NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

& ACCOUNTS

2021 - 2022

Bridgewater Community Healthcare NHS Foundation Trust

Annual Report and Accounts 2021/22

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1. Statement from Chair and Chief Executive

Whilst vaccination has afforded us a way out of the coronavirus pandemic, we cannot ignore the significant impact Covid-19 continues to have on the work of Bridgewater and the NHS as a whole.

Our experiences of the past year have reinforced our realisation that the NHS is a quite extraordinary organisation staffed by inspirational teams and individuals who have demonstrated enormous resilience during these most challenging of times.

Here at Bridgewater, we have learnt a great deal. Much of that learning has simply reinforced what we already knew which was that the NHS is at its best and achieves more for its patients when teams and services work together.

Our approach to partnership working has been strengthened by the refresh of our own five-year strategy. Published in October 2021, Quality & Place sets out how we need to take a different approach to the diverse communities we serve and the groups within them.

Whilst integrating community services is not the extent of our ambitions, it plays a central part in our future development as an organisation that is responsible for the provision of community health services in Halton and Warrington and the delivery of specialist community dental services in many parts of the North West.

Last year we focused on changing the systems, processes and protocols that underpinned much of our work. We realised that the challenges posed by Covid-19 required us to be more imaginative in our approach to service delivery and better utilise the knowledge and skills of our workforce.

This year, building on these foundations has aided us in our ambitions to restart and restore services that play a key role in supporting the health and wellbeing of our communities.

We have learnt a great deal during this time, including pooling the knowledge, skills and expertise of our teams and individuals to better support those we serve.

We have seen teams better able to respond and react to patients' needs as a result of robust information sharing systems. We have used our knowledge and understanding of our local communities to enhance our recruitment processes.

Many of our staff live in the communities they serve; they and their families use the services we provide. Like all other NHS trusts, we were proud to support the rollout of the UK vaccination programme.

As an organisation we reported one of the most positive responses in the North West to the staff vaccination programme. A staggering 96 per cent of our staff have had one or more doses of the vaccine, 95 per cent two or more doses and 71 per cent have had the booster or third dose.

Added to this, our staff in the school age vaccination teams, supported by their colleagues have administered 6,550 Covid-19 vaccinations to youngsters aged 12-15 across Halton & Warrington. This is in addition to the delivery of the childhood vaccination programme and the staff flu vaccination campaign. Our thanks to each and every one of them.

Saying thank you is something we take extremely seriously in Bridgewater. We were delighted to recognise the work of our staff at our annual Thank You event and meet in person some of the people who are making a huge difference to people's lives each and every day.

These developments have been set against an ever-changing backdrop nationally. The easing of restrictions, the roll out of the vaccination programme and the restoration of services, has been welcomed, but we have been conscious throughout to remember, remind and reinforce the need for caution.

At the start of 2022, we in Bridgewater, in common with NHS bodies across the country, found ourselves again having to respond and react to the challenges posed by Covid-19. This time the Omicron variant resulted in the Government declaring a Level 4 national incident as a result of the enormous challenges facing the health service.

We were not immune to the challenge but again we were able to pull through by drawing on the resilience of our remaining workforce.

As we draw to the end of a year in which we have again relied upon those delivering care to our patients and those supporting them, we are again reminded of how unique an organisation the NHS is.

We also pay tribute to our colleagues in Oldham who have left us at the beginning of April 2022. It has been a pleasure and a privilege to support these services for 6 years, to highlight the work staff are doing in some particularly challenging circumstances and to celebrate the difference they have made.
Our strength lies in the people who work for us. Our workforce is our greatest asset and ambassadors and we owe them all a huge debt of gratitude.

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

On the first two days of the 2021-22 financial year, Bridgewater celebrated its 10 year anniversary which highlighted the many achievements and developments which had taken place. 10 years ago, no-one would have envisaged the pandemic and the impact this had and continues to have on our communities, our patients, our partners and our staff. All of our staff have shown dedication and commitment, including some returning from retirement to support the vaccination programme, resulting in rapid, efficient and safe delivery and administration of vaccinations to the community and Trust staff.

2021-22 saw the beginning of restoring and restarting the work which was paused or delayed whilst we focused on the response to the pandemic. To achieve this, we ensured the correct systems, processes and protocols were in place to protect our staff and our patients. Our recovery programme remains front and centre of our operational response throughout. We have made the best use of technology to triage our patients and undertake group and individual therapy sessions and also, we have stood in patients' gardens demonstrating the tools and techniques to help alleviate some side effects of their long standing medical conditions whilst maintaining social distancing.

Whilst significant progress has been made to tackle long waiting times in a number of services, there is still some way to go and we remain firmly focused on providing the support needed to bolster our clinical teams. Key to this has been the use of innovative and imaginative recruitment campaigns and in November 2021 we were delighted to win the category 'Best Recruitment Experience 2021' in the Nursing Times Awards. The campaign focused on the recruitment of health care support from our local communities to embark on careers in the NHS and as a result 13 people started to support our adults and children's' nursing teams.

There has been a continued focus on supporting the needs of individuals, families and communities and we were proud to showcase the work of the Rapid Response Community Team, based in Warrington. This supports people to remain safe at home, recover from issues to avoid hospital admission and to return to the comfort and safety of their own home quickly after a hospital stay.

During the year, we continued to cooperate and support our partners including assisting our acute trust colleagues to boost capacity by supporting discharge arrangements into

community settings. We focused on our dental strategy and ambitions, continued our work in 'Place' and contributed to the development of collaborative work.

2022 will see significant health reforms and our work as a specialist community Trust will accelerate the benefits of this for our patients and their families. We will also continue to define the value our organisation brings in terms of strategic developments as well as for our patients.

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.

Bridgewater Community Healthcare NHS Trust was established in April 2011. On 1 November 2014, the organisation was awarded NHS Foundation Trust status and changed its name to Bridgewater Community Healthcare NHS Foundation Trust.

During 2021-22 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 Trust is part of the Cheshire & Merseyside Integrated Care System (ICS), Place-Based Partnerships and Provider Collaboratives which deliver joined up approaches to improve health and care outcomes.

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 2021-22:

Staff headcount and operating income

On 31 March 2022, the headcount of our staff was 1735 and the whole time equivalent (WTE) was 1467.77. All staff are Staff Members of our Foundation Trust unless they opt out.

Our income for the year ended 31 March 2022 totalled £107.3m (2020/21: £106.4m) and included:

CCG and NHS England	£80.3m (2020/21: £69.1m)
Local authorities	£19.7m (2020/21: £19.0m)
Health Education England	£1.4m (2020/21: £1.1m)
Other NHS Foundation Trusts (excludes non-FTs)	£1.4m (2020/21: £2.7m)

The income for the provision of goods and services for the purposes of the health service in England is greater than our income for the provision of goods and services for any other

purposes. (As per section 43(2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)).

Our vision for the future

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

'Quality first and foremost'

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

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

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

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 Integrated Care Systems (ICS) 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' was refreshed in 2021-22. Since 2018, when the strategy was originally developed, there have been some significant changes in the landscape, both within the Trust and in the wider NHS, with the Government's White Paper 'Integration and Innovation: working together to improve health and social care for all' set to drive significant changes and opportunities across the health & social care landscape from July 2022. It was therefore timely to revisit and refresh the strategy to ensure that we set out clearly what our aspirations are, and how we will achieve them.

The strategy focuses on place and our role as a community provider and partner in each of our Boroughs.

As a key provider and partner in the emerging Integrated Care System (ICS) and Integrated Care Partnerships in our Boroughs, it is crucial that the links between community services and the rest of the health and care system, including primary care and social care are strengthened. The commitment in the Long-Term Plan and Health and Social Care Bill is to fully develop integrated community-based health care, confirming the shift towards place based systems with a focus on population health.

As a community provider across a number of health and care systems, it is widely accepted that the NHS needs to move away from treating episodic illnesses to increased prevention with a strong emphasis on health and wellbeing in place, as a way of coping with increases in demand caused by the changing disease burden and ageing population.

We want to use our strengths as a highly experienced provider of community services to capitalise on the opportunities for transformational change in our health economy. Through our collective place-based approach to service delivery, we aim to provide 'right care, in the right place, at the right time' with our partners, to significantly reduce the need for acute health interventions and periods of hospital care.

Furthermore, as a founding member of the newly formed Mental Health, Learning Disability and Community Provider Collaborative in Cheshire & Merseyside, we will work with partners to plan, design and lead delivery of services at scale, address unwarranted variation and inequality in access, experience and outcomes and improve resilience of services at Place and across the system.

Following the publication of the refreshed Quality & Place (Q&P) Strategy and the inextricably linked Integrated Care System (ICS) agenda, the need for comprehensive and coordinated engagement was essential.

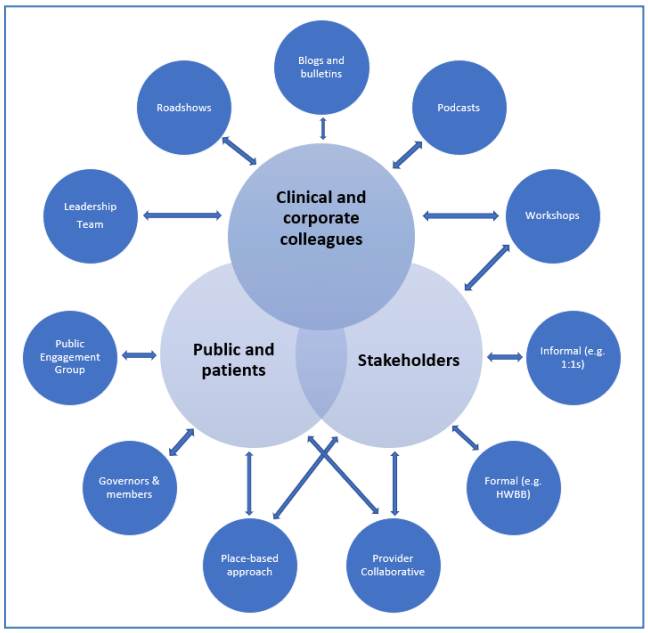
The approach in Bridgewater was divided into three segments with a number of areas of focus identified:

- Clinical and corporate colleagues (our workforce)
- The public and patients
- Our stakeholders

A new ICS/Q&P public engagement working group was established with objectives to develop the public engagement plan to underpin the refreshed Bridgewater Q&P Strategy and to develop ideas and recommendations to influence and formulate public engagement approaches as part of the emerging pace-based partnerships.

The working has representatives from our Governors and Non-Executive Directors, alongside colleagues from our Internal Communications, Inequalities and Patient Engagement teams.

A new ICS/Q&P staff engagement working group was also established with an aim is to build on other Trust engagement activities and to harness staff insight and influence the emerging ICS agenda in the places where we deliver services.



ICS/Q&P engagement wheel

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 challenges for the Trust ▪ Future commissioning arrangements i.e. Integrated Care Systems (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 continued Covid-19 impact ▪ Risk to sustained transformation programme within current resources ▪ Continued impact of reduced funding, ambitious Cost Improvement Programme (CIP) ▪ 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) and agile working

	▪ A hybrid approach to Home/office working, security and reliability ▪ Maintenance and replacement of 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 ▪ On-going 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. ▪ Investment in smart buildings control systems ▪ Corporate responsibility to environmental factors e.g. carbon footprint, recycling etc. ▪ Provision of sustainable care ▪ Increasing estate and utility costs

Going Concern

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 deficit for the year was £0.25m in 2021/22. However, this includes adjusting items such as impairments, and net impact of DHSC procured inventories. Excluding these items, the Trust's adjusted financial position for 2021/22 is a surplus of £0.03m.

As a consequence of the Covid-19 pandemic, all NHS providers continued to be paid via block contract payments during 2021/22 with additional monies made available for COVID-19 and vaccination expenditure incurred plus a top up mechanism to support providers.

These arrangements are to continue for 2022/23 albeit with reduced funding for COVID-19 and a plan has been submitted to both Cheshire and Merseyside Healthcare Partnership

(C&M HCP) and NHS England and Improvement (NHSEI) showing a deficit of £1.45m. The plan has been previously approved by the Board.

Work continues to finalise the new contracting arrangements in respect of Widnes Urgent Care Centre.

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.

Service Improvement and Transformation
Key Achievements in 2021-22

Warrington

Orthopaedic Clinical Assessment and Treatment Service (OCATS)

- Introduced a new communication annexe in SystmOne to improve the opt in and booking process for musculoskeletal (MSK) patients. This has resulted in:
    - 80% of patients now able to opt in and accept new patient appointments within 48 hours, leading to improved access for patients and increased efficiency in our administration team.
    - improved compliance and recording of outcome measures so outcomes are recorded routinely and reflect OCATS activity.
    - an automated Talk to Us process enabling increased feedback from patients which is reporting high satisfaction levels by patients in the service and working towards the same with Tier 2 due to the success of this
- Video technology as an addition to a face-to-face consultation has continued, as has remote staff working. Our service has used this effectively throughout the year enabling our patients to be seen whilst remaining Covid-19 safe as well as homeworking for staff when isolation is required. This has minimised disruption with cancelled clinics.
- Service has been developed to enable an increased patient volume for post-operative care in a gym-based environment. This has enabled the service to meet and exceed commissioned activity levels despite significant challenges within expected Referral to Treatment targets.
- Recruitment policy has been reviewed in the light of challenging recruitment issues to ensure clear professional development is offered, including access to higher level

education, and are working towards integrating the Biomechanics service more closely within the OCAT service.

Dermatology

- Introduction of full electronic patient records to enhance the overall patient experience and also streamline further the services processes and procedures.
- Implementation of changes in practice such as Electronic Transfer of Prescriptions and full utilisation of the Integrated Clinical Environment (ICE) system.
- Service has continued to work throughout the pandemic but has experienced a very large increase in referrals. Expansion of staffing capacity is planned within the team to meet this demand. The service has continued to proactively focus on meeting the 2 week wait cancer targets. Work with partner agencies continues to provide an enhanced advice and guidance offer.

Paediatric Bladder and Bowel

- Work underway to increase overall staffing model and is looking to a wider enhanced offer within the wider Children's Services.
- Staff training continues to develop prescribing skills to offer a further holistic model of care.
- Partnership working with regional partners is supporting care delivery to the children of Warrington. The service continues to complete Emergency Healthcare Plans (EHCP) allowing local Special Educational Needs and Disability (SEND) children to access fully the right educational provision whilst having their health needs met. The service is focused on prioritising care for its most vulnerable children and ensuring they receive an excellent high level of care.

Enhanced Care Home Support Team

- Support to all nursing and residential homes during the individual Covid-19 outbreaks continues. This has been challenging due to the cohort of patients being seen and the impact that national restrictions have placed on the care homes, but all staff have worked flexibly to meet the demands of the service and to support other services. The service received a local commendation on the care provided.
- Work with partner agencies continues to undertake the Enhanced Health in Care Homes Directed Enhanced Service (DES).
- Development of a care home assessment template was introduced to support the development of a personalised care plan for patients.

- Electronic prescribing was also introduced within the service and has allowed the service to replicate the model used by GPs, reducing the need for patients and care providers to visit pharmacies for medication.

Halton

Urgent Treatment Centre (UTC)

- Successfully recruited additional clinical staff to UTC despite workforce challenges across the healthcare systems.
- Continued to deliver high quality care during the whole of the pandemic including seeing patients with Covid-19.
- Partnership working with local Acute Trust is strong and is supporting a reduction in demand in Accident and Emergency (A&E) departments, this included UTC staff working alongside A&E colleagues to manage demand.
- Re -accreditation of the Driving Assessment team and sign off (Department of Transport and Driving Mobility) of a 5 year business plan to grow and expand in East Lancs.
- Speech and Language Therapist (SALT) service continued its success in offering remote video consultations, and these have proved to be extremely valued by this cohort of patients and allowed for greater dignity being able to be assessed in home setting. The service is also exploring of use of volunteers and charities in community to promote service and signpost for support may be used as a pilot scheme
- Podiatry progress has been made in tackling the post Covid (new patients) waiting list from circa 940 (start of 2021 year) to 634 (current). Following the Covid pause there was a surge in referrals coupled with existing, expected waits.
- The Parkinson's Nurse has onboarded circa 130 Parkinson's patients in year and is well on way therefore to capturing and supporting the 220 (Clinical Commissioning Group estimate) that are living with this diagnosis in Halton. This service has also been key in promoting and signposting to the Driving Assessment Service as it delivers on its business case as neurological conditions will be a focus for further service expansion.
- Wheelchairs have spent the last 18 months skill mixing with vacancies and have a dynamic team that can flex over equipment sign-off and patient support. This ensures that Occupational Therapists (OT) can concentrate on complex wheelchair assessment.
- Specialist nurses (Heart failure and Stroke) have had good recruitment campaigns in year, despite national recruitment issues and have secured full staffing which will ensure the timely specialist response going forward.
- Halton Palliative Care - service was successful in securing more Specialist Doctor cover that will further support specialist Palliative Care nurses in their complex End

of Life management. The service continued with a weekly Multi-Disciplinary Team meeting with its hospice partner (Halton Haven) to ensure good communications and care planning for patients transferring between hospice and community care.

Community Dental Service

- Considerable investment in clinical estate and equipment e.g., new orthopantomogram (OPG) x-ray machines, new inhalation sedation machines and new intra oral x-ray machines
- Successfully piloted and implemented a 'day case' model for the Paediatric general anaesthetic at Royal Bolton Hospital.
- Introduced remote dental triage consultations and developed and implemented a Trust approved standard operating procedure. Dental Governance Team trained. clinical staff in the use of the remote consultation technology (NHS Attend Anywhere)
- We continue to work with revised Office of Chief Dental Officer (OCDO) 'Transition to Recovery' Standard Operating Procedures and infection prevention and control procedures.
- Delivery of Epidemiology in Cheshire & Merseyside and Greater Manchester.
- Delivered our accredited sedation training to staff, enabling more staff to deliver it.
- Continue to make improvements using performance data.
- We continue to manage our governance arrangements via our Dental Clinical Governance, and Bronze command meetings virtually via MS Teams.

Children's Services

- An Associate Director of Children's Services role was introduced to lead the transformation of children's services.
- The Trust worked closely with Oldham Council and the Northern Care Alliance to facilitate a smooth and effective transfer on 1 April 2022.
- The school aged immunisation service implemented e-Consent for all vaccinations. Letters are sent to parents and carers via schools existing electronic communication methods (email / text or established apps). The letters have a link to the e-consent web-based app and allows parents and carers to complete and return the consent form at any time, in any location and on any device.
- The school aged immunisation service successfully offered COVID vaccination to all healthy 12–15-year-olds across Halton and Warrington Boroughs
- The community paediatric service in Warrington introduced electronic prescribing
- The Trust purchased and trained staff in the use of an ADHD assessment tool at Woodview Child Development Centre. This is a diagnostic screening tool which provides objective information to aid the assessment of Attention Deficit Hyperactivity Disorder (ADHD).

