As a consequence of the Covid-19 pandemic, all NHS providers were moved to block contract payments on account in 2020/21 with additional monies made available for COVID-19 and vaccination expenditure incurred plus a top up mechanism to support.

These arrangements are to continue for the first half of 2021/22 and a draft high level plan has been submitted to Cheshire and Merseyside Healthcare Partnership (C&M HCP) showing a deficit of £2.78m however this is subject to final approval by C&M HCP. Financial arrangements for the second half of 2021/22 have not yet been announced.

On 1st September 2020 the Trust acquired community dental services in Oldham, Rochdale and Bury and this contract continues until September 2022.

In 2019/20, Halton CCG made the decision to transfer the responsibilities of lead provider for services at the Widnes Urgent Care Centre to St Helens and Knowsley Hospital Trust (StHK). As part of this arrangement, StHK are required to subcontract this service back to Bridgewater. Due, in part to the pandemic, and the reprioritisation of all organisations' focus, the finalisation of this agreement has been delayed. It is expected that the transfer and subcontracting arrangements will be completed in 2021/22.

Halton CCG is looking to develop an integrated collaborative maternity service with local community and acute services. As part of their contractual process, the CCG has served notice on the maternity services provided by Bridgewater. At the time of writing this report, the development of the integrated service on going and the provision of maternity services by Bridgewater are a key element of the options being developed.

The Trust continues to actively seek new business opportunities with Commissioners either through tendering opportunities being advertised or collaborative working.

All other services provided by the Trust are contracted to continue.

Having considered the uncertainties in the Trust's financial plans, the directors have determined that these are not material and it remains appropriate to prepare these accounts on a going concern basis.

Note 1.3 - Revenue

Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 - Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is

recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs - NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Note 1.6 - Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 - Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000,
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control, or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic

benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. The last full valuation was performed as at 31 March 2019 and the current year valuation has been based on a desktop exercise. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

IT equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales; and
- the sale must be highly probable.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in

a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	95
Plant and machinery	5	15
Information technology	3	7
Furniture and fittings	7	21

Note 1.8 - Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives is shown in the table below:

	Min life Years	Max life Years
Software licences	2	11
Other (purchased)	3	5

Note 1.9 - Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 - Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 - Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 - 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.

The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13 - Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective as at 31 March 2021.

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 21 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 – Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 - Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the

value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 - Value added tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 - Corporation tax

The Trust has determined that it is has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

Note 1.18 - Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at “fair value through income and expenditure”) are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.19 - Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.20 - 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 had NHS foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 - Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Transfers of functions to/from other NHS bodies

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss corresponding to the net assets transferred is recognised within expenses, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net loss corresponding to the net assets transferred is recognised within expenses, but not within operating activities

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

Note 1.23 – Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.24 - Accounting standards that have been issued but have not yet been adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Other standards, amendments, and interpretations

IFRS 14 Regulatory Deferral Accounts - Not EU endorsed. Applies to first time adopters after 1 January 2016. Therefore not applicable to DHSC Group bodies.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

Note 1.25 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- 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 only affects only that period or in the period of the revision and future periods if the revision affects both current and future periods;
- Non-consolidation of the Trust's element of the registered charity North West Boroughs Partnership NHS Foundation Trust Charitable Fund (charity number 1061651). In making this judgement the Trust has made reference to the DH GAM 2018/19. The Trust's element of this fund is managed under a Service-level agreement with North West Boroughs Partnership NHS Foundation Trust. Whilst the Trust is able to requisition expenditure from this fund within the constraints of the fund objective, corporate Trusteeship of the fund remains with North

West Boroughs Partnership NHS Foundation Trust. Where a body acts as a corporate Trustee, there is a presumption that the body possesses 'control' of the fund. Therefore there is no need for the Trust to consolidate; and

- Valuation of the Trust's land and buildings. In making this judgement the Trust has engaged with an independent RICS Registered Valuer, 'DVS - Property Services arm of the VOA' which performs a full revaluation of the Trust's land and buildings every 5 years. The Trust considers this to be of sufficient regularity to ensure that the carrying values of land and buildings are not materially misstated and further confirms this by (i) requesting the DVS to perform a desktop revaluation exercise in the intervening years; and (ii) performing an annual impairment review of the asset register (including land and buildings).

Note 1.26 Sources of estimation uncertainty

The following are the major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Accounting for Impairments

The Trust accounts for impairments using an adaptation of IFRS as per the FReM and Department of Health and Social Care Group Accounting Manual (GAM). Details of impairments are included in note 6.

Actuarial assumptions for costs relating to the NHS Pension Scheme

The Trust reports as operating expenditure employer contributions to staff pensions. These contributions are based on an annual actuarial estimate of the required contribution to meet the scheme's liabilities.

Accruals

Accruals are largely based on known commitments and are assessed accurately. Where estimates are made, they are based on historical records, precedence and officers' knowledge and experience. In all cases, the Trust adopts a prudent approach to avoid overstating its resources.

Note 2 Operating Segments

The Trust operates in a single segment, the provision of healthcare community services. There are therefore no reportable segments.

