NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

ANNUAL REPORT & ACCOUNTS

2022 - 2023

Bridgewater Community Healthcare NHS Foundation Trust

Annual Report and Accounts 2022-23

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

Contents

1. Statement from Chair and Chief Executive

“Working better together” has been the bedrock of our approach to the planning and delivery of services during the past year. Building on existing relationships and developing new, collaborative approaches has enabled us and our system partners to think differently about how we collectively use our respective skills, assets and resources to drive change within the communities we serve.

We have refreshed our strategy, which sets out our ambitions for a future where everyone working in health and social care will work together around a shared vision to create a healthier local population. We have called our refreshed three year strategy “Communities Matter” to emphasise the central role that communities play in shaping our response to the health and well-being challenges that we all face. Delivery of the strategy will take place day-to-day as business as usual, with updates, monitoring and assurance being driven through the existing organisational governance infrastructure, and as such, being reported 'as usual' throughout the Board agenda, aligned to the Board Assurance Framework and IQPR (Integrated Quality and Performance Report).

A cornerstone of this work will be our engagement with our communities. Whilst no one underestimates the challenge of our ambitions, we are excited and optimistic about the opportunities our approach is creating within the groups and organisations that support some of our most vulnerable families.

The resilience of our staff continues to be tested by the extraordinary pressures within many of our frontline services. This year, as in the past, we have seen an increasing demand for the services we provide and calls for additional support from our colleagues in our local hospitals. At the same time, there have been personal challenges posed by cost of living increases which impact on all our lives.

It is testament to the skills, knowledge and professionalism of our nursing, therapy, dental and corporate colleagues that we have continued to provide essential support to all those in our communities who require our services.

Significant media attention has been given to the significant pressures felt by health and social care providers during the winter months, with many staff who have worked in the NHS for a considerable number of years managing levels of demand they have never previously experienced. At the front and centre of our response was a commitment to providing patients with excellent care within community settings and preventing unnecessary hospital admissions.

During the year, Integrated Care systems were formally established to enable greater collaboration between providers across the system. These systems, which bring together public services including the NHS, GPs, local councils and the voluntary and community sectors, will help us to better plan how to deliver services in the future.

As providers of community health services we are an integral part of our system and support thousands of people to live well in their own homes, and to lead happier and healthier lives.

Our staff already work alongside their colleagues in hospitals, councils, voluntary and third sector organisations and we each bring with us a knowledge of the communities and places we serve.

As a Foundation Trust our Council of Governors is an important part of our constitution; and we would like to pay tribute to two of our long-standing governors who have sadly passed away recently. Diane McCormick and Paul Mendeika were instrumental in engaging with our wider community and during their time of service were committed members of our Council. They will both be greatly missed.

Here at Bridgewater, we are uniquely placed: our staff are part of people's lives, we visit their homes, we know our patients, their families and the challenges they face.

What sets us apart is the value we bring to the lives of these we serve and the support we provide to their families. We do not sit outside of people's lives; we are a part of their everyday and we are extremely privileged and proud to be so.

Our annual report is a unique opportunity to showcase some of the remarkable work that goes on within the Trust every day. We are indebted to our staff for their continued commitment to our patients, families and communities and it is an honour and a privilege to serve as Chair and Chief Executive.

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

During the past 12 months we have continued to build on the progress our staff have made in restoring services to their pre-pandemic levels. This has been a far from easy task. In the autumn/winter of 2022-23 the NHS faced considerable demand for the services it provides.

Here in Bridgewater, we were challenged by an increased need to support extremely poorly and vulnerable patients in their own homes and provide our colleagues in the hospitals with packages of care and support that would allow them to discharge patients safely and appropriately into community settings.

To do this required considerable agility and we have continued to participate in the development of shared programmes of work that build on the national model of public services that provide health and care – the NHS, GPs, local councils, plus voluntary and community organisations – working together to deliver services which meet the needs of the people and communities we serve.

The difference this approach has made is already being felt by thousands of individuals and families. Continuing the momentum to embed systems and process that support these models within these communities will reap considerable benefit in the future.

We recognise how important it is that our patients tell their story only once. Our approach to making this happen has been strengthened by a continued investment in the infrastructure supporting our ambitions.

Shared information systems and robust technologies are fundamental to achieving this. A national drive towards digital is mirrored here in Bridgewater and we have been an integral and driving force in the need to ensure our systems speak to each other to better support our patients and their families.

A positive impact of the pandemic was to accelerate this approach and we are committed to delivering further programmes of care and support that allow our patients and their families to access care and support in new and imaginative ways.

We have made significant progress in tackling long waiting times in a number of services, however there is still some way to go and we remain firmly focused on providing the support needed to bolster our clinical teams.

The key to this has been the use of innovative and imaginative recruitment campaigns. We are extremely proud of our record in recruiting apprentices from within our communities and there are more than 60 who are actively supporting our colleagues in children's, adults, dental and corporate services to deliver care to patients. We are investing in these individuals

and regularly celebrate the considerable difference they are making to our clinical and corporate teams. Alongside this we have a robust staff development programme that provides our colleagues with great opportunities to enhance their skills and understanding so they might support our ambition to continually evolve and develop new and exciting ways of working.

Innovation in healthcare is sometimes overlooked. So we work alongside teams throughout the Trust to consider at how we might do things better – for the benefit of patients and staff. We are fully committed to ensuring innovation is key to our future development and growth.

The difference our teams are making includes:

In our Childrens services, we provide public health and community nursing, medical and therapy services for children and families. We aim to support all children to have the best start in life through the delivery of high quality, evidence-based health care. Our teams delivered the national universal Healthy Child Programme to all families with a preschool child, ensured that all school aged children and young people had access to a school nurse and the routine school aged child vaccination programme, and when additional needs were identified, made arrangements for specialist assessment and support. Our teams have also been working closely with colleagues in both Halton and Warrington local authorities, and with other local partners, in the development of family hubs; centres delivering a range of integrated services ensuring all children, young and their families can access the support they need, when they need it.

In the Dental Network we have worked in collaboration with Hospital colleagues in Oldham to improve access to Paediatric General Anaesthetic. This new pathway will provide a more local service for these patients and their families, avoiding the need to travel to outlying hospitals. We've collaborated with Health Education England to host Foundation Dental Therapists, broadening the appeal of community dentistry as a rewarding place to work, and ultimately attracting the best clinicians available.

In Warrington, the Rapid Response Community Team, made up of health and social care professionals, has provided support to help people remain safe at home, recover from issues, avoid hospital admission and to return to the comfort and safety of their own home quickly after a hospital stay.

In Halton, our Integrated Frailty Team is supporting some of our most vulnerable patients to remain in their own homes whilst managing highly complex medical conditions. In 2022-23 this has been achieved by the development and implementation of virtual wards, in collaboration with our hospital colleagues. We anticipate that this will result in a reduction of hospital admissions as a result of such approaches. The past year has seen significant developments locally and nationally in driving forward more integrated systems of working.

Our contribution to making these systems work cannot be underestimated and our strategy for the next five years articulates how the knowledge, skills and professionalism of our staff is vital in ensuring the models of care we develop best meet the needs of the communities we serve.

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.

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.

During 2022-23 Bridgewater provided community adult and children's nursing and therapy services in Halton, Warrington, and St Helens. It also provided community dental across a larger geographic footprint in the North West and Drive Ability North West in partnership with Drive Mobility and the Department for Transport.

Warrington Adults

Our Warrington Adults' Services has a large team of community nurses supported by specialised nurses and matrons. The services provided include:

- responding to urgent care needs and therapy needs as part of an integrated intermediate tier health and care offer,
- intermediate care beds,
- care in care homes,
- equipment services,
- wheelchair services,
- acquired brain injury and neuropsychology,
- podiatry,
- musculoskeletal and orthopaedic clinical assessment,
- dermatology.

Halton and St Helens Adults

As in Warrington, our Halton Adults' Services has a large team of community nurses supported by specialised nurses and matrons, a Neuro Rehabilitation service, as well as providing integrated urgent care and an integrated frailty services, with local providers, as we support the community and intermediate care needs of the population.

Our urgent treatment centre in Widnes is the focal point for many community-based services, with clear connections to our own services and those of our local partners. We also deliver wheelchair services, equipment services, podiatry and speech and language services.

The Drive Ability North West service, delivered in partnership with Drive Mobility and the Department for Transport, provides services across the North West of England, supporting people with assisted driving, accessibility and independent living

Children's Services

We deliver 0-19 years, and to 25 years for those with special educational needs, services in both Warrington and Halton, as well as a number of specialised children's services, such as audiology, occupational therapy, physiotherapy and speech and language. We have

community paediatric services and deliver the neurodevelopment pathway in both Halton and Warrington.

Specialised Dental Services

The Bridgewater Dental Network currently provides services to a combined population of over two million people, who live across Cheshire, Merseyside and Greater Manchester. We provide specialised dental care on referral to people of all ages, with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist (General Dental Practice)

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 2022-23:

Staff headcount and operating income

On 31 March 2023, the headcount of our staff was 1541 and the whole time equivalent (WTE) was 1297.99. All staff are Staff Members of our Foundation Trust unless they opt out.

Operating income

Our income for the year ended 31 March 2023 totalled £97.0m (2021-22: £107.3m) and included:

CCG, NHS England, and ICB	£75.7m (2021-22: £80.7m)
Local authorities	£13.9m (2021-22: £19.7m)
Health Education England	£1.3m (2021-22: £1.4m)
Other NHS Providers	£2.1m (2021-22: £1.4m)

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 Mission and Strategy

Where people live matters. Communities matter.

As a community health care provider, Bridgewater Community Healthcare NHS Foundation Trust is an integral provider of the services delivered in the community. We support people to remain in their own home with their loved ones for longer, improving their health and wellbeing outcomes.

We see the impact of health inequalities across our communities and the demands these place across all our services. Our caring and professional staff respond to these needs, always going the extra mile to help and support the people they care for.

The new Health & Care Act, and the formation of Integrated Care Systems (ICSs), which are focused on places and local communities, set out the framework and the vision for the delivery of truly integrated care around a person-tailored and personalised to their needs and providing support for their families, in their own home and community. Therefore, protecting resources in hospitals and specialist services for when care at home can no longer be provided.

Achieving this person-focused, holistic care requires a committed and focused partnership approach and a shift in mindset. The drive to do things differently and the ability to challenge each other as partners in place and hold each other to account will help us collectively make a difference to the people we have in our care.

As a community provider, we are determined to improve equity in health outcomes with our partners to maximise the health, wellbeing, and prosperity of communities. We are challenging the traditional notion that an NHS provider only treats the ill, ambitiously moving this focus towards the delivery of planned and preventative care in the services we provide. Across our service portfolio, we already play a huge role in offering expert clinical care, and we will create

additional capacity in our services by maximising the use of technology and delivering service transformation so that we can significantly contribute to preventing poor health, whilst improving and creating health and wellbeing.

Our mission statement is:

"We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners".

We have an incredibly diverse portfolio of services with a vast reach across and into the heart of our communities. Whilst every service has its own range of national, regional and local priorities and must do's, our Trust Strategic Objectives are cross-cutting and apply to every service.

Our Strategic Objectives have been developed to ensure they help drive delivery of our mission, provide clear goals and measurable steps for each Directorate and service, and describe how they will, collectively, enable our services and our staff to thrive.

Our six Strategic Objectives are:

1. **Quality -** We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.
2. **Health equity** - We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk.
3. **Staff** - We will ensure the Trust is a great place to work for our staff.
4. **Resources** - We will ensure that we use our resources in a sustainable and effective way.
5. **Diversity, equality and inclusion** - We will ensure that equality, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.
6. **Partnerships** - We will be a committed, respected and valued partner as we work in close collaboration in place and across the system to deliver the best possible care and positive impact in local communities.

Wrapping around our mission and objectives, we are building on our approach to engagement. At the heart of the collaboration between the NHS and its partners, the voices of the patient, communities and staff must be heard and embedded. Not as a one off, periodically undertaken task, but in the true spirit of co-production to shape and influence how improve the health and wellbeing of local communities.

Communities matter. Our role is to develop stronger, healthier and happier communities.

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	• New Integrated Care System (ICS) infrastructure and commissioning arrangements • Increased financial challenges for the Trust and system partners • Potential lack of coordination across the system when setting commissioning strategies • Patient choice and NHS constitution • Impact of integration with, and across, local partners and Provider Collaboratives
Economic	• The current Cost Of Living Crisis, for the people we serve and our staff • 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 services from system partners due to budgetary pressure and challenges • Current industrial action being witnessed across many UK sectors
Sociological	• Demographic changes and impact i.e. ageing population and health inequalities across local communities • Global pandemic highlighted health disparities and complex access issues across different ethnic communities • People with increasing dependency on services for their long-term health and social care needs • Varied levels of deprivation across all boroughs • Increased emphasis on community based preventative healthcare / self-management and health creation • 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 • New and innovative technologies to drive and transform how care and services are accessed and / or delivered • Alignment and sharing of data and information across IT platforms, and between partners • Greater access to the internet, apps and remote assessment • Potential for a widening of the digital inclusion / exclusion divide

	• 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 requirements • Investment in smart buildings control systems • Corporate responsibility to environmental factors e.g. carbon footprint, recycling etc. • Focus on NHS Prevention Pledge and Anchor Institution status • 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 surplus for the year was £0.5m in 2022-23. However, this includes adjusting items such as impairments, and the net impact of DHSC procured inventories. Excluding these items, the Trust's adjusted financial position for 2022-23 is a surplus of £1.07m.

As a consequence of the COVID-19 pandemic, all NHS providers continued to be paid via block contract payments during 2022-23 with additional monies made available for COVID-19 and vaccination expenditure incurred plus a top up mechanism to support providers.

In 2023-24, this has changed with a move back to contracts with commissioners, however top up funding is still in place but at a reduced value. A breakeven plan has been submitted

to both NHS Cheshire and Merseyside and NHS England (NHSE). The plan has been previously approved by the Board.

The Trust continues to actively seek new business opportunities with Commissioners either through tendering opportunities being advertised or collaborative working and has successfully retained the Warrington 0 to 25 contract following a competitive tendering exercise.

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 2022-23

Halton Adult Services

Halton Integrated Care and Frailty Service (HICaFS)

- The Service and Operational Lead have developed initial plans for virtual wards and obtained funding to take this forward allowing people to get the care they need at home, safely and conveniently**,** rather than being in hospital.
- The service continues to deliver high quality care and demand for the service has continued to increase. Referrals have approximately doubled in the last year.

Specialist Nursing- Heart Failure Service

- Widnes Primary Care Network (PCN), Bridgewater Community Healthcare NHS Foundation Trust and Liverpool Heart and Chest NHS Foundation Trust have embarked on a collaboration with Boehringer Ingelheim, a life sciences company and The Care Lab, a healthcare design team to help us to understand the care of heart failure patients in the area. This work will allow us to start to think about the best way to deliver an integrated heart failure services in the future.

District Nursing

- Plans have been initiated for development of community nursing and we developed a delivery model to support sustainable high quality nursing care in the community.

Urgent Treatment Centre (UTC)

- The UTC underwent a PLACE assessment led by Healthwatch. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. The outcomes of this assessment illustrated that patients valued the treatment and care they received, and many reported they saw the UTC as a useful alternative to the waiting times at A&E and the difficulties in getting GP appointments.

- Partnership working with the local Acute Trust is supporting a reduction in demand in Accident and Emergency (A&E) departments, this includes UTC staff working alongside A&E colleagues to manage demand.

Drive Ability North West

The service continues to work towards re-accreditation of the Driving Assessment centre by Drive Mobility. The centre now has a new name and branding which, alongside a communications and engagement plan continues to raise the profile of the service. The service has a new Centre Manager who is working to support the development of the service.

- The service has collaborated with Greater Manchester Police in developing a scheme which will support the avoidance of police prosecution for certain road traffic offences, enabling drivers to undertake a comprehensive assessment.

Speech and Language Therapist (SALT) service

- The service is exploring use of volunteers and charities in the community to promote the service. This will allow the service to and signpost service users and carers for support.

Specialist Nursing Service (Bladder and Bowel Service and Stroke Nurses)

- The services have successfully recruited to all vacant posts and have secured full staffing which ensures a timely specialist response.

Warrington Adult Services

Urgent Community Response (UCR) Service

- The service continues to work collaboratively with North West Ambulance Service and A&E colleagues and is supported by Advancing Quality Alliance (AQUA) project to reduce ambulance handover delays. This has resulted in the introduction of the NWAS falls phone which enables residents who have had a fall without injury to be referred directly to UCR first responders for help and assistance.
- The service introduced a falls huddle twice weekly in conjunction with other community services to effectively triage and ensure that residents who have fallen are seen by the most appropriate service in a timely manner, which has reduced duplication and onwards referrals.
- The service secured funding for the establishment of the point of care testing hub in conjunction with the local hospital laboratory service. This will mean that UCR practitioners can undertake a range of diagnostic tests in the patient's own home, reducing the need for hospital attendance.
- All nurses in UCR are now able to verify expected death of a patient, which will ensure a timely and dignified process for residents and families when there is an expected death in a patient's own home.

Intermediate Tier Services

- The Trust and Warrington Borough Council are working closely together to bring to life the Warrington Together vision …*'One System, One Purpose'.* The Intermediate Care at home teams are on a journey of integration, bringing together, therapists, social workers, care and support workers to support residents get back to safe and independent living in their own homes.

- New operating models have been developed which link the Transfer of Care Hub through to a more cohesive intermediate care offer. This will ensure our patients have a seamless journey out of hospital into effective rehabilitation services which will help with living well and independently at home.
- Over 170 staff from across Bridgewater and Warrington Borough Council have participated in a bespoke leadership development programme. This has helped build the right skills and outcomes, focused development for our workforce to start to deliver quality integrated care in our system. This has optimized the expertise and resources available to our patients, removing waste, overlap and duplication.

Orthopaedic Clinical Assessment and Treatment Service (OCATS)

- The service introduced a new communication feature, which can now manage referrals through quick and efficient text messaging (while still ensuring provision for those that still rely on landline or letters for communication). The service can text and receive replies from patients to arrange and change appointments. This has created huge efficiencies and has enabled an opt-in process which allows 90% of our initial appointments to be arranged via text messaging.

Dermatology

- The Advice and Guidance (A&G) pathway, as the future new front door to routine dermatology referral, went live in Warrington with several practices engaged as early adopters. Optimisation of a tele-dermatology A&G first approach offers an opportunity to safely manage increasing demand for routine skin issues. With a secure and rapid digital platform between clinicians, more patients will be managed through prompt and effective advice and treatment in Primary Care. For the service, this will ensure the right patients are seen face to face at the right time and in the right place and for Primary Care, A&G offers quick and responsive access to Dermatology consultants enabling GPs to confidently retain and manage more routine patient skin conditions.

Palliative Care Virtual Ward

- Bridgewater are working in partnership with St Rocco's Hospice Warrington, Halton Teaching Hospitals, Warrington Borough Council and other partners to deliver a pilot project for a Palliative Virtual Ward (PVW).
- The PVW ensures patients are looked after at home by health care professionals with oversight from the Warrington Integrated Palliative Care Hub. Our Specialist Palliative Care Nurses are an integral part of this service, helping to ensure patients get the expertise, care and support needed in their own homes. Technology is also being pioneered in this pilot to help people monitor their own symptoms in the comfort of their own home with ongoing clinical support and expertise. Patients are provided with a smartphone and are given access to the telehealth platform, known as DOCOBO, to log their symptoms as well as responses to pre-determined set of questions. Patients have a face-to-face visit on day 1 by the Integrated Palliative Virtual Ward Care Team, then, their telehealth information is reviewed on a virtual ward round by Integrated Palliative Care nurses daily.

Neuro Rehabilitation Service

- Our Neuro Rehabilitation service was successful in securing funding for two pilot projects. The first aims to improve the lives of patients with a need for neuro specialist thermoplastic splinting for upper and lower limb dysfunction. The second is for the use of electrical stimulation, which is recommended for the upper and lower limbs, for the management of conditions of central neurological origin, such as dropped foot or stroke.

Community Dental Service

- Working with Health Education England (HEE) we secured the placement of 2 x Vocational Training (VT) Therapists to support us within our Greater Manchester Localities.
- Following an extensive consultation with staff and unions we agreed a new Network wide Clinical and Operational Leadership Structure, which we are implementing in quarter 4 of 2022-23.
- We implemented a Clinical Harm Review process to ensure we can assess the impact of all those patients that have had to wait due to COVID-19.
- We purchased an additional number of theatre sessions at Oldham General to clear long waiters; and have now largely eliminated those waiter more than 104 weeks.
- We have moved to one external Radiation Protection Advisor provider IRS, to provide advice to our dental network.
- We have developed a plan to improve our governance capacity and connectivity within place, with the addition of several posts focused on Safeguarding and Oral Health Education.
- We reinstated our Annual Dental Symposium, bringing together over 240 staff once a year to share learning, improve connectivity and reflect on our priorities and challenges for the year ahead.
- We have continued to invest in our performance dashboards with improved Business Intelligence reporting, to inform our management team, operational leaders and managers and committees.
- We were allocated significant capital in 2022-23 to replace dental chairs, inhalation sedation equipment and x-ray equipment.
- We trialled a new audit process for our managers within clinic, to ensure we can evidence meeting high standards of quality and service delivery.
- Following the engagement exercise around our move to Altrincham Hub, we have secured the funding and completed the staff consultation to enable the site to be refurbished and the move to take place in 2023-24.
- We have agreed a new direction of travel for a singular Patient Administration System / Clinical system across the network replacing 2 existing systems: bringing all the network onto one platform in 2023-24.
- We continue to support and influence the managed clinical leadership forums across both regional systems and across the key areas of Paediatrics, Special Care and Oral Surgery.
- Clinical Audit e.g., radiography, antibiotic prescribing.
- We have a consistently high level of compliance across all our clinical sites with Infection prevention and control audits; and audits against Health Technical Memorandum 01-05 standards.
- We have delivered several courses on our in-house accredited Inhalation Sedation and Intravenous Sedation course.

- Working with Public Health England and Local Authority colleagues we undertook the 2022-23 Epidemiology survey across the whole of Cheshire and Merseyside and in eight boroughs of Greater Manchester.
- Working in collaboration, with Bangor University we are contributing to the Senior Trial Research programme.

