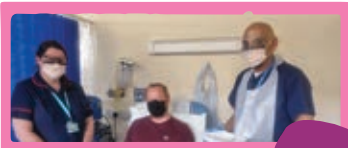




WHH

ANNUAL REPORT & ACCOUNTS 2021/22





Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Warrington and Halton Teaching Hospitals NHS Foundation Trust Annual Report and Accounts 2021/22

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

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Overview of the Trust

1.1 Chairman and Chief Executive's Introduction



Steve McGuirk CBE DL
QFSM, Chairman



Professor Simon Constable
FRCP, Chief Executive

2021 - 2022 has been yet another extraordinary year for Warrington and Halton Teaching Hospitals. It has, however, been very different to 2020 – 2021, and this is thanks, almost exclusively, to the highly effective, national COVID-19 vaccination programme, in which we have played our part. Further successive waves of COVID-19, including the most recent wave of Omicron, have had a progressively less severe impact, and whilst not at all an insignificant burden of demand, we have become increasingly adept at managing it.

A key theme for our annual report this year, therefore, reflects the full restoration and recovery of all our services alongside living with, and working with, COVID-19 in the new operating environment in which we find ourselves. The pattern of demand remains high, with simultaneous pressures on both the unplanned care and planned care pathways. Urgent care attendances have also increased concurrently, as we

have been trying to reduce our backlog waiting lists. And all of this sits within the context of escalation bed capacity needing to be kept open, and considerably higher than usual staff sickness absence as a result of COVID-19.

Notwithstanding, WHH has responded with vigour and agility despite the relentless nature of the pressure. And, in this respect, we would very much wish to pay tribute to the 4,700 staff across our hospitals who have repeatedly risen to the challenges presented to them, working together as a team, with great kindness and good humour.

Whilst our plans for the year have needed to remain responsive to the situation we faced, we have maintained a constant focus on quality, people and sustainability in line with our strategic objectives.

“ We would very much wish to pay tribute to the 4,700 staff across our hospitals who have repeatedly risen to the challenges presented to them ”

Quality

We will always put our patients first, delivering safe and effective care and an excellent patient experience.

Investment in our estate, facilities and equipment has been a prominent feature of our quality strategy over the last year. The autumn of 2021 was especially busy for several different schemes. Firstly, we invested over £5.5m in radiology services, including a new MRI Centre and scanner plus a refurbished CT Scanning Suite. This investment has helped reduce the waiting time backlog, supported the delivery of more and better diagnostic services for patients, as well as increased our research and teaching capabilities.

We were also proud to unveil the grand re-opening of Ward B18 as our new Acute Respiratory Unit (ARU) in October 2021. The enhanced care area is based upon the Respiratory Support Unit model referenced in recent national guidance and will provide a safe and effective environment to manage complex respiratory illnesses. However, the real value of the new unit lies in its flexibility, with the ability to escalate up to 14 enhanced care beds to cope with further pandemic or winter surges. The B18 ARU is the culmination of incredibly close working between our critical care and respiratory teams through the COVID-19 pandemic and supports the development of common shared pathways, bids for equipment, staff training and a whole lot more.

Thirdly, we started work on the two-storey, £6.3m 1,170sqm Emergency Department expansion which is on track for a summer 2022 handover. The expansion will enable the creation of a new Same Day Emergency Care unit offering urgent 'hot' clinics and assessment areas for ambulatory care in an expanded and redesigned space. It will also increase capacity to deliver acute care for patients when the existing Emergency Department footprint regularly sees double the number of patients than for which it was designed. Our teams are to be commended for maintaining high standards despite the restrictions of the current estate.

Finally, we are very proud of both our sites and consequently we have continued to improve the range of services at Halton Hospital, which, in fact, has come in to its own as a result of around

£3 million investment and is now starting to thrive as a centre for elective care. Towards the end of 2021 we held an official opening of our new Breast Care Centre at the Captain Sir Tom Moore building (CSTM) and the new Pre-Treatment Centre adjacent to the CSTM. The Breast Care Centre offers a superior location for women in Halton, Knowsley, St Helens and Warrington to choose to attend for their routine breast screening mammograms. It also provides comprehensive diagnostics and support to patients that have anomalies on routine breast screening or those who have noticed breast changes or found lumps that are referred in via their GP. In creating this centre, we have relocated our assessment and symptomatic clinics from the Victorian Kendrick Wing at Warrington Hospital, supported by an extensive public consultation.

Our clinical research offer has gone from strength to strength. As many as 30 studies are open to recruitment at any one time including those for services such as critical care, gastroenterology, maternity, paediatrics, and rheumatology. A significant proportion of the team work at the Halton Clinical Research Unit, one of the only dedicated research units opened in a district general hospital in England. Since its opening in March 2021, this fantastic space has hosted three COVID-19 vaccine studies, and we intend to open more studies covering a wider range of conditions and investigative products. The end result of that kind of global research is plain to see. WHH has administered over 70,000 doses of COVID-19 vaccines, of which over 10,000 were boosters.

An initiative between ourselves and North West Ambulance Service has resulted in significant reductions in the amount of time it takes to transfer a patient from an ambulance to the care of our Emergency Department Team. Since implementing a dedicated ambulance reception process, we are now delivering handover times of 15 minutes or less on a much more frequent basis. Indeed Warrington Hospital has not only achieved the best overall ambulance handover times in the region, but also one of the region's most improved performances. Although a small change, by speeding up the handover time, we are not only improving the patient experience, but we are enabling the ambulance crews to reduce their time at Warrington – giving them more time to respond to other urgent calls, which is so important for patients waiting at home.

People

We will be the best place to work with a diverse and engaged workforce that is fit for now and the future.

Looking after, and developing, our staff has always been a central tenet of our COVID-19 response. Our 'people professionals' are on the front line helping us adapt, stay safe and maintain our own health and wellbeing whilst responding to the challenges of an ever-changing workplace; and at the same time, having to adapt to different circumstances and ways of working ourselves. Moreover, we have continued to develop our leadership and enhance our health and wellbeing offer.