Income from transactions with the following organisations is in excess of 10% of total income:

	2020/21	2019/20
	£'000	£'000
CCGs and NHS England	**69,060**	71,908
Local authorities	**19,043**	20,347
	88,103	92,255

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.

Note 3.1 Income from patient care activities (by nature)

	2020/21 £000	2019/20 £000
Acute services		
Block Contract/ system envelope income*	**-**	5,025
Community services		
Block Contract/ system envelope income*	**65,893**	63,881
Income from other sources (e.g. local authorities)	**20,006**	27,588
All services		
Additional pension contribution central funding**	**2,701**	3,002
Other clinical income	**831**	1,138
Total income from activities	**89,431**	100,634

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2020/21 £000	2019/20 £000
NHS England	**13,900**	18,822
Clinical commissioning groups	**55,160**	53,086
Department of Health and Social care	**20**	-
Other NHS providers	**1,275**	7,241
NHS other	**9**	-
Local authorities	**19,043**	20,347
NHS injury scheme	**(374)**	198
Non-NHS: other	**398**	940
	89,431	100,634
Of which:		
Related to continuing operations	**89,431**	100,634
Related to discontinued operations	**-**	-

Injury cost recovery scheme is subject to a provision for impairment of receivables of 21.79% (2019/20: 21.79%) to reflect expected rates of collection.

Note 4 Other operating income

	2020/21 £000	2019/20 £000
Other operating income from contracts with customers:		
Research and development	**-**	9
Education and training (excluding notional apprenticeship levy income)	**1,482**	907
Non-patient care services to other bodies	**1,605**	2,695
Provider sustainability fund (PSF) (2019/20 only)	**-**	2,037
Financial recovery Fund (FRF) (2019/20 only)	**-**	2,891
Reimbursement and top-up funding	**12,469**	-

Other contract income	**49**	271
Other non-contract operating income		
Education and training	**94**	294
Charitable and other contributions to expenditure	**1,228**	-
	16,927	9,104
Of which:		
Related to continuing operations	**16,927**	9,104
Related to discontinued operations	**-**	-

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2020/21	2019/20
	£000	£000
Income from services not designated as commissioner requested services	**89,431**	100,634
	89,431	100,634

Note 5 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	**5,799**	6,757
Purchase of healthcare from non-NHS and non-DHSC bodies	**1,595**	2,045
Staff and executive directors costs	**69,063**	73,377
Remuneration of non-executive directors	**127**	126
Supplies and services – clinical (excluding drugs costs)	**6,554**	5,368
Supplies and services - general	**1,228**	417
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**1,662**	2,456
Inventories written down	**95**	-
Consultancy	**662**	231
Establishment	**3,569**	3,107
Premises	**3,955**	3,828
Transport (including patient travel)	**135**	154
Depreciation on property, plant and equipment	**1,890**	1,455
Amortisation on intangible assets	**979**	501
Net impairments	**608**	-
Movement in credit loss allowance: contract receivables/contract assets	**1,959**	1,427
Movement in credit loss allowance: all other receivables and investments	**-**	(26)
(Decrease)/increase in other provisions	**-**	(11)
Audit fees payable to the external auditors		
- audit services - statutory audit	**108**	96
Internal audit costs	**89**	138
Clinical negligence	**618**	450
Legal fees	**-**	270
Education and training	**394**	580
Rentals under operating leases	**7,385**	6,371
Other	**120**	86
	108,594	109,203

Of which:		
Related to continuing operations	**108,594**	109,203
Related to discontinued operations	**-**	-

Note 5.1 Limitation on auditors' liability

The limitation on auditors' liability for external audit work carried out is £1 million (2019/20: £1 million).

Note 6 Impairment of assets

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus/(deficit) resulting from :		
Other	**608**	**-**
Total net impairments charged to operating surplus / deficit	**608**	**-**
Impairments charged to the revaluation reserve	**166**	**-**
Total net impairments	**774**	**-**

Note 7 Employee benefits

	2020/21	2019/20
	£000	£000
Salaries and wages	**50,175**	54,344
Social security costs	**4,345**	4,751
Apprenticeship levy	**229**	280
Employer's contributions to NHS pensions	**8,923**	9,807
Pension cost - other	**39**	31
Termination benefits	**132**	-
Temporary staff (including agency)	**5,274**	4,646
Total staff costs	**69,117**	73,859
Recoveries in respect of seconded staff	**-**	(315)
	69,117	73,544
Of which:		
Costs capitalised as part of assets	**54**	167

Note 7.1 Retirements due to ill health

During 2020/21 there were 2 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £89k (£150k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially

from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 9 Operating leases

This note discloses costs and commitments incurred in operating lease arrangements where Bridgewater Community Healthcare NHS Foundation Trust is the lessee.

Bridgewater Community Healthcare NHS Foundation Trust has included within lease costs occupancy charges in relation to occupancy of premises owned and controlled by NHS Property Services Ltd and Community Health Partnerships. Whilst the Trust occupies properties from NHS Property Services Ltd and Community Health Partnerships under arrangements which the Trust considers to be operating leases, the Trust does not have agreed formal lease arrangements in place.

The minimum lease payments disclosed below therefore only include our expected costs for these properties.