Children's Services

- The Trust continued to develop our children's services directorate appointing a new Head of Children's services along with new operational managers for Halton and Warrington Specialist services.
- Bridgewater was successfully re-awarded the Warrington 0-19 Years service for a further five years, with an option to extend for a further two years.
- Warrington 0-19 West team have successfully moved into Great Sankey neighbourhood hub and the next steps is to move family nurse partnership local programme, the long-term conditions nursing team and the paediatric bladder and bowel service into the centre.
- Halton and Warrington Family Nurse Partnership Annual Review had excellent feedback from the National Team.
- Warrington Paediatric Occupational Therapy service has successfully recruited to all vacant posts and improved waiting times significantly.
- Halton Children's Services (CSS) and 0-19 Years services have come together with Halton Special Educational Needs and Disabilities (SEND) parent/carer forum to support SEND children, young people and their families.
- Halton Community Paediatrics have worked closely with Children in Care nursing team to increase capacity for completion of Initial Health Assessments (IHA) managing to increase from under 20% to over 80% completed IHAs within statutory timescales within the last 12 months with plans to increase compliancy rates further.
- Halton CSS have contributed and submitted to all requests for Education and Health Care Plans and continue to work hard to increase compliancy with timeframes – Occupational Therapy and the Neurodevelopmental Nursing Team have submitted 100% within timescales and Paediatric Therapy 94% and Comm Paediatrics 88% all despite carrying vacancies within the team.
- Our Children's Services in Halton are working in partnership with Halton borough council and other stakeholders in the development of Family Hubs.
- Warrington 0-19 service have restored the Prebirth contact as a Universal face to face contact and developed monthly parent education sessions to support this. The numbers completed are increasing each quarter.
- The new baby review key performance indicators is consistently above 90% (national target 95%) but the service reaches and completes this contact for more than 99% of all babies. The service has consistently achieved 95% compliance for the 6-8 week review, 1 year and 2-2.5year health and development reviews.
- Warrington 0-19 service successfully reintroduced "drop in" Health Visitor advice and Support clinics in community settings.
- Warrington 0-19 service Health Visitors have all completed Newborn Behaviour Observation (NBO) training, this supports a parent to understand their baby's behaviour and to promote bonding.
- Warrington 0-19 service have been closely involved in supporting vulnerable new populations in Warrington. These include a hotel of asylum seeker families, The 'HongKongers', and families from Ukraine.

- Warrington 0-19 service have reintroduced the 'Bosom Buddies' support group in Children Centres. This is a drop-in group to support women to establish and maintain breastfeeding.
- Warrington and Halton Family Nurse Partnership local programmes have successfully implemented the new Personalised programme. They have extended the range for clients eligible for the service up to 24 years of age and 'graduated' clients between the ages of 1 and 2yrs.
- Warrington 0-19 School Nurses have introduced and completed health questionnaires for young people in academic year 7 and 10 via SmartSurvey.
- Data gained supports our school nurses in partnership with local high schools to identify and target where support is needed.
- Warrington 0-19 service have launched a healthy lifestyles programme, 'Healthier Families Warrington'. This is an 8-week programme for the under 5's, Primary school and High School age children to promote healthier lifestyle and a healthy weight.
- Our Warrington Children's Services are actively supporting the development of the Living Well Hub in Warrington town centre, led by Warrington and Halton Hospitals NHS Trust.
- Our Halton Children's Services are actively supporting the development of the Health and Education Hub in Runcorn Old Town, led by Warrington and Halton Hospitals Trust.

People and Organisation Development

- The Trust continues to focus on the work within its 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 Trust has engaged in and submitted the NHS England/Improvement (NHSE/I) Nursing and Midwifery Retention Self-Assessment Toolkit and has developed an

action plan to support retention of staff. Plans will be taken forward via the People Operational Delivery Groups and via the Directorate Staff Survey Action Plans.

- 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 via the introduction of new roles and Apprenticeships.

- Building on the success of the Nursing Times Award for 'best recruitment experience' in 21/22, the Trust has seen a significant improvement in the utilising of the Apprenticeship Levy funding by way of offering a more diverse range of apprenticeships to both entrant Apprenticeships and to those already employed at the Trust.

- The Trust was recognised by Riverside College as Employer of the Year for our collaborative approach to working with them on Apprenticeship Training.

- The Trust has committed to offering an enhanced offer to newly qualified staff by way of ratifying a Multi-Professional Preceptorship Policy, including the introduction of new roles to support this important cohort of staff.

- The Trust has successfully rolled out the e-Roster system to all services to support with workforce planning, continuity of care and safer staffing.

- Bridgewater continued to commit to the development of their leaders by rolling out an Operational and First Line Managers leadership development programme.

- The Trust continued its Just Culture journey by way of supporting the embedding of the principles into Trust processes / training e.g. Induction, People Policies, training programmes etc. Communication and engagement has continued to be a focus, by way of supporting culture change. Referral to formal procedures is a last resort, where feasible, resulting in a reduction in the number of disciplinaries and grievances.

- The Trust has committed to supporting the delivery of the NHSE/I Health and Wellbeing Framework with a focus on supporting staff who are suffering from stress-related illness / absence. Training and interventions on offer to staff have focussed on supporting staff with cost of living and the associated impact on mental health, including the continued engagement of Rugby League Cares who provide support and training for staff around mental fitness.

- The Trust has Staff Networks to support the voices of staff from ethnically diverse backgrounds; staff with disabilities, long term conditions, and neurodivergence; and staff who identify with diverse gender and sexual identities. In addition, we also have Staff Networks for carers support, and menopause support.

- The Trust is committed to improving equity and inclusion for all staff and is working to embed a culture of anti-discrimination in employment and service delivery. This includes action plans and monitoring on the Gender Pay Gap; Equality Delivery System; Workforce Force Disability Equality Standard, supported by the commitments as a Disability Equality Leader; and the Workforce Race Equality Standard, and

disparity ratio, supported by work to implement our commitment to the North West Black, Asian, and Minority Ethnic Assembly Anti-Racism Framework.

- The Trust is externally validated as a Disability Confident Leader, and in 2022 has been honoured to be re-accredited with the Navajo LGBT+ (Lesbian, Gay, Bisexual, Transgender, and people with gender and/or sexual expressions and identities outside the binary norm) Charter Mark, with Veteran Aware accreditation, and awarded bronze level in the Defence Employer Recognition Scheme.

Communication and Engagement

As we emerge from the far-reaching effects of the pandemic and establish new ways of working to restore service levels and devise improved systems and processes to meet increasing needs from patients, partners and the public we continue to strengthen the way we communicate internally and externally.

- Significant focus was given to create and establish new and exciting branding that engenders a sense of ownership and professionalism within the organisation.
- A branding suite was established within the Hub (staff intranet) providing colleagues with easy access to a range of branded materials including report templates, email signatures, Microsoft Teams background etc.
- 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 – more so during periods of industrial action.
- We have continued to develop our use of technology, using exciting ways to communicate, using animation, video, photography and social media etc.
- There was significant focus throughout the year on promoting the regional and national messaging on COVID-19 including the continued need for lateral flow device (LFD) testing and the requirement to wear face masks in a clinical setting.
- Campaigns to promote the value of vaccinations and encourage staff to protect themselves against flu and COVID-19 resulted in one of the highest uptakes within the community provider sector.
- Working closely with our colleagues in recruitment, we promoted the many diverse and exciting career opportunities within the NHS and featured the lived experiences of our apprentices in our internal and external communications.
- Providing case studies to NHS England promoting the NHS as a career of choice.
- Welcoming the NHS Regional Director for the North West allowed us to showcase the diverse range of services we provide.
- A newsletter – Quality & Place bulletin - explaining the changing landscape of the NHS locally, regionally and nationally and the development of what will be the Trust's refreshed strategy allowed us to focus on how our approaches within Place were and will continue to make a difference to patients' lives and the communities in which they live.
- Showcasing the work of our Rapid Community Response Service in Warrington allowed us to better explain the changes in Place and highlight the contribution the Trust was making to new and better ways of working. This received national recognition.

- Our weekly bulletin became a single communication tool – incorporating key information from across the Trust.
- Our monthly Team Brief was opened up to all staff across the organisation. The Brief is presented by the Chief Executive or an Executive Director and highlights the key challenges and opportunities facing the organisation at a given time.
- A refreshed, public facing Trust website created a more navigable platform for patients, partners and the public. The website was designed specifically using the template of the NHS.uk and NHS England websites, therefore increasing accessibility and functionality.
- Working closely with colleagues in the former North West Driving Assessment Centre we created a new look for the service – this included a suite of promotional materials. A new name – Drive Ability North West - and brand to support its development as a leading provider of driving assessment services in the North West.
- Providing 'live' updates regarding industrial action within the Trust and beyond allowed us to accurately report and reflect on the situation locally and regionally and support our colleagues who were affected by the action.
- A continued focus on staff achievements – Queen's Nurse accreditation, Care Certificate success, Long Service awards and acknowledging the difference staff are making to patients' lives by featuring everyday acts of kindness and compassion provides a reminder of the motivation that supports service delivery.
- Our NHS Staff Survey results were published and the key findings highlighted. Work plans supporting the delivery of locally driven initiatives to support staff and address issues raised.
- The Trust continued to reward and recognise the achievements of colleagues via its 'Star' awards.
- Celebrating our staff continued to be a key focus. In 2022, building on the success of past years, the trust held its Thank You awards and publicised the achievements of colleagues via social and paid for media.
- Our Staff Engagement Champions continued to support the work of the Trust in recognising and supporting their colleagues during the challenges posed in year.
- Our Time to Shine sessions were relaunched, and teams were invited to showcase the work of their colleagues. These sessions are open to all staff, Non-Executive Director and Governor colleagues and give an insight into the work that goes on across the organisation.
- Executive and Non-Executive colleagues continued with their time to Talk sessions. The sessions provide a platform for staff to showcase their work, highlight issues and concerns and recognise the achievement of colleagues.
- Reports on these visits are included in the Chief Executive and Chair updates which are provided to both Board and Council of Governors.
- The Trust's Governors commenced a series of service visits to provide an insight into the many diverse services provided by the Trust – both clinically and corporately.
- Our Dental Network colleagues held a day long symposium to highlight key achievements within teams and highlight some of the work taking place across the network which is gaining regional and national recognition.
- The Leader in Me, day long engagement sessions led by external facilitators support staff across the organisation to think differently about what they do, learn from their

peers and others and employ new techniques / approaches to address the issues they may be facing.

- The Bridgewater Staff Networks provide a ‘safe’ place for specific staff groups to discuss and address issues that are impacting on their everyday working lives and explore ways of tackling them in a supportive environment.

Information Technology (IT)

- The Trust continued its planned digital enabler and infrastructure developments in line with its digital strategy during 2022-23.
- Procured and installed a further 250 replacement laptop devices as part of continued lifecycle management.
- Migrated Pennine Dental Services clinical systems, devices and staff into the Trust for internal support and compliance.
- Migrated Halton Community Services devices and staff into the Trust for internal support and compliance, previously supported by Mid-Mersey Digital Alliance.
- Replaced end of life wireless infrastructure for staff and patients in clinical areas.
- Refreshed all Warrington services onto Trust’s internal telephony solution along with staff handset refresh.
- Continued working with regional teams on a 24x7x365 security operations centre provision.
- Enhancement of our IT service management toolset to offer other digital teams in optimising their user support function.
- Migrated all Trust systems and applications onto latest operating systems for security, compliance and risk mitigation.
- Completed the national annual Data Security Protection Toolkit submission and mandatory internal / external audit reviews.

Data and Information

- Installed new Qlik Sense server to facilitate separate production and user environments.
- Implemented successful updates to national submissions to reflect latest version standards.
- Successfully implemented weekly elective waits data set.
- Development of Urgent Community Response Service reporting for inclusion in national dashboards.
- Implemented advice and guidance for Dermatology service.
- Integration of Dental data into data warehouse.
- Overall improvements of data warehouse performance to reduce load failures and speed up load processing times.
- Development of Qlik Sense based health inequalities tool.

Estates and Infrastructure

The Trust provides clinical and administrative services from 60 locations and for each location maintains an overall accountability in respect of the building and environment infrastructure The locations are classed as follows: 5 freehold, 18 leased from NHS Property Services, 17 leased from Community Health Partnerships, 3 leased from GP landlords, 6 leased from private landlords, 6 NHS hospital sites and 5 local authority sites.

- Capital and backlog maintenance schemes completed include new clinic heating systems, upgraded fire security, refurbishment of a number of freehold health centres, CCTV replacement programme and an LED lighting replacement programme.
- Estate reconfiguration including vacating and transfer of clinical teams to new premise locations. Successful negotiation of new leasehold arrangements across a range of leased properties.
- The Estates Team has maintained stock management systems and ordered and delivered Personal Protective Equipment (PPE) to clinical and admin teams within the Trust.
- Re-establishment of the Trust's vaccination centre to support the national COVID-19 booster programme.
- Implementation of the new NHS Cleaning standards
- Participation in the 22/23 NHSE PLACE programme in respect of Widnes Urgent Treatment Centre.
- New contracts procured in respect of renewable energy, clinical waste collection services and confidential waste services.
- Adoption of the NHS Violence prevention and reduction standard.
- Reviewed and improved internal processes utilising, where appropriate, digital solutions in respect of postage (hybrid mail), flexible working practices within the estates team, minor works job allocation template and data portals in respect of utilities and waste management data.
- Continued management and operational responsibility across the wider agendas, in respect of health and safety, waste management, electrical and mechanical maintenance, cleaning, emergency planning arrangements, infection control framework compliance, landlord/tenant relationship management and resource management.

Patient Feedback Received April 2022 – March 2023

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 to comply with data protection requirements.

Halton

Adult Bladder & Bowel Service: We were so impressed with the service we received. Our nurse [Name], was very professional and so kind and helpful. We felt very well taken care of and were extremely grateful for her help and advice. Thank you.

Adult Speech & Language Therapy Service: Gave answers to questions asked. Only waited a few minutes to be seen. Gave information I didn't already know. Didn't feel rushed and explained things so I could understand.

District Nursing Service: The nurse was kind, considerate and professional. Her attention to detail was excellent and she inspired confidence. She gave a clear explanation of what she was doing and the next steps to be taken should I need further assistance. No problems whatsoever.

Newborn Hearing Screening: [Name] was really reassuring. She explained everything and went over our options when my baby didn't pass the initial test first time. Put my mind at ease.

Paediatric Physiotherapy/OT Service: Service we received was really good, explained step by step what was going to happen gave us a plan going forward. The therapist was amazing with our daughter; they knew how to speak to her and included her and gave her a plan moving forward.

School Aged Immunisations: Seen to quickly, everything was explained to myself & son before treatment was given

Urgent Care Centre: I just wanted to get in touch to leave some feedback from our trip to the Widnes urgent care centre today. We visited with my 3 week old son [name]. We were so pleased with how the staff were with us today and the whole trip really. Everyone was so pleasant and understanding and we were seen really quickly, which is great when worried about such a little one. One staff member that I wanted to make sure to feedback on was the paediatric nurse that saw us. She was absolutely fantastic, so please feed this back to her manager and pass along our thanks. She was friendly and reassuring, was amazing with our son and she really went the extra mile to not only ensure he was thoroughly assessed, but that everything was explained to us in detail. Please do pass along how amazing she is at her job. Many thanks.

Wheelchair Service: The wheelchair consultant explained everything in a clear manner. His attitude was 1st class

Warrington

Children's Special Needs Nursing: [Name] the autism nurse was amazing and has given us fantastic support over and above our expectations. She has shared her expert knowledge of autism, is incredibly kind and professional as well as attending school meetings with us, allowing us to feel heard and understood by our son's school who did not really understand autism or our son's needs. We feel very confident that she has a thorough up-to-date understanding, which makes a huge difference and she has given us individualised resources to help our son with his autistic burnout. We are so grateful for her help.

Dermatology Service: The staff are incredibly helpful, informative and supportive. They reassure you at every step. I was seen on time and the follow up information was excellent.

District Nurse Treatment Room Service: I had an appointment with a nurse [Name] that I had never seen before. She was lovely and certainly went above and beyond to help me and even gave me great advice re: compression garments that I needed. It was lovely to meet such a pleasant nurse and I hope my path crosses with [Name] if I need future appointments.

Health Visiting Service: My health visitor [Name] goes above and beyond to make sure I'm doing Ok. She stays with me as long as I need and always has a kind ear. She gives reassuring advice and has also helped me to calm baby if she has been crying during a visit. She shares her own personal and professional experiences, which makes her advice relatable.

Orthopaedic Clinical Assessment and Treatment Service: My appointment was on time and I was given a thorough and professional examination which was conducted in a friendly and confident way. I wasn't rushed, everything was explained and all of my questions were answered. Excellent service.

Paediatric Acute Response Team: I was impressed that we were straight in and out. The nurse was lovely and put my child at ease whilst he had his blood taken. She was very professional and helpful.

Paediatric Community Medical Service: You couldn't have done better, the team were excellent, efficient, well-mannered, thoughtful and very cheerful. It was a lovely atmosphere, caring and friendly.

Podiatry Service: I would like to send my most sincere thanks to two of your employees. The receptionist who greeted me on arrival today was very accommodating and couldn't have done any more for me. The 2nd thanks must go to the Podiatrist [Name]. Again, she was excellent in dealing with my issues and went above and beyond to make a protective pad for one of my toes and also helped me put my socks and special boots back on. She helped with doors which can be awkward from a sitting position (wheelchair user) and I left the building to get in my car. I asked the very helpful receptionist for an appointment on Fridays in the hope I get the same lady again. Best regards.

Dental Services

Bolton: All staff I have met throughout have been amazing, explained everything thoroughly, nothing has been too much, made me and [Name] very comfortable. Couldn't thank them all enough.

Halton: Today my son and I attended a dental appointment and we experienced great care, which should be acknowledged and celebrated. My son has autism and was booked in for a difficult extraction. We were greeted with a nice receptionist and were seen promptly by a very kind and friendly nurse who immediately put [Name] at ease. The dentist took great care, was so patient and explained everything so well that [Name] was also at great ease in her care. Both members of staff were so kind, compassionate and showed marvellous professionalism. They also managed to do what others could not.

[Name] had a really positive experience and would like to share his thanks for your care. I would have no hesitation in recommending this team to others in the future. They are a credit to your service.

Oldham, Rochdale, Bury: I would like to take this opportunity to thank all those involved with [name's] dental treatment on Friday. The care planning and communication between all services enabled [name's] treatment to be a success.

St Helens: Absolutely fantastic; staff were wonderful, so caring and patient. Explained everything that was happening. Extremely efficient and a first class service. Thank you so much for your care and attention.

Stockport: The ladies were incredible with my son. They showed him so much care and kept me informed of each step. Can't thank you enough.

Warrington: I just wanted to drop you an email about one of your dentists at Bath Street Warrington. I have to say he is the most wonderful dentist I have come across in all my years, I've always feared the dentist due to childhood trauma, but I've never shown my children the fear I have of dentists. [Name], my son has needed 2 teeth out since COVID-19, and it's taken a while, but we have been successful with one tooth and not the other due to [Name's] anxiety. The dentist has seen him twice now, first time he could see how anxious he was, and second time today [Name] walked away from dentist with temporary treatment and a review arranged. [Name] has walked out of the dentist today smiling and happy with the talks he had with [Name] today, I think all dentists need to have [Name's] attitude to treating patients, he is amazing at what he does! What a lovely man and [Name] is looking forward to his next appointment to talk about the next steps.

People don't get enough recognition for what they do, and I just wanted to express how grateful we are.

West Cheshire: I had an appointment at one of your Dental Clinics to have a wisdom tooth removed. I want to thank all the staff involved with my care. From the moment I arrived until leaving the building I was greeted and treated by friendly and supportive staff, I really can't thank them enough. I had a severe fear of the Dentist, following a really bad experience, and not been able to have treatment for over 40 years. After this appointment not only has the tooth been extracted but I've the confidence to start having regular check-ups/treatment. Can you please pass on my thanks to the team on duty. Thanks again.

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 2022-23 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-19 absence, COVID-19 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 assurance 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 is 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 England Compliance

It is a requirement of NHS England that trusts establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. In 2022-23, a number of performance standards were measured in their assessment of the overall governance. These are summarised in the table below and demonstrates achievement against the threshold / target during each month of the year.

KPI Name	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Cancer 62 day for 1st Treatment (urgent GP Referral)	85.00%	95.24% (▲)	96.97% (▲)	100% (▲)	85.71% (▼)	87.5% (▲)	92.31% (▲)	100% (▲)	100% (►)	100% (►)	93.33% (▼)	87.5% (▼)	75% (▼)
Cancer - 28 day faster diagnosis	75.00%	73.84% (▲)	66.5% (▼)	71.92% (▲)	72.73% (▲)	68.67% (▼)	75.19% (▲)	79.17% (▲)	73.02% (▼)	75.29% (▲)	75.95% (▲)	81.14% (▲)	91.01% (▲)
Elective - % of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway)	92.00%	57.26% (▼)	61.03% (▲)	59.48% (▼)	59.05% (▼)	53.34% (▼)	43.21% (▼)	39.74% (▼)	35.29% (▼)	34.75% (▼)	39.76% (▲)	41.49% (▲)	57.99% (▲)
UTC: Total time in A&E (% of pts who have waited <= 4hrs)	95%	93.96% (▼)	98.38% (▲)	96.6% (▼)	96.3% (▼)	98.66% (▲)	96.48% (▼)	92.66% (▼)	87.43% (▼)	82.48% (▼)	93.72% (▲)	96.01% (▲)	98.1% (▲)
Diagnostics - Number of 6 weeks diagnostic breaches	0	2 (►)	0 (▲)	5 (▼)	1 (▲)	0 (▲)	3 (▼)	2 (▲)	4 (▼)	4 (►)	1 (▲)	5 (▼)	9 (▼)
Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%	99.68% (▲)	99.68% (►)	99.76% (▲)	99.8% (▲)	99.77% (▼)	95.36% (▼)	99.83% (▲)	99.83% (►)	99.82% (▼)	99.71% (▼)	99.71% (►)	99.73% (▲)

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%.