In terms of recruitment and retention, in yet another extraordinary year for global nursing, we have further embraced the opportunity of international nurse recruitment and by the end of 2021 we had welcomed 90 overseas nurses, including refugees. We were also very pleased to see the opening of the Habab Clinical Education Centre, in Kendrick Wing, in memory of our very own Jo Habab, lost to COVID-19 in May 2020.

In pursuit of ever more meaningful engagement, diversity and inclusion, our four staff networks have made real progress, embracing change and driving innovation in equal measure. The

networks are keen to amplify the voices of staff and use their influence to shape the workplace. In addition, the staff networks are already acting as advocates to support staff and function as key change agents to meet the needs of staff and patients. Our newly formed Veterans Staff Network had been incredibly busy constructing the beautiful poppy fields and rivers at both Halton and Warrington, in time for our inaugural Armistice Day service in November. Our Disability Awareness Network led initiatives to broaden the awareness and understanding of hidden disabilities.

Recognising excellence and the display of all our values has also been a key feature of this year. In the summer of 2021, we introduced the new 'You Made a Difference' Awards, replacing the team/employee of the month awards suspended during the first 18 months of the pandemic. These awards highlight the amazing ways Team WHH go the extra mile to really make a difference to people's lives, day in and day out. December also saw the annual Thank You Awards with 326 nominations – smashing last year's record of 215.

Sustainability

We will work in partnership with others to achieve social and economic wellbeing in our communities.

We delivered the financial position agreed with our regulator, recording an adjusted surplus position of £0.2m at the close of the year which was slightly better than the breakeven plan we had previously agreed. COVID-19 expenditure was £7.8m and the final Capital spend for the year was £19m; yet another busy year for our capital programme as noted in the descriptions above. Importantly, our cash balance has continued to allow the prompt payment of our suppliers. We are especially aware of the importance of the part we play in the social and economic wellbeing of the communities we serve as an anchor institution and this is very much shaping the way we continue to evolve our services for the future, including a commitment to Net Zero Carbon and our Green Plan.

Looking ahead

WHH has an exciting year ahead, with several developments planned for some time finally coming to fruition. We will see the handover and opening of our Same Day Emergency Care Unit, as well as new facilities for paediatric outpatients, urology investigation and cardiac catheterisation. There will be further development of Halton Hospital as a diagnostic and treatment centre. We will also spread beyond our traditional 'hospital walls' to work with partners in delivering healthcare in different settings, with the provision of ophthalmology, audiology and dietetics services in Runcorn Shopping City, the first hospital in the country to provide services in a shopping centre. We will see a new £3m health and wellbeing hub in Warrington Town Centre, as well as a £1m health and social care academy in Warrington. All of these are further enhancing our role and responsibility as an anchor institution to deliver social value and support regeneration in the towns for which we care.



Signed:

Steve McGuirk CBE DL
QFSM, Chairman

Professor Simon Constable
FRCP, Chief Executive

May 2022



These investments in our estate will support the Trust to maintain services until such time as we are able to secure a new hospital for Warrington, as well as redevelop and enhance our Halton site in a way that is complementary. At present, we are simply making the best use of what we have; we remain committed to making the most of our ageing estate and facilities to ensure the people of Warrington and Halton can access the very best care and support when they need it.

We have submitted a proposal to secure one of the last remaining eight places in HM Government's national new hospitals programme which will provide grant funding totalling £3.7billion. A final decision on the funding of successful bids is expected later in 2022. The town of Warrington has simply outgrown its hospital, its aging buildings and facilities.

2022-23 is looking very challenging financially with current plans showing a deficit and £14m efficiency savings to be made. Targets for activity recovery will be a challenge on our resources, both workforce and financially.

An absolute attention to effectiveness and efficiency is key to the delivery of all the above, but WHH is nothing if not a self-confident organisation with talented and committed teams, all ready, willing and able to rise to the challenges emerging as we stand up to face the 'new normal' and as we look forward to being at the centre of our local place partnerships as well as playing a central role in the new Integrated Care System.

1.2 About the Trust

The Trust comprises two acute (secondary) care hospitals across two sites in the boroughs of Warrington and Halton.

The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England. The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes. The Trust may provide goods and services for any purposes related to:

1. The provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
2. The promotion and protection of public health.

The Trust may also carry out activities other than those mentioned above for the purpose of making additional income available in order better to carry on its principal purpose.

The purpose of this Performance Overview is to give the reader a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

The Trust and its place in the Wider Health Economy

The Trust is part of the Cheshire and Merseyside Health and Care Partnership for Cheshire and Merseyside – the second largest in the country – and which will become the C&M Integrated Care System during 2022.

Locally, straddling two boroughs, the Trust is a core part of the ‘place’ level health and social care systems - Warrington Together and One Halton.

The purpose of this Performance Overview is to give the reader a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

The Trust

Warrington Hospital (the ‘hot’ site) is home to all urgent, emergency and medical care, some complex surgical and critical care, specialist medical care for stroke and in-patient dementia, maternity, women’s and children’s care.

Halton Hospital is located in Runcorn and as the ‘cold’ site is where the majority of elective and diagnostics programmes are delivered. The Runcorn Urgent Treatment Centre is also located here. Halton Hospital comprises two distinct buildings, the Captain Sir Tom Moore (formerly known as Cheshire and Merseyside Treatment Centre) and Nightingale (formerly known as Halton General) buildings.

Although each site focuses on particular aspects of care, outpatient clinics for all specialties and diagnostic services are provided at both Warrington and Halton hospitals so patients can access their appointments closer to home wherever possible. Some outpatient services are also delivered in the local community.

The hospital sites are eight miles apart and are easily accessible being very close to the North-West motorway networks.



Services provided at Warrington Hospital include:

Accident and Emergency, surgical services, general medicine, children's services (paediatrics), cardiac care and cardiac catheter lab, stroke care, cancer care, elderly care, maternity, gynaecology, neonatal, orthopaedic trauma, critical care and ophthalmology.

Support services include:

Occupational therapy, pathology, physiotherapy, pharmacy, dietetics, outpatient services, diagnostic services, radiology and a range of specialist nursing services. The COVID-19 vaccination service is also located here.