- The 0-19 years' service supported the introduction of a new specialist community public health nurse post within the early help front door team in Warrington.
- The Trust recruited to a new neurodevelopmental coordinator role at the Child Development Centre in Warrington.
- Children's services were able to access additional funding to support the management of waiting lists and the emerging increase in referrals to specialist services.

People and Organisation Development

- The Trust has successfully prepared, launched and rolled out the e-Roster system to support with workforce planning, continuity of care and safer staffing. We were finalists for two Awards by the system provider, Allocate and were 'highly commended' by them for workforce innovation.

- 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. Our approach received a Nursing Times Award for 'best recruitment experience'.

- The Trust has launched four People Operational Delivery Groups (PODs) to support with the delivery of the NHS People Plan 2020/21 and the People Promise each having a key focus on specific areas as follows:

  Culture and Leadership POD
  - Equality and Diversity
  - Culture and Leadership

  Education and Professional Development POD
  - Growing the Workforce
  - New Ways of Delivering Care

  Health and Wellbeing POD
  - Health and Wellbeing
  - Mental Fitness

  Recruitment and Retention POD
  - Recruitment
  - Retaining Staff
  - Recruitment and deployment across Systems
  - Flexible Working

- The Workforce Team continue to work with managers to support workforce planning, service redesigns and workforce monitoring – with a focus on new ways of delivering care with the introduction of new roles and Apprenticeships.
- Bridgewater celebrated further Mary Seacole success with the North West Leadership Academy and has hosted and completed four cohorts of the leadership development programme.
- The Trust commissioned training for a number of key personnel on the Just and Learning Culture Programme, developed and delivered jointly by Mersey Care NHS Foundation Trust and Northumbria University – a significant culture change programme, incorporating the national Civility & Respect Framework. This involved a number of Executive Directors, Operational Managers, Human Resources, Organisational Development and Staff-side colleagues. Rollout of the agenda has commenced across the Trust and a Steering group is underway in taking forward key elements of the programme.
- The Organisational Development Team developed a Talent Management & Succession Planning Framework – implementation and roll out, including plans for 'Scope for Growth' career conversations are underway.
- The Trust is involved in a pilot scheme to support Health and Wellbeing particularly in relation to 'mental fitness' with Rugby League Cares. The Trust has also signed up to the North West NHS Wellbeing Pledge.
- The Trust established and continues to embed a number of Staff Networks: Race, Disability, LGBT+ and Menopause.
- The Trust is committed to anti-racism and is committed to implementing the North West Anti-Racism Framework.
- The Trust was externally validated as a 'Disability Confident Level 3: Leader' for our employment offer to people with disabilities.
- The Trust procured new Occupational Health Services, with an emphasis on psychological support for staff.

Communication and Engagement

As we have continued to work through the coronavirus pandemic, Bridgewater continues to 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.
- We have continued to develop our use of technology, using exciting ways to communicate, using animation, video, photos, social media.

- There was significant focus throughout the year on promoting the regional and national messaging on Covid-19 including social distancing guidance or supporting vaccinations.
- Campaigns including '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, including reward and recognition has also continued across the Trust at pace, despite the 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.
- The Trust was shortlisted at the Nursing Times Workforce Awards for Staff Engagement.
- Celebrating our staff continues to be a key focus. 2021 saw a first for Bridgewater with a hybrid annual Staff Awards, renamed Bridgewater Thank You Awards. The ceremony was very well attended and is always one of the highlights of the Trust's rewards and recognition programme.

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 2021-22.
- A further 500 new and replacement laptop devices were issued as part of lifecycle management to meet government guidelines issued throughout the Covid-19 pandemic.
- Increase in hot desk capabilities as more Trust services return following easing of restrictions.
- Trust has significantly improved its Cyber Security vulnerabilities by implementing 24 hours a day, 7 days a week, 365 days a year cyber monitoring service and automated penetration testing.
- Implemented improved highspeed networks across the Trust localities and increase Wi-Fi coverage for staff and patients in clinical areas.
- The entire Trust has been upgraded to Microsoft Office 365, NHSmail and are utilising up-to-date collaboration toolsets.
- Continued roll out (where appropriate) of Electronic Transfer of Prescriptions to Pharmacy (NHS Digital Electronic Prescription Service)
- Implementation of voice recognition and digital dictation software to services to streamline service processes.
- Upgraded the Trust's internal telephony solution along with staff handset refresh.

- Clinical systems configured for 'autoplanner' functionality to support District Nursing visit allocation processes.
- Ongoing clinical systems development and support for electronic patient records and associated system functionality to benefit services and patient care.
- Installed a new hyperconverged Infrastructure core to increase the performance and security of Trust applications.
- Completed the national annual Data Security Protection Toolkit submission.

Data and Information

- Data capture and reporting solutions/dashboards developed to support school age children and the staff Covid-19 immunisation program.
- Data improvement project completed to deliver enhanced data capture, reporting enhancements and data standardisation across the organisation.
- Clinical services 'Heatmap' dashboards deployed within Qlik sense.
- Advanced dashboards to support Ages and Stages questionnaires ASQ-3, ASQ-SE (social-emotional), Sepsis and Urgent Treatment Centre reporting developed and deployed.
- Automated solutions produced to manage data flows for patient experience surveys.
- National data submissions redeveloped to match latest mandated reporting specifications

Estates and Infrastructure

- In line with the NHS programme to achieve 'Net Zero', the Trust's Green Action Plan was approved by Board in December 2021. During the year energy efficient heating systems were installed, lighting replaced with LED systems and electric vehicle (and supporting charging points) were procured for the internal transport team.
- Capital and backlog maintenance schemes included new clinic heating systems, upgraded fire security and Infection Control and Prevention measures within the Trust's freehold properties. New defibrillators were distributed across the Trust's properties.
- As a consequence of the Trust's response to the Covid-19 pandemic the Estates Team has maintained stock and ordered and delivered all Personal Protective Equipment (PPE). In year over 3 million 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 ensure continued compliance with national guidance i.e., 'Working Safely during Covid-19'.
- The staff vaccination centre was utilised to provide Covid-19 vaccinations including the 2021-22 booster programme.
- The Trust negotiated new contracts for clinical waste and energy.

Patient Feedback Received April 2021 – March 2022

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 Service End of life care: We would like to pass on our heartfelt thanks to the District Nursing Team of the GP practice and the out of hours district nurses for providing fantastic support to our family and the finest level of care to our Dad who was at the end of his life. The service enabled us to honour his wishes and die with dignity in his own home and with his family with him. Particular thanks goes to [Name] who was a huge support, font of knowledge and compassionate during these difficult days and the out of hours district nurses who always attended our calls quickly. The care we have received has been outstanding, we couldn't have cared for our father at home without the amazing wrap around support we received.
From all our family. Thank you

Health Visiting Service: Really great care received from our health visitor [Name]. Nothing's too much trouble, listens, doesn't judge and is very reassuring. She's very good with the kids and is very easy to talk to.

Macmillan Palliative Care Nursing: I was very impressed with the level of service, information received and the attitude of the lead nurse and student nurse who made me feel very comfortable in their presence. The aftercare was incredibly efficient. Within 24 hours I had additional medication and the Macmillan Benefits Advice Team had been in touch. This was very reassuring as to the standard of help I can expect in the future.

Paediatric Physiotherapy/OT Service: [Name] is always informative and helpful. It is very apparent that my child is the focus of her discussions and plans. I feel that she is intent on getting him the right support he needs. His condition is complex and behaviour challenging. [Name] aids us in provision for [Name] as well as directing us to other support services. I am glad that there are people like [Name] in the service. Knowledgeable, caring and conscientious. [Name] needs people like [Name] who have the knowledge.

Adult Speech and Language Therapy Service: Very informative regarding condition and what to look out for…extremely helpful! Great with Mum - easy to talk to. Thank you.

Urgent Care Centre: [Name] was fantastic. He was incredibly well informed and knowledgeable. He not only addressed my physical health and the reason I visited today but also my mental wellbeing and signposted me to sources of support. He provided a listening ear and went above and beyond his role in my opinion. [Name] is an asset to the urgent care centre and the NHS. I am really anxious about accessing healthcare support but [Name] made me feel at ease and even made the experience pleasant. Thank you [Name], you are a star.

Oldham

Health Visitors: My son was seen at home for his 2-year assessment. He was quite difficult during this session and I voiced my concerns about delay in his speech. After [Name] left she made sure she followed up by calling me a few days later for a catch up and arranged to see me and my son at the Children's Centre the following week. This time it went a lot better and I feel as though my concerns have been addressed and we both aren't as worried about my little boy. I feel like I have been listened to and been giving a lot of time and effort regarding my son. She gave me valuable advice and I feel as though my mind has been put at rest.

Family Nurse Partnership: [Name] was very good at communicating with my son. [Name] gave us enough information that we needed.

Children's Centres: I always feel listened to and that thoughtful and appropriate advice is given. Staff are always friendly and welcoming.

St Helens

North West Driving Assessment Service: Couldn't fault how they were with me. Listened about my condition and how it affects me and my daily life. They were patient with me and understood what I was saying. Made me feel at ease throughout the whole process.

Integrated Community Equipment Service: Unsure if I am emailing the correct place, it's in relation to 2 delivery/collection guys who work in the St Helens area for equipment services. Just thought I would show some appreciation to two of your delivery/collection guys! Their names are [Name and name], and the staff always comment on how they are so nice, helpful and cheerful when they come to the care home. We don't recognise or mention the good people enough in this sector so just thought I would let you know that these two do a great job!

Warrington

Children's Long-Term Conditions: [Name] has been looking after my daughter ever since she was first diagnosed with ADHD. [Name] is very welcoming, warm, understanding and brilliant at her chosen profession. My daughter always feels comfortable and at ease when she sees her. She has always got time to explain everything and goes above and beyond when there is a problem.

Children's Learning Disability Nursing: The nurse I spoke to was really knowledgeable, she explained my daughter's medication to me & how the increased doses work. She was approachable and professional. A real credit to the service.

Health Visiting Service Breastfeeding workshop: Excellent informative workshop. All relevant content delivered in a way to help with any questions or uncertainties a new mum may have. I feel much more confident now going into my breastfeeding journey.

Orthopaedic Clinical Assessment and Treatment Service: The telephone call from [Name] was unexpected but what a welcome surprise. For the first time in months, I was in contact with someone who helped me. The service from [Name] was first class. He answered all my questions giving me the information I needed in clear English that I was able to understand. More importantly he gave me reassurance that at last I will get some treatment for my problem.

Palliative Care Nursing End of life care: Thank you so much to all of the wonderful nurses who helped to care for my Dad, in his final weeks and provided me with so much support and help. In particular, [Names x 4 Macmillan] and [Name, district nurse] your compassion and empathy will always be remembered, Thank you [Name] and family

Wheelchair Service: My husband finds it very difficult to admit he needs help and support due to his health deteriorating and was quite anxious about having to have an assessment for a wheelchair. It has taken us as a family quite a while to persuade him he needs help. However, as soon as [Name, Technician] came into the house my husband was completely at ease with him. [Name] has a lovely manner and explained everything to him. Thank you [Name] for making a difficult situation so pleasant.

Dental Services

Bolton: We have been seen by lots of staff, all very friendly and informative. They have made my son feel at ease with all stages of the procedure.

Bury: Good evening, I attended a dental appointment with my son [Name] at Bury Community dental service today. The dentist we saw was amazing! She was so patient with [Name] and explained everything really clearly to him. Really put him at ease (he was very nervous) and made the appointment quite fun for him. Please pass on our huge thanks to her and the rest of the team who dealt with us today. We can't speak highly enough of everyone.

Halton: Hello I had dental treatment at your Widnes centre. I wanted to let the management know how good my experience was. I am a very nervous patient but the friendly greetings, smiles and explanations really put me at ease. Everyone including the receptionist [Name], the nurses and the dentist [Name], were exceptional. I want to pass on my appreciation to them for making, what is for me a terrifying experience, bearable. They should know what a good and important job they do. Thank you very much.

Rochdale: My daughter [Name] attended the dental clinic today to have a filling. She has never had any dental treatment before and was very nervous about it. From the moment we walked into the surgery my daughter was immediately put at ease. Both the dentist and dental nurse had so much patience with her, and the way they communicated with her was

superb. They let her know exactly what was going on every step of the way and took their time with her showing the upmost care and compassion. After successfully filling her tooth, she came out smiling and said she actually enjoyed it!! I would like to express my gratitude as a mum for the excellent treatment my daughter received and highlight the professionalism of all the team. If every patient was treated in this way and had positive experiences in a dental chair, nobody would ever have a fear of the dentist.

St Helens: The care that [Name] took with my autistic daughter was amazing. She took a tooth out for her a few weeks ago and today a filling. Previously my daughter wouldn't let her own dentist give her an injection. [Name] was amazing. Thanks.

Warrington: I suffer with anxiety. ALL staff were brilliant. Top marks, they made me feel at ease, calmed me down and listened to me. The information was spot on, full of smiles and very willing to help in any way they could. Exceptional. I would highly recommend this place for people who are scared of procedures. Put me right at ease, well done to the dentist and her staff.

2.2 Performance Analysis

Performance Analysis

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

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

During 2021-22 Bridgewater continued to develop its newly acquired business intelligence/data visualisation platform. The digital software is a self-service tool, which once fully developed and implemented will support the organisation to work autonomously without dependence upon manual distribution of reports. Several apps have been successfully developed and deployed, with the aim of facilitating triangulation and scrutiny of operational data. Such apps include:

- 'Heatmap', which focuses intelligence at borough, service line, team and individual level in order to create a clear and consistent picture of quality, people, financial and contractual performance, using metrics that contribute to the delivery of the strategic, national and locally defined objectives.

- Detailed dashboards focused upon data recording issues, allowing proactive service-level management of data quality.
- Pandemic related data, several apps have been developed to facilitate the monitoring of the effects of COVID absence, COVID vaccination status and daily situation reports relating to delivery of services.

Bridgewater will continue develop this function to fully embed and digitise performance reporting practices.

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

Over the past twelve months the Trust has reviewed and updated its processes and reporting in relation to performance management. This has resulted in the Performance Council being re-instated creating a greater focus on performance at the committees of the Board, specifically Finance & Performance Committee, and via the Integrated Quality Performance Report (IQPR) at Board. The committees of the Board agree the deliverables from the strategies and agree, in conjunction with the Executive lead on how often progress on these deliverables are presented to the committee. Assurance on monitoring delivery of performance is included within the Chair's report to Board so the Board may take assurance on the active monitoring and delivery of them.

Quality Outcomes

NHS Improvement (NHSI) Compliance

It is a requirement of NHSI that NHS Foundation Trusts establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. In 2021-22, NHSI incorporated performance against a number of these standards in their assessment of the overall governance of these which is summarised in the table below and demonstrates achievement against the threshold/target during each quarter of the year.

Single Oversight Framework (SOF) Operational Performance Metrics	Target	Quarter 1 2021-22	Quarter 2 2021-22	Quarter 3 2021-22	Quarter 4 2021-22
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	86.17%	76.32%	56.49%	62.13%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	100.00%	99.29%	99.05%	94.16%
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	90.00%	92.00%	93.33%	92.17%
Diagnostics six week waiters (% under six Weeks)	99%	74.53%	82.74%	99.29%	95.26%
Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%	94.90%	94.78%	99.53%	99.52%

The Trust also aspires to meet the 18-week pledge for all other services.

The Trust is required to report on the length of time between referral to a consultant-led service and the start of treatment being received. Referral to Treatment time is the length of time between a patient's referral to one of our services to the start of their treatment.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

This indicator is defined as the percentage of incomplete pathways within 18 weeks for patients at the end of the period which is calculated as follows:

- The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks.
- The total number of patients on an incomplete pathway at the end of the reporting period.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

The indicator is defined as the percentage of patients receiving first definitive treatment for cancer within 62 days of urgent GP referral for suspected cancer.

This encompasses all cancer two-month urgent referral to treatment waits which is calculated as follows:

- The number of patients receiving first definitive treatment for cancer within 62 days of urgent GP (dental or medical) referral for suspected cancer within a given period for all cancers.

- The total number of patients receiving first definitive treatment for cancer following an urgent GP (dental or medical) referral for suspected cancer within a given period for all cancers.

Waiting Times Consultant-Led (Incomplete Pathway)

Consultant-led services are those where a consultant retains overall responsibility for the clinical care of the patient and the target is 92%.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Bridgewater	59.08%	72.87%	86.17%	88.46%	81.65%	76.32%	67.19%	60.74%	56.49%	53.79%	54.50%	62.13%

At the end of 2021-22, Quarter 4, the Trust had a total of 1374 patients waiting for consultant-led services.

Waiting Times All Services

The Trust measures the time that has elapsed between receipts of referrals to the start of treatment and applies the national target of 18 weeks to all its services. Below are patient waiting times reported at the end of each month for all Bridgewater services until the end of Quarter 4 (2021-22).

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
> 11 weeks	6561	6538	6746	7249	7283	6773	6682	6342	5561	6383	6537	7595
12 to 17 Weeks	407	574	637	681	792	964	1152	861	1038	1062	1113	810
18 weeks +	2168	1834	1432	1367	1206	1371	1589	1742	1953	2114	2349	2365
% Under 18 weeks	76.27%	79.50%	83.75%	85.30%	87.01%	84.95%	83.14%	80.53%	77.16%	77.88%	76.51%	78.04%

At the end of Quarter 4 2021-22 the Trust had a total of 5760 patients waiting for all services. Of these 3477 (60.36%) were waiting under 11 weeks.

Cancer Services

The Trust delivers community-based cancer services to patients living in the Warrington area which is commissioned by Warrington Clinical Commissioning Group. The table below demonstrates the Trust's performance against the national cancer targets throughout Quarters 1- 4 in 2021-22. These are often small numbers of patients and can be affected by patient choice of appointment time.

	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All cancers: 31-day wait for second or subsequent treatment	94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	66.67%	100.00%	92.31%
All cancers: 62-day wait for first treatment	85%	83.33%	86.96%	100.00%	100.00%	91.30%	80.00%	91.67%	86.96%	100.00%	92.00%	86.67%	92.17%
All Cancers: 31-day wait from diagnosis to first treatment	96%	100.00%	92.86%	90.91%	100.00%	83.33%	100.00%	92.86%	76.92%	93.33%	52.94%	100.00%	80.88%
Cancer: 2 week wait from referral to date first seen	93%	100.00%	100.00%	98.85%	97.07%	95.22%	98.08%	94.01%	96.58%	97.97%	95.98%	93.97%	95.59%
28 Day FDS Two Week Wait	75%	58.24%	77.18%	68.42%	60.14%	71.43%	58.26%	59.22%	62.02%	52.33%	54.59%	60.21%	57.78%

Clinical Coding Error Rate

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021-22 by NHS Improvement.