KPI Name	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Elective - % of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway)	92.00%	57.26% (▼)	61.03% (▲)	59.48% (▼)	59.05% (▼)	53.34% (▼)	43.21% (▼)	39.74% (▼)	35.29% (▼)	34.75% (▼)	39.76% (▲)	41.49% (▲)	57.99% (▲)

At the end of 2022-23, Quarter 4, the Trust had a total of 2816 patients waiting for consultant-led services. The percentage waiting below 18 weeks was 57.99%.

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.
At the end of Quarter 4 2022-23 the Trust had a total of 15107 patients waiting for all services, including Community Dental. Of these, (66.4%) were waiting under 18 weeks.

Total Waits	15107

<13 weeks	8424
13 17 weeks	1614
18+ weeks	5,069

Cancer Services

The Trust delivers community-based cancer services to patients living in the Warrington area which is commissioned by Warrington place ICB. The table below demonstrates the Trust's performance against the national cancer targets throughout Quarters 1- 4 in 2022-23. These are often small numbers of patients and can be affected by patient choice of appointment time.

Indicator	Externally set Threshold (where applicable)	Data Type	Apr-22	May-22	Jun-22	Q1	Jul-22	Aug-22	Sep-22	Q2	Oct-22	Nov-22	Dec-22	Q3	Jan-23	Feb-23	Mar-23	Q4	YTD
All cancers: 31-day wait for second or subsequent treatment	94.0%	Number of breaches within month of 31-day waits for second subsequent treatment.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	1	2
		Total number of individuals on the 31-day waits for second subsequent treatment pathway	4	3	2	9	2	0	0	2	1	6	1	8	4	4	1	9	28
		%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	100.00%	100.00%	83.33%	100.00%	87.50%	75.00%	100.00%	100.00%	88.89%	92.86%
All cancers: 62-day wait for first treatment	85.0%	Number of breaches within month breaches of 62-day wait for first treatment. (All cancers)	0.5	0	1	1.5	1	0.5	0	2	0	0	0.5	1	1	2.5	2.5	6	9.5
		Total number of individualson on the 62-day wait for first treatment pathway (All cancers)	16.5	11	7	34.5	8	6.5	6	21	10	5	7.5	23	8	10	11	29	106.5
		%	96.97%	100.00%	85.71%	95.65%	87.50%	92.31%	100.00%	92.68%	100.00%	100.00%	93.33%	97.78%	87.50%	75.00%	77.27%	79.31%	91.08%
All Cancers: 31-day wait from diagnosis to first treatment	96.0%	The number of within month breaches of 31-day wait from diagnosis to first treatment (All cancers)	0	3	0	3	1	0	1	2	0	0	0	0	2	0	0	2	7
		Total number of individuals on the 31-day wait from diagnosis to first treatment pathway	18	15	4	37	14	3	5	22	13	9	7	29	12	11	12	35	123
		%	100.00%	80.00%	100.00%	91.89%	92.86%	100.00%	80.00%	90.91%	100.00%	100.00%	100.00%	100.00%	83.33%	100.00%	100.00%	94.29%	94.31%
Cancer: 2 week wait from referral to date first seen	93.0%	The number of within month breaches of 2 week wait from referral to date first seen	12	12	19	43	22	17	198	237	20	18	2	40	1	4	9	14	334
		Total number of waiters on the 2 week pathway	201	283	279	763	254	280	288	822	261	321	172	754	222	217	283	722	3061
		%	94.03%	95.76%	93.19%	94.36%	91.34%	93.93%	31.25%	71.17%	92.34%	94.39%	98.84%	94.69%	99.55%	98.16%	96.82%	98.06%	89.09%
28 Day FDS Two Week Wait	75.0%		69	73	69	211	78	66	45	189	68	65	38	171	43	16	30	89	660
			206	260	253	719	249	266	216	731	252	263	158	673	228	178	230	636	2759
		%	66.50%	71.92%	72.73%	70.65%	68.67%	75.19%	79.17%	74.15%	73.02%	75.29%	75.95%	74.59%	81.14%	91.01%	86.96%	86.01%	76.08%

Clinical Coding Error Rate

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022-23 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.

- Bespoke service specific data quality workshops have been provided to help clinical teams to understand anomalies in performance data.
- System superuser sessions in development to empower delegates with basic system configuration and data quality knowledge.
- Improvements to CSDS (Community Services Data Set), ECDS (Emergency Care Data Set), Outpatient CDS (Outpatient Commissioning Data Set) and MHSDS (Mental Health Services Data Set) datasets.
- Regular contact with NHS England data liaison team.
- Ongoing improvements to the Trusts overarching data quality policy.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2022-23 for inclusion in relevant national datasets.

The percentage of records in the latest published data (December 2022) which included the patient's valid NHS number was:

Data set	Bridgewater Compliance	National Average
Community Services Data Set	99.91%	82.80%
Emergency Care Data Set	99.58%	82.80%
Mental Health Services Data Set	100.00%	82.80%
Outpatients Care Data Set	100.00%	82.80%

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

Data set	Bridgewater Compliance	National Average
Community Services Data Set	99.96%	98.80%
Emergency Care Data Set	100.00%	88.70%
Mental Health Services Data Set	100.00%	88.70%
Outpatients Care Data Set	100.00%	88.70%

Financial Performance

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

For the financial reporting year ended 31st March 2023, Bridgewater Community Healthcare NHS Foundation Trust has reported a surplus of £0.52m (2021-22: £0.25m deficit) and this is the same figure as in the summarisation schedules that underpin the accounts. However, it should be noted that the surplus for 31 March 2023 includes technical adjustments for impairments and DHSC centrally procured inventories to give an adjusted financial position of £1.07m surplus (2021-22: £0.03m surplus).

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 2022-23 of £2.29m (2021-22: £1.9m), split between IT investment of £1.08m and other schemes, including clinical equipment replacement, of £0.62m and Estates schemes of £0.49m.

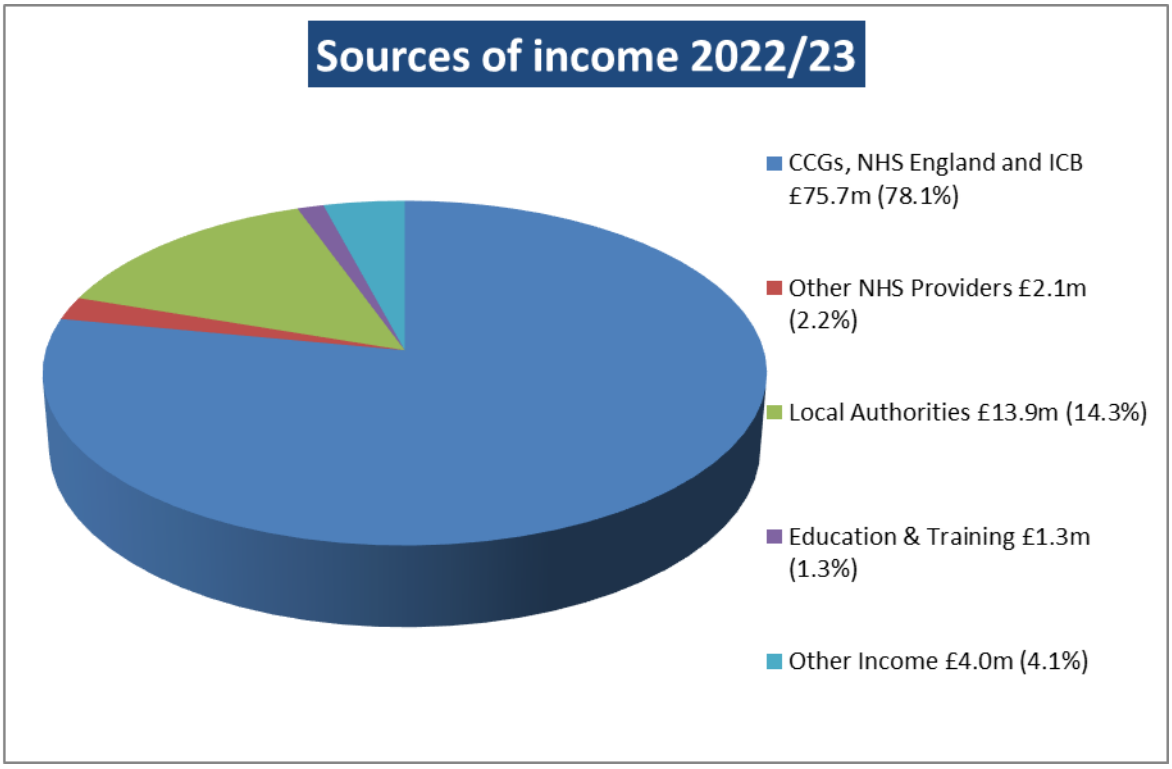
Income

Our income for the year ended 31 March 2023 totalled £97.0m (2021-22: £107.3m) and included:

CCG, NHS England, and ICB	£75.7m (2021-22: £80.7m)
Local authorities	£13.9m (2021-22: £19.7m)
Health Education England	£1.3m (2021-22: £1.4m)
Other NHS Providers	£2.1m (2021-22: £1.4m)

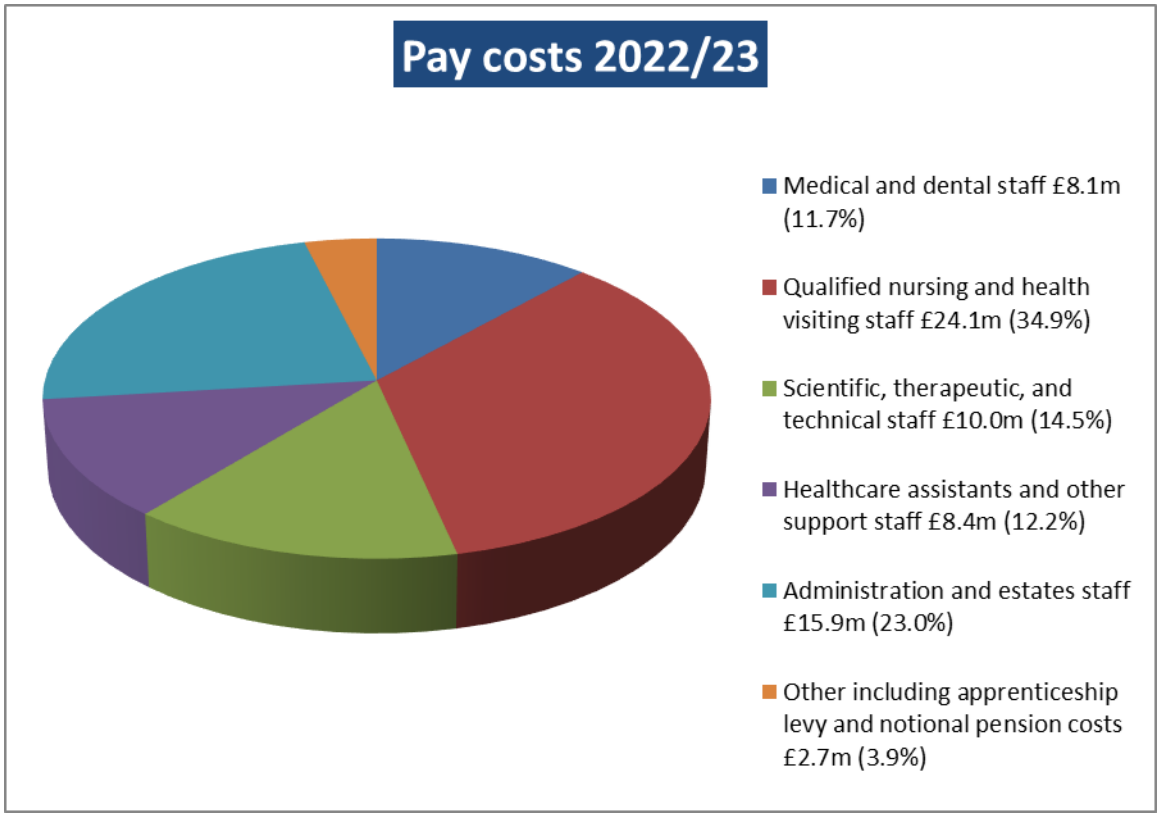
The income for the provision of goods and services for the purposes of the health service in England is greater than our income for the provision of goods and services for any other purposes. (As per section 43(2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)).

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.

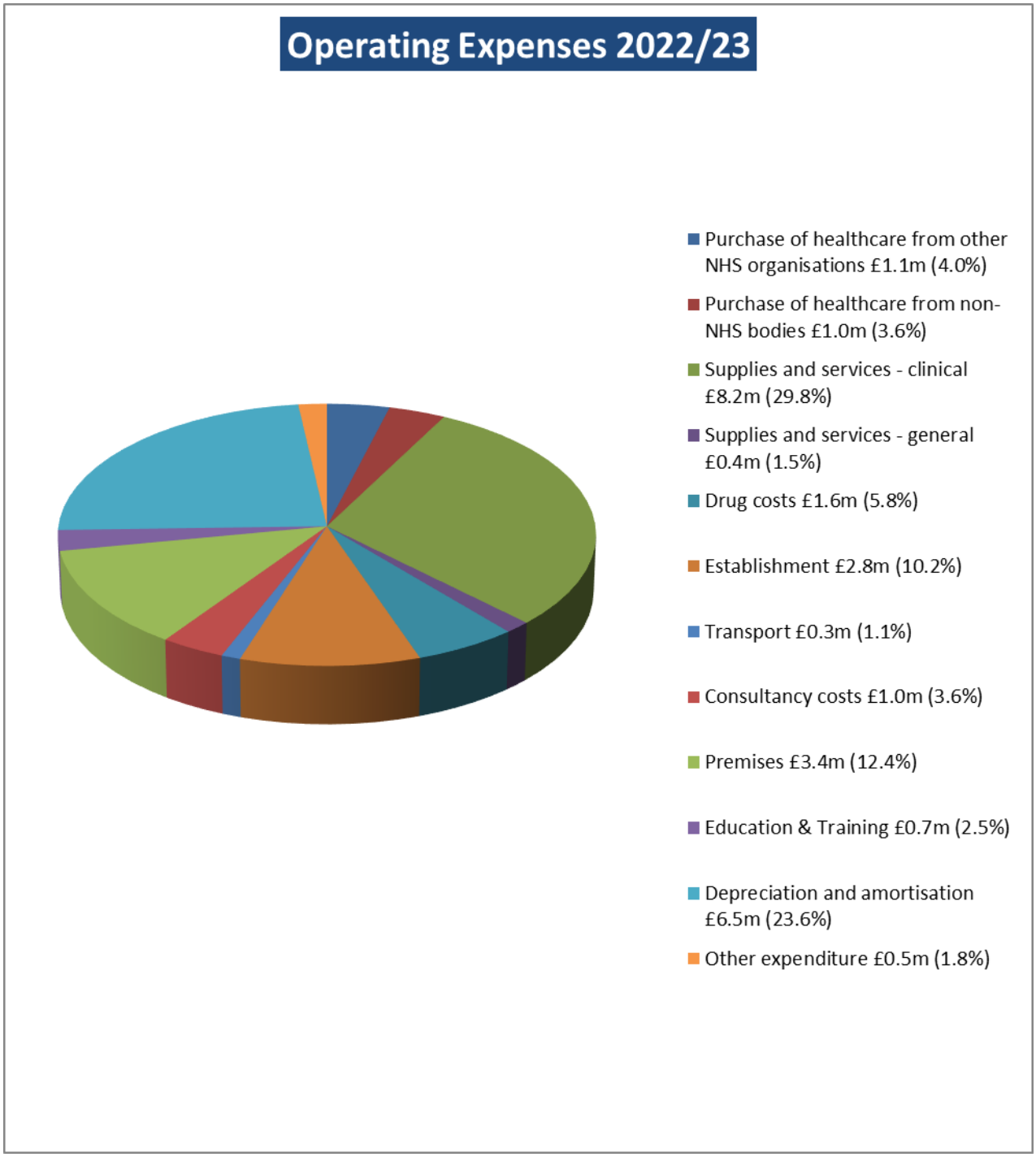


Expenditure

The Trust's main source of expenditure is Employee Costs (staff) totalling £69.1m representing 71.6% of total expenditure. The chart below highlights the breakdown of these costs.



Expenditure on Operating Expenses, excluding employee costs, amounted to £27.5m. The chart below provides an analysis of this expenditure by category.



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 2023-24 the Trust has planned for a Cost Improvement Programme (CIP) target of 5.2% 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.

Collaboration with the relevant plans of the Cheshire & Merseyside Integrated Care Board (ICB)

The Trust has exercised its functions in collaboration with the relevant plans of the Cheshire & Merseyside Integrated Care Board (ICB) for which it is a partner trust. These relate to relevant forward plans of the Clinical Commissioning Groups (CCGs) - which have ceased to exist - for the ICB, and any joint capital resource plans agreed between the ICB, the trust and the other partner trusts of the ICB.

Anti-Fraud, Bribery and Corruption Measures

The NHS Counter Fraud Authority currently estimates that the NHS is vulnerable to £1.198 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 Counter Fraud Champion for the Trust.

In 2022-23, the Trust has engaged with a number of activities to promote awareness, including delivery of training to finance staff, circulation of articles and newsletters, and promotion of International Fraud Awareness Week. Following on from the implementation in 2021-22 of fraud, bribery and corruption e-learning as a mandatory training requirement for all staff every three years, the Trust has achieved a compliance rate of 88%, which is a significant move towards ensuring that all staff have a general understanding of fraud, bribery and corruption.

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 enabled fraud following the period of the COVID-19 pandemic has been

reflected in the increased 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

The requirement for the NHS to achieve a carbon net zero position was embedded into legislation in July 2022. NHS England now has statutory powers to ensure all NHS organisations fulfil this commitment in line with the overall objective.

Cheshire and Merseyside Integrated Care Board (ICB) have established a Sustainability Board of which Bridgewater is a member. This Board takes an overall strategic overview and provides oversight into the work programmes described in Bridgewater's Green Action Plan 2022-25 as well as providing a strategic facilitation, co-ordination and accountability framework for its members.

During 2022-23 the Trust has maintained its pathway to action, within the referenced timelines and the Trust Sustainability Objectives identified in the aforementioned Green Action Plan.

Specific deliverables against these objectives include:

- The Trust has utilised the baseline carbon dashboard support tool and is looking to use this data baseline to trajectory forecast across its freehold and tenancy estate.
- Maintained and encouraged flexible working practices across its workforce thereby maintaining the significant green benefits accrued from reduced commuter and business mileage, reduced utility consumption and allowed the Trust to reduce its estate footprint.
- The Trust occupies 60 locations and 35 of these locations are leased from other NHS organisations i.e. NHS Property Services and Community Health Partnerships. The Trust continues to benefit from and work with these organisations to reduce building footprints and schemes this year include waste management/recycling schemes, LED lighting replacement, energy contract renewal and green space developments.
- Clinical models across services have been reviewed and the Trust is looking to reduce face to face visits, where appropriate, by utilising digital technology and the latest service to adopt this is the Trust's Dermatology service.
- Processes continue to be reviewed in order to reduce resource consumption and the Trust continues to roll out across services functionality such as hybrid mail, digital and text messaging, agile working practices, paper light solutions in the context of digital technology
- A comprehensive LED lighting replacement programme across all the Trust's freehold properties and several lease properties. This programme is expected to have a pay-back period (against electricity cost savings) of 5 years.
- All A4 size paper purchased by the Trust is from recycled sources.
- 3 additional electric vans have been leased by the Trust for use by the Trust's internal transport team and the Children's Vaccination and Immunisation team.

- A number of gas heating/water systems have been replaced with electric powered alternatives.
- To improve building heating efficiency, the Trust has, for 2 freehold sites, replaced all windows and doors.
- Replacement of ageing, inefficient electric wall heaters with new, independently controlled air conditioning units.
- Switched its electricity contracts to a renewable source across all freehold sites.

The 2023-24 work programme will be enhanced to include recent updated guidance documents issued by NHSE, which identify a number of enhanced strategic actions namely;

- Making every kWh and m3 count
- Run on 100% clean and renewable energy.
- Increase resource productivity.
- Reduce waste.
- Review all fleet / lease vehicle procurement and infrastructure.
- Prepare our estates for severe weather events
- Promote lower carbon travel choices
- Social value in procurement

Social, community and human rights issues

A commitment to tackle health inequalities is set out in the NHS Long Term Plan; inequalities that see a disparity in life expectancy, and healthy life expectancy, between those in the most and least deprived areas of the England.

In addition, it is recognised in the NHS Long Term Plan that for many people from protected characteristic groups there are inequalities in health. Notably but not exclusively for people from Black, Asian, and minority ethnic groups, including some white minority groups, people with disabilities, and, in relation to life expectancy, by women. Core20Plus5 is the national approach to addressing health inequality in protected characteristic and other vulnerable groups, and as a region Cheshire and Merseyside have adopted the approach across all providers.

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, economic, equity, 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.

There is also understanding and recognition in the NHS that for protected characteristic groups there can be very real health impacts as a result of experiencing discrimination, exclusion, and racism / homophobia etc, whether overt, systemic, or structural, either in accessing health care services, in employment, or in day-to-day life.

The NHS Long Term Plan and Core20Plus5 both support the NHS in its legal duties under the Equality Act 2010 and the Human Rights Act 1998, duties of due regard to equity and inclusion. As a Trust, Bridgewater holds the same legal duties of due regard in all it does as an organisation.

Core20PLUS5 is the national NHS England approach for delivery of the NHS Long Term Plan, through informed action to reduce healthcare inequalities at both national and system level.

The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. The Core20Plus are the 20% most deprived communities in an area, and the Plus relates to other groups that have evidenced health inequities, for example many ethnically diverse communities. The 5 clinical areas are continuity of care in maternity services; annual health checks for at least 60% of those living with severe mental illness; a clear focus on chronic respiratory disease; improved early cancer diagnosis; and improved hypertension case finding and support.

To meet legal duties it is important that there is understanding of the health inequalities and other challenges that face people in the communities served, and that design and delivery of services uses this knowledge to effectively ensure equity and inclusion for all groups. Supporting access and inclusion and ensuring that human rights principles of equality, dignity, fairness, promotion of individual independence, and respect are important in all we do as a Trust, for both patients and for our staff.