Services provided at Halton Hospital include:

Nightingale building: (circa 70 beds) General surgery, urology, minor injuries (not accident and emergency), endoscopy, step down care, cancer care, programmed investigations unit, renal dialysis, chemotherapy and cancer support, a full range of outpatient services. The Halton Clinical Research Unit is also located here.

Captain Sir Tom Moore building: (circa 45 beds) Orthopaedic surgery, urology and gynaecology surgeries, cancer surgeries, post-anaesthetic care unit.

Support services include:

Breast care centre, occupational therapy, physiotherapy, dietetics, outpatient services, diagnostic services, radiology and a range of specialist nursing services. The Trust's Pre-treatment centre (pre-op and swabbing service) is located on the Halton site.

The Runcorn Urgent Treatment Centre sees around 30K patients every year and is open from 8am to 9pm 7-days week.

Key Trust Headlines in 2021-22

Served a population of **330K** across both Halton and Warrington boroughs

Delivered **85,007** individual new outpatient appointments

Had an annual turnover of **£333 million**

Operated **680 beds/assessment beds** and trollies across both sites

Delivered **58,045** procedures and stays

Provided **122K episodes of emergency care** - 91,695 episodes at the Emergency Department and 30,654 at the Runcorn Urgent Treatment Centre

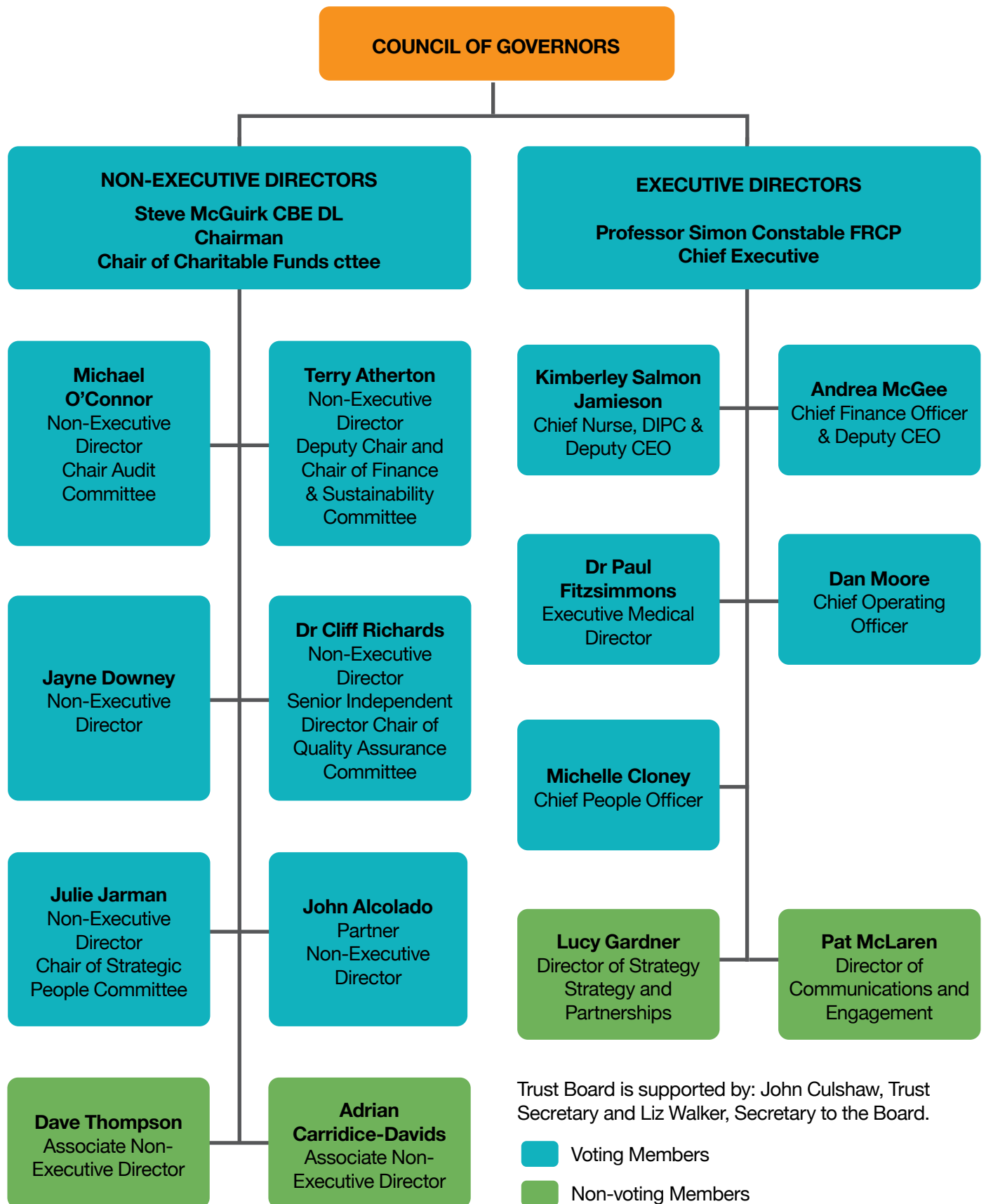
Commissioned by NHS Warrington CCG (main), NHS Halton CCG and NHS England Specialist Commissioning

Employed around **4,800 staff** comprising 52 nationalities

Delivered **3K babies** in hospital and in the community

How the Trust is organised – at 31st March 2022

WHH Trust Board



Care Groups and Clinical Business Units

PLANNED CARE GROUP

Mark Tighe Assoc Medical Director, Val Doyle Assoc Director, Natalie Crosby Assoc Chief Nurse

Digestive Diseases

CD: Pranesh Nagarajan,
CBM Glenna Smith, LN Lucy Parry

- **Surgery**

Upper gastro-intestinal, colorectal and breast surgeries
Pre-operative clinic, A5-Elective

- **Specialist Medical**

Gastroenterology, A5-Gastro
Hepatology & Alcohol Liaison
Pain management
Planned investigations unit