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

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

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

The Trust uses Mersey Internal Audit Agency (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 continued to be proactive in improving data quality by providing:

- System training (and refresher training available on request) sessions for assistance with system use for data recording.
- Activity and data quality are standing items on clinical team meeting agendas.
- Self-serve data quality reports using the Qlik Sense web-based platform.
- Data Quality Workshops have been provided on request to investigate issues with long waiters with the data quality team and the services.
- Ad-hoc waiting list reports have been provided on request.
- Mental Health Services Data Set (MHSDS) – Data Quality Maturity Index (DQMI) has been escalated and improvement delivered.
- Open dialogue continued with NHS England about data quality for Emergency Care Dataset (ECDS).

- Information and Data Improvement Manager has signed up to Futures NHS Improvement Reports such as the ECDS Data Quality Tool.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2021-22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 100% for outpatient care; and
- 99.7% for Walk in Centres and Urgent Care Centres

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

- 97.9% for outpatient care
- 99.1% for Walk in Centres and Urgent Care Centres

Financial Performance

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

For the financial reporting year ended 31st March 2022, Bridgewater Community Healthcare NHS Foundation Trust has reported a deficit of £0.25m (2020/21: £2.46m 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 2022 includes technical adjustments for impairments, assets transferred by absorption, and DHSC centrally procured inventories to give an adjusted financial position of £0.03m surplus (2020/21: £2.19m deficit).

Accounting Policies

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

Capital Expenditure

The Trust incurred capital expenditure in 2021/22 of £1.9m (2020/21: £2.1m), split between IT investment of £1.4m and other schemes, including clinical equipment replacement, of £0.5m.

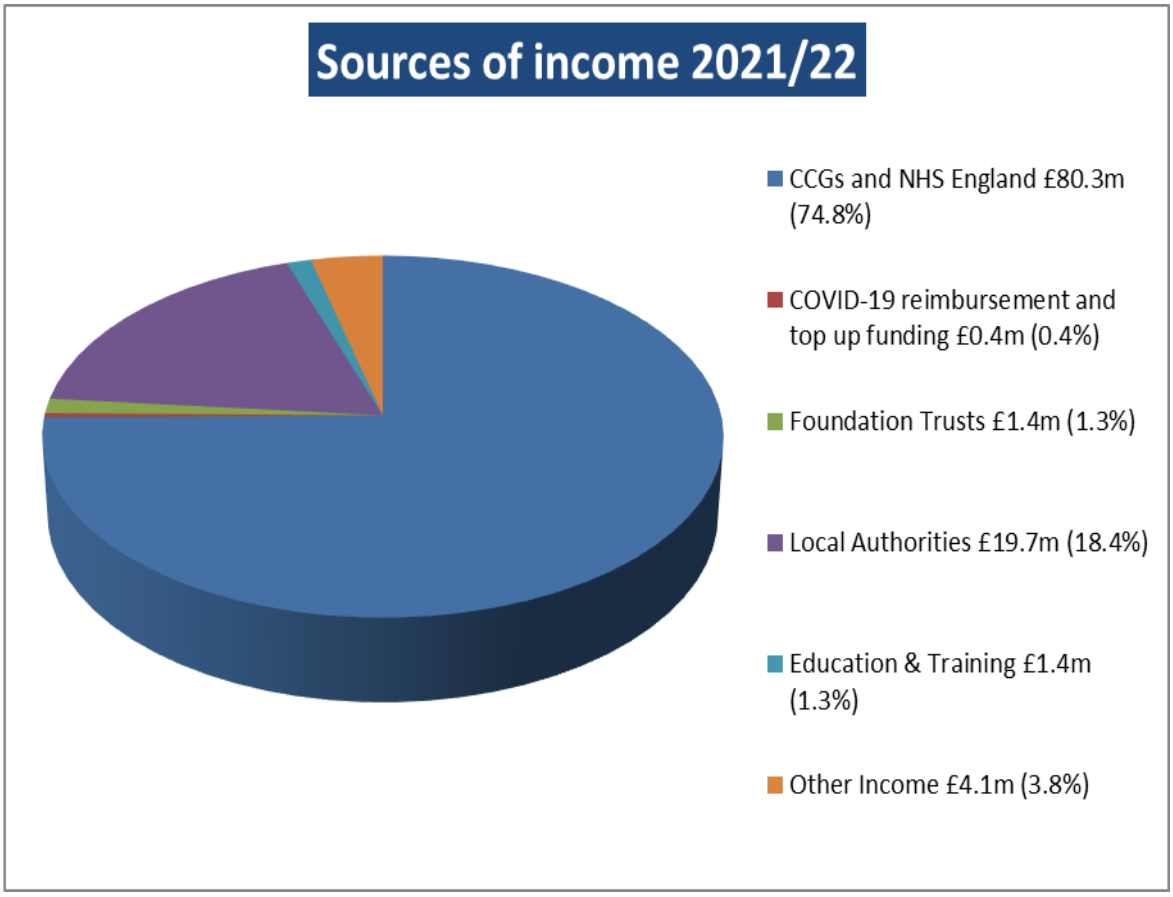
Income

Our income for the year ended 31 March 2022 totalled £107.3m (2020/21: £106.4m) and included:

CCG and NHS England	£80.3m (2020/21: £69.1m)
Local authorities	£19.7m (2020/21: £19.0m)
Health Education England	£1.4m (2020/21: £1.1m)
Other NHS Foundation Trusts (excludes non-FTs)	£1.4m (2020/21: £2.7m)

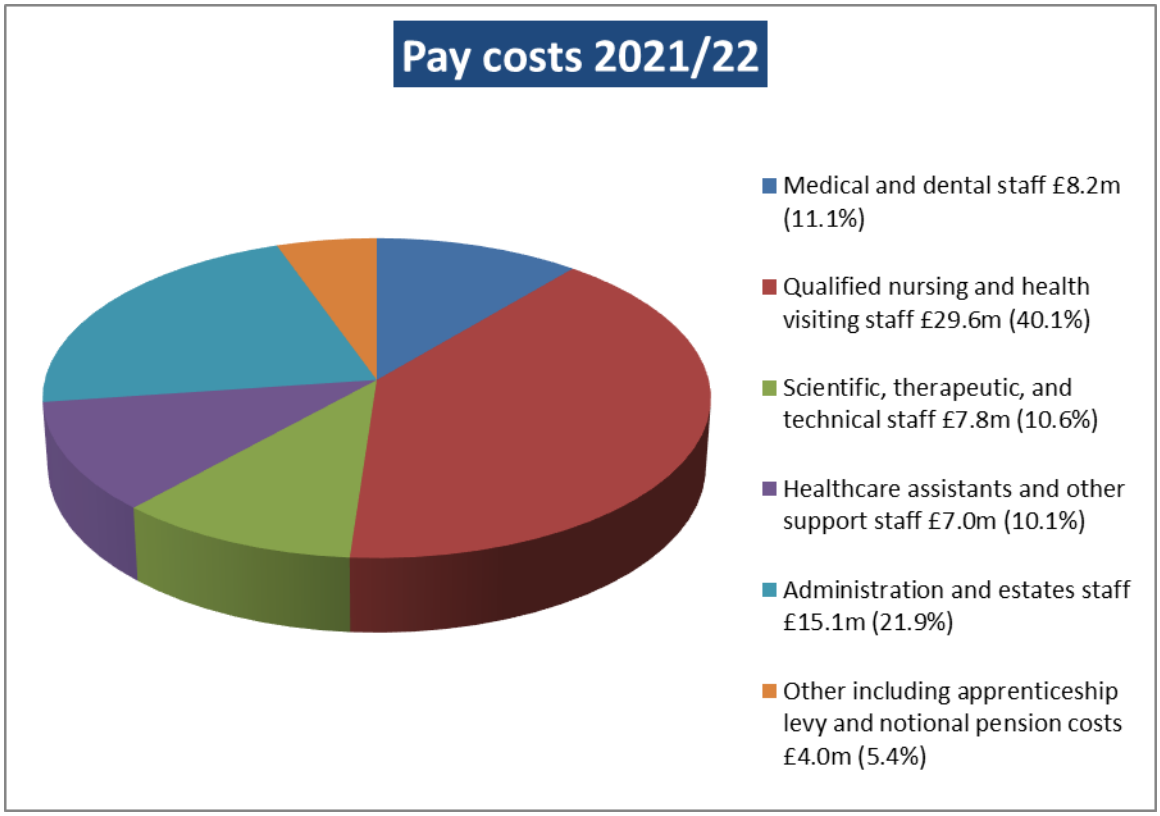
The income for the provision of goods and services for the purposes of the health service in England is greater than our income for the provision of goods and services for any other purposes. (As per section 43(2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)).

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



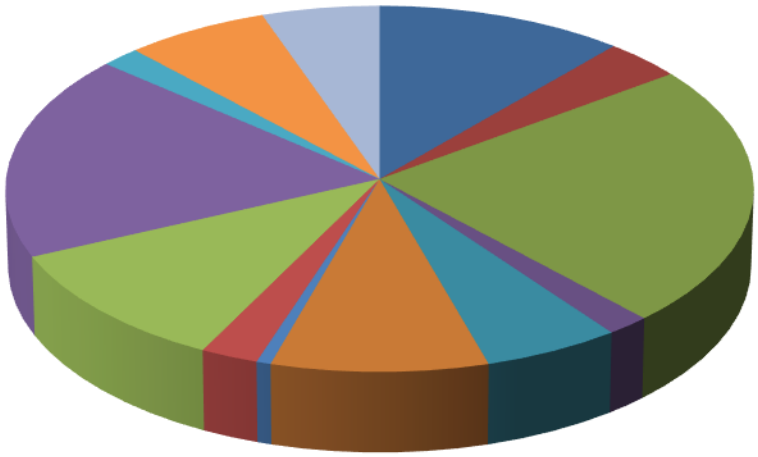
Expenditure

The Trust's main source of expenditure is Employee Costs (staff) totalling £73.9m representing 68.7% of total expenditure. The chart below highlights the breakdown of these costs.



Expenditure on Operating Expenses, excluding employee costs, amounted to £33.6m. The chart below provides an analysis of this expenditure by category.

Operating Expenses 2021/22



- Purchase of healthcare from other NHS organisations £3.8m (11.3%)
- Purchase of healthcare from non-NHS bodies £1.2m (3.6%)
- Supplies and services - clinical £7.8m (23.2%)
- Supplies and services - general £0.6m (1.8%)
- Drug costs £1.9m (5.7%)
- Establishment £3.0m (8.9%)
- Transport £0.2m (0.6%)
- Consultancy costs £0.8m (2.4%)
- Premises £3.6m (10.7%)
- Rental under operating leases - minimum lease payments £6.1m (18.1%)
- Education & Training £0.6m (1.8%)
- Depreciation and amortisation £2.2m (6.5%)
- Other expenditure £1.8m (5.4%)

Events after the Reporting Period

There are no events after the reporting period requiring disclosure.

Future Financial Performance

The major challenge the Trust faces over the next few years, as providers emerge from the pandemic and recover activity levels, is to ensure expenditure levels are controlled in line with agreed system income envelopes.

For 2022/23 the Trust has assumed a Cost Improvement Programme (CIP) target at 4.5% of operating expenditure, which includes an element of non-recurrent CIP from previous financial years plus recovery of financial trajectories coming out of the pandemic. The target is challenging and will require the Trust to continue to review all services to ensure that each service is performing efficiently whilst ensuring that the quality of service is not affected.

Anti-Fraud, Bribery and Corruption Measures

The NHS Counter Fraud Authority currently estimates that the NHS is vulnerable to £1.14 billion worth of fraud each year. Contrary to what may be the common perception, fraud is not a victimless crime. The money that is lost to fraud would help to pay for more GPs, more nurses, more doctors, more ambulances, more hip replacements, and much more. The reality is that fraud costs everyone in society.

Bridgewater Community Healthcare NHS Foundation Trust does not and will not tolerate any form of fraud, bribery or corruption.

Mersey Internal Audit Agency (MIAA) is contracted to provide the Trust with anti-fraud, bribery and corruption services. Their nominated Local Counter Fraud Specialist works with the Trust to deliver a programme of work aimed towards maintaining a strong anti-fraud, bribery and corruption culture across the organisation, raising staff and public knowledge and awareness and preventing fraud, bribery and corruption from occurring.

This programme of work is approved and monitored by the Executive Director of Finance, who is the senior responsible officer for fraud, bribery and corruption work at the Trust, reported through and monitored by the Audit Committee, and carried out in line with nationally prescribed standards. The Deputy Director of Finance is the nominated Anti Fraud Champion for the Trust.

In 2021-22, the Trust has introduced fraud, bribery and corruption e-learning as a mandatory training requirement for all staff every three years, which is a significant move towards ensuring that all staff have a general understanding of fraud, bribery and corruption. Other work undertaken to promote awareness has included delivery of training and awareness

sessions to key staff groups, circulation of articles and awareness videos, and promotion of the annual International Fraud Awareness Week, which took place in November 2021.

In terms of work to prevent fraud, a number of activities have been undertaken, including reviews of Trust policies and procedures to ensure that they contain adequate anti-fraud, bribery and corruption measures and local and national proactive detection exercises to assist in identifying fraud and key fraud risk areas, as well as system weaknesses. The increased threat of cyber fraud during the period of the COVID-19 pandemic has been reflected in the high number of local alerts and fraud prevention checks issued warning of emerging fraud threats.

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 Local Counter Fraud Specialist or the national Fraud and Corruption Reporting Line.

Environmental management and sustainability

In line with the 'Delivering a Net Zero NHS' national strategic document, the Trust Board approved Bridgewater's Green Action Plan 2022-25 and this was submitted to the Cheshire and Merseyside Health Care Partnership (CMHCP).

This document outlined the internal governance process, including the nomination of a Trust executive lead and the establishment of a Green Steering Group, supported by several targeted work-stream groups. The Green Action Plan describes in detail Trust Sustainability Objectives that will be delivered in terms of Green Plan interventions actioned over the timeline of the plan. The Trust's Net Zero lead is also a member of the CMHCP Sustainability Board and attends other system sustainability meetings.

The action plan also references the need to engage with system partners for the Trust to deliver against its sustainability objectives. The Trust occupies more than 80 properties, of which only 5 are freehold, so engagement with NHS, Primary Care and private landlords will be an essential element to implement the required actions, specifically for those actions concerning the estate.

During 2021-22 the Trust has invested in Estate Sustainability by improving heating systems, replacing lighting systems, improving ventilation systems, installing electrical charging points and re-configuring buildings to reduce occupation thereby benefitting from savings in energy consumption, travel miles, paper use and waste.

Other sustainability schemes include re-negotiated contracts with clinical waste providers, confidential waste providers, sustainable product choices and cleaning providers which consider wider social and economic obligations as well as ensuring sustainability outcomes are included in service specifications.

Clinical operating models are being reviewed to include sustainability outcomes and the use of digital technology has significantly reduced patient mileage across a range of services. In addition, recycling processes in respect of community equipment have been enhanced to increase recycling rates of equipment and electrical vehicles have been procured to replace existing diesel vehicles. The Trust's car leasing scheme also encourages choice of low or no emission vehicles and staff schemes are available to promote cycling to work.

The impact of the Covid pandemic has deferred elements of this programme in 2021-22 but as we start to live with Covid, plans for the next 12 months include finalising contracts for the purchase of energy from renewable sources, replacing existing fossil fuel heating systems, increasing the number of electrical vehicle charging points, reducing mileage emissions from all sources and progressing with all landlords to develop building specific plans across the Trust's property portfolio.

Social, community and human rights issues

The NHS Long Term Plan emphasises the reduction of health inequalities across England, placing a responsibility on commissioners and thereby providers to take steps to eliminate these often complex and challenging inequities.

The Covid-19 pandemic along with decreasing life expectancy and disability-free life expectancy data for many across England, highlights the significant work that must be done.

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 is significantly less than it is 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 to 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.

But it is not something we can do in isolation, the inequities need to be addressed across education, housing, employment, as well as health and care. Also, we need to understand and recognise the impact that discrimination, racism, disadvantage - whether overt, systemic, or structural - has on protected characteristic groups.

The development of Integrated Care Systems (ICS) give us an opportunity to work as partners across Boroughs. Working alongside other NHS trusts, social care, housing, and third sector organisations gives us a strength and reach that we could not achieve by ourselves.

The Trust is implementing a Community Health Worker pilot project. A group of staff based in Halton who will actively engage with individuals and families in the Boroughs on health inequality and public health work. Through in-reach to these families it is hoped that screening and immunisation uptakes will increase; that severe mental and physical ill-health will be identified earlier; that support services will be signposted; that accurate Covid-19 messaging will be undertaken; and that this cohort will become more engaged with and effectively access services to improve their health and wellbeing.

There are no overseas operations to declare.

The Performance Report for Bridgewater Community Healthcare NHS Foundation Trust was approved by the Board on 20 June 2022.

Accounting Officer Colin Scales (Chief Executive)

20 June 2022

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.

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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 2021 to 31 March 2022 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 a 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 senior leadership experience in commissioning as well as several provider organisations. He has been an executive director in the NHS since 2003. Colin joined the Trust in 2011 as Chief Operating Officer and was appointed to the position of Chief Executive Officer on 1 April 2015. As well his trust leadership role Colin undertakes a number of additional system roles including Chair of the Cheshire & Merseyside People Board, Vice Chair of the NW Leadership & Talent Board and takes a lead role in several key areas in the development of the mental health and community services provider collaborative for Cheshire & Merseyside. He was appointed as Honorary Lecturer in health and care leadership at the University of Central Lancashire in September 2021.