	2020/21	2019/20
	£000	£000

Operating lease expense		
Minimum lease payments	**7,385**	6,371
Total	**7,385**	6,371

	2020/21	2019/20
	£'000	£'000
Future minimum lease payments due:		
- not later than one year;	**5,905**	6,041
- later than one year and not later than five years;	**11,433**	18,474
- later than five years.	**7,422**	7,875
Total	**24,760**	32,390

Note 10 Finance Income

	2020/21	2019/20
	£000	£000
Interest on bank accounts	**1**	29
Total	**1**	29

Finance income represents interest received on assets and investments in the period.

Note 11 Finance Expenditure

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	**-**	491
Total	**-**	491

Finance expenditure represents interest and other charges involved in the borrowing of money.

Note 12 Intangible assets

Note 12.1 Intangible assets – 2020/21

	Software Licences £000	**Internally generated information technology £000**	**Other (purchased) £000**	**Total £000**
Valuation/gross cost at 1 April 2020	**5,177**	**-**	**94**	**5,271**
Additions	442	-	-	**442**
Impairments	(167)	-	(31)	**(198)**
Valuation/gross cost at 31 March 2021	**5,452**	**-**	**63**	**5,515**
Amortisation at 1 April 2020	**2,401**	**-**	**41**	**2,442**
Provided during the year	967	-	12	**979**
Impairments	(142)	-	(31)	**(173)**
Amortisation at 31 March 2021	**3,226**	**-**	**22**	**3,248**
Net book value at 31 March 2021	**2,226**	**-**	**41**	**2,267**
Net book value at 31 March 2020	2,776	-	53	2,829

Note 12.2 Intangible assets – 2019/20

	Software Licences	**Internally generated**	**Other (purchased)**	**Total**

	£000	information technology £000	£000	£000
Valuation/gross cost at 1 April 2019	-	4,112	-	4,112
Additions	1,153	-	9	1,162
Reclassifications	4,024	(4,112)	85	(3)
Valuation/gross cost at 31 March 2020	5,177	-	94	5,271
Amortisation at 1 April 2019	-	1,944	-	1,944
Provided during the year	491	-	10	501
Reclassifications	1,910	(1,944)	31	(3)
Amortisation at 31 March 2020	2,401	-	41	2,442
Net book value at 31 March 2020	2,776	-	53	2,829
Net book value at 31 March 2019	-	2,168	-	2,168

13 Property, plant and equipment

Note 13.1 Property, plant and equipment – 2020/21

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 – brought forward	**1,030**	**4,820**	**3,031**	**8,917**	**657**	**18,455**
Transfers by absorption	-	-	74	-	-	**74**
Additions	-	155	600	869	-	**1,624**
Impairments	(38)	(487)	(1,147)	(5,943)	(98)	**(7,713)**
Reclassifications	-	242	(246)	-	4	**-**
Disposals/de-recognition	(112)	(460)	(367)	-	-	**(939)**
Valuation/gross cost at 31 March 2021	**880**	**4,270**	**1,945**	**3,843**	**563**	**11,501**
Accumulated depreciation at 1 April 2020 – brought forward	**-**	**258**	**2,012**	**5,882**	**427**	**8,579**
Transfers by absorption	-	-	15	-	-	**15**
Provided during the year	-	197	220	1,433	40	**1,890**
Impairments	-	(246)	(1,047)	(5,577)	(94)	**(6,964)**
Reclassifications	-	192	(194)	-	2	**-**
Disposals/de-recognition	-	(107)	(252)	-	-	**(359)**
Accumulated depreciation at 31 March 2021	**-**	**294**	**754**	**1,738**	**375**	**3,161**
Net book value at 31 March 2021	**880**	**3,976**	**1,191**	**2,105**	**188**	**8,340**
Net book value at 31 March 2020	1,030	4,562	1,019	3,035	230	9,876

Note 13.2 Property, plant and equipment – 2019/20

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 – brought forward	**2,379**	**10,519**	**4,378**	**9,482**	**658**	**27,416**

Transfers by absorption	(1,348)	(5,193)	(1,487)	(1,244)	-	**(9,272)**
Additions	-	422	131	666	-	**1,219**
Revaluations	**-**	(913)	-	-	-	**(913)**
Reclassifications	(1)	(15)	9	13	(1)	**5**
Valuation/gross cost at 31 March 2020	**1,030**	**4,820**	**3,031**	**8,917**	**657**	**18,455**
Accumulated depreciation at 1 April 2019 – brought forward	**-**	**203**	**2,381**	**5,536**	**386**	**8,506**
Transfers by absorption	-	-	(648)	(616)	-	**(1,264)**
Provided during the year	-	189	277	947	42	**1,455**
Revaluations	-	(123)	-	-	-	**(123)**
Reclassifications	-	(11)	2	15	(1)	**5**
Accumulated depreciation at 31 March 2020	**-**	**258**	**2,012**	**5,882**	**427**	**8,579**
Net book value at 31 March 2020	**1,030**	**4,562**	**1,019**	**3,035**	**230**	**9,876**
Net book value at 31 March 2019	2,379	10,316	1,997	3,946	272	18,910