- **Surgical Operations**

Theatres, Endoscopy
Anaesthetics
Post-Anaesthesia Care Unit

Surgical Specialties

CD: Paul Scott, CBM: Fiona
Wheeldon – on Mat Leave - cover
is Vera Cabral, LN Cheryl Finney

- Urology
- Ear, nose, throat
- Audiology
- Maxillofacial surgery
- Orthodontics
- Ophthalmology
- Trauma and Orthopaedics
- A6, A9, B3
- Captain Sir Tom Moore ward
- Cancer Services

Women's and Children's

CD: Satish Hulikere,
CBM: Deb Carter, Director
Midwifery & Assoc Chief Nurse:
Catherine Owens

- **Midwifery and Obstetrics:**

Antenatal day unit, antenatal clinic
The Nest, birth suite, C23

- **Gynaecology:**

Gynae assessment unit, C20,
colposcopy

- **Paediatrics:**

B10, B11, children's outpatients
and neonatology

UNPLANNED CARE GROUP

Mark Forrest Assoc Medical Director, Sharon Kilkenny Assoc Director, Emma Painter Assoc Chief of Nursing

Medical Care

Interim Assoc CD: Laura Langton,
CBM Sharon Martlow,
LN: Claudine Reynolds

- **Critical Care**

Intensive Care Unit

- **Cardiology and Respiratory**

Acute Coronary Care Unit
Cardio-Respiratory Investigation
Acute respiratory unit-B18, A7

- **Other medical**

Diabetes and Endocrinology
Nephrology, Rheumatology
Neurology, Dermatology

Urgent & Emergency Care

CD: James Wallace, CBM: Sheila
Fields Delaney, LN: Ali Crawford

- **Emergency Medicine**

Emergency dept
ED Ambulatory care unit
Same Day Emergency Care Unit
(from Jul 22)
Runcorn Urgent Treatment Centre

- **Acute Medicine:**

Acute Medical Unit, A2

Integrated Medicine & Community

Interim Assoc CD: Dan Burke
CBM: Chris Barlow, LN: Janet Pye

- **General Medicine**

Stroke B14
Forget me Not Unit B12
A9, A8, B19, K25

- **Care of the Elderly**

A7
Frailty Assessment Unit

- **Discharge**

Discharge Suite and Facilitators
Integrated Discharge Team

CLINICAL SUPPORT SERVICES

Alison Davis Assoc Medical Director, Hilary Stennings Assoc Director, Deb Hatton Lead Nurse
Pharmacy: Diane Matthew AHP Lead: Michelle Smith Radiology: Mark Jones Pathology: Neil Gaskell

- **Pathology:**

Haematology, Microbiology, Clinical
Chemistry, Histopathology

- **Imaging:**

Radiology and Breast Screening
Infection Prevention and control

Out-Patients

Pharmacy
Therapies

CORPORATE SUPPORT SERVICES

- People (Health and wellbeing, staff engagement, learning and OD, occupational health, human resources)

Michelle Cloney

- Estates and Facilities **Ian Wright**
- Corporate Nursing & Clinical Education
Kimberley Salmon-Jamieson
- Clinical Governance and Quality
Kimberley Salmon-Jamieson

- Finance (Finance, Procurement, Commercial Dvt., Information, Clinical Coding) **Andrea McGee**

• Digital Services **Tom Poulter**

• Communications and WHH Charity **Pat McLaren**

• Strategy and Partnerships **Lucy Gardner**

• Medical Education **Dr Paul Fitzsimmons**

• Corporate Governance **John Culshaw**

Mission, vision, values, objectives

Our Mission

We will be outstanding for our patients, our communities and each other

Our Vision

We will be a great place to receive healthcare, work and learn

Our Objectives

Quality



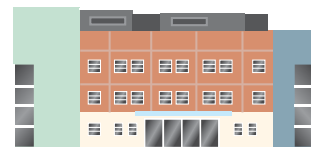
We will... **Always put our patients first** delivering safe and effective care and an excellent patient experience.

People



We will... **Be the best place to work** with a diverse and engaged workforce that is fit for now and the future.

Sustainability



We will... **Work in partnership** with others to achieve social and economic wellbeing in our communities.

We are WHH and together we make a difference

Our Values



Working Together



Excellence



Inclusive



Kind



Embracing Change

1.3 A brief history of the Trust and its statutory background

Warrington and Halton Hospitals NHS Foundation Trust was created on 1 December 2008 from what was formerly known as North Cheshire Hospitals NHS Trust.

Warrington General Hospital was created from the workhouse in 1898. In 1929 it was renamed Warrington Borough Hospital and to this day is referred to as the Borough by many people. There were two other hospitals on the site; Aikin Street (an infectious diseases hospital) and Whitecross Hospital, which was run by the military. In 1973 a decision was taken to merge all three hospitals into Warrington District General Hospital. The current hospital has grown in four stages since then.

Aikin Street was demolished in the 1970s to make way for Appleton Wing of the current hospital (where the A&E, medical wards and theatres are located) which was phase A of the new General.

Burtonwood Wing opened in 1988 with the stroke, elderly care and children's wards.

The main building of Whitecross Hospital was demolished in the late 1980s to make way for the Croft Wing which opened in 1994 and houses maternity and women's services.

The Daresbury Wing opened in 1998 and was a surgical unit with single rooms.

In 1993 the government decided to separate the role of health authorities and hospitals and the hospital was handed over from Warrington Health Authority to the newly formed Warrington Hospital NHS Trust. North Cheshire Hospitals NHS Trust was formed by the merger of Warrington Hospital NHS Trust and Halton General Hospital NHS Trust in 2001.

The hospital has undergone significant development over recent years with a rebuilt accident and emergency and coronary care unit and refurbishment of most of the wards. A new critical care unit costing £6.25 million opened in February 2009 and in late 2010 new endoscopy and eye surgery units opened in the Appleton Wing.