	Qualifications 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 **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 Medical Director. Qualifications MRCOG (Member Royal College of Obstetricians and Gynaecologists) FFFMLM (Founding Fellow of the Faculty of Medical Leadership and Management) MSc (Health care ethics and Medical Law – University of Liverpool) PgDiP (Digital Health Leadership – Imperial College, London) MBChB (Bachelor of Medicine and Surgery – University of Liverpool)
Dr Aruna Hodgson **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 Medical Director, with Dr Ted Adams. Qualifications 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, 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, in November 2019. In July 2020 she was appointed as 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 this, 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 Primary Care Trusts, 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 January 2019. Married with three daughters, Nick has lived for 38 years in the local borough of Warrington. <u>Qualifications</u> Chartered Institute of Management Accountants

NON-EXECUTIVE TEAM*	
Linda Chivers **Non-Executive Director &** **Deputy Chair** 	Linda is currently Audit Chair and a member of the Governing body of Chorley and South Ribble CCG, having joined prior to its 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 was 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**	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

 **and** **Senior Independent Director**	currently Chief Executive Officer at Halton and St Helens Voluntary and Community Action. Sally joined the Trust in January 2012. Her appointment was renewed for a 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. <u>Qualifications</u> BSc (Hons) in Sociology Institute of Directors Certificate in Company Directorship
Tina Wilkins **Non-Executive Director** 	Tina joined the Trust as a Non-Executive Director in September 2020 and appointed for a 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 Advancing Quality Alliance (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 an 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 Black, Asian, Minority Ethnic and Refugee (BAMER) community engagement experience. He is the CEO of the Flowhesion Foundation working to allow BAMER communities to work, live and feel better, and is also a vice-chair of Lancashire Equalities Organisation. Abdul became the Trust's People Committee Chair in 2021.
Martyn Taylor **Non-Executive Director** 	Martyn joined the Trust as a Non-Executive Director in February 2022, appointed for a three year tenure. Martyn is an Associate of the Chartered Institute of Bankers and spent his full time career in banking. Prior to his retirement he led a risk management team across the North of England, supporting businesses facing financial challenges. Prior to that he headed a UK national team of specialist relationship managers, who supported customers with mergers, acquisition, buy-outs etc. He graduated from senior management development programmes at Harvard Business School and the Wharton University of Pennsylvania, focusing on Strategy and Risk Management. Martyn was previously a NED, Deputy Chair and Senior Independent Director at Tameside and Glossop Integrated Care NHS FT, where he was also the Chair Quality and Governance Committee and a member of the Audit Committee. He was the Lead NED for Freedom to Speak Up Guardian and also the Chair of the Organ Donation Committee.

**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 Nominations and Remuneration Committee.

Performance Evaluation of the Board

The Trust has used a combination of internal subject matter experts and external development support as part of its wider journey of continuous improvement of the performance of the Board. The external support has been provided by a bespoke Board Development Programme delivered by NHS Providers and additional support from the Good Governance Institute, who are providing ongoing support to the Board. All Board members have had an appraisal with the Chair or Chief Executive. 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-Executive Directors, as necessary. The Nominations & Remuneration Committee reviews the output from the appraisals of the Executive Directors including the Chief Executive Officer.

The Board meets on a bi-monthly basis, allowing the intervening month to be spent on a day of development as a team. Some sessions were stood down due to the pressures of Covid, however the development programme fully resumed in October 2021.

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

During 2021-22, 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 an assessment questionnaire to all attendees.

Register of Interests

The Foundation Trust has published an up-to-date register of interests on its website, including gifts and hospitality (https://bridgewater.nhs.uk/aboutus/managing-conflicts-interest/). This applies to all decision-making staff, Band 7 with budgetary responsibility and staff who are Band 8A and above. This also includes all other members 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
- Band 7 staff with budget responsibility only and all Band 8a and over
- All registered doctors and dentists
- 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
- Governors of the Trust.

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 and 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 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.

There were six 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. 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 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 2021-22 and provided direction where further information should be provided to the Trust Board.

The Trust's internal audit and anti fraud functions are carried out through Mersey Internal Audit Agency (MIAA). The Trust's external auditors are KPMG.

Self-Assessment:

During the financial reporting period for 2021-22 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

Anti 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 8 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.

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 8 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
Key Financial Systems	High / Substantial
Quality Impact Assessment	High
Quality Spot Checks	Limited
Quality Spot Checks follow up	Substantial
Fit & Proper Persons	Moderate
Data Security & Protection Toolkit (2020/21)	Substantial / Moderate
Covid Expenditure Claims (draft)	Substantial

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.

The Trust's external auditors for 2021-22 were KPMG, this is the third year using these auditors, following appointment in 2019/20. The scope of work for external auditors is set out in guidance issued by the National Audit.

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, exclusive of VAT, performed by them in the accounting period is as follows:

Category	2021/22 (£000)	2020/21 (£000)
Audit services	**119**	**90**
Further assurance services	**-**	**-**
Other services	**-**	**-**
Total	**119**	**90**

KPMG LLP does not provide any non-audit services.

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 2021-22, Mersey Internal Audit Agency (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, there has been Board engagement in the review and use of the Assurance Framework throughout the financial year and the quality of the content demonstrates clear connectivity with the Board agenda and external environment.

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.

	2021/22 Number	2021/22 £'000	2020/21 Number	2020/21 £'000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	12,809	25,067	11,922	23,689
Total Non-NHS Trade Invoices Paid Within Target	12,416	23,898	9,809	19,130
Percentage of Non-NHS Trade Invoices Paid Within Target	96.9%	95.3%	82.3	80.8
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,152	11,775	1,268	15,132
Total NHS Trade Invoices Paid Within Target	1,120	11,301	1,017	11,346
Percentage of NHS Trade Invoices Paid Within Target	97.2%	96.0%	80.2%	75.0%

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

Nominations and 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 policies in relation to Infection Prevention and Control, Health and Safety, Complaints, Claims, Incident reporting, Safeguarding and Equality and Diversity.

People Committee

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

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

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

NHS Improvement's well-led Framework

The Trust was last inspected during 2018, during which it received a requires improvement rating for Well-Led. A re-inspection has not taken place due to the pandemic 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 was accepted by the Board and a comprehensive action plan was agreed. 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

The impact of continued restrictions determined our approach to communicating with our membership and meeting with our Governors.

Much of our communication has been virtual. Our member's newsletter was the primary source of communication as was the Trust's website. We have continued to attend key stakeholder meetings to ensure our colleagues in the voluntary and Third sector had been informed of all key developments within the Trust.

Our Governors sat, as observers, on key committees within the organisation including Audit, Finance & Performance, People and Quality & Safety.

A number of Governors meet outside of these meetings with the Non-Executive Director Chair of the committee to discuss specific areas of focus. The views of members prompted many of the questions raised.

In addition to the Council of Governors which meets six times a year, the Trust facilitated local governor meetings. These looked at the operational issues within the Boroughs served by the Trust where Governors are elected representatives of members. The meetings also provided an opportunity to discuss issues relating to Council business. During the year, issues relating to the provision of community midwifery services in Halton, paediatric waiting times in the Warrington Borough and the transition of services from Oldham into the Northern Care Alliance and Oldham Council, were regularly discussed at these meetings.

This year, a number of Governors had been working to improve engagement with members with the focus on communicating the development of the Integrated Community System (ICS) across the Cheshire & Merseyside and Greater Manchester regions. Governors representing all of the constituencies - Halton, Warrington and the Rest of England, including community dental - were part of a working group leading on this work and reporting directly to the Council of Governors. A newsletter defining the roles and responsibilities of the ICS has been developed and circulated within the Trust with a view to producing a version to inform the public.

Each of the representatives had a nominated deputy and regular reports regarding progress and key developments were shared with Council, Non-Executive and Executive colleagues.

Our Annual Members Meeting is our primary communication event and in September 2021 included the Annual General Meeting. This year the Trust invited its members to attend in person or online, with more than 230 public and staff members taking the opportunity to do so. Animations were used to provide an overview of 2020-21 and the event afforded members with an opportunity to ask questions of the Chair, Chief Executive and other members of the Trust Board.

The Trust incorporated its annual 'Thank You' awards as part of the event and Governors had provided their professional and personal expertise as judges.

Doing things differently and thinking outside the box had been a necessity 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.

Communications from within the organisation were routinely shared with Governors and many of our Governors had downloaded the Trust's Staff App on to their personal mobile devices. The Trust also shared communication from regional and national levels.

Governors shared their knowledge with members at events and stakeholder meetings. Our public Governors continue to be members of the Clinical Commissioning Group (CCG) patient engagement fora as official representatives of the Trust.

Many Governors also served on the respective Healthwatch, Patient Participation Groups and a range of voluntary and Third sector organisations within their constituency communities and shared information appropriate to the needs of their audience.

Governors' views, meetings and observation of committees

The Council of Governors considered the views of Governors with Non-Executive Directors routinely in attendance. The Council could require Executive Directors to attend to discuss specific items.

Governors also attended the Public Board and its Committees as observers (with the exception of the Remuneration and Nominations Committee). Whilst they did not contribute during the meetings, they were always invited to feedback directly to the Chair or the Trust Secretary.

The Council continued to address key areas of its own development, focusing on key areas of the Trust's business including finance and budgeting; audit, including the internal audit process; NHS Counter Fraud and the Board Assurance Framework.

Named Non-Executive Directors attended local Governor meetings and issues or areas of concern from these were raised at the Public Board. Responses were considered and discussed at the Council of Governor meetings.

Governor views were captured at meetings including the Council of Governors and local governor meetings and minutes of the Council of Governors are available on request. In 2022-23, all minutes of the Council of Governors will be made available to staff and the public with the process led by the Lead Governor and the Trust Chair.

Any conflict or disagreement between the Council of Governors and the Board would be addressed by the process laid out in the Trust's Constitution and in compliance with the NHS Act 2006, Schedule 7, paragraph 10C. There had been no dispute during 2021-22 which required this process to be enacted.

The most effective means of recruiting new members has proven to be face to face at public facing events in the communities served by the Trust. As these were not possible due to lockdown and social distancing requirements, no additional members were recruited this year.

Our commitment to open and honest dialogue continued as did our involvement and engagement with our Council of Governors so they in turn could communicate key areas of the Trust's business during their conversations and discussions with their members. Although 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.

The Trust's Lead Governor supported the appointment of a Non-Executive Director and contributed to the appraisal process of Non-Executive Directors. All Governors fully participated in the assessment process led by the Good Governance Institute.

Externally we have addressed a number of local stakeholder groups including Warrington Disability Partnership, Warrington Health Forum and Halton Engagement & Involvement Committee. We were delighted to support Warrington Disability Awareness Day with staff from our North West Driving Assessment Service on hand to discuss the help and support they provide to improve mobility for thousands of disabled motorists across the North West.

Recent Council meetings had focused on the forthcoming elections for the Council of Governors. In 2022-23 Bridgewater is scheduled to hold elections in all its constituencies for both public and staff. Details of the elections were shared via internal communication channels including Team Brief and the Bridgewater Bulletin.

The Trust's website and social media will be utilised to full effect directing our members to the relevant information to support the application process. We will also work with the

Electoral Reform Society to run a number of online information sessions for interested parties.

Whilst our Quality Visits programme was temporarily put on hold, a number of Governors joined the 'Time To Shine' sessions organised by the Trust and a visit to Oldham by a Rest of England Governor had taken place. The governor's comments resulting from the visit were featured in the Bridgewater Staff Bulletin.

Our Rest of England Governors joined our Oldham colleagues in their virtual Question & Answer sessions with the Chief Executive and in March 2021, all our Governors were invited to join us virtually for the Trust's 10th birthday celebration and thank you event.

As we move forwards, we look to develop the relationships made during the year and establish effective two-way communication between our Governors and members. This work continues to be supported by our Service Experience Group where 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 core business.

There were a total of 1,119 members in Halton, 1,794 in Warrington and 3,363 members in the Rest of England constituency. The Trust also had 16 members who lived outside the areas served by the Trust and four constituency patient members. The latter members were mainly the relatives of staff who were interested in the work of the Trust but did not live in the geographic boundary of the constituencies served.

30 Trust members described their ethnicity as Indian and 23 as Pakistani. The majority of the remainder described itself as White (5,976).

The Trust's membership database continued to be provided by CIVICA Engagement Services. Its contract was managed internally and an annual governance review was undertaken to ensure it met all legal requirements.

The staff constituency comprises members from the following staffing groups within the organisation; Registered nurses, midwives and healthcare assistants – 667, other clinical staff – 376, all other staff – 432, allied health professionals – 161, unspecified-5.

As at March 31, 2022 the Trust had 6,451 public members and 1,636 staff members. Due to the divestment of services the number of staff members recorded currently exceeds the total number of current staff.

The key responsibilities of our Governors include;

- Appointing the Chair;
- Appointing the Non-Executive Directors;
- Approving the appointment of the Chief Executive;
- Removing the Chair 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 2021-22 Council of Governors' membership is shown below:

Constituency	**Governor**	**Date of election**
Public: Halton (1)	Diane McCormick	29/07/2019
Public: Halton (2)	Peter Hollett	29/07/2019
Public: Halton (3)	Vacancy	
Public: Halton (4)	Vacancy	
Public: Warrington (5)	Matt Machin	29/07/2019
Public: Warrington (6)	John Hyland	29/07/2019
Public: Warrington (7)	Paul Mendeika	29/07/2019
Public: Warrington (8)	Vacancy	29/07/2019
Public: Rest of England (9)	Rita Chapman – Lead Governor	29/07/2019
Public: Rest of England (10)	Christine Stankus	29/07/2019
Public: Rest of England (11)	Derek Maylor	29/07/2019

Public: Rest of England (12)	Bill Harrison	29/07/2019
Public: Rest of England (13) Staff Registered Nurses and Midwives (14)	Vacancy Corina Casey Hardman Transferred employment 31/10/21	29/07/2019
Staff: Registered Nurses and Midwives (15)	Vacancy	
Staff: Allied health professionals/other registered healthcare professionals (16)	Vacancy	
Staff: Clinical Support Staff including Assistant Practitioners/ Healthcare assistants and trainee clinical staff (17)	Vacancy	
Staff: Registered Medical Practitioners (18)	Vacancy	
Staff: Community Dental (19)	Vacancy	
Staff: Non-clinical support staff including managerial and administrative staff (20)	Dave Smith	01/11/2019
Partner: Higher Education (20)	Janette Gray, resigned October 2021 Succeeded by Rachel Game, November 2021	29/07/2019
Partner: voluntary sector (21)	Vacancy Alison Cullen, resigned October 2021	29/07/2019

(9) *Rita Chapman elected as Lead Governor from 19/07/2017 and re-elected 27/07/2019*

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 four occasions between 1 April 2021 and 31 March 2022. During the period, the Committee reviewed the appraisals and agreed the objectives of the executive directors and approved the award of a non-consolidated discretionary pay of 2% to all Very Senior Managers (VSMs).

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 twelfth month elapses. The cycle is then repeated on an ongoing annual basis. The Nominations Committee appointed one Non-Executive Director during this period.

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 Executive 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 per annum (p.a)
- 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 2021 to 31 March 2022.

Governor and Director Expenses

During the reporting period, a total of no Governors (out of 15 Governors) claimed a total of £nil in expenses.

A total of four Directors (out of 15 directors Executive and Non-Executive) claimed a total of £16,394 in expenses.

	2021-22	2020-21
DIRECTORS (EXECUTIVE AND NON-EXECUTIVE)		
Total number of Directors in the year	**15**	**15**
Number of Directors who claimed in the year	**4**	**4**
Total number of expenses claimed by Directors in the year	**£16,394**	**£13,692**
GOVERNORS		
Total number of Governors in the year	**15**	**15**
Number of Governors who claimed in the year	**0**	**1**
Total number of expenses claimed by Governors in the year	**Nil**	**£54**

Salaries and Allowances

Period from 1 April 2021 to 31 March 2022.
(The following table has been subject to audit)

Directors **Name and title**	**Salary at 31.3.2022 (note 2)** **Bands of £5,000 £'000s**	**Taxable benefits at 31.3.2022** **Total to nearest £100**	**Performance pay and bonuses at 31.3.2022** **Bands of £5,000 £'000s**	**Long term performance pay and bonuses at 31.3.2022** **Bands of £5,000 £'000s**	**All pension-related benefits at 31.3.2022 (1)** **Bands of £2,500 £'000s**	**TOTAL at 31.3.2022** **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	130-135	-	-	-	132.5-135	265-270
Aruna Hodgson Joint Acting Medical Director	70-75	-	-	-	460-462.5	530-535
Nick Gallagher Executive Director of Finance	130-135	-	-	-	37.5-40	165-170
Sarah Quinn Chief Operating Officer	125-130	-	-		35-37.5	160-165
Paula Woods Director of People and Organisational Development	125-130	70	-	-	60-62.5	190-195

Robert Foster Programme Director - Collaboration & Integration In post from 21/4/21	80-85				282.5-285	365-370
Linda Chivers Non-Executive Director	10-15	-	-	-	-	10-15
Sally Yeoman Non-Executive Director	15-20	-	-	-	-	15-20
Tina Wilkins Non-Executive Director	10-15	-	-	-	-	10-15
Abdul Siddique Non-Executive Director	10-15	-	-	-	-	10-15
Gail Briers Non-Executive Director	10-15	-	-	-	-	10-15
Martyn Taylor Non-Executive Director In post from 1/2/22	0-5					0-5

All of the above Directors were in post for the year ended 31 March 2022 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 £33k for remuneration for other clinical work outside of the Medical Director role.

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** **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 Medical Director	125-130	-	-	-	37.5-40	165-170
Aruna Hodgson Joint Medical Director	70-75	-	-	-	75-77.5	145-150
Nick Gallagher Executive Director of Finance	125-130	-	-	-	32.5-35	160-165

Sarah Quinn Chief Operating Officer	110-115	-	-		55-57.5	170-175
Paula Woods	115-120	72	-	-	142.5-145	265-270
Director of People and Organisational Development						
In post from 1.4.20						
Linda Chivers Non-Executive Director	10-15	-	-	-	-	10-15
Steve Cash Non-Executive Director	10-15	0	0	0	-	10-15
In post to 31/3/21						
Dorothy Whitaker Non-Executive Director	5-10	-	-	-	-	5-10
In post to 30/9/20						
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	5-10	-	-	-	-	5-10
Non-Executive Director						
In post from 1/10/20						
Gail Briers	5-10	-	-	-	-	5-10
Non-Executive Director						
In post from 1/10/20						
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.						

Fair Pay Multiple

NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median, and upper quartile 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 2022 was £157,500 (2020-21: £157,500). There is no change between years.

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

For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £12,359 to £132,680. The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of

employees) between years was 12.7%. The increase is as a result of the national pay award plus increment progression. No employees received remuneration in excess of the highest paid director in 2021/22.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£22,549	£31,534	£39,027
Total pay and benefits (excluding pension benefits)	£22,549	£31,534	£39,027
Pay and benefits excluding pension: pay ratio for highest paid director	6.9:1	5.0:1	4.0:1

2020/21	25th percentile	Median	75th percentile
Salary component of pay	£21,892	£30,615	£37,890
Total pay and benefits (excluding pension benefits)	£21,892	£30,615	£37,890
Pay and benefits excluding pension: pay ratio for highest paid director	7.2:1	5.1:1	4.2:1

The movement is due to Agenda for Change Scales increasing by a faster rate than Executive pay.