But reduction of health inequalities cannot be done in isolation; the inequities need to be addressed across education, housing, employment, as well as health and care. The establishment of regional and place-based Integrated Care Systems (ICS) give an opportunity to work in partnership 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 has a strategic equality objective that embeds responsibility for equality across all staff – *'to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive'.*

In practical terms, the Trust pays due regard to the three aims of the General Equality Duty in service delivery in many different ways, including:

- Trust Equality Policy, including equal opportunities in employment and service delivery, dignity and respect at work, and zero acceptance of violence, aggression, and harassment of staff and patients.
- Trust governance of all policies, strategies, and action plans that relate to people, whether staff, patients, or communities, ensures robust scrutiny and challenge, including analysis of equality impact, before decisions are made.
- A quality panel review of all service changes and consideration of risk in relation to patient safety and experience, clinical effectiveness, staff health and wellbeing, and equality.
- Language interpretation and translation services availability for all relevant patients, and where applicable, their families and carers, so that access to clinical services is safe and effective.

- Reasonable adjustments to patient pathways to support people with disabilities accessing services.
- Engagement by services with patients and partners ensures barriers to access are understood and addressed.
- Services commissioned and delivery to provide services to very specific groups identified as having particular or additional needs or evidenced as potentially experiencing inequality.
- Good relations and better understanding promotion through events and communications.
- Adjustments and support for other needs such as religious and cultural, and awareness and training focused on specific groups such as Rainbow Badges for equity and inclusion in diverse gender and sexual identities.
- Borough and ward level health inequalities data scrutiny to ensure services are effectively meeting local need, an example is the current Community Health Workers pilot service delivering family level interventions in a small area of Birchwood in Warrington.

In 2022–23 the Trust became a Disability Confident Leader and was assessed and retained the Navajo Charter Mark for equity and inclusion for lesbian, gay, bisexual, transgender, and other gender and sexual identities.

The Trust was also delighted to be awarded, for the first time, Veteran Aware accreditation in recognition of the work being undertaken to ensure services and employment support due regard duties to our armed forces community, as set out in the Armed Forces Act 2021.

In January 2023 the Trust was peer reviewed for the refreshed NHS Equality Delivery System 2022 toolkit and were pleased to be rated as 'Achieving'.

Gaps and opportunities to develop further in all three of these accreditations were identified as part of the evidence gathering and review. All reports, action plans, and other equality documents, including the annual Public Sector Equality Duty report can all be viewed on the Trust's webpage at https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/

Tackling health inequalities

As an NHS community provider, we are committed reducing health inequalities through our adoption of the Prevention Pledge and developing role as an anchor institution.

The Prevention Pledge consists of a set of commitments whereby we pledge support to achieve action on improving population health with a specific focus on prevention measures, for the benefit of staff, patients and the wider community.

Our 'strategic core commitments' have been considered in line with commitments in the NHS Long-Term Plan, sub-regional prevention priorities and in particular the Cheshire and Merseyside Population Health Framework. These are key to influencing multi-agency action to address social determinants of health; to ensure that as an employer, a purchaser and a local 'anchor institution' we can help moderate inequalities and to ensure that we tackle the relative disparities in access to services, patient experience and healthcare outcomes.

Working alongside the National Healthcare Inequalities Improvement Team and guided by Marmot principles, we have developed approaches to prevention, working with our partners ‘at place’, to address inequalities and deliver local priorities and prevention ambitions set out within the NHS Long Term Plan and in COVID-19 recovery plans. These include:

- Trust Values
- Work to reduce digital inequalities through mapping – proactive approach on targeted social marketing to specific groups
- Strong focus on oral health working with partners ‘at place’
- Community Health and Wellbeing Pilot programme
- Principal Lead for Public Health
- BOOST (Building On Our Strengths Together) programme for transformation
- Equality and Inclusion Manager
- Executive Health Inequalities Sponsor
- Executive LGBTQIA+ sponsor
- LGBTQIA+ staff network
- Rugby League Cares
- Head of Research
- Health Inequalities research studies
- Armed Forces Trust Accreditation
- Careers fairs in place-based settings
- Apprenticeship Programme

As a Trust we work in partnership in the utilisation of common prevention pathways across our communities, to support secondary and tertiary prevention that reduces the impact of established disease through lifestyle advice and cardiac or stroke rehabilitation programmes. Examples being virtual wards, pathways in place with hospital trusts for cardiac and stroke, Making Every Contact Count and a staff health and wellbeing programme.

The Trust’s key anchor practices contribute to the Cheshire and Merseyside Social Value principles; to positively impact on the wider determinants of health and the climate ‘health’ emergency when making decisions on procurement, purchasing and through our organisation’s corporate social responsibilities. These include:

- Apprenticeship programme
- Specific employment opportunities for local populations
- Work experience
- Care Certificate
- Procurement through Warrington and Halton Hospital procurement team
- Membership on the Cheshire and Merseyside Green Plan Board
- Electric fleet vehicles
- Waste contracts for recycling, reuse to avoid landfill.
- Freehold sites and single tenancy sites – electricity purchased from renewable sources.
- Hybrid working to avoid community and reduce business miles

- Virtual meetings and consultations
- Lease vehicles policy with a maximum CO_2 ceiling
- Carbon Dashboard in development
- Capital monies secured for Green Plan

There are no overseas operations to declare.

The Performance Report for Bridgewater Community Healthcare NHS Foundation Trust was approved by the Board on 28 June 2023.

Accounting Officer Colin Scales (Chief Executive)

28 June 2023

3. Accountability Report

3.1 Directors' Report

Directors' statement

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

The Board of Directors

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

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

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

The directors of the Bridgewater Community Healthcare NHS Foundation Trust for the period 1 April 2022 to 31 March 2023 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. In September 2022 Karen was re-appointed as Chair for a second 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. <u>Qualifications</u> BA (Hons) Degree in Geography, University of Salford Cranfield University, School of Management, Strategic Leadership Executive Programme, May 2014 NHS Top Leaders Programme 2014/15
Dr Ted Adams **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 worked with Dr Aruna Hodgson as Medical Director until Aruna left the Trust in April 2023. <u>Qualifications</u> 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. <u>Qualifications</u> FRCP (Fellow of the Royal College of Physicians) MSc in Palliative Medicine – University of Wales MRCGP (Membership of the Royal College of General Practitioners) MB BChir (Bachelor of Medicine & Surgery) – University of Cambridge BA (Hons) in Experimental Psychology – University of Cambridge Aruna left the Trust in April 2023.
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 Brennan **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** 	Until its dissolution in June 2022, Linda was 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 and** **Senior Independent Director**	Sally started her career working in services for adults with learning disabilities and has since had more than 10 years' experience leading charitable organisations which support community, voluntary, not for profit and faith groups. She is an Institute of Directors certified Company Director and is currently Chief Executive Officer at Halton and St Helens Voluntary and Community Action. Sally joined the Trust in January 2012. Her appointment 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 Sally left the Trust in December 2022.
Tina Wilkins **Non-Executive Director** 	Tina joined the Trust as a Non-Executive Director in September 2020 and appointed for a three year tenure. Tina Chairs the Finance and Performance Committee and sits on the Audit Committee, the People Committee and the Nominations and Remuneration Committee. During her career Tina worked within the fields of health, education and social care, in both operational and strategic roles. Tina 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.
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 and** **Senior Independent 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. Martyn has been appointed to the role of Senior Independent Director (SID) following the departure of Sally Yeoman, Non-Executive Director, who had previously undertaken this role.

Dame Elaine Inglesby **Non-Executive Director** 	Dame Elaine Inglesby joined the Trust as a Non-Executive Director in March 2023, appointed for a three year tenure. Born in Orford, Elaine trained at Warrington General from 1977 to 1980 and qualified as a Registered Nurse. Elaine worked at Warrington for 14 years before taking up various posts across Merseyside, including Director of Nursing at the Walton Centre in Liverpool. Elaine was Director of Nursing and Midwifery at Stockport NHS Foundation Trust before taking up post at Salford Royal as Executive Nurse Director in 2004 and later held the positions of Executive Nurse Director and Deputy Chief Executive. She became Chief Nursing Officer for the Northern Care Alliance in 2016 an integrated hospital and community organisation which incorporated Salford Royal Foundation Trust and Pennine Acute NHS Trust. Elaine was a member of the Prime Ministers Nursing and Care Quality Forum and also the Berwick National Advisory Group on the Safety of Patients in England, following the Mid Staffordshire Report. In 2016, she became a Non-Executive Director of the National Institute of Care and Excellence. Elaine has been a strong advocate for both Safer Nurse Staffing and the quality and safety of patient care nationally. In 2015, Elaine was appointed a Commander of the Order of the British Empire for services to nursing. In 2019, Elaine became the first national recipient of NHS England's Chief Nursing Officers Gold Award for excellence in nursing. In October 2020, she was promoted to a Dame Commander of the Order of the British Empire in the 2020 Queen's Birthday Honours. She is also a Deputy Lieutenant for Merseyside. Elaine retired from full time roles in August 2022 following a period as interim Chief Nurse at Liverpool University Hospitals Trust.

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 and support delivered by the Good Governance Institute. 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. During 2022-23 the Board spent some of these sessions developing the refreshed strategy and strategic objectives.

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 2022-23, the Terms of Reference of the Board and all its 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 and no meetings were cancelled. 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 2022-23 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 2022-23 the Committee have complied with 'good practice' recommended through:

- Agreement of Internal and External Audit and Anti-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 Anti-Fraud Specialist's programme of work. The Anti-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 14 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 14 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	N/A	-	-	-	-	-
2	Conflicts of Interest	High	-	-	-	-	-

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
3	Risk Management Core Controls	High	-	-	-	1	1
4	General Ledger	High	-	-	-	-	-
5	Accounts Receivable	High	-	-	-	-	-
6	Data Quality & Performance Targets	Substantial	-	-	3	1	4
7	Waiting List Management	Substantial	-	-	3	-	3
8	Safeguarding	Substantial	-	-	2	2	4
9	Payroll	Substantial	-	-	1	-	1
10	Accounts Payable	Substantial	-	-	1	-	1
11	Data Security & Protection Toolkit	Substantial	-	-	-	-	-
12	Cyber Security Controls	Moderate	-	1	3	-	4
13	Mandatory Training & Appraisals	Moderate	-	1	1	3	5
14	NHSEI Financial Sustainability Checklist	N/A	-	-	-	-	-
		TOTAL		**2**	**14**	**7**	**23**

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 2022-23 were KPMG, this is the fourth 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 Office.

Disclosure to Auditors

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

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

Category	2022-23 (£000)	2021-22 (£000)
Audit services	**150**	**124**
Further assurance services	**-**	**-**
Other services	**-**	**-**
Total	**150**	**124**

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 2022-23, 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.

	2022-23 Number	2022-23 £'000	2021-22 Number	2021-22 £'000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	12,385	28,189	12,809	25,067
Total Non-NHS Trade Invoices Paid Within Target	12,314	28,063	12,416	23,898
Percentage of Non-NHS Trade Invoices Paid Within Target	99.4%	99.6%	96.9%	95.3%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,029	13,645	1,152	11,775
Total NHS Trade Invoices Paid Within Target	1,022	13,638	1,120	11,301
Percentage of NHS Trade Invoices Paid Within Target	99.3%	99.9%	97.2%	96.0%

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.

The Committee's objectives are:

- Advise the Board of Directors on all aspects of finance, performance, estates and Digital matters
- Seek assurance in respect of financial business planning
- Ensure corrective action has been initiated and managed where gaps are identified in relation to risks within the portfolio of the Committee, and
- Scrutinise the Trust's financial and relevant plans, investment policy and proposed Digital business decisions and those relating to the Trust's estate which the policy defines and requires Board approval.

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, its objectives are:

- Advocating an active role in keeping the Trust's services safe
- Seeking assurance on safe and effective clinical governance in the Trust
- Ensuring that the Trust is compliant with relevant national standards and statutory legislation
- Ensuring continuous quality improvement in patient safety, clinical effectiveness and patient experience, including the wellbeing and safety of Trust employees
- Identifying risks and concerns to be escalated to the Board of Directors in accordance with the agreed assurance and escalation procedure referenced in the Accountability and Performance Frameworks
- To oversee and scrutinise the implementation of the Trust's Quality Governance framework.

People Committee

The People Committee maintains a strategic overview of the Trust's human resources and organisational development arrangements, along with arrangements for staff communication and engagement with a view to:

- Ensuring these are designed to provide a positive working environment for colleagues and;
- That the Trust has in place at all levels the right people systems and processes to deliver, from a patient and service user perspective, safe high quality care.

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 and the change in CQC inspections, so in 2020 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. This action plan was monitored by the Audit Committee throughout 2022-23 and all actions completed. In January 2023 the Trust commissioned a further external Well Led Review and as a result the Audit Committee agreed that the 2023 report would be received at a subsequent committee.

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

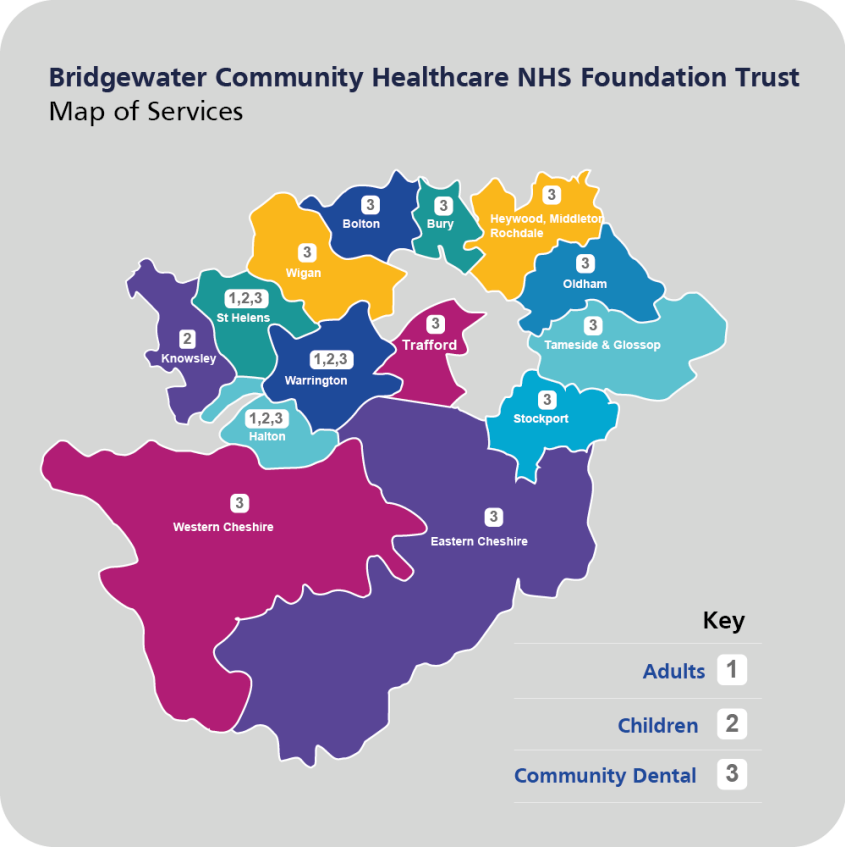
Communications and Engagement

During the past 12 months we have continued to restore the business of our Council of Governors to pre-pandemic levels.

Attention has been focused on engaging with our local communities via local groups / organisations and utilising opportunities to increase awareness and understanding of the governor role and the part they play within the Trust.

The initial focus on our engagement activity was to generate interest within our membership for the governor vacancies. Our Constitution allows our Governors to serve three consecutive terms of three years in office.

As a result, a number of our longest serving Governors left the Council, resulting in elections in all of our constituencies: Halton, Warrington and the Rest of England which includes those areas served by our community dental services.



Our elections were launched in the spring of 2022 and concluded at the end of July. We were delighted to recruit a number of new Governors into the Council and retain the services and expertise of a number of longer serving Governors. This has strengthened the voice of our

local communities on the Council and supported greater representation of our members within the organisation.

In recruiting additional public and staff Governors we have been able to ensure a fairer representation of Place and Staff groups. Many of our Governors observe the Trust's Committees to ensure that they comply with all requirements.

Governors are supported by the Membership Office within the Trust. We have strengthened the understanding of the Trust's business within Place by ensuring operational updates are provided at local Governor and Council of Governors meetings.

Our Non-Executive Directors are aligned to our constituencies, and Executive Directors provide updates regarding key issues at each of the Council meetings. Presentations / discussions have focused on the Trust's financial performance and its strategy for the next five years.

A number of our public Governors participate in a working group which has been at the forefront in developing our refreshed Quality & Place strategy and will be fundamental in engaging with members / communities as we seek to understand the issues and concerns of the communities we serve, and how our services might best meet local need.

Our communication with members, the public and partners has continued via social media, local media, our member newsletter, website and partner publications. We were also pleased to join our colleagues at Halton Community Radio to explain about the work of our Governors and the important role they play in the business of the Trust.

One of the key responsibilities of our Governors is to hold Non-Executive Directors to account. Observing committees, participation at bi-monthly Council of Governor meetings and open access to Board meetings support them in this duty.

In the Autumn of 2022, the Trust's Lead Governor, who was elected by her peers in September 2022, supported the recruitment of a new Non-Executive Director and has contributed to the NED appraisal process.

Our Annual Members Meeting is our primary communication event which took place in September 2022, with invitations members to attend in person or online. As part of the day, the Trust incorporated its annual 'Thank You' awards which Governors had provided their professional and personal expertise as judges.

At the beginning of 2023, we were delighted to reinstate our Governor service visits and as at the end of March 2023, Governors had visited the Urgent Treatment Centre, Widnes; St Helens Dental Clinic and the Apprenticeship and Careers Team based in Warrington. These visits are invaluable in providing Governors with an opportunity to better understand the services we provide, to meet with staff and listen to their views along with speaking with patients, their families and carers which provides great insight into the work of the Trust.

Covering a wide geographic footprint is a particular challenge, which is why our communication needs to be agile and responsive to local need. We remain mindful of the necessity to involve and engage not only with our members but with our communities too and are actively working on a programme of public and staff engagement to support delivery of our refreshed five year strategy.

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 is constituted to 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 by the Chair or 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 2022-23 which required this process to be enacted.

The most effective means of recruiting new members has proven to be face to face at public events in the communities served by the Trust and actively sign-up to become a member, opting for the level of membership most appropriate to their personal circumstances. Staff are automatically made members of the Trust but have the option to opt out of membership.

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 members.

The Trust's Lead Governor supported the appointment of a Non-Executive Director. and contributed to the appraisal process of Non-Executive Directors.

Externally, we have addressed a number of local stakeholder groups including Warrington Disability Partnership, One Halton People and Communities Voice and the Warrington Together Communications and Involvement Group. Public governors represent the interests of the Trust at these meetings and their work and items of interest are shared at local governor meetings.

The minutes of local governor meetings are made available at the Council of Governors which continues to meet bi monthly via MS Teams and in person.

Council meetings early in the year had focused on the forthcoming elections for the Council of Governors and a review of the Trust's Constitution was undertaken to more accurately reflect its geographic footprint and is more representative of the communities it serves and its staff. In 2023-24, Bridgewater is scheduled to hold further elections in all its constituencies for both public and staff. Along with internal communication using 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.

The Trust's 'Time To Shine' sessions continue to be a source of great interest and provide a useful insight into the diverse range of services provided by the Trust and hear about the everyday experiences of staff who deliver services and the views of patients / service. These sessions are delivered online via MS Teams.

As we progress through 2023-24, we look forward to building upon the relationships made during the year and establishing further effective two-way communication between our Governors and members. An area of specific interest in year will be to develop effective two way communication between the Trust and the communities it serves to support the further development of the Trust's five year strategy 'Quality & Place'.

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 and other areas of the North West where the Trust provides community dental services.

There were a total of 1,349 members in Halton, 2,223, in Warrington and 3,930 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. Its contract is managed internally and an annual governance review is 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 of March 31, 2023, the Trust had 7,518 public members and 1,641 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 also 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 2022-23 Council of Governors' membership is shown below:

Constituency	**Governor**	**Date of election**
Public: Halton (1)	Peter Hollett	29/07/2022
Public: Halton (2)	Vacancy	
Public: Halton (3)	Vacancy	
Public: Halton (4)	Vacancy	
Public: Warrington (5)	Matt Machin	29/07/2022
Public: Warrington (6)	David McDonald	29/07/2022
Public: Warrington (7)	Paul Mendeika	29/07/2022
Public: Warrington (8)	Andrew Mortimer	29/07/2022
Public: Rest of England (9)	Christine Stankus – Lead Governor (elected Sept 2022)	29/07/2022
Public: Rest of England (10)	Bill Harrison	29/07/2022
Public: Rest of England (11)	William Griffiths	29/07/2022
Public: Rest of England (12)	Amber Pane	29/07/2022 (resigned September 2022)
Public: Rest of England (13)	Vacancy	
Public: Rest of England (14)	Vacancy	

Staff Registered Nurses and Midwives (15)	Nicola Wilson	29/07/2022
Staff: Registered Nurses and Midwives (16)	Dr Suzanne Mackie	29/07/2022
Constituency	**Governor**	**Date of election**
Staff: Allied health professionals/other registered healthcare professionals (17)	Jillian Wallis	29/07/2022
Staff: Clinical Support Staff including Assistant Practitioners/ Healthcare assistants and trainee clinical staff (18)	Vacancy	
Staff: Registered Medical Practitioners or community dental staff (19)	Vacancy	
Staff: Non-clinical support staff including managerial and administrative staff (20)	Sarah Power	29/07/2022
Partner: Higher Education (21)	Rachel Game	29/09/2021
Partner: Statutory Borough based organisation (22)	Vacancy	
Partner: Statutory Borough based organisation (23)	Vacancy	
Partner: Statutory Borough based organisation (24)	Vacancy	

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 two occasions between 1 April 2022 and 31 March 2023. During the period, the Committee reviewed the appraisals and agreed the objectives of the Executive Directors and approved the annual pay increase recommendations for Very Senior Managers (VSMs) of 3%.

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 from the role or is removed from the role. Notice periods for such Directors are six months.