In September 1976, Halton General Hospital was opened in Runcorn. It was a newly built 70-inpatient-bed hospital, next door to Shopping City Runcorn and part of the development of Runcorn New Town. Halton Health Authority passed control of the hospital to the newly formed Halton General Hospitals NHS Trust in 1993. In 2001 North Cheshire Hospital NHS Trust was formed by the merger of Halton General Hospital NHS Trust and Warrington Hospital NHS Trust.

In 2006 a reconfiguration of services saw the Trust's emergency and acute medical care work centralised at Warrington Hospital and planned surgical work move to Halton General. Although Halton has never had a full accident and emergency department it is now home to a state-of-the-art Urgent Care Centre where nurse-led care is available for minor injuries and ailments. A new operating theatre opened at the hospital in 2007 to provide extra surgical services. In 2008 new step-down care wards, a renal dialysis unit and an expanded chemotherapy centre opened.

The Trust took ownership of the neighbouring Cheshire and Merseyside Treatment Centre in July 2012. The centre was previously home to a private healthcare provider. It has four operating theatres, 44 inpatient beds and a range of clinic, physio and scanning facilities and the Trust's orthopaedic surgery services are based there - moving from Warrington Hospital in Autumn 2012.

The Trust achieved Teaching Hospital status in November 2019 and Halton General Hospital was renamed Halton Hospital with two distinct renamed buildings – The Nightingale Building (formerly the general hospital) and The Captain Sir Tom Moore Centre (formerly the Cheshire and Merseyside Treatment Centre) in 2020 in recognition of the Captain's exceptional contribution to and support of the NHS during the pandemic and recognising Florence Nightingale's unique service to the very earliest in safe, organised patient care.

The Trust became a Foundation Trust in 2008 and has circa 15K members. It was inspected and rated 'GOOD' by the Care Quality Commission in 2019, with critical care achieving an 'Outstanding' rating for care.

1.4 The future of the Trust - vision



In year, the Trust submitted a proposal to secure one of the last remaining eight places in the Government's national new hospitals programme which will provide grant funding totalling £3.7billion – a decision is expected in the Spring 2022.

The new hospitals programme will create two co-dependent acute hospitals with services targeted to local needs addressing deficits in life expectancy. The plan includes a new purpose-built hospital in Warrington for emergency and unplanned care and women's and children's services and a state-of-the-art planned care centre in Runcorn, Halton.

The Trust is ideally placed to make these changes with a rare, dedicated 'hot' and 'cold' site, but its estate is aged and, in some instances, not fit for purpose. A medium sized investment of £335m will deliver sizeable return on investment of £5 for every £1 spent since maintenance costs, just to stand still, are in the tens of millions and growing every year.

The Trust believes its scheme is unique in that it will support the regeneration of the towns of Warrington and Runcorn, tackling health inequalities, deprivation and supporting new growth, development and prosperity of the local communities.

With this new infrastructure, the Trust will be able to compete on a level playing field for scarce clinical staff, many of whom choose newer, purpose-built facilities in the nearby Liverpool and Manchester cities. The programme offers more opportunities for education, employment and immigration of skilled workers – ultimately creating wealth in their communities.

The commitment to reducing harmful pollution and carbon emissions – to the tune of 11K tonnes per year – is central to planned infrastructure development.

While a decision is awaited, the Trust remains committed to making the most of its ageing estate and facilities to ensure the people of Warrington and Halton can access the very best care and support when they need it.

The Vision for the Future

Warrington Hospital: To create a new and future-proofed hospital as a focal point of a wider health and wellbeing campus, replacing aging and outdated facilities with a modern, sustainable, compliant estate which reflects the town's population growth (4th biggest population increase in the Northwest since 2001). This will require the redesign of facilities, building in aspirations for providing the patient population with exceptional unplanned and emergency care.

Halton Hospital: Halton will be an outstanding, dedicated centre for elective care, taking advantage of its location and accessibility to host services for its patient population and for the wider Cheshire and Merseyside Region. Building on its existing green surroundings a campus environment will support improving outcomes for patients and addressing wider inequalities. This will involve replacing the dated General Hospital building with a new wing adjacent to the flagship Captain Sir Tom Moore building. Released land will enable creation of a wellbeing campus, supporting the regeneration of Halton Lea - one of the most deprived wards in England. This development would see the Trust working in partnership with the local authority, commissioners, housing associations and other partners to maximise use of the released land to provide complementary facilities such as a leisure facility, rehabilitation and up to 200 new homes.

New hospitals and facilities at both Warrington and Halton, and health hubs in accessible locations throughout the communities, are vital whichever funding mechanism becomes available to:

- Address health inequalities
- Provide high quality clinical facilities to meet growing demands
- Level up communities by providing equal access to a dedicated diagnostic and elective centre for Cheshire and Merseyside
- Future proof estate, facilities and services
- Deliver a green and sustainable future

1.5 Principle Risks

The key issues and risks that could affect the Trust in delivering its objectives are as below. These risks are recorded on the Board Assurance Framework and are scrutinised bi-monthly by the Board and at each of the Quality Assurance Committee and the Audit Committee meetings. These risks vary on an ongoing basis and are downgraded or upgraded as a result of changing circumstances and the implementation of

mitigations. These risks are valid at 31st March 2022. The organisation has identified the following strategic risks (Red risks rated at 15 and above) and details of the full Board Assurance Framework including mitigations can be found in the Trust Board papers here: [Board Meetings and Papers :: Warrington and Halton Hospitals NHS Trust \(whh.nhs.uk\)](#)