Note 13.3 Property, plant and equipment financing – as at 31 March 2021

	Land	**Buildings excluding dwellings**	**Plant & machinery**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Owned	880	3,976	1,191	2,105	188	**8,340**
Net book value at 31 March 2021	**880**	**3,976**	**1,191**	**2,105**	**188**	**8,340**

Note 13.4 Property, plant and equipment financing – as at 31 March 2020

	Land	**Buildings excluding dwellings**	**Plant & machinery**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000 Restated**	**£000**	**£000**	**£000**
Owned	1,030	4,562	1,019	3,035	230	9,876
Net book value at 31 March 2020	**1,030**	**4,562**	**1,019**	**3,035**	**230**	**9,876**

Note 14 Revaluations of property, plant and equipment

All of the Trust's owned Land and Buildings have been revalued at 31 March 2021 based on a desktop exercise (the last full valuation was performed as at 31 March 2019). The revaluation was carried out independently by:

DVS - Property Services arm of the VOA (DipSurv MRICS RICS Registered Valuer)
Crewe Valuation Office
2nd Floor Wellington House
Delamere Street
Crewe
CW1 2LQ

The revaluation was undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the Annual Reporting Manual. The assumption has been made that the properties valued will continue to be held for the foreseeable future having regard to the prospect and viability of the continuance of occupation. The basis of valuation is Current Value which has been interpreted as market value for existing use.

For those properties where there is market-based evidence to support the use of 'Existing Use Value' (EUV) to arrive at Current Value the comparative method of valuation has been adopted.

For those properties where there is no market based evidence to support the use of EUV to arrive at Current Value, the Depreciated Replacement Cost (DRC) approach has been used.

Note 15 Inventories

	31 March 2021	31 March 2020
	£000	£000
Drugs	**-**	23
Consumables	**274**	-
Total inventories	**274**	23
Of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £1,543k (2019/20: £2,456k). Write-down of inventories recognised as expenses for the year were £95k (2019/20: £nil).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £1,228k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 16 Trade and other receivables

Note 16.1 Current and non-current trade receivables and other receivables

	31 March 2021	31 March 2020

	£000	£000
Current		
Contract receivables	**11,991**	24,632
Capital receivables	**580**	-
Allowance for impaired contract receivables/assets	**(3,496)**	(1,956)
Prepayments (non-PFI)	**613**	1,095
PDC dividend receivable	**57**	9
VAT receivable	**256**	332
Other receivables	**531**	120
Total current trade and other receivables	**10,532**	24,232
Non-current		
Provision for impaired receivables	**(29)**	(137)
Other receivables	**128**	658
Total non-current trade and other receivables	**99**	521
Of which receivables from NHS and DHSC group bodies:		
Current	**4,137**	17,655
Non-current	**-**	**-**

The majority of the Trust's revenue comes from contracts with other public sector bodies and therefore the Trust has low exposure to credit risk.

Note 16.2 Allowances for credit losses

	Contract receivable and contract assets	All other receivables
	£000	£000
Allowances as at 1 April 2020 – brought forward	**1,956**	**137**
Net allowances arising	**1,959**	
Utilisation of allowances (write offs)	**(419)**	**(108)**
Allowances at 31 March 2021	**3,496**	**29**

	Contract receivable and contract assets	All other receivables
	£000	£000
Allowances as at 1 April 2019 – brought forward	529	163
Net allowances arising	1,427	-
Changes in existing allowances	-	(26)
Allowances at 31 March 2020	1,956	137

Note 16.3 Exposure to credit risk

The majority of the Trust's revenue comes from contracts with other public sector bodies and therefore the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2021 are in receivables from customers, as disclosed in the table above.

Note 17 Cash and cash equivalent movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2020/21	2019/20
	£000	£000
At 1 April	**3,587**	1,654
Net change in year	**14,299**	1,933
At 31 March	**17,886**	3,587
Broken down into:		
Cash at commercial banks and in hand	**14**	16
Cash with the Government Banking Service	**17,872**	3,571
Total cash and cash equivalents as in SoFP and SoCF	**17,886**	3,587

Note 18 Trade and other payables

	31 March 2021	31 March 2020
	£000	£000
Current		
Trade payables	**6,319**	8,396
Capital payables	**180**	729
Accruals	**5,362**	3,013
Social security costs	**1,210**	1,234
Other payables	**1,000**	908
Total current trade and other payables	**14,071**	14,280
Of which: payables to NHS and DHSC group bodies:		
Current	3,281	6,580
Non-current	-	-

Note 19 Borrowings

	31 March 2021	31 March 2020
	£000	£000
Current		
Loans from the Department of Health and Social Care	**-**	26,180
Total current borrowings	**-**	26,180
Non-current		
Loans from the Department of Health and Social Care	**-**	-
Total non-current borrowings	**-**	-

Note 19.1 Reconciliation of liabilities arising from financing activities – 2020/21

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2020	26,180	**26,180**
Cash movements:		
Financing cash flows – payments and receipts of principal	(26,040)	**(26,040)**
Financing cash flows – payments of interest	(140)	**(140)**
Carrying value at 31 March 2021	-	**-**

Note 19.2 Reconciliation of liabilities arising from financing activities – 2019/20

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2019	**18,136**	**18,136**
Cash movements:		
Financing cash flows – payments and receipts of principal	8,026	8,026
Financing cash flows – payments of interest	(473)	(473)
Non-cash movements:		
Application of effective interest rate	491	491
Carrying value at 31 March 2020	**26,180**	**26,180**

Note 20 Provisions for liabilities and charges analysis

	Legal Claims	Other	Total
	£'000	£'000	£'000
At 1 April 2020	47	-	**47**
Arising during the year	2	884	**886**
Reversed unused	(23)	-	**(23)**
At 31 March 2021	**26**	**884**	**910**
Expected timing of cash flows:			
- not later than one year	26	884	**910**
Total	**26**	**884**	**910**

The provision for legal claims as at 31 March 2021 relates to the Liabilities to Third Parties Scheme "LTPS" provision.