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 (for NEDs appointed pre April 2020) & £13,000 post April 2020
- Allowances for Committee Chairs/Senior Independent Director £1,500 p.a (for NEDs appointed pre-April 2020)

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 2022 to 31 March 2023.

Governor and Director Expenses

During the reporting period, a total of one Governor (out of 15 Governors) claimed a total of £24 in expenses.

A total of five Directors (out of 16 directors Executive and Non-Executive) claimed a total of £22,126 in expenses.

	2022 23	2021 22
DIRECTORS (EXECUTIVE AND NON EXECUTIVE)		
Total number of Directors in the year	**16**	**15**
Number of Directors who claimed in the year	**5**	**4**
Total number of expenses claimed by Directors in the year	**£22,126**	**£16,394**
GOVERNORS		
Total number of Governors in the year	**15**	**15**
Number of Governors who claimed in the year	**1**	**0**
Total number of expenses claimed by Governors in the year	**£24**	**£nil**

Salaries and Allowances

Period from 1 April 2022 to 31 March 2023.
(The following table has been subject to audit)

Directors **Name and title**	**Salary at 31.3.2023 (note 2)** **Bands of £5,000 £'000s**	**Taxable benefits at 31.3.2023** **Total to nearest £100**	**Performance pay and bonuses at 31.3.2023** **Bands of £5,000 £'000s**	**Long term performance pay and bonuses at 31.3.2023** **Bands of £5,000 £'000s**	**All pension-related benefits at 31.3.2023 (1)** **Bands of £2,500 £'000s**	**TOTAL at 31.3.2023** **Bands of £5,000 £'000s**
Karen Bliss Chair	40-45	-	-	-	-	40-45
Colin Scales Chief Executive	170-175		-	-	42.5-45	210-215
Lynne Carter	140-145	-	-	-	-	140-145

Chief Nurse and Deputy Chief Executive						
Ted Adams Joint Medical Director	105-110	-	-	-	30-32.5	135-140
Aruna Hodgson Joint Medical Director	70-75	-	-	-	-	70-75
Nick Gallagher Executive Director of Finance	130-135	-	-	-	32.5-35	165-170
Sarah Brennan Chief Operating Officer	125-130	-	-		35-37.5	160-165
Paula Woods Director of People and Organisational Development	125-130	83	-	-	32.5-35	170-175
Robert Foster Programme Director - Collaboration & Integration	90-95				7.5-10	95-100
Linda Chivers Non-Executive Director	10-15	6	-	-	-	10-15
Sally Yeoman Non-Executive Director	10-15	-	-	-	-	10-15
In post to 31/12/22						
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	10-15					10-15
Elaine Inglesby-Burke Non-Executive Director In post from 6 March 2023	0-5	-	-	-	-	0-5

All of the above Directors were in post for the year ended 31 March 2023 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 £3k for remuneration for other clinical work outside of the Medical Director role.

Salaries and Allowances

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

Directors	**Salary at 31.3.2022**	**Taxable benefits at 31.3.2022**	**Performance pay and bonuses at 31.3.2022**	**Long term performance pay and bonuses at 31.3.2022**	**All pension-related benefits at 31.3.2022 (1)**	**TOTAL at 31.3.2022**
Name and title	**Bands of**	**Total to**	**Bands of**	**Bands of**	**Bands of**	**Bands of**

	£5,000 £'000s	nearest £100	£5,000 £'000s	£5,000 £'000s	£2,500 £'000s	£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	130-135	-	-	-	132.5-135	265-270
Aruna Hodgson Joint Medical Director	70-75	-	-	-	460-462.5	530-535
Nick Gallagher Executive Director of Finance	130-135	-	-	-	37.5-40	165-170
Sarah Brennan Chief Operating Officer	125-130	-	-		35-37.5	160-165
Paula Woods	125-130	70	-	-	60-62.5	190-195
Director of People and Organisational Development						
Robert Foster	80-85				282.5-285	365-370
Programme Director - Collaboration & Integration						
In post from 21/4/21						
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	10-15	-	-	-	-	10-15
Non-Executive Director						
Gail Briers	10-15	-	-	-	-	10-15
Non-Executive Director						
Martyn Taylor	0-5					0-5
Non-Executive Director						
In post from 1/2/22						

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.

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 2023 was £172,500 (2021-22: £157,500). The increase is due to the 2022-23 pay award.

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 2022-23 was from £51 to £142,361*. 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 19.88% (2021-22: 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 2022-23.

* - Reflects annualised basic salaries.

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.

2022/23	**25th percentile**	**Median**	**75th percentile**
Salary component of pay	£26,157	£35,602	£44,675
Total pay and benefits (excluding pension benefits)	£26,157	£35,672	£44,970
Pay and benefits excluding pension: pay ratio for highest paid director	6.5:1	4.8:1	3.8:1

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

* - 2021/22 figures do not include Temporary and Agency Staff or overtime, and Total Remuneration does not include Benefits in Kind (BIK).

The movement is due to the impact of pay awards for both Agenda for Change and non-agenda for change staff.

Exit Packages

There were no exit packages paid during 2022-23 (2021-22: none).

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 Brennan, 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 2022 to 31 March 2023
(the following table has been subject to audit)

Executive Directors

Name	Real increase in pension at pension able age	Real increase in pension lump sum at pension able age	Total accrued pension at pensionable age at 31 March 2023	Lump sum at pensionable age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 1 April 2022	Cash Equivalent Transfer Value at 31 March 2023	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	Bands of £2,500 £'000s	Bands of £2,500 £'000s	Bands of £5,000 £'000s	Bands of £5,000 £'000s	£'000s	£'000s	£'000s	£'000s
Colin Scales Chief Executive	2.5-5	-	50-55	75-80	767	849	36	-
Nick Gallagher Director of Finance	2.5-5	-	30-35	55-60	571	637	30	-
Lynne Carter Chief Nurse and Deputy Chief Executive	-	-	-	-	-	-	-	1
Sarah Brennan Chief Operating Officer	2.5-5	-	15-20	-	158	191	10	-
Paula Woods Director of People and Organisational Development	2.5-5	2.5-5	30-35	45-50	491	551	27	-
Ted Adams Joint Acting Medical Director	0-2.5	0-2.5	30-35	60-65	476	525	19	-
Aruna Hodgson Joint Acting Medical Director	-	-	55-60	115-120	1,503	1,127	-	-
Robert Foster Programme Director -	0-2.5	-	10-15	35-40	213	231	7	-

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)

Cash Equivalent Transfer Values (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

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 28 June 2023

3.3 Staff Report

Staff Analysis

As of 31 March 2023, Bridgewater employed staff 1541 (1297.99 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	2.75	4	3.54
Other Senior Managers	12	11.80	22	20.44
Employees	143	134.87	1357	1124.58
Total	158	149.42	1383	1148.56

The sickness absence rate for the Trust for this period was 6.29%. This equates to a Long Term Sickness Absence rate of 4.26% and Short Term Sickness Absence rate of 2.04%.

The top three reasons for sickness absence were stress and anxiety (32.70%), infectious disease, including COVID-19 (10.80%) and other known causes which are not classified (10.80%).

The Trust's turnover rate for the period 1st April 2022 to 31st March 2023 was 14.14%. 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 and were reflected in the Trust's turnover at 31 March 2023.

Audited staff cost

Staff costs

			2022-23	**2021-22**
	Permanent	**Other**	**Total**	**Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	47,590	2,087	**49,677**	53,241
Social security costs	4,353	184	**4,537**	4,692
Apprenticeship levy	212	9	**221**	248
Employer's contributions to NHS pensions	8,456	356	**8,812**	9,701
Pension cost – other	31	1	**32**	36
Temporary staff	-	5,847	**5,847**	5,973
Total gross staff costs	**60,462**	**8,484**	**69,126**	**73,891**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**60,462**	**8,484**	**69,126**	**73,891**
Of which				
Costs capitalised as part of assets	-	-	**-**	-

Average number of employees (WTE basis)

	Permanent	Other	2022-23 Total	2021-22 Total
	Number	Number	Number	Number
Medical and dental	58	9	**67**	67
Administration and estates	179	30	**209**	234
Healthcare assistants and other support staff	310	32	**342**	386
Nursing, midwifery and health visiting staff	414	62	**475**	601
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	240	12	**252**	254
Other	-	-	**-**	-
Total average numbers	**1,201**	**143**	**1,345**	**1,542**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	-

Reporting of compensation schemes - exit packages 2022-23

	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 (£)	-	-	**-**

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 (£)	-	-	-

Exit packages: other (non-compulsory) departure payments

	2022-23		2021-22	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Total	**-**	**-**	**-**	**-**
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 30 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 (https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/) and on the Cabinet Office website (https://gender-pay-gap.service.gov.uk/)

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 Team 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 2023.

Equality, Diversity and Inclusion

Information on diversity and inclusion policies, initiatives and longer-term ambitions

Equity, inclusion, and reflective representation of the communities served are central tenets of Trust workforce policy, practice, and long-term strategy and goals.

The Trust has a strategic equality objective relevant to both employment and service delivery:

'to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive'.

Equality governance in the Trust is aligned to delivery of the NHS People Plan and Promise, both of which have clear equity ambitions, and a focus on diversity, equity, and inclusivity throughout.

The Trust's Equality and People Strategies align and are supported by the action plans delivered through the four People Operational Delivery groups for culture and leadership, education and professional development, health and wellbeing, and recruitment and retention. These groups are accountable through governance structures to the Trust Board.

The Trust has a number of policies directly related to equality, diversity, and inclusion in the workforce, specifically the Equal Opportunities, Violence and Aggression, and Dignity and Respect 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 workforce policies are reviewed by the Trust's equality lead as part of consultation, and an equality impact assessment is completed for review before a policy is signed off, ultimately by the Board.

The Trust has five active staff networks and one in development. These give staff from diverse groups the opportunity to meet, share, access support, and have a voice heard by the Trust Executives, who have sponsorship responsibilities to the networks as below:

- Carers Support Network – Chief Nurse/Deputy Chief Executive
- Enabled Network – Director of Finance
- Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning, and Asexual/Agender + (LGBTQIA+) Staff Network – Chief Operating Officer and Trust Secretary
- Menopause Support Network – Medical Director and Trust Secretary
- Paths to Parenthood (in development)
- Race Inclusion Network – Chief Executive, Trust Chair, and Medical Director (Network Chair)

In 2022–23 work has included focus on menopause friendly culture and support, anti-racism and anti-discrimination, disability and LGBTQIA+ equity and inclusion, and armed forces friendly culture and support.

The Trust was delighted to be awarded the following in recognition of this work:

- Disability Confident Leader
- Navajo Charter Mark for LGBT+ inclusion in Cheshire and Merseyside
- Defence Employer Recognition Bronze
- Veteran Aware

These accreditations were preceded by engagement with relevant staff groups, who supported through their honest account of workplace experiences, and through robust scrutiny of the evidence gathered for the accreditation applications. Gaps and opportunities to develop further were identified and agreed with assessors for action plans to be undertaken before planned re-accreditation reviews.

The Equality Delivery System 2022, Gender Pay Gap review, and Workforce Race and Disability Equality Standards gave us opportunity to review equity progress and to action plan with relevant staff networks on next steps. In addition, engagement with staff and Board members at anti-racism development days and Leader in Me days in 2022 allowed a broader range of staff to input into next steps for equality action in 2023–24.

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

Equality Reporting

The Trust recognises legal duties under the General Equality Duty of the Equality Act 2010 (Part 149: Public Sector Equality Duty).

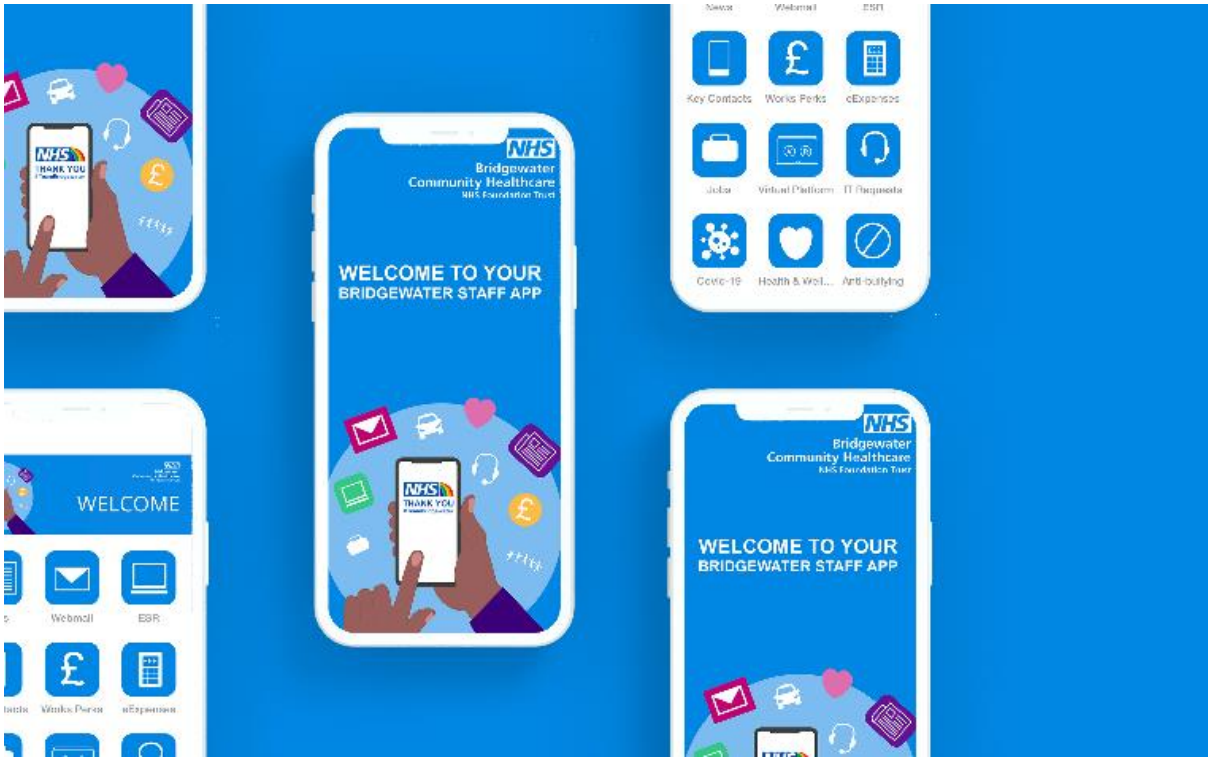
There are processes within the NHS that support delivery of duties of due regard to equity. These include the Equality Delivery System 2022, and Workforce Disability and Race Equality Standards. All reports, including the annual Public Sector Equality Duty annual reports, can be found on the Trust's website at https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/

Internal Communications

Our internal communications are key in ensuring our colleagues across the organisation are kept fully informed of all key developments within the Trust.

The large geographic footprint of the organisation means we embrace a range of tools and techniques to provide our colleagues with the latest news and information that impacts on their working lives.

The Bridgewater Staff App allows colleagues to view the weekly Bulletin and monthly Team Brief from their smart device during the working day, negating the need to return to the office and log on to a Trust computer.



The pandemic radically changed the way we communicated with staff, and we have continued to build on the use of new and evolving technologies to better communicate.

Social media is an increased presence within the organisation and widely used by colleagues within Teams to alert colleagues to the work of services and individuals.

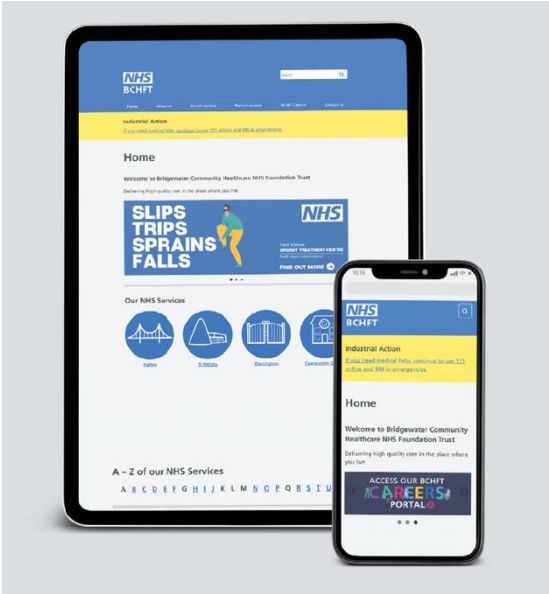
Facebook, Twitter, Instagram and LinkedIn are utilised to share achievements, key pieces of news and alert colleagues to issues that affect their working lives. The Trust's dedicated staff Twitter account continues to grow in popularity. This is another internal communications tool that is used to deliver tailored pieces of information.

Our monthly Team Brief presentation from the Chief Executive has been opened up to all staff across the Trust. This provides everyone with the same access to key pieces of information and helps engender a shared sense of understanding across the organisation. The online session is relayed via Microsoft Teams and has an open Q&A session at the end for staff to ask any question to the Chief Executive. Colleagues can do this anonymously via the chat facility if preferred.

A considerable amount of work took place in 2022, to make the weekly staff bulletin more attractive. A new layout has allowed us to streamline our communications approach to make the weekly bulletin more engaging for staff.

We have further enhanced this with rolling out a rebrand across the organisation and have made a range of tools available on the Hub - the staff intranet - that can be easily downloaded and used.

In 2023, we have ambitious plans to relaunch our staff intranet creating a portal that will be easier to navigate and more attractive to view. We continue to support colleagues across the organisation with access to our knowledge and expertise to facilitate effective communication internally and externally via channels such as social media.



Advice and support on the information published on the Hub, and the different approaches they might adopt to increase awareness and understanding of specific initiatives has been embraced by many teams.

Internal communications have been vital throughout the year to ensure our colleagues have been kept fully informed of key developments nationally regarding pay and conditions and industrial action that has impacted upon our working lives.

Working in partnerships with colleagues across the Trust allows us to communicate news and developments within the NHS locally, regionally and nationally.

The emergence of integrated care systems (ICSs) in 2022 was explained via a dedicated newsletter which was further developed to provide staff with an understanding of the organisation's ambitions to refresh its strategy for the next five years.

Providing a platform to ensure colleagues are kept informed of key pieces of work is vital if we are to embrace the opportunities for more streamlined and joined-up ways of working.

Regular Q&As are published to explain ongoing issues that impact on staff's working lives. Most recently the industrial action undertaken by key trade unions representing NHS workers became the focus of our internal communications.

Our Staff-side colleagues have used internal communications throughout this period to engage with their members and explain arrangements locally in support of industrial action at a national level.

Staff Engagement

As a geographically spread community trust in North West England, we work extremely hard to ensure our colleagues are kept fully engaged in the work of the Trust. Engendering a shared

understanding of the work undertaken by teams and individuals is important if we are to retain our workforce.

Staff retention has become ever more important during these challenging times. More so when many NHS organisations are facing staff shortages and many teams and services are feeling the pressures of increased demand and an ongoing need to refine the way they carry out their daily duties.

Our success will be measured in whether staff understand the need for change. The organisations commitment to Place and its need to develop more integrated models of care that better support our patients and their families lies at the heart of our ambition to ensure community services continue to play an integral role in health care systems as they develop and grow.

Without this understanding, Bridgewater's ambition will be thwarted. Considerable time and resource has been expended in explaining the change in accessible, easy to understand formats.

Teams within the organisation share the same information. Executive, Non-Executive Directors and Governors visit teams to understand the work that goes on within the services we provide and the challenges and issues they face.

Staff are supported by a dedicated team of 'Staff Champions' who actively promote better work life balance approaches. The tools and techniques they employ are regularly featured on our Time to Shine sessions.

Time to Shine emerged as a key tool of staff engagement during the pandemic. Virtual sessions from teams that provide a platform for them to showcase their work has led to greater understanding across the Trust of the diverse range of services provided.
The sessions also allow for the sharing of best practice and lessons learned from when things didn't go to plan.

These lessons are also shared via regular briefings which are shared on the Hub – the staff intranet.

Building on the success of the Trust's 10th anniversary celebrations in 2021, we have continued to invest in our annual staff 'Thank You' awards. This yearly event provides a fantastic opportunity for the Trust to showcase the work of teams and individuals within Bridgewater. Staff are nominated by their colleagues and the judging is done by Executive, Non-Executive and Governor colleagues. Nominated individuals and teams are filmed at their place of work and staff are interviewed about their role. These videos are then made available to all staff after the event so they might learn about the work being done by colleagues and how they might adopt relevant approaches and techniques to better engage with their patients.

The Trust continues to invest in its very popular 'Leader in Me' events. These are facilitated by external consultants who are prepared and briefed in advance about the subject to be addressed. Key speakers and key developments are scrutinised. Group work is then facilitated to support the delivery of the day's objectives.
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. Improved visibility has allowed us to better understand some of the challenges being faced by our colleagues, and we must now provide systems and processes to channel the key findings of the visits being done to ensure the lessons learned during these visits are not lost and are shared across the Trust.

There remains continued focus on staff health and wellbeing. This remains as important as ever to the organisation. Understanding what staff need and want is key to ensuring we meet

their needs. The challenges of the past 12 months on a national and international level and the impact of rising fuel and food prices are having on families has channelled our resources in providing help in practical terms with managing finances and supporting the mental health of colleagues who are striving to achieve a home and work balance.

Highlighting the flexible working practice options available to colleagues has been crucial throughout this period as we strive to engage in a meaningful and considerate manner to their needs.

We have continued to monitor the mood of our workforce by the annual NHS Staff Survey as well as the regular People Pulse Survey. Both surveys provide the Executive Team with a good indication of staff health and wellbeing. The information provided within this are the corner stones on which much of the activity in year is progressed.

We continue to focus on our colleague's achievements, the compassion and care they demonstrate as well as the thanks they receive, and the plaudits bestowed upon them in our weekly staff bulletin.

Our good news section allows us to highlight the efforts of teams and individuals to encourage cohesion and provide support in new and exciting ways.