Risk ID	Risk Description	Current Rating	Target Rating
224	Failure to meet the four-hour emergency access standard and incur recordable 12-hour Decision to Admit (DTA) breaches, caused by capacity constraints in the Local Authority, Private Provider and Primary Care capacity resulting in potential risks to the quality of care and safety to patient, staff health and wellbeing, Trust reputation, financial impact and below expected patient experience.	25 (5x5)	8 (2x4)
1215	Failure to deliver the capacity required caused by the ongoing COVID-19 pandemic and potential environmental constraints resulting in delayed appointments, treatments and potential harm	25 (5x5)	6 (3x2)
1273	Failure to provide timely patient discharge caused by system-wide COVID-19 pressures, resulting in potential reduced capacity to admit patients safely.	25 (5x5)	5 (5x1)
115	Failure to provide minimal staffing levels in some wards and departments. Caused by vacancy position, current sickness levels and absence due to COVID-19. Resulting in depleted staffing levels, potentially impacting the ability to provide basic patient care and treatment.	20 (5x4)	12 (4x3)
1275	Failure to prevent Nosocomial Infection caused by high transmissibility of variant strains, waning effect of vaccines, asymptomatic carriage (staff or patients), false negative test results, high local community prevalence.	20 (4x5)	5 (5x1)
1289	Failure to deliver planned elective procedures caused by the Trust not having sufficient capacity (Theatres, Outpatients, Diagnostics) resulting in potential delays to treatment and possible subsequent risk of clinical harm	20 (4x5)	5 (5x1)
134	Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.	20 (5x4)	10 (5x2)
1134	Failure to provide adequate staffing caused by absence relating to COVID-19 resulting in resource challenges and an increase within the temporary staffing domain	20 (4x5)	8 (4x2)
1114	Failure to provide essential and effective Digital Services. Caused by increasing demands upon resources (e.g. cyber defences), new technology skill sets (e.g. Cloud), unfit solutions (e.g., Maternity), end-of-life solutions (e.g., Telephony), poor performance (e.g., Lorenzo EPR) resulting in a potentially reduced quality of care, data quality, a potential failure to meet statutory obligations (e.g. Civil Contingency measures) and subsequent reputational damage.	20 (5x4)	8 (2x4)

Risk ID	Risk Description	Current Rating	Target Rating
1125	Failure to achieve constitutional access standards caused by the global COVID-19 Pandemic resulting in high attendances and occupancy, non-compliance for RTT, Diagnostics, Cancer and ED Performance	20 (5x4)	8 (2x4)
1079	Failure to provide an electronic patient record (EPR) system that can accurately monitor, record, track and archive antenatal (including booking information, intrapartum and postnatal care episodes). Caused by an IT system (Lorenzo) which is not maternity specific, currently does not have a robust internet connectivity, inaccurate input of data, inadequate support to cleanse data and no intra-operability between services, for example by the health visitor services. Resulting in the inability to capture all required data accurately, to have a robust electronic documentation process in cases of litigation or adverse clinical outcome, poor data quality and inadequate communication with allied services, such as health visitors who are then uninformed of women within the system requiring antenatal assessment. This can also result in women being allocated to the wrong pathway and the wrong payment tariff.	20 (4x5)	2 (1x2)
1372	Failure to deliver the future Electronic Patient Record solution through the Strategic Procurement project in line with the Trust's time, budget and quality requirements. Caused by an un-affordable business case due to baseline costs, strong existing benefits & lack of new cash releasing benefits, plus delayed and diluted access to stakeholder support due to operational pressures. Resulting in continuation of the Trust's challenges with the incumbent EPR, Lorenzo, which were identified in the Strategic Outline Case.	16 (4x4)	8 (2x4)
1579	Failure of the Trusts ability to transfer patients with time critical urgent care needs to specialist units able to deliver time critical specialist interventions (Primary PCI, Hyperacute Stroke Intervention, Emergency Vascular Surgery, Major Trauma services etc). Caused by an inability of the North West Ambulance Service, to provide the expected response times for critical transfers due to overwhelming demand on ambulance services. Resulting in a delay in transfer and thus potential severe patient harm due to the inability to access time critical specialist interventions without undue delay.	16 (4x4)	8 (2x4)
1233	Failure of review surgical patients in a timely manner and provide a suitable environment for surgical patients to be assessed. Caused by Combined Assessment Unit (CAU) frequently being bedded with inpatients due to overcrowding in the ED and an excess demand for inpatient beds. Resulting in a lack of surgical assessment bed capacity, poor patient experience, delays in treating surgical patients and increased admissions to the surgical bed base.	16 (4x4)	6 (2x3)
125	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.	16 (4x4)	4 (4x1)
1108	Failure to maintain staffing levels, caused by high sickness and absence, including those affected by COVID-19, those who are assessed as only able to work on a non-respiratory pathway, resulting in inability to fill midwifery shifts. This also currently affects the CBU management team.	16 (4x4)	4 (4x1)
145	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position. b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.	15 (3x5)	8 (4x2)

2.



Performance Analysis

2.1 Performance measures, KPIs, links to risk and uncertainties

The Performance Assurance Framework (PAF) outlines how the Trust develops and maintains effective systems and processes for monitoring, managing and improving performance across the organisation. The PAF is reviewed and refreshed at least annually.

The Performance Assurance Framework sets out the approach the Trust undertakes in ensuring there are effective systems in place to monitor, manage and improve performance. Prompt reviews will be undertaken where performance is deteriorating, and appropriate actions will be implemented to bring performance back to an acceptable level. The Performance Assurance Framework:

1. Sets out clear lines of accountability and responsibility for delivery of performance from Ward to Board.
2. Ensures performance objectives are agreed and transparent measurements are set to monitor performance against these standards, targets and plans.
3. Ensure performance delivery is focused and is seen as a continual process which is embedded in all aspects of organisational activity.
4. Provides assurance to the Board, Governors, Stakeholders and the Public that the organisation has strong systems in place to deliver the highest standards of patient care.
5. Supports the achievement of the Trust objectives.
6. Supports the delivery of the requirements of the Trust Foundation Licence, NHS Improvement Oversight Framework and the NHS Standard Contract.
7. Provides focus on and assurance of best value for money ensuring that services meet the needs of the local population and local health economy.
8. Support the delivery of an engaged and motivated workforce with the right skills and capacity to provide consistent, good quality care.
9. Recognise good performance and improvement and share good practice.
10. Sets out the process for managing performance risks/issues with a balance between challenge and support.

The Trust Board meets bi-monthly and receives the Integrated Performance Report (IPR) which is presented with explanation from the Executive Directors. The Trust Board may request one or more performance improvement actions where there is a concern with any area of performance.