Exit Packages

There were no exit packages paid during 2021/22 (2020/21: 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	01 November 2014*	Permanent	6 months	N/A
Lynne Carter, Chief Nurse	23 March 2018 as Interim Chief Nurse and appointed in substantive role from 01 May 2018	Permanent	6 months	N/A
Nick Gallagher, Director of Finance	07 January 2019	Permanent	6 months	N/A
Dr Ted Adams, Medical Director	01 April 2020 as Acting Medical Director and appointed in substantive role from 01 July 2021	Permanent	6 months	N/A
Dr Aruna Hodgson, Medical Director	01 April 2020 as Acting Medical Director and appointed in substantive role from 01 July 2021	Permanent	6 months	N/A
Paula Woods, Director of People & Organisational Development	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 Officer on 1 April 2015*

Pension Benefits

Period from 1 April 2021 to 31 March 2022
(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 pensiona ble age at 31 March 2022 Bands of £5,000 £'000s	Lump sum at pension able age related to accrued pension at 31 March 2022 Bands of £5,000 £'000s	Cash Equiva lent Transf er Value at 1 April 2021 £'000s	Cash Equiva lent Transf er Value at 31 March 2022 £'000s	Real increase in Cash Equivale nt Transfer Value £'000s	Employer's contributio n to stakeholde r pension £'000s
Colin Scales Chief Executive	2.5-5	0-2.5	45-50	70-75	706	767	34	-
Nick Gallagher Director of Finance	2.5-5	0-2.5	30-35	50-55	518	571	33	-
Lynne Carter Chief Nurse and Deputy Chief Executive	-	-	-	-	-	-	-	1
Sarah Quinn Chief Operating Officer	2.5-5	-	10-15	-	126	158	14	-
Paula Woods Director of People and Organisational Development	2.5-5	2.5-5	25-30	45-50	421	491	50	-
Ted Adams Joint Acting Medical Director	5-7.5	10-12.5	30-35	55-60	361	476	--	-
Aruna Hodgson Joint Acting Medical Director	20-22.5	52.5-55	70-75	170-175	1,034	1,503	454	-
Robert Foster Programme Director - Collaboration & Integration In post from 21/4/21	10-12.5	32.5-35	10-15	35-40	-	213	196	-

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 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 Final Salary design.).

Following the conclusion of legal proceedings in this case the Government held a consultation to determine the preferred option for members out of the two options presented, immediate choice exercise or deferred choice underpin (DCU). The majority of respondents chose DCU and as a result there will be new legislation and DCU processes introduced by 1 October 2023 to support members to make a choice when they retire.

We believe this approach is appropriate given that scheme members will only choose which route to take at the point of retirement and as such we are unable to quantify the impact on the pension and lump sum data reported.

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 **20 June 2022**

3.3 Staff Report

Staff Analysis

As at 31 March 2022, Bridgewater employed staff 1735 (1467.77 WTE), the majority of whom are clinically trained, including district nurses, health visitors, specialist nurses, occupational therapists, speech and language therapists, physiotherapists and clinical administrators.

The breakdown of male and female employees is as follows:

	Male		Female	
	Headcount	**WTE**	**Headcount**	**WTE**
Directors	3	2.80	4	3.54
Other Senior Managers	13	12.80	24	22.34
Employees	146	138.72	1545	1287.57
Total	162	154.32	1573	1313.45

The sickness absence rate for the Trust for this period was 6.83%. This equates to a Long Term Sickness Absence rate of 5.03% and Short Term Sickness Absence rate of 1.80%.

The top three reasons for sickness absence were stress and anxiety (34.10%), infectious disease, including COVID (11.9%) and other known causes which are not classified (11%).

The Trust's turnover rate for the period 1st April 2021 to 31st March 2022 was 29.10%. This includes all reasons for leaving (including Transfer of Undertakings (Protection of

Employment)) (TUPE). The top three reasons for leaving were better reward packages, work/life balance and flexi retirement. This included Oldham Services who were subject to TUPE arrangements at the end of March 2022.

Audited staff cost

Staff costs

	Permanent	Other	2021/22 Total	2020/21 Total
	£000	£000	£000	£000
Salaries and wages	50,168	3,073	**53,241**	50,175
Social security costs	4,454	238	**4,692**	4,345
Apprenticeship levy	236	12	**248**	229
Employer's contributions to NHS pensions	9,235	466	**9,701**	8,923
Pension cost – other	36	-	**36**	39
Termination benefits	-	-	**-**	132
Temporary staff	-	5,973	**5,973**	5,274
Total gross staff costs	**64,129**	**9,762**	**73,891**	**69,117**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**64,129**	**9,762**	**73,891**	**69,117**
Of which				
Costs capitalised as part of assets	-	-	**-**	54

Average number of employees (WTE basis)

	Permanent	Other	2021/22 Total	2020/21 Total
	Number	Number	Number	Number
Medical and dental	60	7	**67**	62
Administration and estates	183	51	**234**	213
Healthcare assistants and other support staff	355	31	**386**	348
Nursing, midwifery and health visiting staff	531	70	**601**	580
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	238	16	**254**	243
Other	-	-	**-**	-
Total average numbers	**1,367**	**175**	**1,542**	**1,446**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	3

Reporting of compensation schemes - exit packages 2021/22

	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 (£)	£0		

Reporting of compensation schemes - exit packages 2020/21

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£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 (£)	-	£132,000	**£132,000**

Exit packages: other (non-compulsory) departure payments

	2021/22		2020/21	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £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

To comply with 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 of each year along with an action plan to address gaps to fulfil the three aims of the Equality Duty in relation to gender pay.

Our published report and action plan can be found on our website.

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.

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 2022.

Equality, Diversity and Inclusion

Promotion of equality of service delivery to protected characteristic groups

The Trust pays due regard to the three aims of the Equality Duty in service delivery in several different ways.

Trust documents, including policies and strategies that relate to people, whether staff, patients, or communities, are reviewed by the equality lead as part of consultation, and an equality impact assessment drafted for review before signing off of the relevant document.

A quality panel reviews all service changes and considers risk in relation to patient safety and experience, clinical effectiveness, staff health and wellbeing, and equality. A standard document is used for the equality risk review to understand the likelihood and consequence of any potential negative impact, and the mitigations taken to eliminate or minimise these.

We provide interpretation and translation services so that all patients - and where applicable, their families and carers - can safely and effectively access services when they have communication information support needs related to disability or first language.

Reasonable adjustments are made to patient pathways to support people with disabilities accessing services.

Our annual calendar highlights important religious and cultural events, and information related to health care, for example for Ramadan, is communicated to all staff.

We work to understand health needs and outcomes in our Boroughs for different groups, for example we have health and equality profiles by protected characteristic groups.

We submit quarterly equality reports to commissioners, and in 2021-22 were given assurance of the robustness of our equality processes and reporting.

Work is being undertaken on various actions to improve accessibility to services; many of which are being undertaken in partnership in Cheshire and Merseyside with partner trusts, led by the Merseyside Commissioning Support Unit. This work is looking at transgender support in services and workforce, standardised reasonable adjustment policies, language interpretation quality standard, and armed forces friendly services.

All information can be found in our Equality Annual Report, and Equality Delivery System 2 report on our website.

Diversity and inclusion policies, initiatives, and longer-term ambitions

The Trust has a number of policies directly related to equality, diversity, and inclusion in the workforce, specifically the Equal Opportunities, and Dignity at Work policies.

However, many other policies reference equality, particularly in relation to equity and fairness in experience, reasonable adjustments and the Trust's approach to discrimination, harassment, bullying, and abuse. All HR policies are reviewed by the equality lead as part of consultation, and an equality impact assessment is completed for review before a policy is signed off.

In 2021 we published our Menopause Support Policy, part of our wider menopause friendly commitment and action plan, drafted in partnership with our staff network. With approximately half of our staff likely to be directly affected by menopause and peri-menopause combined with national research regarding the impact of menopause on staff in the workplace, this is an important piece of work for the Trust. Our menopause work is inclusive to all, we recognise that menopause is not an exclusively female issue, so we are looking to include staff from different gender identities; transgender staff, male staff, and also looking at cultural sensitivity and awareness in menopause conversations.

We also have processes in place to support staff. For example, bullying and harassment reporting mechanisms, guidance for managers, and staff support. Freedom to Speak Up Champions and Advocates. Staff Networks with race, disability, LGBTQ+, menopause, and carers. Incident reporting system and escalation processes.

In March 2022 we completed an NHS England pilot for Disability Confident and following a thorough review of recruitment and retention pathways, data, and experiences, we were delighted to be externally validated as Disability Confident Level 3: Leader. Our review has created an action plan to address identified gaps, and to utilise best practice from other organisations to further improve our employment offer to people with disabilities. This action plan will roll out alongside two other important pieces of work, autism friendly, and armed forces friendly.

Armed forces friendly work is being led at a regional level in Cheshire and Merseyside through a collaboration of provider trusts and commissioners. Working together, we are looking to create consistency across the ICS for armed forces communities accessing services or employment opportunities. The importance of this work is now reinforced by the new Armed Forces Bill 2021 which sets a requirement on providers to show due regard to these communities through the principles of the Armed Forces Covenant.

We are also working alongside our new Carers Support Network to identify gaps and best practice and to develop and implement an action plan to support those in our workforce who provide unpaid care for loved ones.

All equality reports, strategy, and action plans, including workforce equality reporting and the annual Public Sector Equality Duty reports, can be found on our website.

Internal Communications

We use a range of staff communication channels here at Bridgewater. All are designed to keep our colleagues informed and engaged. Even though we have used digital technology previously, the Covid-19 pandemic has totally redesigned how we communicate with staff. Whilst traditional and face to face communication has its benefits, digital communication needs to be embraced further where possible. 2021-22 has been an unrecognisable and creative period of time for the Communications Team in the use of digital communication. This way of communication must continue to be developed and rolled out to make it even more accessible to staff.

Our monthly Team Brief presentation from the Chief Executive to senior managers within the organisation continues to be delivered virtually to make it more accessible. This important monthly message begins the cascade of news from the Executive Team. It contains key messages to keep staff informed on new developments, policy, performance (including HR, financial and quality) and staff matters. Staff have the opportunity to pose questions during and after the briefing session. As outlined, the Covid-19 pandemic has taught us about the value of video conferencing.

In addition to Team Brief, we now hold a regular and virtual Q&A session with the Chief Executive to make him more accessible and visible to staff. This has been very successful, and we intend to carry on with this.

Staff currently receive a weekly Bridgewater Bulletin e-newsletter every Monday, a Health and Wellbeing Bulletin each Wednesday and a Covid-19 Update each Friday. Although these three separate channels of information proved important during the height of the pandemic, the Communications Team is very aware of communication fatigue and burn out with staff. As such, plans are being developed to enhance our channels of communication going forward.

The Hub is Bridgewater's intranet system which serves as the primary source of information on Trust policies, corporate services and key initiatives within the Trust.

Additional internal communication channels include regular email blogs from the Executive Team as well as social media.

The Bridgewater staff app for mobile and tablet devices continues to prove popular with colleagues. Further work will take place this coming year to encourage even more staff to use this great communication tool.

Staff Engagement

The first audit of Staff Engagement by Mersey Internal Audit Agency (MIAA) took place in January 2020 and the Trust received an outcome of Substantial Assurance. One recommendation highlighted within the report was to support Staff Engagement Champions ('Champions'), within the Trust by ensuing all Line Managers understand the importance of staff engagement, supporting Champions within their Champions role.

Work has commended in providing support to Champions, with two Champion events held during 2021-22, listening to ideas, challenges and concerns, embracing technology with new communication pathways via a MS Teams Champion Group, and providing training, support materials and events. Regular communication via Trust Team Brief, Bulletins, social medial, attending Borough and service lead meetings explained the importance and benefits of the Champions role. In December 2021 the Trust Staff Engagement Twitter account was dedicated to Bridgewater Champions, communicating messages explaining the champion role including video messages.

On the 1 April 2021 the Trust celebrated its 10th anniversary. Using technology, the Trust hosted a successful virtual event, providing an opportunity to give thanks and to show appreciation to all staff for their dedication and commitment shown throughout the pandemic. Each member of staff received a 'Thank You' pack containing a message of thanks from the CEO and Trust Chair. Staff were also given the option to receive a Trust 'Thank You' polo shirt.

In addition to the virtual event, a '#TeamBridgewater' virtual platform was created. This piece of creativity is a web-based virtual reality platform available on desktop, tablet and mobile, which takes you on a journey throughout Bridgewater, including staff members' achievements, photos and stories. Everyone in the organisation was involved in the creation of the platform by contributing to the content and suggesting what would or wouldn't work. The platform is presented at Trust Induction, providing an opportunity to gain more knowledge of the history of Bridgewater and virtually meet Executive members and listen to staff stories. To view the virtual platform, visit www.teambridgewater.info.

The 10 Year Anniversary & Thank You Event was recognised across multiple platforms. It was presented as best practice at the Cheshire & Merseyside People Summit, chosen as a case study for NHS Employers and was a finalist in the NHS Nursing Times Workforce Awards.

Two successful 'Leader in Me' online live events were held in the past 12-months. These were around Health & Wellbeing and Taking Care of You, presented by Steve Head. A presentation from Professor Michael West was also well received. The events were made available for all staff to attend as well as being open to our partner organisations.

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 continues to develop Executive Team and senior management visibility amongst staff, encouraging a two-way communication approach and opportunities for staff to share innovative ideas directly to the Executive Team.

Monthly Time to Talk sessions have continued to take place both face to face and virtually. In 2021-22, executive and senior management conducted over 60 of these sessions, sharing key Trust messages, listening to staff and supporting their health and wellbeing.

Following the launch of the National People Pulse Survey in July 2021, it became mandatory for all NHS trusts to take part in the quarterly survey. The Trust participated in the July quarterly People Pulse survey with 441 Bridgewater staff taking part in the snapshot survey (equating to 25.6% of the workforce). In January 2022, a total of 318 staff completed the survey (equating to 20% of the workforce). With a national average of 10-15%, it was pleasing to note that Bridgewater had engaged well with the survey.

We were also pleased to see an increase in our 2020 NHS Staff Survey results for Staff Engagement, increasing our score 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. We have seen a steady restart of bespoke engagement with teams, holding our first engagement event with Dental Nurses with support from the Dental Senior Management Team.

Staff engagement has a very strong link to health and wellbeing, equality, diversity and inclusion in the work undertaken. Working closely with Borough/Service Leads and listening to Champions' feedback enables the Staff Engagement Lead to engage with teams, providing resources and materials. The photograph to the right shows Warrington District Nursing Teams receiving Cheshire & Merseyside Resilience Hub ('CMRH') materials

to support their resilience. This information was also shared in both December and February CMRH newsletters.

To further support the health and wellbeing of staff, and by using the Trust's charitable funds, £25 vouchers were issued to all Bridgewater staff employed by the Trust on the 1 December 2021, and all agency/bank staff working for the Trust for more than 12 weeks on the 1 December 2021. Staff shared emails on how they spent their vouchers to support their health and wellbeing on social media i.e., gym wear, trainers and candles.

Celebrating our staff

Within Bridgewater it is important to recognise when staff go above and beyond what could be reasonably expected of them, within their roles, e.g., demonstrating a willingness to innovate and making significant progress delivering improvements in services. At the beginning of the pandemic, it was decided to postpone the 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. It was agreed to continue this approach and renamed it as 'Celebrating our Stars', with staff and teams being recognised across multiple platforms, bulletins, monthly Team Brief, social media, Time to Talk's, local team meetings and the Staff Awards.

The highlight of the Trust's staff reward and recognition programme is the annual Staff Awards ceremony. The 2021 Staff Awards events were the first face-to-face event since 2019, celebrating staff and team achievements. Following the new and well established #TeamBridgewater style, the awards was renamed '#TeamBridgewater Thank You Awards'. The Trust understood that staff may have felt anxious and apprehensive attending a face to face event so a hybrid event was pioneered which enabled over 250 staff, governors and partners to attend the Trust Celebration Event which was the highest uptake of any Trust event.

Health and safety performance and occupational health

Health and Safety, Fire and Security April 2021 – March 2022

The pandemic provided new challenges for the team, who provided support, advice and expertise to ensure patient and colleague safety was maintained at all times.

This included:

- Facilitation of 9 fire warden training sessions
- Review and update of the Health & Safety Policy and the Fire Policy
- Updating the Trust's incident reporting system for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) as applicable to healthcare requirements plus updates for physical & non-physical theft and security reports
- Updating the Fire Safety: Fire Drill/Evacuation Reporting Form
- In conjunction with Birchwood Centre Management Team and the local Police Community Support Officer the Covid-19 Security Risk Assessment for Spencer House, Birchwood was produced and implemented to facilitate immunisation of school age children. Advice and support was also given for Spencer House to provide Covid-19 and flu vaccinations
- A range of communications were produced including the internal bulletin and Team Brief, plus the following were provided directly to freehold premises, specific leasehold managers and sites:
    - Fire safety
    - Legionella – water safety
    - Thefts
    - Counter terrorism updates
- A report was provided to Board on Violence & Aggression Prevention and Reduction Standards detailing the Trust's responsibilities to manage violence and aggression. A working group was established and a draft template completed to define the Trust's current position regarding compliance and action plan. Further to this there was liaison with an external provider for staff training on violence and aggression
- Estate advice and support was provided for the Europa Point warehouse to assist with development of an action plan
- Assisted with investigations of accidents, incidents, thefts and security

Risk assessments with reports and action plans:

- 22 fire risk assessments (freehold and leasehold sites)
- 22 building Health and Safety risk assessments (freehold and leasehold sites)
- 16 fire risk assessments for Children Centres

Attendance at:

- Contract Reports and Contract meetings
- Health, Safety, Fire and Security Committee meetings with Terms of Reference reviewed and updated
- Estates meetings
- Attendance at Facilities Management Contractor meetings
- Community Health Partnerships Building User Group meetings

- Emergency Preparedness, Resilience and Response and Local Security Management Specialist meetingshttps://www.england.nhs.uk/ourwork/eprr/
- PENNINE Dental meetings
- Community Health Partnerships Water Safety Group
- Quality Council, including providing reports for discussion
- Trust Immunisation Group
- Dental Corporate Governance meeting
- Warrington District Nurses and Multi-Disciplinary Team meetings in relation to specific incidents of violence and aggression
- Fire drill evacuations
- NHS England/Improvement meetings
- Widnes Urgent Care Centre refurbishment meetings

Support, advice and assistance was provided to managers and staff, including liaison with Trade Union Representatives where appropriate for:

- First Aid training and requirements: including training needs analysis and meetings with Education and Professional Development
- Evac-chair/ski pad training requirements: including training needs analysis and meetings with Education and Professional Development. This was also provided directly to Community Health Partnership where applicable
- Risk assessments for policies and procedures including Safe Operating Procedures
- Lockdown Policy and Procedures including development of local procedures
- Stress risk assessments
- Display Screen Equipment risk assessments
- Covid-19 risk assessments
- Lone working management

Occupational Health

The Trust's Occupational Health Services are provided externally by People Asset Management (PAM) - they were awarded the contract and commenced provision of the Trust's Occupational Health offer on 1st April 2021.