Other provisions include:

- Provision for a Mutually Agreed Resignation Scheme of £169k. All documentation has been issued for formal signature to relevant employees and completion and settlement is expected in the year ending 31 March 2022;
- Provision for an ongoing HMRC investigation of £360k. Resolution of the case was paused due to the pandemic and is expected to recommence shortly. Settlement is expected to be made in the year ending 31 March 2022; and
- Provision for costs relating to probable compensation claims of £355k. The provision is based on legal advice and their estimates of liability. Payment is expected to be made in the year ending 31 March 2022.

Note 20.1 Clinical negligence liabilities

At 31 March 2021, £2,108k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bridgewater Community Healthcare NHS Foundation Trust (31 March 2020: £2,611k).

Note 21 Contractual capital commitments

	31 March 2021	31 March 2020
	£000	£000
Property, plant and equipment	**148**	21
Intangible assets	**-**	44
Total	**148**	65

Note 22 Financial Instruments

Note 22.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with NHS England, Clinical Commissioning Groups and Local Authorities and the way NHS England, Clinical Commissioning Groups and Local Authorities are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the department of health. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with other NHS bodies, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated resources. The Trust is not, therefore, exposed to significant liquidity risks.

Note 22.2 Carrying values of Financial assets

	Held at amortised cost
	£000
Carrying values of financial assets as at 31 March 2021	
Trade and other receivables excluding non-financial assets	**9,366**
Cash and cash equivalents at bank and in hand	**17,886**
Total at 31 March 2021	**27,252**

	Held at amortised cost
	£000
Carrying values of financial assets as at 31 March 2020	
Trade and other receivables excluding non-financial assets	22,297
Cash and cash equivalents at bank and in hand	3,587
Total at 31 March 2020	25,884

Note 22.3 Carrying values of financial liabilities

	Held at amortised cost
	£000
Carrying values of financial liabilities as at 31 March 2021	
Trade and other payables excluding non-financial liabilities	**12,861**
Total at 31 March 2021	**12,861**

Carrying values of financial liabilities as at 31 March 2020	
Loans from the Department of Health and Social Care	26,180
Trade and other payables excluding non-financial liabilities	12,268
Total at 31 March 2020	38,448

Note 22.4 Maturity of financial liabilities

	31 March 2021	31 March 2020 restated*
	£000	£000
In one year or less	**12,861**	38,448
In more than one year but not more than two years	**-**	-
In more than two years but not more than five years	**-**	-
In more than five years	**-**	-
Total	**12,861**	38,448

Note 23 Losses and special payments

	2021		2020	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
		£000		£000
Losses				
Bad debts and claims abandoned	**54**	**13**	33	6
Total losses	**54**	**13**	33	6
Special payments				
Ex-gratia payments	**4**	**21**	2	24
Total special payments	**4**	**21**	2	24
Total losses and special payments	**58**	**34**	35	30

Note 24 Related parties

The Trust considers the Department of Health and Social Care as its parent department and the following provides a list of the main entities within the public sector with which the body has had dealings:

- Department of Health ministers
- Board members of the NHS foundation Trust
- The Department of Health and Social Care
- Other NHS foundation Trusts
- Other NHS Trusts
- CCGs and NHS England
- Other health bodies
- Other Government departments
- Local authorities
- NHS charitable funds (where not consolidated)

During the reporting period none of the Department of Health Ministers has undertaken any material transactions with Bridgewater Community Healthcare NHS Foundation Trust.

During the reporting period, the following Trust board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Bridgewater Community Healthcare NHS Foundation Trust.

The Trust's Acting Medical Director, Aruna Hodgson, is the Associate Dean at Health Education England. During 2020/21, the Trust has invoiced Health Education England £1,132k for funding towards professional education and training resources. As at 31 March 2021, the Trust recognises a contract receivable of £195k with Health Education England.

During the reporting period Bridgewater has had a significant number of material transactions (greater than £1 million) with these parties, the details of which are:

CCGs

NHS Halton CCG
NHS Liverpool CCG
NHS St Helens CCG
NHS Warrington CCG

NHS England
NHS Core
NW Regional Office

NHS Trusts
St Helens and Knowsley Hospital Services NHS Trust

NHS Foundation Trusts
Warrington and Halton Hospitals NHS Foundation Trust
Wrightington, Wigan and Leigh NHS Foundation Trust

Other NHS Bodies
NHS Pension Scheme
NHS Property Services
Community Health Partnerships

Note 25 Transfers of services

On 1st September 2020, the Trust received community dental services from Pennine Care NHS Foundation Trust.