KPIs within the Board IPR are reviewed and agreed annually by Board Committees with approval from the Trust Board. KPIs may be changed in year with the support of the appropriate Board Committee and the approval of the Trust Board.

The IPR Dashboard contains the following elements which are designed to provide the Trust Board with assurance around the performance of the Trust against the KPIs and to highlight areas of improvement and good practice:

1. Exception Report – the front section of the document is an exception report which highlights KPIs which have been RAG rated Red as well as any movements in KPIs month to month.
2. RAG-rated Movements – this section shows a rolling 12-month RAG rating and the movement in performance against each KPI.
3. High Level Summary – the IPR is split into 4 key areas: Quality, Access & Performance, Workforce and Finance. A high-level summary is provided for each of these areas.
4. Dashboard – The dashboard details current and historic levels of performance, reasons for under performance and/or performance deterioration and detail of actions and investigations underway to improve performance against the KPI. The dashboard contains Statistical Process Control charts which look at data over time to determine if a process is within control or not. These charts are used alongside traditional RAG ratings to identify areas of focus.

There is an annual rolling programme of auditing of KPIs to ensure there is assurance around the quality of the data and reporting processes which is facilitated by the Trust's internal auditors MIAA.

Trust Strategic Objectives

The Performance Assurance Framework tracks the key performance indicators required to achieve the Trust's Strategic Objectives:

Quality, People and Sustainability

To achieve our vision, we believe we need to focus on the **QUALITY** of our services, on the **PEOPLE** who deliver them and on ensuring our organisation's **SUSTAINABILITY**, within the wider health economies in which we operate.

Quality

- 1 Patient Safety**
We are committed to developing and enhancing our patients' safety through a learning culture where quality and safety is everyone's top priority.
- 2 Patient Experience**
By focussing on patient experience we want to place the quality of patient experience at the heart of all we do, where "seeing the person in the patient" is the norm.
- 3 Clinical Effectiveness**
Ensuring practice is based on evidence so that we do the right things the right way to achieve the right outcomes for our patients.

People

- 1 Employee Wellbeing & Engagement**
We will create the conditions to promote wellbeing and enable an engaged workforce to improve patient and staff experience.
- 2 Attraction, Retention, Development**
We will attract and retain a diverse workforce aligned to our culture and values, to ensure that we have the staff with the skills to deliver excellent patient care.
- 3 Leadership & Organisational Change**
We will develop a collaborative, compassionate and inclusive culture of collective leadership and organisational learning.
- 4 Employee Wellbeing & Experience**
We will build and maintain a diverse and representative workforce that is empowered, engaged and supported to demonstrate inclusive behaviours.
- 5 Inclusive and Diverse Leadership**
We will work to ensure that the Trust has inclusive and diverse leadership across all levels of the workforce.

Sustainability

- 1 Reducing Health Inequalities**
Enhance our role as an anchor institution by building on the provision of integrated place-based care and addressing health inequalities within our populations, being guided by the principles of social value.
- 2 Work with other acute care providers** to ensure that those services which need to be provided by an acute environment are the best they can be and are clinically and financially sustainable.
- 3 Provide our services** in an estate that is fit for purpose, supported by the realisation of digital opportunities, and aligned to the needs of our patients, staff, and populations.

Key Performance Indicators

Operations - Access & Performance

1. Diagnostic Waiting Times 6 Weeks
2. RTT - Open Pathways
3. RTT – Number of Patients Waiting 52+ Weeks
4. A&E Waiting Times – National Target
5. A&E Waiting Times – STP Trajectory
6. A&E Waiting Times – Over 12 Hours
7. Cancer 14 Days*
8. Breast Symptoms 14 Days*
9. Cancer 28 Day Faster Diagnostic*
10. Cancer 31 Days First Treatment*
11. Cancer 31 Days Subsequent Surgery*
12. Cancer 31 Days Subsequent Drug*
13. Cancer 62 Days Urgent*
14. Cancer 62 Days Screening*
15. Ambulance Handovers 30 to <60 minutes
16. Ambulance Handovers at 60 minutes or more
17. Discharge Summaries - % sent within 24hrs
18. Discharge Summaries – Number NOT sent within 7 days
19. Cancelled Operations on the day for a non-clinical reason
20. Cancelled Operations– Not offered a date for readmission within 28 days
21. Urgent Operations – Cancelled for a 2nd time
22. Super Stranded Patients
23. COVID-19 Recovery Elective Activity
24. COVID-19 Recovery Diagnostic Activity
25. COVID-19 Recovery Outpatient Activity
26. % Outpatient Appointments delivered remotely
27. % Patients seen in the fracture clinic within 72 hours

Finance

1. Trust Financial Position
2. System Financial Position
3. Cash Balance
4. Capital Programme
5. Better Payment Practice Code
6. Use of Resources Rating
7. Agency Spending (Monthly)
8. Cost Improvement Programme – Performance to date
9. Cost Improvement Programme – Plans in Progress (In Year)
10. Cost Improvement Programme – Plans in Progress (Recurrent)



2.2 Detailed analysis and explanation of the financial and operational performance

Performance against equality of service delivery

The Trust continues to strengthen its performance against equality of service from an experience and inclusion perspective. Information relating to ethnicity, deprivation and other protected characteristics is accessible as part of the Key Performance Indicator dashboards. Further developments are planned with the aim of being able to review and monitor disparities in waiting lists/times/DNAs between different patient groups.