PAM offer a fully consolidated Occupational Health Service including:

- Occupational health appointments via management referral
- Support and advice for musculoskeletal issues
- Physiotherapy
- Pre-employment screening
- Vaccinations and health surveillance for staff
- Needlestick injury support

- Stress management support
- Ergonomics advice
- PAM Assist (Employee Assistance Programme) – a 24 hour / 7 days per week confidential helpline providing advice and support on a range of issues including bereavement, divorce, addiction and stress.
- Counselling and cognitive behavioural therapy

'PAM Listen' is the service experience feedback mechanism for managers and staff. Managers are prompted via an email to provide feedback of their experience following the staff appointment and report. Staff can independently access and provide feedback via the web portal. 91% of managers and staff (15 responses) for the 6 month period were 'Great' or 'Good'. No complaints were received during this period. The Trust is continuing in partnership with PAM to look at mechanisms to increase feedback numbers.

The Trust is committed to ensuring it provides a healthy, safe and supportive environment. Working with our occupational health provider and additional partners, as well as via our internal offer the Trust has been able to offer additional health and wellbeing assistance needed for staff via the following support initiatives:

- **Trauma Support Service** - In December 2021 PAM have introduced a Critical Incident Stress Management procedure - this debriefing procedure provides focused support to instigate recovery, mitigate the harmful effect of psychological injury and restore wellbeing for when staff experience trauma, at the appropriate time. This can apply to incidents inside or outside of work and can be provided on a group or individual basis. The Trust has accessed this service and it has been well received by the staff involved.

- **Long Covid** - Since October 2021 PAM have been able to offer a Long Covid Case Management Service – this provides bespoke advice and treatment to employees, so as to empower them in their recovery, as well as to aid their return, retention and performance at work.

- **Musculoskeletal Offer** - PAM were able to offer in addition to the traditional referral route an option for widening access to maximise use of resources via the Physiotherapy Information Line (PhIL). This gives the option for employees to self-refer and access immediate musculoskeletal advice and information via the telephone, with subsequent face to face intervention as appropriate direct from a qualified clinician without having to wait for a management referral.

- **Looking After Your Emotional Wellbeing** - Our in-house virtual course has offered practical advice on how we can influence our personal resilience and boost our mood and overall sense of wellbeing.

- **Rugby League Cares - Wellbeing Support Offer** - Helping people manage their mental wellbeing in these difficult times Rugby League Cares have offered bespoke sessions for teams in Bridgewater. The 'Offload' sessions are a chance for staff members to learn new tools and coping strategies around topics such as stress, positive mindset, mindfulness, building resilience and analysing negative thinking.

NHS Staff Survey 2021

Bridgewater received its best response rate to date with 50% of staff completing the 2021 NHS Staff Survey with all eligible staff receiving their survey online via e-mail.

2021 saw a review of the national NHS Staff Survey and the introduction of questions to align to and measure the introduction of the NHS People Promises. These are as follows:

Promise 1: We are compassionate and inclusive

Promise 2: We are recognised and rewarded

Promise 3: We each have a voice that counts

Promise 4: We are safe and healthy

Promise 5: We are always learning

Promise 6: We work flexibly

Promise 7: We are a team

The above promises have been measured by the 2021 NHS Staff Survey. These were linked to each promise with new questions added and some questions removed.

'Staff Engagement' and 'Morale' continue to be themes within the NHS Staff Survey, bringing a total of 9 People Promise Elements / Themes. Each theme within the Staff Survey is scored out of 10 (10 being the highest ranking).

Due to the NHS Staff Survey being significantly revised and to fall in line with the NHS People Promises, the vast majority of Staff Survey scores cannot be compared to previous year's scores. This includes the 7 People Promise benchmark scores.

The NHS Staff Survey Benchmark reports that we have received display the average, best and worst score criteria per question. The 2021 Bridgewater results show comparative data with all NHS Community Trusts, of which there are 16 in total. To summarise:

- 1 question falls into the 'best score' criteria
- 86 questions fall into the 'average score' criteria (of which 35 questions are above average)
- 3 questions falling into the 'worst score' criteria

Staff Friends and Family Test (SFFT) Questions

The SFFT is a national survey that is run quarterly. Quarter 3 is picked up by way of the national Staff Survey with the Staff Engagement questions. Our position on staff recommending the Trust as a place to work and for their friends and family to receive treatment has seen a decrease from the previous year.

- Staff who would recommend treatment for Family – 78.2% to 77.7%
- Staff who would recommend treatment for Friends – 60.1% to 57.5%

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

- There has been great challenge to the health economy as a result of the Covid-19 pandemic. This continued to impact staff across the NHS. It is recognised that continuous financial challenge and change at national, regional and local levels can affect staff morale and their perceptions of the organisation and the NHS as a whole. Despite the difficult environment, it is pleasing to see a slight improvement in staff saying they would be happy with the standard of care provided if a friend or relative needed treatment. Regrettably, it is disappointing to see a decline in the percentage of staff recommending the organisation as a place to work this year. When compared against other Community Trusts, the smallest decrease for this question was -2.2% and the highest decrease was -8.5%. The Bridgewater results dropped by -2.6%, which was the third smallest decrease across all Community Trusts.

Overall Trust Responses

In 2021 all staff were surveyed on line, including those staff on long term absence and those working on the bank. For the second year running, the Trust achieved its highest response rate of 50% (855 members of staff responding).

The table below illustrates the Trust's results, compared to the national average of NHS Community Trusts.

Green indicates where the Trust has achieved the same or higher than the national average. Red highlights where the Trust has scored lower than the national average:

People Promise Element / Theme	2021 score	National Average Score	Trust results v's National Average
We are compassionate and inclusive	7.6	7.6	Same as the national average
We are recognised and rewarded	6.3	6.4	-0.1
We each have a voice that counts	7.1	7.2	-0.1
We are safe and healthy	6.2	6.2	Same as the national average
We are always learning	4.9	5.8	-0.9
We work flexibly	6.4	6.6	-0.2
We are a team	7.0	7.0	Same as the national average

With regards to the remaining two themes below, the number of survey respondents has increased significantly from 2020:

People Promise Element / Theme	2020 score	2020 respondents	2021 score	2021 respondents	National Average	Trust results v's National Average
Morale	6.4	767	5.9	854	6.1	-0.2
Staff engagement	7.2	769	7.2	853	7.2	0

2019-20 and 2020-21

For completeness, scores from 2019-20 and 2020-21 (based on the previous reporting metrics) are outlined as follows:

Theme	2019 Trust Score	2019 Benchmark Score (based on Average score)	2020 Trust score	2020 Benchmark Score (based on Average score)

Equality, diversity & inclusion	9.4	9.4	9.5	9.4
Health & wellbeing	6	6	6.2	6.3
Immediate managers	7.2	7.2	7	7.2
Morale	6.1	6.3	6.4	6.5
Quality of care	7.4	7.4	7.5	7.5
Safe environment - Bullying & harassment	8.4	8.4	8.7	8.5
Safe environment - Violence	9.8	9.7	9.9	9.7
Safety culture	6.8	7	7.1	7.1
Staff engagement	7	7.2	7.2	7.3
Team working	7.2	7	6.9	6.9

Back to the reporting of the 2021 staff survey though, out of 9 themes of the 7 People Promises, 3 are at the national average and 4 are below. 'We are always learning' is an area to be focused on as a priority.

The questions are as follows:

- There are opportunities for me to develop my career in this organisation
- I have opportunities to improve my knowledge and skill
- I feel supported to develop my potential
- I am able to access the right learning and development opportunities when I need to
- Over the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework Development Review (KSF)?
- It helped me to improve how I do my job
- It helped me agree clear objectives for my work
- It left me feeling that my work is valued by my organisation

Although there were areas of deterioration, those staff that did have an appraisal/review over the last 12 months, felt that it helped them improve how they do their job. Improved positions on the 2020 survey findings indicated that 19% of staff responding positively was

just below the average of 20.5%. Staff also felt that it helped them agree clear objectives and left them feeling their work was valued by the organisation. That said, our responses although improved from the previous year, were slightly below average.

An area of significant improvement highlighted shows a significant improvement in staff feeling that they have clear feedback on their work.

'We work flexibly' is also an area of focus for improvement and further development. The questions asked are:

- My organisation is committed to helping me balance my work and home life
- I achieve a good balance between my work and home life
- I can approach my immediate manager to talk openly about flexible working
- The opportunities for flexible working patterns

Whilst we are just below average in 3 out of 4 areas, we were above average for staff being of the view that they achieve a good work and home life balance.

Of the 2 themes remaining from previous years, we have seen a deterioration in the morale score, albeit slightly below the national average. During the second year of the pandemic pressures, we have sustained our staff engagement score which is the same as the national average.

During the pandemic we have focused on agile and flexible working. An Agile Working Policy has been ratified and along with our Flexible Working Policy, formal applications are currently being considered.

The pause on PDRs has been lifted, noting that regular one-to-ones and Wellbeing Conversations were accepted as an alternative during the last 12 months or so.

There has already been a decision taken to focus on *Promise 5: We are always learning and Promise 6: We work flexibly*. Work will need to take place to identify what the actual issues are before a work plan is put into place. This can be done in a number of ways, potentially using the NHS People Pulse survey results, internal staff surveys and focus group sessions amongst other mechanisms. This will enable us to undertake some targeted exploration of what issues may have contributed to the overall decline in scores. The fall in these two indicators may be directly related to the consequence of managing the pandemic response, along with agile working and work demands.

The ongoing work around staff health and wellbeing gives us an opportunity to look at the wider determinants of wellbeing and work is already in place to launch the Trust's 'Just Culture' programme as well as rolling out Leadership Development Programmes for Operational and Clinical Managers, linked to competency frameworks.

There are Boroughs and services within Bridgewater that perform well, according to the staff survey, and we shall explore what that they do to share and enable improvements in other Boroughs and services that have not performed as well. This may well link to management styles, leadership capacity and capability. The Trust has the option to undertake its own 360 degree appraisal process and, as a starting point, it is recommended that these be undertaken by all Borough and service leadership teams to focus on personal areas of good practice and to identify areas for personal development.

A review of the existing Staff Survey Action plan will be undertaken to take into account the findings of the 2021 staff survey. Noting the significant changes which took place to the survey in 2021, we will also be making changes with regards to our action planning approach. Following the establishment of the People Hub and its associated (People Operational Delivery) PODs to deliver the requirement of the NHS People Plan and People Promises, we will be concentrating on the areas of focus via these infrastructures.

The PODs are accountable to the People Hub who report progress and provide assurance to the Trust's People Committee. The People Operational Delivery Plans will align to the areas of the staff survey as per its requirement to deliver on the People Plan and Promises.

Trade Union Facility Time

1st April 2020 – 31st March 2021

This document details the statutory submission for the period April 2020 to March 2021 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 2020/21?

Number of employees who were relevant trade union officials during the relevant period	*Total full-time equivalent of trade union officials*
20	16.87

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

How many of your employees who were relevant union officials employed during 2020/21 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%	10
1 – 50%	8
51% - 99%	0
100%	2

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 2020/21.

	Figures
Provide the total cost of facility time	£34,625.54
Provide the total pay bill	£63,682,517
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.05%

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	173.5
Provide the total paid facility time hours	2411.8
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	7.19%

Expenditure on consultancy

The Trust spent £0.8m (2020/21: £0.7m) on Consultancy.

Off-payroll engagements

The Trust had the following highly paid off-payroll engagements as at 31 March 2022, earning £245 per day or greater:

No. of Existing engagements as of 31 March 2022	3
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	0

No. that have existed between three & four years at time of reporting	1
No. that have existed for four or more years at time of reporting	2

All highly paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater:

Number of off-payroll workers engaged during the year ended 31 March 2022	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 2021 and 31 March 2022:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	9

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 31st March 2022. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS England website.

Finance and use of resources

Due to the Covid-19 pandemic reporting against use of resources was suspended in 2021/22.

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*.

Chief Executive Officer Date: 20 June 2022

The Accountability Report for Bridgewater Community Healthcare NHS Foundation Trust was approved on behalf of the Board on 20 June 2022.

Accounting Officer Colin Scales (Chief Executive)
20 June 2022

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 2022 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 Nominations and Remuneration Committee of the Board oversees the outcome of these meetings.

The Chief Nurse / Deputy Chief Executive has delegated authority for the risk management framework and is the Executive lead for maintaining the Board Assurance Framework and its supporting processes. They also have responsibility for clinical governance and clinical risk, including incident management.

The Chief Nurse / Deputy Chief Executive also has responsibility for patient safety and patient experience, and joint responsibility with the Medical Director for quality.

The Head of Risk Management & Patient Safety is responsible for ensuring that the Trust has suitable and sufficient systems and processes for the effective management of risk.

The Medical Directors' portfolio 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 Directors, have 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 Directors' 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, they are also responsible for the revalidation of doctors. 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 2021 – 22 the pandemic Command and Control structure remained 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 first established in March 2020 and has continued since then, this structure is flexible with the ability to increase / decrease meetings as required.

The risk and control framework

The Risk Management Policy (which is known as the 'Risk Management Framework') 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 for risk 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 have increased the level of risk,
- a plan to address these gaps

Policies, procedures, and clinical guidelines and associated staff training/implementation are the most common form of control for most of both strategic and operational risks. The Clinical and Corporate Policy Approval Group (CCPG) has delegated responsibility for reviewing and approving policies, procedures, guidelines, and pathways with Board ratification required for all policies.

Due to the pandemic and the redeployment of staff, the CCPG was paused and a temporary approval process was implemented in approximately June 2020. The approval process consisted of the control and command structure. CCPG recommenced in September 2021, but all Covid related documents continue to be approved through the control and command structure.

Built into the process for policy development, each document can only be approved once evidence of an Equality Impact Assessment has been 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 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 Borough/ or service. 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 one of the Medical Directors, who is also the Chief Clinical Information Officer. 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 manner. 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 who 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 'Safeguard' 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 Key Performance Indicators (KPIs) and submitted back to services for explanatory narrative. Additionally, specific reports are collated for the Board monthly and quarterly encompassing infection control, incidents, Care Quality and Innovations (CQUINs), complaints and 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 maintaining 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 regular 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 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.

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. This occurred every month, apart from December 2021 and January 2022 where it was not possible for the Council to meet due to the exceptional pressures that were experienced at that time, due to the pandemic. During this period, the Corporate Risk Register was reviewed monthly by the Chair of the Risk Management Council and the Head of Risk Management.

During 2021/22 the Trust recognised the most routinely reported significant operational risks likely to remain the focus of risk treatment during 2022/23 were:

- Demand and capacity issues within both clinical services and corporate support functions. This remains a strategic issue and systems are in place which are referred to in the strategic risk referred to below.
- Covid 19 these are risks that have been created or exacerbated by the pressures experienced by the Trust because of the pandemic.
- 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.
- 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.
- It is recognised that the pandemic has impacted on many risks in the Trust, however, to ensure that the risks and incidents that primarily related to the pandemic, are easily identified, modifications were made to the Trust's Risk Management systems.

Operational finance risks. These were acknowledged and reported to the Finance & Performance Committee during 2021/22. 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 Cost Improvement Programme (CIP) 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.
- Reports to the Finance and Performance Committee include:-
  - Finance report including financial position, forecast, working balances commentary and capital update
  - TIF report (inc. minutes)
- 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 Foundation Trust 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 or 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.

The Board meets on a bi-monthly basis and delegates specific monitoring responsibilities 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 seven meetings of the Board were quorate. All members of the Board attended the required number of meetings. The Non-Executive Directors 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 performance meetings, were 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 2021/22 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 were reviewed during 2021/22. 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 and Patient Partners via Health Watch. A Trust-wide staff engagement programme is in place, and directors regularly undertake drop-ins to team meetings, both virtual and face-to-face.

Policies, procedures, and clinical guidelines and associated staff training/implementation are the most common form of control for most of both strategic and operational risks. The Clinical and Corporate Policy Approval Group has delegated responsibility for establishing policy development guidelines, reviewing, and recommending ratification of the policies to the Trust Board. 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 their 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 2021/22 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 Mersey Internal Audit Agency (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 MIAA, internal auditors, for the period 1st April 2021 to 31st March 2022 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 in 2020 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. An Action Plan was put in place and monitored by the Audit Committee with 71% of the actions implemented and the remainder scheduled to be complete in the first half of 2022.

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, budget holding staff

of Band 7 and above, all Band 8As 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 reporting against the Single Oversight Framework was suspended.

NHS organisations were required to deliver efficiencies during 2021/22, these were set at different levels for Half One and Half Two of 21/22.

The Trust's Finance & Performance Committee oversaw delivery of the Trust's efficiency programmes and provided appropriate assurance directly to the Board.

The 2021/22 CIP target was a total of £2.162m.

National guidance required the Trust to make CIP savings of 0.28% (£0.14m).

Savings identified in 2021/22 H1 met this requirement.

The Trust was required to deliver additional system savings of 1.25% (£0.61m) to support the system financial gap.

The Trust was required to deliver £0.75m of overall savings in months 1 – 6 which were reported as being achieved. For H2, the Trust plan was for 2.76% (estimated £1.40m).

This equates to a year-to-date target of £2.16m which is reported as achieved, predominantly due to reduced travel, non-recurrent vacancies, a reduction in the IT support contract and the unavailability of additional Dental GA sessions included in the plan.

The Finance and Performance Committee received regular reports on the use of agency staff throughout the year, this also identified the costs of agency associated with COVID.

Information governance

There has been one serious incident relating to data breach in 2021/22 which occurred in August 2021. The Information Commissioners Office (ICO) did not take any action as measures were in place prior to this incident When we became aware of the incident, we fully investigated it to determine the root cause. The investigation concluded that this was human error, with incorrect information received from another Trust. The data subject was an integral part of the investigation.

Information Governance covers the whole range of processing of information from personal information, such as information that relates to patients and employees and corporate information such as financial and accounting records, policies, contracts and so on. Information Governance provides the framework for staff to deal consistently with the various rules, laws, and guidance in relation to how information is handled. To ensure the security of Trust information requires engagement from individuals, teams, service and departments for example, information asset owners, service/department managers, Estates and Facilities and Procurement.

The Information Governance Team have refreshed all their policies, produced supporting templates and guidelines to support the staff.