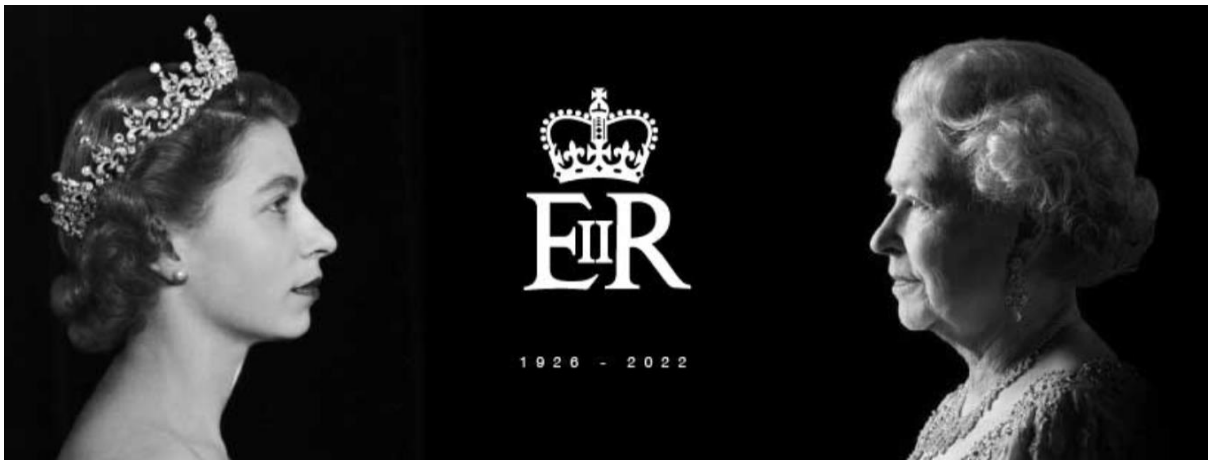
Our participation in the NHS North West Games, a staff health and wellbeing fortnight in June 2022, and a focus on individual approaches to strengthening resilience remains a key consideration within our engagement work.

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.

Staff engagement has a very strong link to our staff's ability to continue to deliver high quality patient care and support services. Our continued investment in internal/external resources to better facilitate staff's resilience to cope with the pressures of work remains a priority for the organisation.

In year we have provided tea and coffee hampers, wellbeing vouchers and goodies in recognition and appreciation of staff's continued efforts. Staff birthdays are recognised via a congratulatory message via email.

In September last year the Trust marked the passing of her late Majesty, Queen Elizabeth II. We ensured staff were given access to counselling support and advice recognising that the late Queen's passing might well have renewed a colleague's own mourning for loved ones they have lost.



Health, Safety, Fire and LSMS Performance

Health, Safety, Fire and LSMS work undertaken during period April 2022 – March 2023.

This includes:

- Facilitation of ten fire warden training sessions (delivered 'virtual' and face-to-face)
- Review and update of Policies and guidance:
    - Bomb Threat Policy
    - Management Slips, Trips and Falls Policy
    - Security Policy
    - RIDDOR – COVID-19. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) as applicable to healthcare
    - Lockdown Policy and Managers Guidance
    - Violence and Aggression Policy

- Monitoring of Fire Drills in freehold sites and specific leasehold sites and gathering of Fire Drill/Evacuation Reporting
- Provide comment, recommendations on various Safe Operating Procedures (SOP)
- Specific comments and support in developing the Trust CCTV Policy. Producing 'Police CCTV Request Form'
- CCTV – identify freehold sites and location of CCTV cameras both internal and external, in accordance with Governance requirements.

- Produce ‘Safe and Secure’ newsletter: Specific topics covering: Personal Emergency Evacuation Plans (PEEPS) and Electrical Safety.
- Support Trust with COVID-19 vaccination and Flu vaccination programmes.
- A range of communications has been 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 and Security
- Update Trust regarding Counter Terrorism (CT) and actions required and national initiatives. Promotion of ‘Action Counters Terrorism’ (ACT) training. Meetings with Education and Professional Development (EPD) and Safeguarding
- Interpretation and application of ‘Fire Concordant’ document to the Trust, specifically regarding obtaining assurances from external landlords and Facilities Management contractors for fire safety management and building safety management.
- Production of Contract Reports
- Advice, support, and promotion of first aid provision. Level of training required to suit needs of the Trust.
- Advice, support, and promotion of evac-chair/ski-pad training.
- Violence & Aggression Prevention and Reduction Standards detailing the Trust’s responsibilities to manage violence and aggression. A working group was established, and a template completed to define the Trust’s current position regarding compliance and action plan.
- Development of new violence and aggression posters, in line with Trust’s ‘Choose Kindness’ campaign.
- Support and advice to Warehouse manager, development of action plan following incident with Forklift Truck (FLT).
- Assisted with investigations of accidents, incidents, thefts, and security.
- Advice and assistance to managers regarding RIDDOR reporting to the Health and Safety Executive (HSE) for both staff incidents and patients/members of public.
- Lone Working - Contract with RELIANCE for lone worker devices. Monitor staff usage of equipment and training accessed. Highlighting areas of weakness and recommendations
- Dissemination and communication of ‘external warning notices’ regarding violent patients
- Refurbishment works at Spencer House and Europa. Advice: fire safety management, access requirements patients/visitors (DDA), compliance with the Construction (Design and Management) Regulations 2015 (CDM)

Risk assessments with reports and action plans produced:

- 21 Fire risk assessments (freehold and leasehold sites)
- 21 Security risk assessments (freehold and leasehold sites)
- Additional 22 Fire risk assessments (leasehold sites)

Attendance at:

- Contract Reports and Contract meetings
- Health, Safety, Fire and Security Committee meetings

- Estates meetings -weekly
- Stress Working Group meetings – stress risk assessments and compliance issues.
- Attendance at Facilities Management Contractor meetings.
- Community Health Partnerships (CHP) Building User Group meetings.
- Community Health Partnerships (CHP) Water Safety Groups – augmented care and susceptible patients.
- Emergency Preparedness, Resilience and Response and Local Security Management Specialist meetings. Providing updates to NHSE/I and joint working across NHS organisations.
- PENNINE Dental meetings
- Quality Council, including providing reports for discussion and highlighting areas for improvement and areas of strength.
- Trust Immunisation Group meetings.
- Dental Corporate Governance meetings.
- Multi-Disciplinary Team meetings in relation to specific incidents of violence and aggression.
- Fire drill evacuations.
- NHS England/Improvement meetings.

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

- 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.
- Planning and design of office and desk layout
- Heating.
- COVID-19
- Violence and aggression.
- Lone working management and risk assessments.
- Control of Substances Hazardous to Health (COSHH) risk assessments.

Occupational Health

The Trust's Occupational Health Services are provided externally by People Asset Management (PAM).

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
- Trauma Support

In addition to our Occupational Health offer, as part of the Trust's People Strategy pledge of '*creating and sustaining a progressive person centred health and wellbeing offer'* we have**:**

- Hosted a Wellbeing fortnight during June 2022, where staff could attend a range of workshops and one to one interventions and access information to support their health and wellbeing.
- Launched our 'Having Safe and Effective Health and Wellbeing Conversations' training to ensure that all staff will have a health and wellbeing conversation as part of their annual personal development review and one to one meetings.
- Appointed an Organisational Development Practitioner with a lead focus on health and wellbeing.
- Appointed a Wellbeing Guardian at Board level.
- Continued to develop a network of Staff Health and Wellbeing Champions to encourage promotion and signposting to internal and external support options.
- Launched Civility and Respect Training
- Implemented and embedded a 'Just and learning Culture' programme – promoting a fair, open and learning culture to build psychological safety.
- Appointed a dedicated Lead Freedom to Speak Up Guardian.
- Through the work of the Trust's Health and Wellbeing workstream, continued to work with our partner Rugby League Cares. Their Wellbeing Support Offer helps people manage their mental wellbeing via bespoke sessions for teams in Bridgewater. These '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 2022

The NHS has a number of key, important listening channels to hear and respond to employee voice. One such channel is the annual NHS Staff Survey. This gives us a great opportunity to hear what matters to our NHS people and make positive steps to improving our experience of work.

Bridgewater has many approaches to staff engagement and a wealth of interactive communication channels to gain colleague feedback. The NHS Staff Survey is however the best annual tool in gaining important colleague information to help shape improvements to the organisation.

The Trust received its best response rate to date with 56% of staff completing the 2022 NHS Staff Survey with all eligible staff receiving their survey online via e-mail. In the 2021 NHS Staff Survey year, the response rate was 50%.

In 2021, the questions of the survey were aligned with the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be. These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The fieldwork for the 2022 NHS Staff Survey was carried out between September and November 2022 and results were published in March 2023.

The 2022 NHS Staff Survey benchmark report showcases an average and static looking staff survey for the organisation. When considering another challenging and turbulent year for the NHS, it is important that these results are seen in a positive and favourable manner.

Overall Trust Responses – 2022-23 and 2021-22

The table below illustrates the Trust's results, compared to the national average of NHS Community Trusts (of which there are 16 in this benchmarking category).

People Promise Element / Theme	**2022-23**		**2021-22**	
	Trust score	**Community Trust benchmarking score**	**Trust score**	**Community Trust benchmarking score**
We are compassionate and inclusive	7.6	7.6	7.6	7.6
We are recognised and rewarded	6.1	6.4	6.3	6.4
We each have a voice that counts	7.1	7.1	7.1	7.2
We are safe and healthy	6.3	6.3	6.2	6.2
We are always learning	5.3	5.9	4.9	5.8
We work flexibly	6.4	6.7	6.4	6.6
We are a team	7.0	7.1	7.0	7.0
Staff engagement	7.2	7.2	5.9	6.1
Morale	6.1	6.1	7.2	7.2

2020/21

Scores for each indicator together with that of the survey benchmarking group for Community Trusts are presented below. Please note that these scores are based on the previous reporting metrics prior to the change in the 2021 NHS Staff Survey.

	2020-21	
	Trust score	**Community Trust benchmarking score**
Equality, diversity and inclusion	9.5	9.4
Health and wellbeing	6.2	6.3
Immediate managers	7.0	7.2
Morale	6.4	6.5
Quality of appraisals	7.5	7.5
Quality of care	8.7	8.5
Safe environment – bullying and harassment	9.9	9.7
Safe environment – violence	7.1	7.1
Safety culture	7.2	7.3
Staff engagement	6.9	6.9

When viewing the 2022-23 response, five out of the nine elements and themes remain static when compared against the Community Trust average for that survey year. Four elements and themes show a slight decrease. These will be the target areas that the Trust will work closely on as part of its organisation-wide action planning.

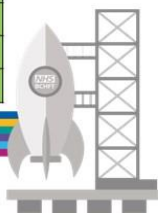
The areas showing a decrease compared to the Community Trust average are as follows:

- We are recognised and rewarded
- We are always learning
- We work flexibly
- We are a team

The following image outlines the encouraging breakdown comparison from a regional perspective and shows the Trust excelling across all People Promise themes and the two elements of Staff Engagement and Morale.

Knowing the organisation flags green when compared to the averages of both NHS North West region and the Cheshire and Merseyside ICS region is an encouraging achievement.

People Promise Element / Theme	BCHFT 2022 score	Community Trust Average	Trust results v's Community Trust Average	North West Average	Trust results v's North West Average	C&M ICS Average	Trust results v's CM ICS Average
We are compassionate and inclusive	7.6	7.6	0	7.2	0.4	7.3	0.3
We are recognised and rewarded	6.1	6.4	-0.3	5.8	0.3	6	0.1
We each have a voice that counts	7.1	7.1	0	6.7	0.4	6.8	0.3
We are safe and healthy	6.3	6.3	0	6	0.3	6.1	0.2
We are always learning	5.3	5.9	-0.3	5.2	0.1	5.1	0.2
We work flexibly	6.4	6.7	-0.3	6.1	0.3	6.1	0.3
We are a team	7	7.1	-0.1	6.7	0.3	6.7	0.3
Staff engagement	7.2	7.2	0	6.8	0.4	6.9	0.3
Morale	6.1	6.1	0	5.8	0.3	5.8	0.3



In addition to this, there has been opportunity to work out where the organisation ranks in the North West against the following NHS Staff Survey provider categories:

- Community Trusts (CT)
- Acute and Acute/Community (A & A&CT)
- Mental Health and Learning Disabilities and Community (MHLD & CT)
  In seven out of the nine People Promise elements, Bridgewater ranks either top or joint top.

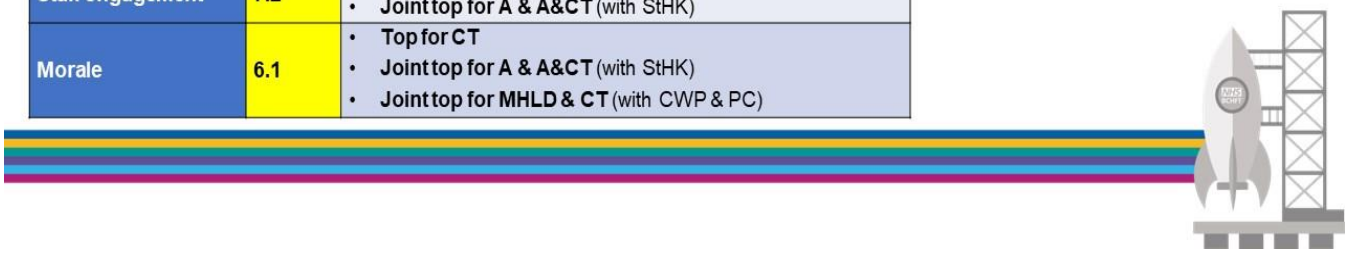
As the Trust continues its focused journey of improvement, this is important to note and can be demonstrated in the following image.

People Promise Element / Theme	BCHFT 2022 score	Key Headlines
We are compassionate and inclusive	7.6	• Joint top for **CT** (with WCHC) • Joint top for **A & A&CT** (with StHK) • Joint top for **MHLD & CT** (with CWP & MC & PC)
We are recognised and rewarded	6.1	• Joint top for **CT** (with WCHC) • Joint top for **A & A&CT** (with WCHC)
We each have a voice that counts	7.1	• Top for **CT** • Joint top for **A & A&CT** (with StHK) • Joint top for **MHLD & CT** (with CWP)
We are safe and healthy	6.3	• Top for **CT** • Top for **A & A&CT**
We are always learning	5.3	
We work flexibly	6.4	• Top for **CT** • Joint top for **A & A&CT** (with StHK)
We are a team	7	
Staff engagement	7.2	• Top for **CT** • Joint top for **A & A&CT** (with StHK)
Morale	6.1	• Top for **CT** • Joint top for **A & A&CT** (with StHK) • Joint top for **MHLD & CT** (with CWP & PC)

Key:

CT	Community Trust
A & A&CT	Acute & Acute/ Community
MHLD & CT	Mental Health Learning Disability/ Community

WCHC	Wirral Community Health and Care
StHK	St Helens and Knowsley
CWP	Cheshire and Wirral Partnership
MC	Mersey Care
PC	Pennine Care



Similar to the 2021 staff survey, the Trust has developed a suite of action plan templates to further improve engagement across the organisation.

Trust directorates will all own an individual action plan to complete. There will also be a Trust-wide action plan of which corporate improvements will be worked on and rolled out across the organisation.

All action plans, whether Trust-wide or directorate, will be used to demonstrate improvements over the next 12 months. These plans will be carefully monitored through various Trust governance channels.

Trade Union Facility Time

1st April 2021 – 31st March 2022

This document details the statutory submission for the period April 2021 to March 2022 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 2021-22?

Number of employees who were relevant trade union officials during the relevant period	*Total full-time equivalent of trade union officials*
12	9.86

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

How many of your employees who were relevant union officials employed during 2021-22 spent a) 0%, b) 1% - 50%, c) 51% - 99%, or d) 100% of their working hours on facility time?

Percentage of time	*Number of employees*
0%	4
1 – 50%	6
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 2021-22.

	Figures
Provide the total cost of facility time	£51,164
Provide the total pay bill	£67,918,129
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.08%

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	294.65
Provide the total paid facility time hours	1859.90
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 2021-22 / total paid facility time hours) x 100	15.84%

Expenditure on consultancy

The Trust spent £1.0m (2021-22: £0.8m) on Consultancy, of which £0.3m (2021-22: nil) was in respect of hosting the Provider Collaborative for NHS Cheshire and Merseyside. A significant proportion of the costs for this are recharged to member organisations. A further £0.4m was spent on consultancy to support the development and implementation of Business Intelligence and Information Technology solutions. There was a further £0.1m spent on consultancy in respect of specialist VAT advice.

Off-payroll engagements

The Trust had the following highly paid off-payroll engagements as at 31 March 2023, earning £245 per day or greater:

No. of Existing engagements as of 31 March 2023	4
Of Which…	
No. that have existed for less than one year at time of reporting	0
No. that have existed between one & two years at time of reporting	0
No. that have existed between two & three years at time of reporting	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	3

All highly paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater:

Number of off-payroll workers engaged during the year ended 31 March 2023	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 2022 and 31 March 2023:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0

No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	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 2023. 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 2022-23.

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 England.

NHS England 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 England, 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*.

Signed 

Chief Executive Date: 28 June 2023

The Accountability Report for Bridgewater Community Healthcare NHS Foundation Trust was approved on behalf of the Board on 28 June 2023

Accounting Officer Colin Scales (Chief Executive)
28 June 2023

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 2023 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 and 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 provided 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.

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 Committee ratification required for all policies.

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 Directorate Associate Directors via 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, 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 Directorates 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 Directorate Leadership Teams with any significant issues escalating to the Performance meetings, the Risk Management Council, and the relevant Board Committee.

To provide the Trust with assurance that risks have been identified and are being managed correctly, the Risk Management Council meets monthly. The Council reviewed the Corporate Risk Register and received reports from Directorate and Service leads regarding the risks within their respective portfolios. This occurred every month during 2022-23.

During 2022-23 the Trust recognised the most routinely reported significant operational risks likely to remain the focus of risk treatment during 2023-24 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.

- 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.
- Ongoing industrial action and the challenging of delivering services during these periods.

Operational finance risks. These were acknowledged and reported to the Finance & Performance Committee during 2022-23. 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.

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 multi-faceted risks such as:

1. Challenges in relation to recovery, restoration, and service reset
2. National recruitment challenges (including accessibility to specialist training)
3. Geographical recruitment pressures
4. Ongoing industrial action
5. Seasonal pressures

If this were to happen it may result in 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, leading to poor clinical outcomes & experience for large numbers of patients; 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 including those caused by the pandemic.

Managing demand and capacity. If the Trust is unable to manage the level of demand, 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, due to the requirement to achieve a break-even budget against a backdrop of increasing system pressures may result in a deficit and the potential loss of public and stakeholder confidence.

Strategy and organisational sustainability. If the Trust loses the engagement of a substantial sector or sectors of its workforce caused by uncertainty of internal and/or external factors, influences and conditions it could impact on leadership and management practices, winter pressures, system incentives.

Additionally, this 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.

Digital services which do not meet demands of the organisation. If the Trust does not maintain and develop and adopt digital services to meet the current and future needs of the Trust. This could impact in our ability to:

- deliver the Digital Strategy
- meet operational, regulatory, contractual & reporting requirements
- embrace innovative and existing clinical service models
- collaborate in system place-based developments
- keep the Trust safe from Cyber-related threats

Staff engagement and morale. If the Trust loses the engagement of a substantial sector or sectors of its workforce.

Caused by uncertainty of internal and/or external factors, influences and conditions i.e cost of living crisis. Impact on leadership and management practices, winter pressures, system incentives

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 rates.

The Board meets on a bi-monthly basis and delegates to 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 meetings of the Board and Committees of the Board were quorate. 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 are invited to 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 (commissioners, 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 2022-23 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 England website and publications to ensure the Trust remains compliant and responsive to any new information or requirements. Terms of Reference were reviewed of all the Board Committees during 2022-23. External audit reports support the annual financial accounts. The Finance and 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 Integrated Quality Performance Report (IQPR), Accountability Framework and Performance 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 or relevant approving Committee. 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. During 2022-23 the Board received regular updated on proposed or actual industrial action.

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 2022 to 31st March 2023 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 the action plan being completed and closed down during 2022-23.

The Trust reinvited Facere Melius to conduct an additional review during quarter 4 of 2022-23. The comprehensive process included examination of a large number of Trust documents, observation of meetings and interviews with Board, staff and external partners. The Facere Melius presented the draft report with the findings at a Board Time Out session on 11 May 2023 with the final report received at the public Trust Board on the 1 June 2023. The findings of the review, which was undertaken against each of the eight CQC well-led key questions, are very positive and provide a strong assurance that the Trust has developed and maintains robust and effective governance arrangements. These are only some of the highlights from the report: the Trust has a stable Board and the Board, board committees, executive team meetings and council meetings are well led and effective; the Trust has a newly refreshed strategy aligned with ICB/IPC and placed based partners; the Board and the Senior Leadership Team demonstrate evidence of a culture of high-quality, sustainable care; there

are robust governance frameworks in place to support the discharge of accountabilities and responsibilities at the Board and executive level; there is good understanding of risk management at the Board, board committee and council levels. The Well Led report identified nine recommendations, which will be overseen by the Executive Team, who will report on progress to the Audit Committee. The recommendations are centred around building upon the work done so far, engagement plans to deliver the refreshed Trust Strategy, continuation of focus on improving mandatory training compliance and maintaining the high governance standards.

The 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 2022-23.

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

Cost savings requirements were identified in the planning guidance and were followed up with additional requirements identified by the ICS. This includes a 2% recurrent CIP and additional cost reductions of 2.5% (this is primarily driven by the 53% reduction in COVID-19 funding for 2022-23). This results in total CIP for 2022-23 of £4.197m (4.5%), split between £1.865m recurrent and £2.332m non recurrent.

This is reported as achieved at month twelve with schemes such as additional income for the Performance / BI SLA and reduced estates costs in Dental (ORB) and vacancy slippage all contributing. Of the £1.865m recurrent target, £1.41m has been achieved recurrently (£0.454m non recurrent), non-recurrent total is £2.79m (largely COVID-19 spend reduction) against a plan of £2.322m.

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-19.

Information governance

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

To ensure our staff, patients and service users know how we handle their information we have up to date Privacy Notices including a bespoke Privacy Notice for the children who attend our services.

The Digital Information Governance and Information Technology (DIGIT) group has set out the Trust's Digital Strategy, which was approved by Board, and has plans in place for this to be achieved.

The Trust, like all organisations who process health information, must be registered with NHS England's Data Security Protection Toolkit (DSPT). We achieved "standards met" in 2021-22.