The following balances and reserves were received from Pennine Care NHS Foundation Trust as result of this transfer:

	£'000
PPE	
Cost / valuation: Plant & Machinery	74
Accumulated depreciation: Plant & Machinery	(15)
Net book value of PPE transferring	**59**

The net gain on the absorption transfer was £59k.

Note 26 Events after the reporting period

There were no events after the reporting period requiring disclosure.

5. Independent auditors' report to the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Bridgewater Community Healthcare NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of, the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, the counter fraud function and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to meet external expectations.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet financial improvement trajectory targets, we perform procedures to address the risk of management override of controls, in particular the risk that Trust management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as asset valuations and impairments. On this audit we do not believe there is a fraud risk related to revenue recognition due to the temporary NHS funding arrangements that have been in place throughout the financial year and, due to their non-variable nature, we don't believe there to be an incentive to manipulate other operating income streams that are material.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to the accuracy of non-pay, non-NHS, non-current asset related expenditure whilst also excluding movement in credit loss allowance and rentals under operating lease expenditure from the period from having agreed the deficit position to the year-end, and the completeness of said expenditure as well as material non-pay/non-NHS payables and accruals at 31 March 2021.

We did not identify any additional fraud risks.

In determining the audit procedures we took into account the results of our evaluation and testing of the operating effectiveness of some of the Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included material post-closing journal entries which reduced expenditure and/or accruals that were considered outside of the normal course of business and other unusual journal characteristics.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing non-pay, non-NHS, non-current asset related expenditure transactions whilst also excluding movement in credit loss allowance and rentals under operating lease expenditure transactions as well as material non-pay/non-NHS payables and accruals

transactions posted between 1 October 2020 and 31 March 2021, as well as post year-end, to identify whether they had been accounted for in the correct financial year.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 95 and 118, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, 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 of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Bridgewater Community Healthcare NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

James Boyle
for and on behalf of KPMG LLP
Chartered Accountants
1, St Peter's Square
Manchester
M2 3AE

29 June 2021

6. Key Contacts

Your views

We welcome your comments and feedback on our Annual Report and Accounts.

Please contact 01925 946282 or email bchft.global@nhs.net if you:

- have any further questions or need help understanding any aspect of this document
- would like to view this document in another language or format such as Braille or audio
- would like us to send you a printed copy of this document or parts of this document

Giving feedback on our services

If you wish to tell us about your experience of our services please contact Patient Services:

Email: bchft.patientservices@nhs.net
Telephone: 0800 587 0562

Membership

If you would like to have a say and help us to develop our services to meet local needs, then please consider becoming a member. Membership is open to anyone aged 14 years or over who lives in England. Please contact us to find out more:

Email: angela.green30@nhs.net

Telephone: 01925946124

Want to know more about us? You can:

- find out more about us on our website: www.bridgewater.nhs.uk
- follow us on Twitter: www.twitter.com/Bridgewater_NHS
- "like" us on Facebook www.facebook.com/BridgewaterNHS
- contact our Headquarters:

Europa Point, Europa Boulevard, Warrington, Cheshire, WA5 7TY

Telephone: 0844 264 3614 or
Email: enquiries@bridgewater.nhs.uk

Acknowledgements

Thank you to all the staff and teams who contributed to this document.

7. Appendices

Appendix 1 Board and Committee Attendance Register

Appendix 1

Board and Committee Attendance Register – April 2020 to March 2021

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting **/*** two or three Board meetings in a month, some closed		April	May	June	July	August	September	October	November	December	January	February	**TOTAL**
Karen Bliss	**Chair**		**X**		**X**			**X**	**X**		**X**		
Colin Scales	**Chief Executive**		**X**		**X**			**X**	**X**		**X**		
Steve Cash	**Non – Executive Director**		**X**		**X**			**X**	**X**		**X**		
Sally Yeoman	**Non – Executive Director/Senior Independent Director**		**X**		**X**			**X**	**X**		**X**		
Dorothy Whitaker	**Non – Executive Director (left the Trust on 1 October 2020)**		**X**		**X**								
Linda Chivers	**Non – Executive Director**		**X**		**X**			**X**	**X**		**X**		
Tina Wilkins	**Non-Executive Director (joined the Trust on 1 September 2020)**							**X**	**X**		**X**		
Abdul Siddique	**Non-Executive Director (joined the Trust on 1 September 2020)**							**A**	**X**		**X**		
Gail Briers	**Non-Executive Director (joined the Trust on 1 September 2020)**							**X**	**X**		**X**		
Paula Woods	**Director of People and Organisational Development (Acting from 1 April 2020,**		**X**		**X**			**X**	**X**		**X**		

	appointed from 1 July 2020)												
Sarah Quinn	**Chief Operating Officer (Acting from 16 April 2021, appointed from 1 July 2020)**		**X**		**AP**			**X**	**X**		**X**		
Lynne Carter	**Chief Nurse***		**X**		**X**			**X**	**X**		**X**		
Nick Gallagher	**Director of Finance**		**X**		**X**			**X**	**X**		**X**		
Aruna Hodgson*	**Medical Director (Acting Director from 1 April 2020)**		**AP**		**AP**			**AP**	**AP**		**X**		
Ted Adams	**Medical Director (Acting Director from 1 April 2020)**		**X**		**X**			**X**	**X**		**X**		