To ensure our staff, patients and service users know how we handle their information, our Privacy notices have been updated. We now have a bespoke privacy notice for the children who attend our services.

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 required 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-Executive Director 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 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 2021/22 the Audit Committee have complied with 'good practice' recommended through:

- Agreement of Internal and External Audit and Anti-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 2021 to 31st March 2022 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.

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 8 internal audit reviews, covering both clinical and non-clinical systems and processes and formed a view on the level of assurance as follows:

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
1	Assurance Framework	NHS requirements met	N/A	N/A	N/A	N/A	N/A
2	Key Financial Systems	High/ Substantial	0	0	1	2	3
3	Quality Impact Assessment	High	0	0	0	1	1
4	Quality Spot Checks	Limited	0	2	2	0	4
5	Quality Spot Checks follow up	Substantial	0	0	4	0	4
6	Fit & Proper Persons	Moderate	0	1	3	0	4

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
7	Data Security & Protection Toolkit (2020/21)	Substantial/ Moderate	0	0	0	0	0
8	Covid Expenditure Claims (draft)	Substantial	0	0	1	2	3
		TOTAL	**0**	**3**	**11**	**5**	**19**

These audits were 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 for the period 1st April 2021 to 31st March 2022 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 2021/22 Internal Audit Plan has been 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. 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.

In addition, the delivery date for the Data Security & Protection Toolkit is June 2022 in line with NHS Digital timeframes for submission. As such this assurance is not included within the HOIA opinion.

Due to the ongoing impact of the pandemic, there was limited coverage of the workforce areas highlighted in risk assessments.

Accounting Officer: Colin Scales (Chief Executive)
Organisation: Bridgewater Community Healthcare NHS Foundation Trust

Signed: 

Date: 20 June 2022

4. Annual Accounts for year ended 31 March 2022

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 March 2022

FOREWORD TO THE ACCOUNTS

These accounts, for the period ended 31 March 2022, 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: 20 June 2022

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: 20 June 2022

Statement of Comprehensive Income for year ended 31 March 2022

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	**104,306**	89,431
Other operating income	4	**3,028**	16,927
Operating expenses	5,7	**(107,532)**	(108,594)
Operating deficit from continuing operations		**(198)**	(2,236)
Finance income	10	**12**	1
PDC dividends payable		**(70)**	(285)
Net finance costs		**(58)**	(284)
Other gains	11	**7**	-
Gains arising from transfer by absorption		**-**	59
Deficit for the year from continuing operations		**(249)**	(2,461)
Deficit for the year		**(249)**	(2,461)
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	6	**-**	(166)
Revaluations	14	**416**	-
Other reserve movements		**(5)**	-
Total comprehensive expense for the year		**162**	(2,627)

Statement of Financial Position as at 31 March 2022

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets:			
Intangible assets	12	**1,980**	2,267
Property, plant and equipment	13	**8,558**	8,340
Trade and other receivables	16	**55**	99
Total non-current assets		**10,593**	10,706
Current assets:			
Inventories	15	**107**	274
Trade and other receivables	16	**7,866**	10,532
Cash and cash equivalents	17	**26,152**	17,886
Total current assets		**34,125**	28,692
Current liabilities			
Trade and other payables	18	**(17,457)**	(14,071)
Provisions	21	**(1,971)**	(910)
Other liabilities	19	**(511)**	-
Total current liabilities		**(19,939)**	(14,981)
Total assets less current liabilities		**24,779**	24,417
Non-current liabilities:			
Provisions	21	**(19)**	-
Total non-current liabilities		**(19)**	-
Total assets employed		**24,760**	24,417
Financed by:			
Public dividend capital		**32,837**	32,657
Revaluation reserve		**2,412**	1,998
Income and expenditure reserve		**(10,489)**	(10,238)
Total taxpayers' equity		**24,760**	24,417

The notes on pages 8 to 39 form part of this account

The annual accounts on pages 1 to 39 were approved by the Board on 20 June 2022 and signed on its behalf by:

Chief Executive:

Date: 20 June 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public Dividend Capital	Revaluation Reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 – brought forward	**32,657**	**1,998**	**(10,238)**	**24,417**
Deficit for the year	-	-	(249)	**(249)**
Revaluations	-	416	-	**416**
Public dividend capital received	181	- -	-	**181**
Other reserve movements	(1)	(2)	(2)	**(5)**
Taxpayers' and others' equity at 31 March 2022	**32,837**	**2,412**	**(10,489)**	**24,760**
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)**
Transfers by absorption: 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**

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 2022

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating deficit		**(198)**	(2,236)
Non-cash income and expense:			
Depreciation and amortisation	5	**2,221**	2,869
Net impairments	6	**110**	608
Decrease in receivables and other assets		**2,431**	14,750
Decrease/(increase) in Inventories		**167**	(251)
Increase in payables and other liabilities		**3,479**	340
Increase in provisions		**1,080**	863
Other movements in operating cash flows		**3**	-
Net cash from operating activities		**9,293**	16,943
Cash flows from investing activities			
Interest received		**12**	1
Purchase of intangible assets		**(745)**	(1,037)
Purchase of property, plant, equipment and investment property		**(688)**	(1,578)
Sales of property, plant, equipment and investment property		**250**	-
Net cash used in investing activities		**(1,171)**	(2,614)
Cash flows from financing activities			
Public dividend capital received		**181**	26,483
Movement on loans from Department of Health and Social Care		**-**	(26,040)
Interest on loans		**-**	(140)
PDC dividend paid		**(37)**	(333)
Net cash from/(used in) financing activities		**144**	(30)
Increase in cash and cash equivalents		**8,266**	14,299
Cash and cash equivalents at 1 April – brought forward		**17,886**	3,587
Cash and cash equivalents at 31 March	17	**26,152**	17,886

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 2021/22 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.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

The 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 deficit for the year was £0.25m in 2021/22. However, this includes adjusting items such as impairments, and net impact of DHSC procured inventories. Excluding these items the Trust's adjusted financial position for 2021/22 is a surplus of £0.03m.

As a consequence of the Covid-19 pandemic, all NHS providers continued to be paid via block contract payments during 2021/22 with additional monies made available for COVID-19 and vaccination expenditure incurred plus a top up mechanism to support providers.

These arrangements are to continue for 2022/23 albeit with reduced funding for COVID-19 and a plan has been submitted to both Cheshire and Merseyside Healthcare Partnership (C&M HCP) and NHS England and Improvement (NHSEI) showing a deficit of £1.45m. The plan has been previously approved by the Board.

Work continues to finalise the new contracting arrangements in respect of Widnes Urgent Care Centre.

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 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 main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. 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 also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2021/22, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund 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 performance obligations are satisfied. In practical terms this means that treatment has been given, 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 employer, 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 they become due.

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

Note 1.6 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, or
- 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.

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

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.

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. 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 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, transport 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 have 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

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 the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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 useful 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.

Useful lives of property, plant and equipment

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

	Min life	**Max life**
	Years	**Years**
Land	-	-
Buildings, excluding dwellings	5	96
Plant & machinery	5	25
Information technology	3	10
Furniture & fittings	10	20

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

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, eg 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 lives of intangible assets

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

	Min life	Max life
	Years	Years
Intangible assets - purchased		
Software	2	11
Other	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 2021/22 and 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 assets 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, ie, 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.

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 charge 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 in other liabilities on the statement of financial position 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 from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	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 from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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 in 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 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 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Foreign exchange

The functional and presentational currency of the Trust is sterling.

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

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

- monetary items 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 1.20 Third party assets

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

Note 1.21 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.

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 1.22 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 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or 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 without restatement and 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. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 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.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

Estimated impact on 1 April 2022 statement of financial position	**£000**
Additional right of use assets recognised for existing operating leases	39,761
Additional lease obligations recognised for existing operating leases	(39,761)
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	**£000**
Additional depreciation on right of use assets	(4,021)
Additional finance costs on lease liabilities	(355)
Lease rentals no longer charged to operating expenditure	4,025
Estimated impact on surplus / deficit in 2022/23	**(351)**
Estimated increase in capital additions for new leases commencing in 2022/23	**-**

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's 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 DHSC GAM 2021/22. 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 assumptions about the future and other 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.

Asset valuations and lives

The value and remaining useful lives of land and building assets are estimated by DVS - Property Services arm of the VOA, who provide professional valuation services. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the DHSC and HM Treasury. Valuations are carried out primarily on the basis of Depreciated Replacement Cost based on the Modern Equivalent for specialised operational property (property rarely sold on the open market) and Current Value in Existing Use for non-specialised operational property.

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:

	2021/22	2020/21
	£'000	£'000
CCGs and NHS England	**82,899**	69,060
Local authorities	**19,668**	19,043
	102,567	88,103

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)

	2021/22	2020/21
	£000	£000
Community services		
Block Contract/ system envelope income	**79,687**	65,893
Income from other sources (e.g. local authorities)	**21,407**	20,006
All services		
Elective recovery fund	**254**	-
Additional pension contribution central funding*	**2,958**	2,701
Other clinical income	**-**	831
Total income from activities	**104,306**	89,431

*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)

	2021/22	2020/21
	£000	£000
NHS England	**18,731**	13,900
Clinical commissioning groups	**64,168**	55,160
Department of Health and Social care	**18**	20
Other NHS providers	**1,166**	1,275
NHS other	**-**	9
Local authorities	**19,668**	19,043
NHS injury scheme	**(48)**	(374)
Non-NHS: other	**603**	398
	104,306	89,431
Of which:		
Related to continuing operations	**104,306**	89,431
Related to discontinued operations	**-**	-

Injury cost recovery scheme is subject to a provision for impairment of receivables of 23.76% (2020/21: 21.79%) to reflect expected rates of collection.

Note 4 Other operating income

	2021/22	2020/21
	£000	£000
Other operating income from contracts with customers:		
Research and development	**-**	-

Education and training (excluding notional apprenticeship levy income)	**1,400**	1,482
Non-patient care services to other bodies	**726**	1,605
Reimbursement and top-up funding	**408**	12,469
Other contract income	**51**	49
Other non-contract operating income		
Education and training	**157**	94
Charitable and other contributions to expenditure	**286**	1,228
	3,028	16,927
Of which:		
Related to continuing operations	**3,028**	16,927
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:

	2021/22 £000	2020/21 £000
Income from services not designated as commissioner requested services	**104,306**	89,431
	104,306	89,431

Note 5 Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	**3,744**	5,799
Purchase of healthcare from non-NHS and non-DHSC bodies	**1,257**	1,595
Staff and executive directors costs	**73,891**	69,063
Remuneration of non-executive directors	**125**	127
Supplies and services – clinical (excluding drugs costs)	**7,794**	6,554

Supplies and services - general	**593**	1,228
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**1,858**	1,662
Inventories written down	**17**	95
Consultancy	**782**	662
Establishment	**3,025**	3,569
Premises	**3,672**	3,955
Transport (including patient travel)	**210**	135
Depreciation on property, plant and equipment	**1,244**	1,890
Amortisation on intangible assets	**977**	979
Net impairments	**110**	608
Movement in credit loss allowance: contract receivables/contract assets	**(196)**	1,959
Movement in credit loss allowance: all other receivables and investments	**(19)**	-
(Decrease)/increase in other provisions	**520**	-
Audit fees payable to the external auditors		
- audit services - statutory audit	**143**	108
Internal audit costs	**94**	89
Clinical negligence	**708**	618
Education and training	**646**	394
Rentals under operating leases	**6,076**	7,385
Other	**261**	120
	107,532	108,594
Of which:		
Related to continuing operations	**107,532**	108,594
Related to discontinued operations	**-**	-

Fees payable to the external auditor of £143k include VAT and additional costs incurred relating to the statutory audit for the financial year ended 31 March 2021. The fee payable to the external auditor for the statutory audit for the financial year ended 31 March 2022 is £105k excluding VAT.

Note 5.1 Limitation on auditors' liability

The limitation on auditors' liability for external audit work carried out is £1 million (2020/21: £1 million).

Note 6 Impairment of assets

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus/(deficit) resulting from :		
Other	**110**	608
Total net impairments charged to operating surplus / deficit	**110**	608
Impairments charged to the revaluation reserve	**-**	166
Total net impairments	**110**	774

Note 7 Employee benefits

	2021/22	2020/21
	£000	£000
Salaries and wages	**53,241**	50,175
Social security costs	**4,692**	4,345
Apprenticeship levy	**248**	229
Employer's contributions to NHS pensions	**9,701**	8,923
Pension cost - other	**36**	39

Termination benefits	**-**	132
Temporary staff (including agency)	**5,973**	5,274
Total staff costs	**73,891**	69,117
Recoveries in respect of seconded staff	**-**	-
	73,891	69,117
Of which:		
Costs capitalised as part of assets	**-**	54

Note 7.1 Retirements due to ill health

During 2021/22 there was 1 early retirement from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £5k (£89k in 2020/21).

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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially 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.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	**6,076**	7,385
Total	**6,076**	7,385

	2021/22	2020/21
	£'000	£'000
Future minimum lease payments due:		
- not later than one year;	**5,129**	5,905
- later than one year and not later than five years;	**18,682**	11,433
- later than five years.	**7,039**	7,422
Total	**30,850**	24,760

Note 10 Finance Income

	2021/22	2020/21
	£000	£000
Interest on bank accounts	**12**	1
Total	**12**	1

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

Note 11 Other gains

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	**7**	-
Total gains on disposal of assets	**7**	-
Total other gains	**7**	-

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

Note 12 Intangible assets

Note 12.1 Intangible assets – 2021/22

	Software Licences £000	Other (purchased) £000	Total £000
Valuation/gross cost at 1 April 2021	**5,452**	**63**	**5,515**
Additions	745	-	**745**
Impairments	(85)	-	**(85)**
Reclassifications	(21)	-	**(21)**
Valuation/gross cost at 31 March 2022	**6,091**	**63**	**6,154**
Amortisation at 1 April 2021	**3,226**	**22**	**3,248**
Provided during the year	961	16	**977**
Impairments	(49)	-	**(49)**
Reclassifications	(2)	-	**(2)**
Amortisation at 31 March 2022	**4,136**	**38**	**4,174**
Net book value at 31 March 2022	**1,955**	**25**	**1,980**
Net book value at 31 March 2021	3,226	41	2,267

Note 12.2 Intangible assets – 2020/21

	Software Licences £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

13 Property, plant and equipment

Note 13.1 Property, plant and equipment – 2021/22

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 – brought forward	**880**	**4,270**	**1,945**	**3,843**	**563**	**11,501**
Transfers by absorption	-	95	374	637	-	**1,106**
Additions	-	(69)	(180)	(105)	(34)	**(388)**
Impairments	-	189	-	-	-	**189**
Reclassifications	-	55	21	-	(55)	**21**
Disposals/de-recognition	-	-	(24)	-	-	**(24)**
Valuation/gross cost at 31 March 2022	**880**	**4,540**	**2,136**	**4,375**	**474**	**12,405**
Accumulated depreciation at 1 April 2021 – brought forward	**-**	**294**	**754**	**1,738**	**375**	**3,161**
Transfers by absorption	-	201	256	762	25	**1,244**
Provided during the year	-	(60)	(129)	(92)	(33)	**(314)**
Impairments	-	(227)	-	-	-	**(227)**
Reclassifications	-	50	2	-	(50)	**2**
Disposals/de-recognition	-	-	(19)	-	-	**(19)**
Accumulated depreciation at 31 March 2022	**-**	**258**	**864**	**2,408**	**317**	**3,847**
Net book value at 31 March 2022	**880**	**4,282**	**1,272**	**1,967**	**157**	**8,558**
Net book value at 31 March 2021	880	3,976	1,191	2,105	188	8,340

Note 13.2 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 13.3 Property, plant and equipment financing – as at 31 March 2022

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Owned	880	4,282	1,272	1,967	157	**8,558**
Net book value at 31 March 2022	**880**	**4,282**	**1,272**	**1,967**	**157**	**8,558**

Note 13.4 Property, plant and equipment financing – as at 31 March 2021

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000 Restated	£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 14 Revaluations of property, plant and equipment

All of the Trust's owned Land and Buildings have been revalued at 31 March 2022 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 2022	31 March 2021
	£000	£000
Consumables	**107**	274
Total inventories	**107**	274
Of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £436k (2020/21: £1,662k). Write-down of inventories recognised as expenses for the year were £17k (2020/21: £95k).

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 2021/22 the Trust received £286k of items purchased by DHSC (2020/21: £1,228k).

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 2022 £000	31 March 2021 £000
Current		
Contract receivables	**7,745**	11,991
Capital receivables	**334**	580
Allowance for impaired contract receivables/assets	**(1,827)**	(3,496)
Prepayments (non-PFI)	**1,199**	613
PDC dividend receivable	**24**	57
VAT receivable	**240**	256
Other receivables	**151**	531
Total current trade and other receivables	**7,866**	10,532
Non-current		
Provision for impaired receivables	**(10)**	(29)
Other receivables	**65**	128
Total non-current trade and other receivables	**55**	99
Of which receivables from NHS and DHSC group bodies:		
Current	**2,552**	4,137
Non-current	**19**	**-**

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 £000	All other receivables £000
Allowances as at 1 April 2021 – brought forward	**3,496**	**29**
Net allowances arising	**225**	**-**
Reversals of allowances	**(421)**	**(19)**
Utilisation of allowances (write offs)	**(1,473)**	**-**
Allowances at 31 March 2022	**1,827**	**10**

	Contract receivable and contract assets £000	All other receivables £000
Allowances as at 1 April 2020 – brought forward	1,956	137
Net allowances arising	1,959	-
Changes in existing allowances	(419)	(108)
Allowances at 31 March 2021	3,496	29

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 2022 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.