The DSPT governed by the Department of Health and Social Care (DHSC) is also where health organisations report a serious data security breach. Any breach that affects the rights and freedoms of individuals is investigated by the Information Commissioners Office (ICO).

Summary of Data Security and Projection Incidents reported to the ICO and/or DHSC

Date of incident (month)	Nature of incident	Number affected	How patients were informed	Lesson learned
May 2022	Loss of information	70	70	Clear desk process not followed
March 2023	Loss of information	166	166	Staff not to use notebooks/diaries for storing information

The first incident occurred while reorganising an office it came to light that a folder containing booking and referral forms was missing. The office had secure entry to limited staff members. The ICO reviewed and closed the case as the Trust had acted appropriately in managing the data security incident.

The second incident is when a staff member left their notebook in a patient's home, who in turn had filed it in a drawer. All the patients whose names and addresses were in the notebook have been contacted. This incident did not meet the threshold to report to the ICO.

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, which reported an overall satisfaction score of 4.9 out of 5. 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 oversees the delivery and outcomes from 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 2022-23 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, Internal Audit and Anti-Fraud.
- 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 2022 to 31st March 2023 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 14 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	N/A	-	-	-	-	-
2	Conflicts of Interest	High	-	-	-	-	-

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
3	Risk Management Core Controls	High	-	-	-	1	1
4	General Ledger	High	-	-	-	-	-
5	Accounts Receivable	High	-	-	-	-	-
6	Data Quality & Performance Targets	Substantial	-	-	3	1	4
7	Waiting List Management	Substantial	-	-	3	-	3
8	Safeguarding	Substantial	-	-	2	2	4
9	Payroll	Substantial	-	-	1	-	1
10	Accounts Payable	Substantial	-	-	1	-	1
11	Data Security & Protection Toolkit	Substantial	-	-	-	-	-
12	Cyber Security Controls	Moderate	-	1	3	-	4
13	Mandatory Training & Appraisals	Moderate	-	1	1	3	5
14	NHSEI Financial Sustainability Checklist	N/A	-	-	-	-	-
		TOTAL		**2**	**14**	**7**	**23**

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 2022 to 31st March 2023 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.

This opinion is provided in the context that the Trust like other organisations across the NHS is facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic recovery response, financial challenges and increasing collaboration across organisations and systems.

In providing this opinion we can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. We also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

The purpose of our Head of Internal Audit (HoIA) Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. As such, it is one component that the Board takes into account in making its Annual Governance Statement (AGS).

The opinion does not imply that we have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework.

In addition, the delivery date for the Data Security & Protection Toolkit is June 2023 in line with NHS Digital timeframes for submission. As such this assurance is not included within the HOIA opinion and the 2021-22 opinion is included.

There are no significant internal control issues arising.

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 England.

NHS England 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 England, 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*.

Signed 

Colin Scales
Chief Executive Date: 28 June 2023

4. Annual Accounts for year ended 31 March 2023

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 March 2023

FOREWORD TO THE ACCOUNTS

These accounts, for the period ended 31 March 2023, 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: 28 June 2023

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 England.

NHS England 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 England, 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*.

Signed:  Chief Executive

Date: 28 June 2023

Statement of Comprehensive Income for year ended 31 March 2023

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3	**93,785**	104,306
Other operating income	4	**3,221**	3,028
Operating expenses	5,7	**(96,597)**	(107,532)
Operating surplus / (deficit) from continuing operations		**409**	(198)
Finance income	9	**513**	12
Finance expenses	10	**(399)**	-
PDC dividends payable		**-**	(70)
Net finance income / (costs)		**114**	(58)
Other gains	11	**1**	7
Surplus / (deficit) for the year from continuing operations		**524**	(249)
Surplus / (deficit) for the year		**524**	(249)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	**(113)**	-
Revaluations	14	**330**	416
Other reserve movements		**-**	(5)
Total comprehensive income for the year		**741**	162

Statement of Financial Position as at 31 March 2023

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets:			
Intangible assets	12	**1,029**	1,980
Property, plant and equipment	13	**9,600**	8,558
Right of use assets	15	**40,367**	-
Receivables	17	**45**	55
Total non-current assets		**51,041**	10,593
Current assets:			
Inventories	16	**81**	107
Receivables	17	**9,037**	7,866
Cash and cash equivalents	18	**24,316**	26,152
Total current assets		**33,434**	34,125
Current liabilities			
Trade and other payables	19	**(15,426)**	(17,457)
Borrowings	21	**(3,994)**	-
Provisions	22	**(739)**	(1,971)
Other liabilities	20	**(1,468)**	(511)
Total current liabilities		**(21,627)**	(19,939)
Total assets less current liabilities		**62,848**	24,779
Non-current liabilities:			
Borrowings	21	**(36,707)**	-
Provisions	22	**-**	(19)
Total non-current liabilities		**(36,707)**	(19)
Total assets employed		**26,141**	24,760
Financed by:			
Public dividend capital		**33,477**	32,837
Revaluation reserve		**2,567**	2,412
Income and expenditure reserve		**(9,903)**	(10,489)
Total taxpayers' equity		**26,141**	24,760

The notes on pages 8 to 41 form part of this account

The annual accounts on pages 1 to 41 were approved by the Board on 28 June 2023 and signed on its behalf by:

Chief Executive:  **Date: 28 June 2023**

Statement of Changes in Equity for the year ended 31 March 2023

	Public Dividend Capital	Revaluation Reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 – brought forward	**32,837**	**2,412**	**(10,489)**	**24,760**
Surplus for the year	-	-	524	**524**
Other transfers between reserves	-	(62)	62	**-**
Impairments	-	(113)	-	**(113)**
Revaluations	-	330	-	**330**
Public dividend capital received	640	-	-	**640**
Taxpayers' and others' equity at 31 March 2023	**33,477**	**2,567**	**(9,903)**	**26,141**
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**

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 2023

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		**409**	(198)
Non-cash income and expense:			
Depreciation and amortisation	5	**6,464**	2,221
Net impairments	6	**523**	110
(Increase) / decrease in receivables and other assets		**(1,539)**	2,431
Decrease in inventories		**26**	167
(Decrease) / increase in payables and other liabilities		**(1,338)**	3,479
(Decrease) / increase in provisions		**(1,251)**	1,080
Other movements in operating cash flows		**1**	3
Net cash from operating activities		**3,295**	9,293
Cash flows from investing activities			
Interest received		**513**	12
Purchase of intangible assets		**(85)**	(745)
Purchase of property, plant, equipment and investment property		**(1,937)**	(688)
Sales of property, plant, equipment and investment property		**224**	250
Initial direct costs or up front payments in respect of new right of use assets (lessee)		**(139)**	-
Net cash used in investing activities		**(1,424)**	(1,171)
Cash flows from financing activities			
Public dividend capital received		**640**	181
Capital element of finance lease rental payments		**(3,972)**	-
Interest paid on finance lease liabilities		**(399)**	-
PDC dividend refunded / (paid)		**24**	(37)
Net cash (used in) / from financing activities		**(3,707)**	144
(Decrease) / increase in cash and cash equivalents		**(1,836)**	8,266
Cash and cash equivalents at 1 April – brought forward		**26,152**	17,886
Cash and cash equivalents at 31 March	18	**24,316**	26,152

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England 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 2022/23 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 surplus for the year was £0.5m in 2022/23. However, this includes adjusting items such as impairments, and the net impact of DHSC procured inventories. Excluding these items, the Trust's adjusted financial position for 2022/23 is a surplus of £1.07m.

As a consequence of the Covid-19 pandemic, all NHS providers continued to be paid via block contract payments during 2022/23 with additional monies made available for COVID-19 and vaccination expenditure incurred plus a top up mechanism to support providers.

In 2023/24, this has changed with a move back to contracts with commissioners, however top up funding is still in place but at a reduced value. A breakeven plan has been submitted to both NHS Cheshire and Merseyside and NHS England (NHSE). The plan has been previously approved by the Board.

The Trust continues to actively seek new business opportunities with Commissioners either through tendering opportunities being advertised or collaborative working and has successfully retained the Warrington 0 to 25 contract following a competitive tendering exercise.

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

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 income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead, they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

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, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

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

Measurement

Valuation

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

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.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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	98
Plant & machinery	3	25
Information technology	2	10
Furniture & fittings	7	20

Note 1.8 Intangible assets

Recognition

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

Software

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

Measurement

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

intended by management.

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

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

Amortisation

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

Useful 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	10
Other	4	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.

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, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost

model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight-line basis.

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 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

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 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 22.1 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 2022/23.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

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 Healthcare NHS FT Charitable Fund (charity number 1061651). In making this judgement the Trust has made reference to the DHSC GAM 2022/23. The Trust's element of this fund is managed under a Service-level agreement with Mersey Care 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 Mersey Care 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:

	2022/23	2021/22
	£'000	£'000
CCGs and NHS England	**28,795**	82,899
Integrated Care Boards	**48,823**	-
Local authorities	**13,852**	19,668
	91,470	102,567

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)

	2022/23	2021/22
	£000	£000
Community services		
Income from commissioners under API contracts*	**72,220**	79,687
Income from other sources (e.g. local authorities)	**16,167**	21,407
All services		
Elective recovery fund	**-**	254
Additional pension contribution central funding**	**2,688**	2,958
Agenda for change pay offer central funding***	**2,710**	-
Total income from activities	**93,785**	104,306

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments systems documents. https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**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.

***The Government has announced an Agenda for Change non-consolidated pay offer which sees staff receive two one off non-consolidated pay awards on top of their existing 2022/23 pay award. NHS England will provide funding to cover the costs of the 2022/23 non-consolidated pay awards for NHS employers that are currently funded through the NHS mandate. The Trust has therefore recognised accrued income from NHS England for the national cost estimate provided of £2,710k in the 2022/23 'Income from patient care activities'.

Note 3.2 Income from patient care activities (by source)

	2022/23	2021/22
	£000	£000
NHS England	**14,670**	18,731
Clinical commissioning groups	**14,125**	64,168
Integrated care boards	**48,823**	-
Department of Health and Social care	**-**	18
Other NHS providers	**1,583**	1,166
Local authorities	**13,852**	19,668

NHS injury scheme	**41**	(48)
Non-NHS: other	**691**	603
	93,785	104,306
Of which:		
Related to continuing operations	**93,785**	104,306
Related to discontinued operations	**-**	-

Injury cost recovery scheme is subject to a provision for impairment of receivables of 24.86% (2021/22: 23.76%) to reflect expected rates of collection.

Note 4 Other operating income

	2022/23	2021/22
	£000	£000
Other operating income from contracts with customers:		
Education and training (excluding notional apprenticeship levy income)	**1,322**	1,400
Non-patient care services to other bodies	**1,465**	726
Reimbursement and top-up funding	**-**	408
Other contract income	**79**	51
Other non-contract operating income		
Education and training	**234**	157
Charitable and other contributions to expenditure	**121**	286
	3,221	3,028
Of which:		
Related to continuing operations	**3,221**	3,028
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:

	2022/23	2021/22
	£000	£000
Income from services not designated as commissioner requested services	**93,785**	104,306
	93,785	104,306

Note 5 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	**1,128**	3,744
Purchase of healthcare from non-NHS and non-DHSC bodies	**954**	1,257
Staff and executive directors costs	**69,126**	73,891
Remuneration of non-executive directors	**127**	125
Supplies and services – clinical (excluding drugs costs)	**7,100**	7,794
Supplies and services - general	**387**	593
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**1,615**	1,858
Inventories written down	**-**	17
Consultancy	**992**	782
Establishment	**2,926**	3,025

Premises	**3,380**	3,672
Transport (including patient travel)	**256**	210
Depreciation on property, plant and equipment	**5,446**	1,244
Amortisation on intangible assets	**1,018**	977
Net impairments	**523**	110
Movement in credit loss allowance: contract receivables/contract assets	**794**	(196)
Movement in credit loss allowance: all other receivables and investments	**5**	(19)
(Decrease)/increase in other provisions	**(855)**	520
Audit fees payable to the external auditors		
- audit services - statutory audit*	**171**	143
Internal audit costs	**114**	94
Clinical negligence	**680**	708
Education and training	**746**	646
Rentals under operating leases	**-**	6,076
Early retirements	**93**	-
Other	**(129)**	261
	96,597	107,532
Of which:		
Related to continuing operations	**96,597**	107,532
Related to discontinued operations	**-**	-

* Fees payable to the external auditor of £171k include VAT and additional costs incurred relating to the statutory audit for the financial year ended 31 March 2022. The fee payable to the external auditor for the statutory audit for the financial year ended 31 March 2023 is £150k 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

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus/(deficit) resulting from:		
Other	**523**	110
Total net impairments charged to operating surplus / deficit	**523**	110
Impairments charged to the revaluation reserve	**113**	-
Total net impairments	**636**	110

Note 7 Employee benefits

	2022/23	2021/22
	£000	£000
Salaries and wages	**49,677**	53,241
Social security costs	**4,537**	4,692
Apprenticeship levy	**221**	248
Employer's contributions to NHS pensions	**8,812**	9,701
Pension cost - other	**32**	36
Temporary staff (including agency)	**5,847**	5,973
Total staff costs	**69,126**	73,891
Recoveries in respect of seconded staff	**-**	-
	69,126	73,891
Of which:		
Costs capitalised as part of assets	**-**	-

Note 7.1 Retirements due to ill health

During 2022/23 there was 1 early retirement from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £179k (£5k in 2021/22).

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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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% and the Scheme Regulations were amended accordingly.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 9 Finance income

	2022/23	2021/22
	£000	£000
Interest on bank accounts	**513**	12
Total	**513**	12

Note 10 Finance expenditure

	2022/23 £000	2021/22 £000
Interest on lease obligations	**399**	-
Total interest expense	**399**	-
Total finance costs	**399**	-

Note 11 Other gains

	2022/23 £000	2021/22 £000
Gains on disposal of assets	**1**	7
Total gains on disposal of assets	**1**	7
Total other gains	**1**	7

Note 12 Intangible assets

Note 12.1 Intangible assets – 2022/23

	Software Licences £000	Other (purchased) £000	Total £000
Valuation/gross cost at 1 April 2022	**6,091**	**63**	**6,154**
Additions	85	-	85
Impairments	(18)	-	(18)
Disposals / derecognition	(1,200)	-	(1,200)
Valuation/gross cost at 31 March 2023	**4,958**	**63**	**5,021**
Amortisation at 1 April 2022	**4,136**	**38**	**4,174**
Provided during the year	1,004	14	**1,018**
Disposals / derecognition	(1,200)	-	**(1,200)**
Amortisation at 31 March 2023	**3,940**	**52**	**3,992**
Net book value at 31 March 2023	**1,018**	**11**	**1,029**
Net book value at 31 March 2022	1,955	25	1,980

Note 12.2 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	2,226	41	2,267

13 Property, plant and equipment

Note 13.1 Property, plant and equipment – 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 – brought forward	**880**	**4,540**	**-**	**2,136**	**4,375**	**474**	**12,405**
Additions	-	204	290	623	1,084	-	**2,201**
Impairments	-	(157)	-	(13)	(51)	-	**(221)**
Reversal of impairments	-	1	-	-	-	-	**1**
Revaluations	-	196	-	(14)	-	-	**182**
Reclassifications	-	1	-	-	-	(1)	**-**
Disposals / derecognition	-	(248)	-	(414)	(1,296)	(120)	**(2,078)**
Valuation/gross cost at 31 March 2023	**880**	**4,537**	**290**	**2,318**	**4,112**	**353**	**12,490**
Accumulated depreciation at 1 April 2022 – brought forward	**-**	**258**	**-**	**864**	**2,408**	**317**	**3,847**
Provided during the year	-	158	-	278	811	21	**1,268**
Revaluations	-	(134)	-	(14)	-	-	**(148)**
Reclassifications	-	1	-	(1)	1	(1)	**-**
Disposals / derecognition	-	(248)	-	(413)	(1,296)	(120)	**(2,077)**
Accumulated depreciation at 31 March 2023	**-**	**35**	**-**	**714**	**1,924**	**217**	**2,890**
Net book value at 31 March 2023	**880**	**4,502**	**290**	**1,604**	**2,188**	**136**	**9,600**
Net book value at 1 April 2022	880	4,282	-	1,272	1,967	157	8,558

Note 13.2 Property, plant and equipment – 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£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**
Additions	-	95	-	374	637	-	**1,106**
Impairments	-	(69)	-	(180)	(105)	(34)	**(388)**
Revaluations	-	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**
Provided during the year	-	201	-	256	762	25	**1,244**
Impairments	-	(60)	-	(129)	(92)	(33)	**(314)**
Revaluations	-	(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 1 April 2021	880	3,976	-	1,191	2,105	188	8,340

Note 13.3 Property, plant and equipment financing – as at 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	880	4,502	290	1,604	2,188	136	**9,600**
Net book value at 31 March 2023	**880**	**4,502**	**290**	**1,604**	**2,188**	**136**	**9,600**

Note 13.4 Property, plant and equipment financing – as at 31 March 2022

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£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 13.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Not subject to an operating lease	880	4,502	290	1,604	2,188	136	**9,600**
Total net book value at 31 March 2023	**880**	**4,502**	**290**	**1,604**	**2,188**	**136**	**9,600**

Note 14 Revaluations of property, plant and equipment

All of the Trust's owned Land and Buildings have been revalued at 31 March 2023 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 Leases - Bridgewater Community Healthcare NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

The Trust leases properties from a wide range of landlords - whilst some landlords issue longer term leases, NHS Property Services and Community Health Partnerships, in particular, historically only issued short-term arrangements. For these properties, the Trust adopted a lease term, on transition to IFRS 16, of either:

- **10 years**, where the services delivered from these properties were 'core services' provided by the Trust and there was no intention to cease that provision nor vacate the property.
- **5 years**, where the services delivered from these properties were 'core services' provided by the Trust and there was no intention to cease that provision however the location of the service provision was being reconsidered as part of the Estates Strategy and was not known with certainty.

The Trust has confirmed with NHS Property Services and Community Health Partnerships that this assessment of lease term, where a signed lease is not in place, is appropriate.

The Trust also leases pool vehicles with contract terms of 3 to 5 years.

Information about leases for which the Trust is a lessee is presented below:

Note 15.1 Right of use assets - 2022/23

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
IFRS 16 implementation – adjustments for existing operating leases/ subleases	41,777	119	41,896	33,160
Additions	5,641	155	5,796	-
Remeasurements of the lease liability	(2,749)	-	(2,749)	(708)
Impairments	(398)	-	(398)	-
Revaluations	(77)	-	(77)	-
Disposals/ derecognition	(124)	-	(124)	(10)
Valuation / gross cost at 31 March 2023	**44,070**	**274**	**44,344**	**32,442**
Provided during the year	4,094	84	4,178	3,388
Revaluations	(77)	-	(77)	-
Disposals/ derecognition	(124)	-	(124)	(10)
Accumulated depreciation at 31 March 2023	**3,893**	**84**	**3,977**	**3,378**
Net book value at 31 March 2023	**40,177**	**190**	**40,367**	**29,064**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	29,064

Note 15.2 Revaluation of right of use assets

For the majority of right of use assets. the Trust has applied the 'IFRS 16 cost model' as an appropriate proxy for current value in existing use. The Trust has identified right of use assets where the rental paid on the properties was not indicative of market value and for those leases the revaluation model under IFRS 16 is required and has been supplied as at 31 March 2023 by DVS (Property Services arm of the VoA). Refer to Note 14 for further details regarding the valuer.

Where the revaluation model under IFRS 16 has been adopted, the valuer has identified the current market rental value for existing use that could be achieved for the right-of-use asset as at the valuation date and used an appropriate yield as at the valuation date for the full remaining lease term (as defined in IFRS 16). For right-to-use specialised assets, the DRC method of valuation has been applied to arrive at the current value for existing use to the lessee.

Note 15.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 21.

	2022/23 £000
IFRS 16 implementation - adjustments for existing operating leases	41,765
Lease additions	5,657
Lease liability remeasurements	(2,749)
Interest charge arising in year	399
Lease payments (cash outflows)	(4,371)
Carrying value at 31 March 2023	**40,701**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 15.4 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	4,395	3,454
- later than one year and not later than five years;	17,185	13,495
- later than five years.	21,863	13,495
Total gross future lease payments	**43,443**	**30,444**
Finance charges allocated to future periods	(2,742)	(1,244)
Net lease liabilities at 31 March 2023	**40,701**	**29,200**
Of which:		
- Current	3,994	3,194
- Non-Current	36,707	26,006

Note 15.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	6,076
Total	**6,076**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	5,129
- later than one year and not later than five years;	18,682
- later than five years.	7,039
Total	**30,850**
Future minimum sublease payments to be received	-

Note 15.6 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.12.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	**30,850**
Impact of discounting at the incremental borrowing rate	(1,517)
IAS 17 operating lease commitment discounted at incremental borrowing rate	**29,333**
Less:	
Commitments for short term leases	(31)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(10,240)
Other adjustments:	
Differences in the assessment of the lease term	18,129
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	545
Other adjustments	4,029
Total lease liabilities under IFRS 16 as at 1 April 2022	**41,765**

Note 16 Inventories

	31 March 2023 £000	31 March 2022 £000
Consumables	**81**	107
Total inventories	**81**	107
Of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £147k (2021/22: £436k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £17k).

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 2022/23 the Trust received £121k of items purchased by DHSC (2021/22: £286k).

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 17 Trade and other receivables

Note 17.1 Current and non-current trade receivables and other receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables*	**8,997**	7,745
Capital receivables	**49**	334

Allowance for impaired contract receivables/assets	**(1,355)**	(1,827)
Prepayments (non-PFI)	**778**	1,199
PDC dividend receivable	**-**	24
VAT receivable	**299**	240
Other receivables	**269**	151
Total current trade and other receivables	**9,037**	7,866
Non-current		
Provision for impaired receivables	**(15)**	(10)
Other receivables	**60**	65
Total non-current trade and other receivables	**45**	55
Of which receivables from NHS and DHSC group bodies:		
Current	**4,717**	2,552
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.

* Contract receivables at 31 March 2023 includes accrued income of for the funding due from NHS England to cover the costs of the 2022/23 non-consolidated pay award.