** Due to Aruna Hodgson's working pattern these meetings did not fall on a working day*

KEY AP – apologies A – absent (no apologies)		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Nominations and Remuneration Committee (held on ad – hoc basis)														
Karen Bliss	**Chair**	**x**	**x**			**x**		**x**			**x**			**5/5**
Steve Cash	**Non – Executive Director**	**x**	**x**			**x**		**x**			**x**			**5/5**
Linda Chivers	**Non – Executive Director**	**x**	**x**			**x**		**x**			**x**			**5/5**
Sally Yeoman	**Non – Executive Director**	**x**	**x**			**x**		**x**			**x**			**5/5**
Dorothy Whitaker	**Non – Executive Director (left the Trust on 1 October 2020)**	**x**	**x**			**x**								**3/3**
Tina Wilkins	**Non-Executive Director**							**x**			**x**			**2/2**

	(joined the Trust on 1 September 2020)													
Abdul Siddique	**Non-Executive Director (joined the Trust on 1 September 2020)**							**x**			**A**			**1/2**
Gail Briers	**Non-Executive Director (joined the Trust on 1 September 2020)**							**x**			**x**			**2/2**

KEY AP – apologies *Extraordinary Audit Committee ** two sessions in a month		April	May	June	July **	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Audit Committee														
Linda Chivers	**Non – Executive Director Committee Chair**	**X**			**X/X**			**X**			**X**			**5/5**
Steve Cash	**Non – Executive Director**	**X**			**X/AP**			**X**			**X**			**4/5**
Dorothy Whitaker	**Non – Executive Director (left the Trust on 1 October 2020)**	**X**			**X/X**			**X**						**4/4**
Sally Yeoman	**Non-Executive Director (member from January 2021)**										**X**			**1/1**
Tina Wilkins	**Non-Executive Director (joined the Trust on 1 September 2020)**							**X**			**X**			**2/2**
Abdul Siddique	**Non-Executive Director (joined the Trust on 1 September 2020)**							**X**			**X**			**2/2**
Gail Briers	**Non-Executive Director (joined the Trust on 1 September 2020)**							**X**			**X**			**2/2**

KEY AP – apologies A – absent (no apologies) *April 2020 and February 2021 meetings stood down due to pandemic pressures and resulting revised governance arrangements.		April*	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb*	March	**Total**
Quality and Safety Committee														
Sally Yeoman	**Non – Executive Director and Committee Chair to December 2020)**			**X**		**X**		**X**		**X**				**4/4**
Gail Briers	**Non-Executive Director and Committee Chair (from December 2020, joined the Trust on 1 September 2020)**							**X**		**X**				**2/2**
Dorothy Whitaker	**Non – Executive Director (left the Trust on 1 October 2020)**			**X**		**X**								**2/2**
Abdul Siddique	**Non-Executive Director**							**X**		**X**				**2/2**
Steve Cash	**Non-Executive Director**			**AP**		**AP**		**AP**		**AP**				**0/4**
Lynne Carter	**Chief Nurse***			**X**		**AP**		**X**		**X**				**3/4**
Ted Adams	**Medical Director (Acting Director from 1 April 2020)**			**X**		**X** ***part meeting**		**X**		**X**				**4/4**
Aruna Hodgson	**Medical Director (Acting Director from 1 April 2020)**			**AP**		**AP**		**AP**		**AP**				**0/4**

KEY AP – apologies A – absent (no apologies) *Committee disbanded in August 2020 – Covid-19 related business progressed through existing Committee structure.		April	May	June	July	August *	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
COVID-19 Assurance Committee														
Karen Bliss	**Chair**	**X**	**X**	**X**	**X**	**X**								**5/5**
Colin Scales	**Chief Executive**	**X**	**X**	**X**	**X**	**X**								**5/5**
Steve Cash	**Non – Executive Director**	**X**	**X**	**AP**	**AP**	**X**								**3/5**
Sally Yeoman	**Non – Executive Director/Senior Independent Director**	**X**	**X**	**X**	**X**	**X**								**5/5**
Dorothy Whitaker	**Non – Executive Director (left the Trust on 1 October 2020)**	**X**	**X**	**X**	**X**	**X**								**5/5**
Linda Chivers	**Non – Executive Director**	**X**	**X**	**X**	**X**	**X**								**5/5**
Paula Woods	**Director of People and Organisational Development (Acting from 1 April 2020, appointed from 1 July 2020)**	**X**	**X**	**X**	**X**	**X**								**5/5**
Sarah Quinn	**Chief Operating Officer (Acting from 16 April 2021, appointed from 1 July 2020)**	**X**	**X**	**X**	**AP**	**X**								**4/5**
Lynne Carter	**Chief Nurse***	**AP**	**X**	**X**	**X**	**X**								**4/5**