	2021/22	2020/21
	£000	£000
At 1 April	**17,886**	3,587
Net change in year	**8,266**	14,299
At 31 March	**26,152**	17,886
Broken down into:		
Cash at commercial banks and in hand	**4**	14
Cash with the Government Banking Service	**26,148**	17,872
Total cash and cash equivalents as in SoFP and SoCF	**26,152**	17,886

Note 18 Trade and other payables

	31 March 2022	31 March 2021
	£000	£000
Current		
Trade payables	**5,779**	6,319
Capital payables	**598**	180
Accruals	**8,763**	5,362
Social security costs	**1,325**	1,210
VAT payables	**30**	-
Other payables	**962**	1,000
Total current trade and other payables	**17,457**	14,071
Of which: payables to NHS and DHSC group bodies:		
Current	5,447	3,281
Non-current	-	-

Note 19 Other liabilities

	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred Income: contract liability	**511**	-

Total current borrowings	**511**	-

Note 20 Borrowings

	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from the Department of Health and Social Care	**-**	-
Total current borrowings	**-**	-
Non-current		
Loans from the Department of Health and Social Care	**-**	-
Total non-current borrowings	**-**	-

Note 20.1 Reconciliation of liabilities arising from financing activities – 2021/22

	Loans from DHSC	Total
	£000	**£000**
Carrying value at 1 April 2021	-	**-**
Cash movements:		
Financing cash flows – payments and receipts of principal	-	**-**
Financing cash flows – payments of interest	-	**-**
Carrying value at 31 March 2022	-	**-**

Note 20.2 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 21 Provisions for liabilities and charges analysis

	Legal Claims	Other	Total
	£'000	**£'000**	**£'000**
At 1 April 2021	26	884	**910**
Arising during the year	9	1,247	**1,256**
Utilised during the year	-	(169)	**(169)**
Reversed unused	(7)	-	**(7)**
At 31 March 2022	**28**	**1,962**	**1,990**
Expected timing of cash flows:			
- not later than one year	28	1,943	**1,971**
- later than one year and not later than five years	-	19	**19**

Total	**28**	**1,962**	**1,990**

The provision for legal claims as at 31 March 2022 relates to the Liabilities to Third Parties Scheme "LTPS" provision.

Other provisions include:

- 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 2023;
- Provision for costs relating to probable compensation claims of £695k. The provision is based on legal advice and their estimates of liability. Payment is expected to be made in the year ending 31 March 2023;
- Provision for NHS excess income of £480k. Central contract reconciliations to be performed in the year ending 31 March 2023;
- Liability for GP Extended Access Holiday Pay of £190k. Payment to be made in the year ending 31 March 2023; and
- Liability for legal action relating to a property previously occupied by the Trust of £164k. Legal case expected to be concluded in the year ending 31 March 2023.

Note 21.1 Clinical negligence liabilities

At 31 March 2022, £2,711k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bridgewater Community Healthcare NHS Foundation Trust (31 March 2021: £2,108k).

Note 22 Contractual capital commitments

	31 March 2022	31 March 2021
	£000	£000
Property, plant and equipment	**39**	148
Total	**39**	148

Note 23 Financial Instruments

Note 23.1 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 and Social Care. 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 2022 are in receivables from customers, as disclosed in the 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 23.2 Carrying values of Financial assets

	Held at amortised cost £000
Carrying values of financial assets as at 31 March 2022	
Trade and other receivables excluding non-financial assets	**6,419**
Cash and cash equivalents at bank and in hand	**26,152**
Total at 31 March 2022	**32,571**

	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

Note 23.3 Carrying values of financial liabilities

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2022	
Trade and other payables excluding non-financial liabilities	**15,187**
Total at 31 March 2022	**15,187**

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

Note 23.4 Maturity of financial liabilities

	31 March 2022	31 March 2021
	£000	£000
In one year or less	**15,187**	12,861
Total	**15,187**	12,861

Note 24 Losses and special payments

	2022		2021	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
		£000		£000
Losses				
Bad debts and claims abandoned	**13**	**20**	54	13
Total losses	**13**	**20**	54	13
Special payments				
Ex-gratia payments	**3**	**16**	4	21
Total special payments	**3**	**16**	4	21
Total losses and special payments	**16**	**36**	58	34

Note 25 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 sister in law of the Trust's Chair, Karen Bliss, is a member of the governing body of NHS Liverpool CCG, the lead commissioner for Cheshire and Merseyside. During 2021/22, NHS Liverpool CCG has remitted income of £19,755k to the Trust and as at 31 March 2022, the Trust recognises a contract receivable of £nil.

The Trust's Medical Director, Aruna Hodgson, is the Associate Dean at Health Education England. During 2021/22, the Trust has invoiced/accrued income from Health Education England totalling £1,386k for funding towards professional education and training resources. As at 31 March 2022, the Trust recognises a contract receivable of £nil with Health Education England.

The Trust's Medical Director, Ted Adams, is the Honorary Deputy Medical Director at Warrington and Halton Hospitals NHS Foundation Trust. During 2021/22, the Trust has invoiced/accrued income from Warrington and Halton Hospitals NHS Foundation Trust totalling £165k for In-Reach clinical services and Warrington and Halton Hospitals NHS Foundation Trust has invoiced the Trust £1,040k for a range of acute and support services. As at 31 March 2022, the Trust recognises a contract receivable of £188k and a contract payable of £178k with Warrington and Halton Hospitals NHS Foundation Trust.

One of the Trust's Non Executive Directors, Linda Chivers, is a Lay Member/Audit Chair for Chorley and South Ribble CCG. Although the Trust does not have any transactions with the CCG, both the Trust and the CCG have the same external auditors, KPMG. During 2021/22, KPMG has invoiced the Trust £174k for external audit services and as at 31 March 2022, the Trust recognises a contract payable of £31k.

One of the Trust's Non Executive Directors, Tina Wilkins, is an Associate Consultant at Mersey Internal Audit Agency ("MIAA"), the Trust's internal auditors. Tina Wilkins has not performed any consultancy work for MIAA during 2021/22. During 2021/22, MIAA has invoiced the Trust £94k for internal audit services and as at 31 March 2022, the Trust recognises a contract payable of £20k.

One of the Trust's Non Executive Directors, Martyn Taylor, is a Non Executive Director for Tameside and Glossop Integrated Care NHS Foundation Trust. During 2021/22, the Tameside and Glossop Integrated Care NHS Foundation Trust has invoiced the Trust £74k for dental theatre sessions and IT infrastructure support and as at 31 March 2022, the Trust recognises a contract payable of £nil.

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 26 Events after the reporting period

There were no events after the reporting period requiring disclosure.

Note 27 Adjusted financial performance (control total basis)

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

For the financial reporting year ended 31st March 2022, Bridgewater Community Healthcare NHS Foundation Trust has reported a deficit of £0.25m (2020/21: £2.46m 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 2022 includes technical adjustments for impairments, assets transferred by absorption, and DHSC centrally procured inventories to give an adjusted financial position of £0.03m surplus (2020/21: £2.19m deficit).

	2021/22	2020/21
	£000	£000
Deficit for the period	**(249)**	(2,461)
Remove net impairments not scoring to the Departmental expenditure limit	**110**	608
Remove gains on transfers by absorption	**-**	(59)
Remove net impact of inventories received from DHSC group bodies for COVID response	**167**	(274)
Total	**28**	(2,186)

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 2022 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and 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 2022 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 2021/22.

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 above conclusions are 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, 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 because of the need to achieve control totals delegated to the Trust by NHS Improvement
- Reading Board and Audit Audit Committee minutes.
- Using analytical procedures to identify any unusual 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 delegated targets, we performed procedures to address the risk of management override of controls and the risk that Trust management may be in a position to make inappropriate accounting entries.

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 specific year-end non-NHS, non-pay expenditure balances and accruals.

On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted by infrequent users, journals posted to rarely used accounts and journals posted from cash to rarely used account.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Sample testing specific non-pay, non-NHS expenditure balances as well as accruals balances at year-end, vouching to supporting external documentation to corroborate whether those items existed and were accurately recorded in the correct accounting period.

Identifying and responding to risks of material misstatement related 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 the National Health Service Act 2006 and 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.
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion that report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

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 2021/22. 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 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 99, 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 its 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 its 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 its 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.

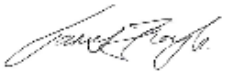
[We have nothing to report in these respects/Replace with summary of any reporting that has been issued, wording for this should be agreed with DPP].

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 2022 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

24 June 2022

6. Key Contacts

Your views

We welcome your comments and feedback on our Annual Report and Accounts.

Please 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
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Email: angela.green30@nhs.net

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- contact our Headquarters:

Europa Point, Europa Boulevard, Warrington, Cheshire, WA5 7TY

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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 2021 to March 2022

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Board 2021-22													
Karen Bliss	**Chair**	✔	✔	AP	✔		✔			✔		✔	**6/7**
Colin Scales	**Chief Executive**	✔	✔	✔	✔		✔			✔		✔	**7/7**
Gail Briers	**Non-Executive Director**	✔	✔	✔	✔		✔			✔		✔	**7/7**
Linda Chivers	**Non-Executive Director**	✔	✔	✔	✔		✔			✔		✔	**7/7**
Abdul Siddique	**Non-Executive Director**	✔	✔	✔	AP		✔			✔		✔	**6/7**
Martyn Taylor	**Non-Executive Director**											✔	**1/1**
Tina Wilkins	**Non-Executive Director**	✔	✔	✔	✔		✔			✔		✔	**7/7**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director**	✔	✔	✔	✔		✔			✔		✔	**7/7**
Ted Adams	**Medical Director**	AP	✔	AP	X		✔			✔		AP	**4/7**
Lynne Carter	**Deputy Chief Executive/ Chief Nurse**	✔	✔	✔	AP		✔			✔		AP	**5/7**
Nick Gallagher	**Director of Finance**	✔	✔	✔	AP		✔			✔		✔	**6/7**
Aruna Hodgson~	**Medical Director**	AP	AP	AP	AP		AP			AP		✔	**1/7**
Sarah Quinn ~~	**Chief Operating Officer**	✔	✔	AP	✔		✔			✔		AP	**5/7**

Paula Woods	**Director of People and Organisational Development**	✔	✔	✔	✔		✔			✔		✔	**7/7**

~Aruna Hodgson provided apologies for meetings which occurred on their non-working day

~~Sarah Quinn known as Sarah Brennan from April 2022

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Nominations and Remuneration Committee (held on ad – hoc basis) 2021-22														
Karen Bliss	**Chair**	✔					✔			✔	✔			**4/4**
Gail Briers	**Non-Executive Director**	✔					✔			✔	AP			**3/4**
Linda Chivers	**Non-Executive Director**	✔					✔			✔	✔			**4/4**
Abdul Siddique	**Non-Executive Director**	A					✔			A	AP			**1/4**
Martyn Taylor	**Non-Executive Director (from 1 February 2022)**													**0/0**
Tina Wilkins	**Non-Executive Director**	✔					✔			✔	✔			**4/4**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director**	✔					✔			✔	AP			**3/4**

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun* **	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Audit Committee 2021-22														
Linda Chivers	**Non-Executive Director/ Committee Chair**	✔		✔ / ✔	✔			✔			✔			**6/6**
Gail Briers	**Non-Executive Director**	✔		✔ / ✔	✔			✔			✔			**6/6**
Abdul Siddique	**Non-Executive Director**	✔		AP/ ✔	A			✔			A			**3/6**
Tina Wilkins	**Non-Executive Director**	✔		✔ / ✔	✔			✔			✔			**6/6**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director**	✔		✔ / ✔	✔			✔			✔			**6/6**

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec #	Jan	Feb	Mar	**Total**
Quality and Safety Committee 2021-22														
Gail Briers	**Non-Executive Director and Committee Chair**	✔		✔		✔		✔				✔		**5/5**
Abdul Siddique	**Non-Executive Director**	✔		✔		✔		✔				✔		**5/5**
Martyn Taylor	**Non-Executive Director (from 1 February 2022)**											AP		**0/1**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director**	✔		✔		✔		✔				✔		**5/5**
Ted Adams	**Medical Director**	✔		✔		AP		✔				AP		**3/5**
Lynne Carter	**Deputy Chief Executive/ Chief Nurse**	✔		✔		AP		✔				✔		**4/5**
Aruna Hodgson~	**Medical Director**	AP		AP		AP		AP				AP		**0/5**

~Aruna Hodgson provided apologies for meetings which occurred on their non-working day

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Finance and Performance Committee 2021-22														
Tina Wilkins	**Non-Executive Director and Committee Chair**	✔	✔	✔	✔	✔	✔		✔		✔		✔	**9/9**
Gail Briers	**Non-Executive Director**	✔	✔	✔	✔	✔	✔		✔		✔		✔	**9/9**
Linda Chivers	**Non-Executive Director**	✔	✔	✔	✔	✔	✔		✔		✔		✔	**9/9**
Martyn Taylor	**Non-Executive Director**												✔	**1/1**
Lynne Carter	**Deputy Chief Executive/ Chief Nurse (member from January 2022)**										AP		✔	**1/2**
Nick Gallagher	**Director of Finance**	✔	✔	✔	✔	✔	✔		✔		✔		✔	**9/9**
Sarah Quinn	**Chief Operating Officer**	✔	✔	AP	✔	✔	✔		AP		✔		✔	**7/9**

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
People Committee 2021-22														
Abdul Siddique	**Non-Executive Director and Committee Chair**		✔		✔		✔		✔		✔		✔	**6/6**
Linda Chivers	**Non-Executive Director**		✔		✔		✔		✔		✔		✔	**6/6**
Tina Wilkins	**Non-Executive Director**		✔		✔		✔		✔		✔		✔	**6/6**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director**		✔		✔		✔		AP		✔		✔	**5/6**
Dr Ted Adams	**Medical Director**		✔		✔		AP		✔		✔		AP	**4/6**
Lynne Carter	**Deputy Chief Executive/ Chief Nurse**		✔		AP~		AP~		AP~		AP~		✔	**2/6**
Paula Woods	**Director of People and Organisational Development**		✔		✔		✔		✔		✔		✔	**6/6**

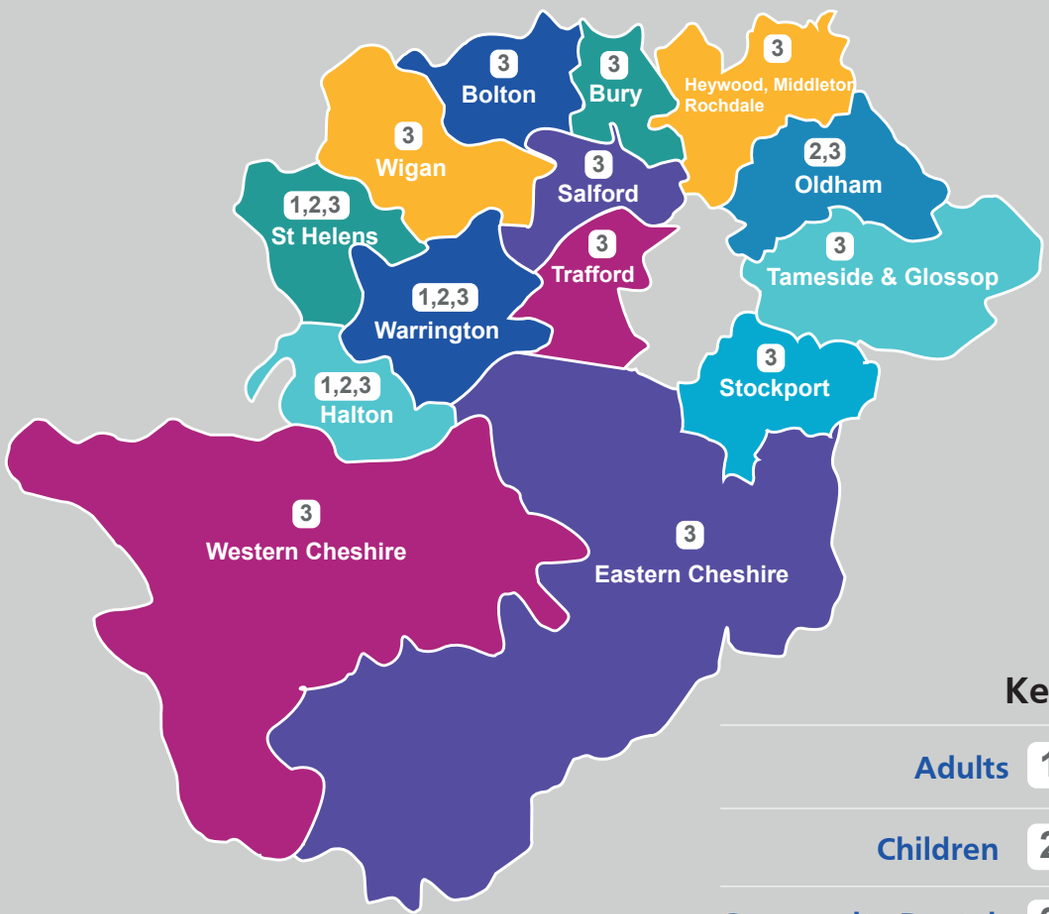
~ represented by Deputy Chief Nurse, Jeanette Hogan

KEY AP – apologies A-absent (no apologies) *closed and/or extraordinary meeting ** two meetings in a month, some closed		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb #	Mar	**Total**
Council of Governors 2021-22														
Karen Bliss	**Chair**	✔		✔		✔		✔		✔				**5/5**
Gail Briers	**Non-Executive Director**	✔		AP		✔		✔		✔				**4/5**
Linda Chivers	**Non-Executive Director**	✔		✔		✔		✔		✔				**5/5**
Abdul Siddique	**Non-Executive Director**	✔		AP		✔		✔		A				**3/5**
Tina Wilkins	**Non-Executive Director**	✔		✔		✔		✔		✔				**5/5**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director**	✔		✔		✔		✔		✔				**5/5**
Rita Chapman LEAD GOVERNOR	**Public Governor – Rest of England**	✔		✔		✔		✔		✔				**5/5**
Alison Cullen	**Partner Governor – Voluntary sector**	A		A		A		A		A				**0/5**
Rachel Game	**Partner Governor – Higher Education (from September 2021)**							✔		✔				**2/2**
Janette Grey	**Partner Governor – Higher Education (stood down in September 2021)**	✔		AP		✔								**2/3**

Corina Casey Hardman	**Staff Governor – Nursing and Midwifery (stood down in October 2021)**	AP		AP		AP		✔						**1/4**
Bill Harrison	**Public Governor – Rest of England**	AP		✔		✔		✔		AP				**3/5**
Peter Hollett	**Public Governor – Halton**	✔		AP		AP		✔		✔				**3/5**
John Hyland	**Public Governor - Warrington**	✔		✔		✔		AP		✔				**4/5**
Diane McCormick	**Public Governor - Halton**	✔		✔		✔		✔		✔				**5/5**
Matt Machin	**Public Governor - Warrington**	✔		✔		✔		AP		✔				**4/5**
Derek Maylor	**Public Governor – Rest of England**	✔		AP		AP		✔		✔				**3/5**
Paul Mendeika	**Public Governor – Warrington**	✔		✔		✔		✔		✔				**5/5**
Dave Smith	**Staff Governor – Non-Clinical Support**	✔		✔		✔		✔		AP				**4/5**
Christine Stankus	**Public Governor – Rest of England**	AP		✔		✔		✔		✔				**4/5**

Meeting stood down due to pressures of the pandemic.

Bridgewater Community Healthcare NHS Foundation Trust
Map of Services



Key

Adults	1
Children	2
Community Dental	3

0844 264 3614

bchft.enquiries@nhs.net

www.bridgewater.nhs.uk

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