Note 17.2 Allowances for credit losses

	Contract receivable and contract assets	**All other receivables**
	£000	**£000**
Allowances as at 1 April 2022 – brought forward	**1,827**	**10**
Net allowances arising	**835**	**5**
Reversals of allowances	**(41)**	**-**
Utilisation of allowances (write offs)	**(1,266)**	**-**
Allowances at 31 March 2023	**1,355**	**15**

	Contract receivable and contract assets	**All other receivables**
	£000	**£000**
Allowances as at 1 April 2021 – brought forward	3,496	29
Net allowances arising	225	-
Reversals of allowances	(421)	(19)
Changes in existing allowances	(1,473)	-
Allowances at 31 March 2022	1,827	10

Note 17.3 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 2023 are in receivables from customers, as disclosed in the table above.

Note 18 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.

	2022/23	2021/22
	£000	£000
At 1 April	**26,152**	17,886
Net change in year	**(1,836)**	8,266
At 31 March	**24,316**	26,152
Broken down into:		
Cash at commercial banks and in hand	**4**	4
Cash with the Government Banking Service	**24,312**	26,148
Total cash and cash equivalents as in SoFP and SoCF	**24,316**	26,152

Note 19 Trade and other payables

	31 March 2023	31 March 2022
	£000	£000
Current		
Trade payables	**2,589**	5,779
Capital payables	**862**	598
Accruals*	**7,923**	8,763
Social security costs	**1,206**	1,325
VAT payables	**-**	30
Pension contributions payable	**832**	915
Other payables	**2,014**	47
Total current trade and other payables	**15,426**	17,457
Of which: payables to NHS and DHSC group bodies:		
Current	3,529	5,447
Non-current	-	-

* Accruals at 31 March 2023 include the cost to the Trust of the 2022 /23 non-consolidated pay award.

Note 20 Other liabilities

	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred Income: contract liability	**1,468**	511
Total current borrowings	**1,468**	511

Note 21 Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Lease liabilities*	**3,994**	-

Total current borrowings	**3,994**	-
Non-current		
Lease liabilities*	**36,707**	-
Total non-current borrowings	**36,707**	-

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 15.

Note 21.1 Reconciliation of liabilities arising from financing activities – 2022/23

	Lease liability	Total
	£000	£000
Carrying value at 1 April 2022	-	**-**
Cash movements:		
Financing cash flows – payments and receipts of principal	(3,972)	**(3,972)**
Financing cash flows – payments of interest	(399)	**(399)**
Non-cash movements:		
Impact of implementing IFRS 16 on 1 April 2022	41,765	**41,765**
Additions	5,657	**5,657**
Lease liability remeasurements	(2,749)	**(2,749)**
Application of effective interest rate	399	**399**
Carrying value at 31 March 2023	**40,701**	**40,701**

Note 21.2 Reconciliation of liabilities arising from financing activities – 2021/22

	Lease liability	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 22 Provisions for liabilities and charges analysis

	Legal Claims	Other	Total
	£'000	£'000	£'000
At 1 April 2022	28	1,962	**1,990**
Arising during the year	12	150	**162**
Reversed unused	(28)	(1,385)	**(1,413)**
At 31 March 2023	**12**	**727**	**739**
Expected timing of cash flows:			
- not later than one year	12	727	**739**
Total	**12**	**727**	**739**

The provision for legal claims as at 31 March 2023 relates to the Liabilities to Third Parties Scheme "LTPS" provision.

Other provisions include:

- Provision for costs relating to probable compensation claims of £355k. The provision is based on legal advice received in 2022/23 and their estimates of liability. Payment is expected to be made in the year ending 31 March 2024;
- Liability for Bank Staff Holiday Pay of £60k. The provision represents the remaining amounts owing to bank staff which have been calculated based on pay scales. Payment is expected to be made in the year ending 31 March 2024 but is dependent on the timing and amount of claims received from bank staff;
- Liability for legal costs of £112k relating to a court case which occurred in May 2022 and found in the Trust's favour. The provision is for the anticipated remaining legal costs associated with bringing the case to a close however whether these costs can be recovered in full from the other party will not be resolved until quarter two of 2023/24. If the Trust is found responsible for these costs, payment will be made in the year ending 31 March 2024.
- Liability for VAT repayable of £150k to HMRC and employees relating to car leasing schemes following a VAT Tribunal case brought by Northumbria Healthcare NHS FT. The provision is calculated based on previous VAT returns and payroll information. Payment is expected to be made in the year ending 31 March 2024, but the amount and timing of payments is dependent on the Trust's success in contacting former employees; and
- Liability for dilapidation costs of £40k. The Trust has a legal obligation under the terms of the occupancy agreement to make good the demise occupied up until 31 May 2022. The provision is estimated based on previous dilapidation costs incurred at other properties and although expected to be paid in the year ending 31 March 2024, the Trust is still waiting to hear from the landlord regarding this matter; and
- Liability for injury claim of £10k. A solicitor's letter was received in March 2023 confirming that a personally injury case has been brought against the Trust and therefore a provision has been recognised for the excess payable. Payment is expected to be paid in the year ending 31 March 2024, but the amount and timing of payment is dependent on the outcome of the case.

Note 22.1 Clinical negligence liabilities

At 31 March 2023, £3,118k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bridgewater Community Healthcare NHS Foundation Trust (31 March 2022: £2,711k).

Note 23 Contractual capital commitments

	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	**14**	39
Total	**14**	39

Note 24 Financial Instruments

Note 24.1 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 2023 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 24.2 Carrying values of financial assets

	Held at amortised cost £000
Carrying values of financial assets as at 31 March 2023	
Trade and other receivables excluding non-financial assets	**7,960**
Cash and cash equivalents at bank and in hand	**24,316**
Total at 31 March 2023	**32,276**

	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

Note 24.3 Carrying values of financial liabilities

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2023	
Obligations under leases	**40,701**
Trade and other payables excluding non-financial liabilities	**14,188**
Total at 31 March 2023	**54,889**

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

Note 24.4 Maturity of financial liabilities

	31 March 2023	31 March 2022
	£000	£000
In one year or less	**18,583**	15,187
In more than one year but not more than five years	**17,185**	-
In more than five years	**21,863**	-
Total	**57,631**	15,187

Note 25 Losses and special payments

	2023		**2022**	
	Total number of cases	**Total value of cases**	**Total number of cases**	**Total value of cases**
		£000		**£000**
Losses				
Bad debts and claims abandoned	**29**	**24**	13	20
Total losses	**29**	**24**	13	20
Special payments				
Ex-gratia payments	**3**	**16**	3	16
Total special payments	**3**	**16**	3	16
Total losses and special payments	**32**	**40**	16	36

Note 26 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)
- NHS Providers

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 Place (formerly NHS Liverpool CCG), the lead commissioner for Cheshire and Merseyside. During 2022/23, NHS Liverpool CCG has remitted income of £3,319k to the Trust for the 4-month period up to its demise on 31 July 2022. At 31 March 2023, the Trust recognises a contract receivable of £nil.

The Trust's Medical Director, Aruna Hodgson, is the Associate Dean at Health Education England. During 2022/23, the Trust has invoiced/accrued income from Health Education England totalling £1,289k for funding towards professional education and training resources. As at 31 March 2023, the Trust recognises a contract receivable of £nil with Health Education England.

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 2022/23. During 2022/23, MIAA has invoiced the Trust £100k for internal audit and counter fraud services and as at 31 March 2023, the Trust recognises a contract payable of £nil.

Further related parties also include (i) NHS Providers which has invoiced the Trust £25k for the 2022-23 annual membership and this balance is recognised as a contract payable as at 31 March 2023; and (ii) NHS Confederation which has invoiced the Trust £7k for the 2022-23 annual membership and this balance was paid giving a contract payable at 31 March 2023 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 Warrington CCG

ICBs
NHS Cheshire and Merseyside ICB
NHS Greater Manchester ICB

NHS England
NHS England - Core
North West Regional Office

NHS Foundation Trusts
Wirral Community Health and Care NHS Foundation Trust

Other NHS Bodies
Health Education England
NHS Pension Scheme
NHS Property Services
Community Health Partnerships

Note 27 Events after the reporting period

There were no events after the reporting period requiring disclosure.

Note 28 Adjusted financial performance (control total basis)

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

For the financial reporting year ended 31st March 2023, Bridgewater Community Healthcare NHS Foundation Trust has reported a surplus of £0.52m (2021/22: £0.25m deficit) and this is the same figure as in the summarisation schedules that underpin the accounts.

However, it should be noted that the surplus for 31 March 2023 includes technical adjustments for impairments, assets transferred by absorption, and DHSC centrally procured inventories to give an adjusted financial position of £1.07m surplus (2021/22: £0.03m surplus).

	2022/23	2021/22
	£000	£000
Surplus / (deficit) for the period	**524**	(249)
Remove net impairments not scoring to the Departmental expenditure limit	**523**	110
Remove net impact of inventories received from DHSC group bodies for COVID response	**26**	167
Total	**1,073**	28

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 2023 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 2023 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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 Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or 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 Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's 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 England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

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. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the majority of funding provided to the Trust during the year. The Trust's various other income streams are largely high volume, low value transactions with simple recognition criteria. We therefore assessed that there was limited opportunity or incentive for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to the completeness and accuracy of manual Non-NHS accruals in response to the pressures and opportunity which exists for management to manipulate transactions of this nature to allow the Trust to meet its delegated targets.

In determining the audit procedures we took into account the results of our evaluation and testing of the operating effectiveness of Trust-wide fraud risk management controls.

We also 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 unexpected users and those which involved unusual account code combinations.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Vouching a sample of manual non-NHS accruals to supporting documentation to corroborate whether those items were completely and accurately recorded in the correct accounting period.
- Inspecting a sample of non-NHS expenditure invoices, and performing a search for unrecorded liabilities, in the period post 31 March 2023, to determine whether expenditure had been recognised in the correct accounting period.

Identifying and responding to risks of material misstatement related to 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.

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.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery and employment law, recognizing the regulated nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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 Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") 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 2022/23. 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 all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the Statement of Accounting Officer's Responsibilities set out on page 101 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 either cease the services provided by the Trust or 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

As explained more fully in the statement set out on page 101 the Accounting Officer is responsible for ensuring that the Trust has put 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 planned our work and 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 to use 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. We have nothing to report in this respect.

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. 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 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 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

James Boyle

for and on behalf of KPMG LLP

Chartered Accountants
1, St Peter's Square
Manchester
M2 3AE

29 June 2023

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
- would like us to send you a printed copy of this document or parts of this document

Giving feedback on our services

If you wish to tell us about your experience of our services, please contact Patient Services:

Email: bchft.patientservices@nhs.net
Telephone: 0800 587 0562

Membership

If you would like to have a say and help us to develop our services to meet local needs, then please consider becoming a member. Membership is open to anyone aged 14 years or over who lives in England. Please contact us to find out more:

Email: bchft.governors@nhs.net

Telephone: 01925946124

Want to know more about us? You can:

- find out more about us on our website: www.bridgewater.nhs.uk
- follow us on Twitter: www.twitter.com/WeAreBCHFT
- 'like' us on Facebook https://www.facebook.com/WeAreBCHFT/
- contact our Headquarters:

Bridgewater Community Healthcare NHS Foundation Trust
Spencer House 1st Floor
89 Dewhurst Road, Birchwood, Warrington, WA3 7PG

Telephone: 01925 946400 or
Email: bchft.enquiries@nhs.net

Acknowledgements

Thank you to all the staff and teams who contributed to this document.

7. Appendices

Appendix 1 Board and Committee Attendance Register

Board and Committee Attendance Register – April 2022 to March 2023

KEY: **AP** – apologies **A** – absent (no apologies) ***** closed and/or extraordinary meeting ****** two meetings in a month, some closed		**Apr**	**May ***	**Jun**	**Jun***	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Trust Board 2022 23															
Karen Bliss	**Chair**	✔	✔	✔	✔		✔		✔		✔		✔		**8/8**
Colin Scales	**Chief Executive**	✔	✔	✔	✔		✔		✔		✔		✔		**8/8**
Gail Briers	**Non-Executive Director**	AP	✔	✔	✔		✔		✔		✔		✔		**7/8**
Linda Chivers	**Non-Executive Director**	✔	✔	✔	✔		✔		AP		✔		✔		**7/8**
Abdul Siddique	**Non-Executive Director**	✔	✔	✔	✔		✔		✔		✔		✔		**8/8**
Martyn Taylor	**Non-Executive Director/ Senior Independent Director** (*SID from 1 Jan 2023*)	✔	✔	✔	✔		✔		✔		✔		✔		**8/8**
Tina Wilkins	**Non-Executive Director**	✔	✔	✔	✔		✔		✔		✔		✔		**8/8**
Sally Yeoman	**Non-Executive Director/ Senior Independent Director** (left the Trust in Dec 2022)	✔	✔	✔	✔		✔		✔						**6/6**
Elaine Inglesby	**Non-Executive Director** (from 6 March 2023)														**0/0**
Ted Adams	**Medical Director**	✔	✔	✔	AP		AP		AP		AP		✔		**4/8**
Sarah Brennan	**Chief Operating Officer**	✔	✔	AP	✔		✔		✔		✔		✔		**7/8**
Lynne Carter	**Chief Nurse / Deputy Chief Executive**	✔	✔	✔	✔		✔		✔		✔		AP		**7/8**
Nick Gallagher	**Director of Finance**	✔	✔	✔	✔		AP		✔		✔		✔		**7/8**
Aruna Hodgson	**Medical Director**	AP	AP	AP	✔		AP		AP		AP		AP		**1/8**
Paula Woods	**Director of People and Organisational Development**	✔	✔	✔	✔		✔		AP		✔		✔		**7/8**

**Dr Aruna Hodgson does not attend the Board as it is usually scheduled on her non-working day for the Trust.*

KEY: **AP** – apologies **A** – absent (no apologies)		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Nominations & Remuneration Committee 2022 23 (ad hoc)														
Karen Bliss	**Chair**	✔		✔										**2/2**
Gail Briers	**Non-Executive Director**	**AP**		✔										**1/2**
Linda Chivers	**Non-Executive Director**	✔		✔										**2/2**
Abdul Siddique	**Non-Executive Director**	✔		✔										**2/2**
Martyn Taylor	**Non-Executive Director/ Senior Independent Director** (SID from 1 Jan 2023)	**AP**		✔										**1/2**
Tina Wilkins	**Non-Executive Director**	✔		✔										**2/2**
Sally Yeoman (left the Trust 31 Dec 2022)	**Non-Executive Director/ Senior Independent Director**	✔		✔										**2/2**
Elaine Inglesby	**Non-Executive Director** (from 6 March 2023)													**0/0**

KEY: **AP** – apologies **A** – absent (no apologies) ***** closed and/or extraordinary meeting ****** two meetings in a month		**Apr**	**May** *	**Jun** *	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Audit Committee 2022 23														
Linda Chivers	**Non-Executive Director**	✔	✔	✔	✔			**AP**			✔			**5/6**
Gail Briers	**Non-Executive Director**	✔	✔	✔	✔			✔			✔			**6/6**
Abdul Siddique	**Non-Executive Director**	**AP**	**AP**	✔	**AP**			**AP**			✔			**2/6**
Martyn Taylor	**Non-Executive Director/ Senior Independent Director**	✔	✔	✔	✔			✔			✔			**6/6**
Tina Wilkins	**Non-Executive Director**	✔	✔	✔	✔			✔			✔			**6/6**
Sally Yeoman (left the Trust 31 Dec 2022)	**Non-Executive Director/ Senior Independent Director**	✔	✔	✔	✔			✔						**5/5**

KEY: **AP** – apologies **A** – absent (no apologies) ***** closed and/or extraordinary meeting ****** two meetings in a month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Finance & Performance Committee 2022 23														
Tina Wilkins	**Non-Executive Director**		✔		✔		✔		✔		✔		✔	**6/6**
Gail Briers	**Non-Executive Director**		AP		✔		✔		✔		✔		✔	**5/6**
Linda Chivers	**Non-Executive Director**		✔		✔		✔		AP		✔		✔	**5/6**
Martyn Taylor	**Non-Executive Director/ Senior Independent Director**		✔		✔		✔		✔		✔		AP	**5/6**
Sarah Brennan	**Chief Operating Officer**		✔		✔		✔		✔		✔		✔	**6/6**
Lynne Carter	**Chief Nurse / Deputy Chief Executive**		✔		AP		AP		✔		AP		✔	**3/6**
Nick Gallagher	**Director of Finance**		✔		✔		✔		✔		✔		✔	**6/6**

KEY: **AP** – apologies **A** – absent (no apologies) ***** closed and/or extraordinary meeting ****** two meetings in a month, some closed *** cancelled		Apr	May	Jun	Jul	Aug	Sep ***	Oct	Nov	Dec	Jan	Feb	Mar	Total
People Committee 2022 23														
Abdul Siddique	**Non-Executive Director**		✔		✔				✔		✔		✔	**5/5**
Linda Chivers	**Non-Executive Director**		✔		✔				**AP**		✔		✔	**4/5**
Tina Wilkins	**Non-Executive Director**		✔		✔				✔		✔		✔	**5/5**
Sally Yeoman (to Dec 2022)	**Non-Executive Director/ Senior Independent Director**		✔		**AP**				✔					**2/3**
Paula Woods	**Director of People and Organisational Development**		✔		✔				✔		✔		✔	**5/5**
Lynne Carter	**Chief Nurse / Deputy Chief Executive**		✔		**AP**				✔		✔		**AP**	**3/5**
Ted Adams	**Medical Director**		✔		✔				**AP**		**N/A**		**AP**	**2/5**
Aruna Hodgson	**Medical Director**		**N/A**		**N/A**				**A***		✔		**A***	**1/3**
Sarah Brennan (from Aug 2022)	**Chief Operating Officer**								✔		✔		✔	**3/3**

**Dr Aruna Hodgson does not regularly attend the People Committee as it is usually scheduled on her non-working day for the Trust. When Dr Ted Adams attends, Dr Hodgson's absence would be marked as N/A as the Joint Medical Director is already in attendance, and vice versa.*

KEY: **AP** – apologies **A** – absent (no apologies)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Quality & Safety Committee 2022 23														
Gail Briers	**Non-Executive Director**	✔		✔		✔		✔		✔		✔		**6/6**
Abdul Siddique	**Non-Executive Director**	✔		**AP**		✔		**AP**		✔		✔		**4/6**
Martyn Taylor	**Non-Executive Director/ Senior Independent Director** (from 1 Jan 2023)	✔		✔		✔		✔		✔		✔		**6/6**
Sally Yeoman (to Dec 2022)	**Non-Executive Director/ Senior Independent Director**	**AP**		✔		**AP**		✔		✔				**3/5**
Elaine Inglesby	**Non-Executive Director** (from 6 March 2023)													**0/0**
Ted Adams	**Medical Director**	**AP**		✔		**AP**		**AP**		**AP**		✔		**2/6**
Sarah Brennan	**Chief Operating Officer**	✔		**AP**		✔		✔		**AP**		**AP**		**3/6**
Lynne Carter	**Chief Nurse / Deputy Chief Executive**	✔		✔		✔		✔		✔		✔		**6/6**

KEY: **AP** – apologies **A** – absent (no apologies)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Council of Governors 2022 23														
Karen Bliss	**Chair**	✔		✔		✔		✔		✔		✔		**6/6**
Gail Briers	**Non-Executive Director**	AP		✔		✔		✔		AP		✔		**4/6**
Linda Chivers	**Non-Executive Director**	✔		✔		✔		✔		✔		✔		**6/6**
Abdul Siddique	**Non-Executive Director**	AP		✔		✔		✔		✔		✔		**5/6**
Martyn Taylor	**Non-Executive Director/ Senior Independent Director** (SID from 1 Jan 2023)	✔		✔		✔		✔		AP		✔		**5/6**
Tina Wilkins	**Non-Executive Director**	✔		✔		✔		✔		✔		✔		**6/6**
Sally Yeoman (left the Trust 31 Dec 2022)	**Non-Executive Director/ Senior Independent Director**	AP		AP		✔		✔		✔				**3/5**
Rita Chapman LEAD GOVERNOR (to Aug 2022)	**Public Governor – Rest of England**	AP		✔										**1/2**
Christine Stankus LEAD GOVERNOR (from Sep 2022)	**Public Governor – Rest of England**	✔		✔		✔		✔		AP		✔		**5/6**
Rachel Game	**Partner Governor – Higher Education**	✔		AP		AP		AP		AP		AP		**1/6**
William Griffiths (from Aug 2022)	**Public Governor – Rest of England**					AP		AP		AP		AP		**0/4**
Bill Harrison	**Public Governor – Rest of England**	✔		✔		✔		✔		AP		✔		**5/6**
Peter Hollett	**Public Governor – Halton**	✔		A		✔		AP		✔		A		**3/6**
John Hyland (to Aug 2022)	**Public Governor – Warrington**	✔		AP										**1/2**
Matt Machin	**Public Governor – Warrington**	✔		✔		✔		✔		✔		AP		**5/6**

KEY: **AP** – apologies **A** – absent (no apologies)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Council of Governors 2022 23														
Sue Mackie (from Aug 2022)	**Staff Governor – Nursing**					✔		AP		AP		✔		**2/4**
Derek Maylor (to Aug 2022)	**Public Governor – Rest of England**	✔		✔										**2/2**
Diane McCormick (to Aug 2022)	**Public Governor – Halton**	✔		✔										**2/2**
David McDonald (from Aug 2022)	**Public Governor – Rest of England**					✔		AP		AP		AP		**1/4**
Paul Mendeika	**Public Governor – Warrington**	AP		AP		AP		✔		✔		✔		**3/6**
Andrew Mortimer (from Aug 2022)	**Public Governor – Warrington**					✔		✔		✔		✔		**4/4**
Sarah Power (from Aug 2022)	**Staff Governor – Non-Clinical Support**					✔		AP		✔		✔		**3/4**
Dave Smith (to Aug 2022)	**Staff Governor – Non-Clinical Support**	✔		AP										**1/2**
Jillian Wallis (from Aug 2022)	**Staff Governor – Allied Health Professionals**					✔		✔		✔		✔		**4/4**
Nicola Wilson (from Aug 2022)	**Staff Governor – Nursing**					✔		✔		✔		AP		**3/4**

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