Nick Gallagher	**Director of Finance**	**X**	**X**	**X**	**X**	**X**								**5/5**
Aruna Hodgson*	**Medical Director (Acting Director from 1 April 2020)**	**X**	**AP**	**AP**	**AP**	**AP**								**1/5**
Ted Adams	**Medical Director (Acting Director from 1 April 2020)**	**X**	**X**	**X**	**AP**	**AP**								**3/5**

* *Due to Aruna Hodgson's working pattern these meetings did not fall on a working day*

KEY AP – apologies A – absent (no apologies)		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	Total
Finance and Performance Committee														
Steve Cash	**Non – Executive Director (Committee Chair to December 2020)**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**AP**				**8/9**
Tina Wilkins	**Non-Executive Director (Committee Chair from December 2020, joined the Trust on 1 September 2020)**						**X**	**X**	**X**	**X**				**4/4**
Gail Briers	**Non-Executive Director (Committee Chair from December 2020, joined the Trust on 1 September 2020)**						**X**	**X**	**X**	**X**				**4/4**
Sally Yeoman	**Non – Executive Director (member of Committee until November 2020)**	**X**	**X**	**X**	**X**	**X**	**X**	**AP**						**6/7**
Linda Chivers	**Non-Executive Director**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**AP**	**X**				**8/9**
Nick Gallagher	**Director of Finance**	**X**	**X**	**X**	**X**	**X**	**X**	**AP**		**X**				**8/9**
Lynne Carter	**Chief Nurse* (member of Committee to June 2020)**	**AP**	***X** **Part meeting**											**1/2**
Sarah Quinn	**Chief Operating Officer (full member of Committee from appointment date) (Acting from 16 April 2021, appointed from 1 July 2020)**	**AP**	**AP**	**X**	**X**	**X**	**X**	**AP**	**X**	**X**				**6/9**

KEY AP – apologies *Jan/March 2021 stood down due to Covid19 e-governance		April	May	June	July	August	Sept	October	Nov	Dec	Jan*	Feb	March*	Total
Workforce and Organisational Committee/ People Committee from November 2020														
Dorothy Whitaker	**Non-Executive Director Chair to September 2020 (left the Trust in October 2020)**		**X**		**X**		**X**							**3/3**
Sally Yeoman	**Non – Executive Director Chair from November 2020**		**X**		**X**		**AP**		**X**					**3/4**
Linda Chivers	**Non – Executive Director**		**X**		**X**		**X**		**X**					**4/4**
Tina Wilkins	**Non-Executive Director (joined the Trust on 1 September 2020)**						**X**		**X**					**2/2**
Abdul Siddique	**Non-Executive Director (joined the Trust on 1 September 2020)**						**X**		**AP**					**1/2**
Paula Woods	**Director of People and Organisational Development (Acting from 1 April 2020, appointed from 1 July 2020)**		**X**		**X**		**X**		**X**					**4/4**
Lynne Carter	**Chief Nurse and Chief Operating Officer**		**X**		**X**		**X**		**X**					**4/4**
Dr Ted Adams	**Medical Director (Acting Director from 1 April 2020)**		**X**		**X**		**X**		**X**					**4/4**

KEY AP – apologies A – absent without apologies *meeting stood down in February 2021 due to revised governance arrangements due to the pandemic (informal briefing session took place in February 2021 in lieu of meeting)		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb*	March	**Total**
Council of Governors														
Karen Bliss	**Chair**				**x**		**x**		**X**					**3/3**
Dorothy Whitaker	**Non – Executive Director**				**x**		**x**							**2/2**
Steve Cash	**Non – Executive Director**				**AP**		**AP**		**AP**					**0/3**
Linda Chivers	**Non – Executive Director**				**x**		**x**		**x**					**3/3**
Sally Yeoman	**Non – Executive Director/Senior Independent Director**				**x**		**x**		**x**					**3/3**
Tina Wilkins	**Non-Executive Director (joined the Trust on 1 September 2020, attended meetings from December 2020)**								**X**					**1/1**
Abdul Siddique	**Non-Executive Director (joined the Trust on 1 September 2020, attended meetings from December 2020)**								**AP**					**0/1**
Gail Briers	**Non-Executive Director (joined the Trust on 1 September 2020, attended meetings from December**								**X**					**1/1**

	2020)													
Rita Chapman (LEAD GOVERNOR)	Public Governor – Rest of England				x		x		x					3/3
Paul Mendeika	Public Governor – Warrington				x		AP		x					2/3
Derek Maylor	Public Governor – Rest of England				x		x		AP					2/3
Bill Harrison	Public Governor – Rest of England				x		x		x					3/3
Diane McCormick	Public Governor - Halton				x		x		x					3/3
Corina Casey Hardman	Staff Governor – Nursing and Midwifery				x		x		AP					2/3
Dave Smith	Staff Governor – Non-Clinical Support				x		x		AP					2/3
Janette Grey	Partner Governor – Higher Education				x		x		x					3/3
Matt Machin	Public Governor - Warrington				x		AP		x					2/3
Peter Hollett	Public Governor – Halton				x		x		AP					2/3
Christine Stankus	Public Governor – Rest of England				x		x		x					3/3
John Hyland	Public Governor - Warrington				x		x		x					3/3
Alison Cullen	Partner Governor – voluntary sector				A		A		A					0/3

THANK YOU NHS #TeamBridgewater

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