Summary Activity (Data vs 2019-20 as being most representative year pre-COVID-19 pandemic)

Activity	2019/20	% Change 19/20 vs 18/19	2021/22	% Change 21/22 vs 19/20
Elective Inpatient Discharges	3938	-15.0%	3317	-15.77%
Elective Day Cases Discharges	27377	0.4%	24540	-10.36%
Non-Elective Discharges	43284	14.7%	30188	-30.26%
New Outpatient Attendances	97570	-2.1%	85007	-12.88%
A&E Attendances	112371	-0.9%	122331	8.86%

Delivering the four-hour standard

Local Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct
A&E & MIU (Excluding Widnes Walk-in)	% Departed <=4hrs	>=95%	78.33%	79.06%	79.50%	78.98%	72.64%	72.84%	73.42%	72.96%	70.59%
	Number of attendances		9857	10972	10936	31765	10890	9789	10473	31152	10549
	Number of patients breaching 4hrs		2136	2298	2242	6676	2980	2659	2784	8425	3102

Local Indicators		Target	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
A&E & MIU (Excluding Widnes Walk-in)	% Departed <=4hrs	>=95%	70.38%	68.92%	70.00%	69.72%	67.61%	68.72%	68.69%	72.77%
	Number of attendances		9995	9386	29930	9309	91.04	11089	29502	122349
	Number of patients breaching 4hrs		2961	2917	8980	2819	2949	3469	9237	33316

The delivery of the four-hour urgent care standard was impacted across the year by the ongoing pandemic conditions, delivering a performance similar to the previous 12 months. In some months attendances to the Emergency Department rose c15% higher than pre-pandemic levels. When performance is benchmarked against regional and national peers, Warrington is consistently ranked in the middle of the national league tables. Performance was impacted by a high number of delayed transfers from hospital into social care, again, due to impact of the pandemic. The Trust continues to work closely with community and local authority partners to overcome these challenges as well as increasing bed capacity to meet the increased demand for services. Despite the challenges, the Urgent Care Service maintained good delivery throughout the year and worked collaboratively with North West Ambulance Service (NWAS) to make sustained reductions to ambulance handover waiting times. Improvements were also made to the Paediatric Emergency Department with a full refurbishment and increased capacity to see and treat more patients.

Diagnostics waiting times

In year the Trust has successfully improved performance against the target of less than 1% of patients waiting more than 6-weeks for a diagnostic test. For a significant number of radiological modalities performance is now meeting the less than 1% standard. Challenges remain for Cardiorespiratory and Endoscopy but are on an improving trajectory.

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct
Diagnostic - 6+ Week Waiters	% patients waiting 6+ weeks	<1%	32.34%	26.94%	24.82%	28.14%	22.09%	24.04%	18.71%	21.61%	23.28%
	No. patients waiting		9760	9476	8907	28143	8251	8677	8636	25564	8277
	No. patients waiting 6+ weeks		3156	2553	2211	7920	1823	2086	1616	5525	1927

National Indicators		Target	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
Diagnostic - 6+ Week Waiters	% patients waiting 6+ weeks	<1%	21.59%	22.50%	22.46%	27.95%	21.63%	18.61%	22.77%	23.87%
	No. patients waiting		8350	7994	24621	8441	8566	8161	25168	103496
	No. patients waiting 6+ weeks		1803	1799	5529	2359	1853	1519	5731	24705

Referral to Treatment (RTT) waiting times

National Indicators		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RTT - 18 Weeks	Incomplete pathways % < 18 weeks	>=90%	72.32%	75.74%	77.15%	76.22%	77.08%	75.04%	72.50%	72.83%	70.25%	66.57%	66.97%	66.60%
	No. incomplete pathways		19982	20299	20487	21191	21383	22107	22326	22128	22639	22948	23609	23339
	No. patients waiting 18+ weeks		5531	4924	4681	5039	4900	5517	6139	6012	6734	7672	7799	7795
	No. patients waiting 52+ weeks	0	1364	1196	1016	981	967	1025	1078	1011	1005	1133	1038	1021

The Trust did not achieve the 18-week Referral to Treatment standard in 2021-22 due to the impact of the COVID-19 pandemic.

Since the beginning of the pandemic the RTT waiting list has grown by circa 6K patients. Throughout the year the Trust has complied with all national elective restoration and recovery guidance and participated in the National Clinical Validation programme, completing the programme of work within the expected timescales. The Trust continues to undertake a recovery elective programme with:

1. Urgent cancer and elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of vulnerable patients.
2. Prioritisation of patients who should not wait greater than 4, 52 and 104 week (Priority 2 - P2) breaches for scheduling into capacity.
3. 2022-23 planning submission in line with national guidance for reduction of waiting lists has been completed.
4. Harm assurance piece being undertaken on all 52-week breaches to identify any risk of harm for patients who have waited a long time during the pandemic.

National Discharge Policy - No criteria to reside

In March 2020 the National Policy *Hospital Discharge and Community Support: Policy and Operating Model* was published and provided discharge-to-assess funding via the NHS to help cover the cost of rehabilitation and re-ablement care following discharge from hospital. There is a continued policy requirement that Health and Social Care systems will build upon this work referenced in the revised guidance; Hospital Discharge and Community Support Guidance published on 31 March 2022. (This policy replaces the Delayed Transfers of Care/DTOC.)

The policy requires Trusts to adopt the discharge-to-assess model where full assessment of need, especially long-term need, takes place in a more appropriate setting outside hospital delivering:

1. A reduction the length of stay for people in acute care
2. Improvements in people's outcomes following a period of rehabilitation and recovery
3. A minimised need for long-term care at the end of a person's rehabilitation

Central to the approach is the stratification of patients' needs firstly into their right to reside and then onto simplified pathways (pathway 1 for home, pathway 2 for rehabilitation and pathway 3 for care homes) and the establishment of a transfer hub to oversee the initial assessment of need and co-ordination of discharge.

The policy and new operating model sets an ambition that people with no criteria to reside are discharged within two hours of being determined not to have a criterion to reside.

Achieving the ambitions for people, ensuring system flow and supporting our system vision to support people to live well and independently at home requires investment in the hospital discharge team function and additional community service capacity so people can be discharged to the right destination.

The Warrington and Halton system strategy of developing integrated care aims to help support people to:

1. Receive the right care in the right location at the right time
2. A 'home first' focus wherever possible
3. Ensure that stays in acute settings are for the right length of time, and that people move from an acute setting, to continue their recuperation most appropriate to their needs
4. Ensures system capacity is optimised for those who need the care most.

The vital role that the Hospital Discharge Team, Intermediate Care at Home Team (ICAHT) and domiciliary care plays is largely acknowledged however there are significant challenges with the current staffing model within the team. Investment proposals have been approved that will build on current good practice and deliver:

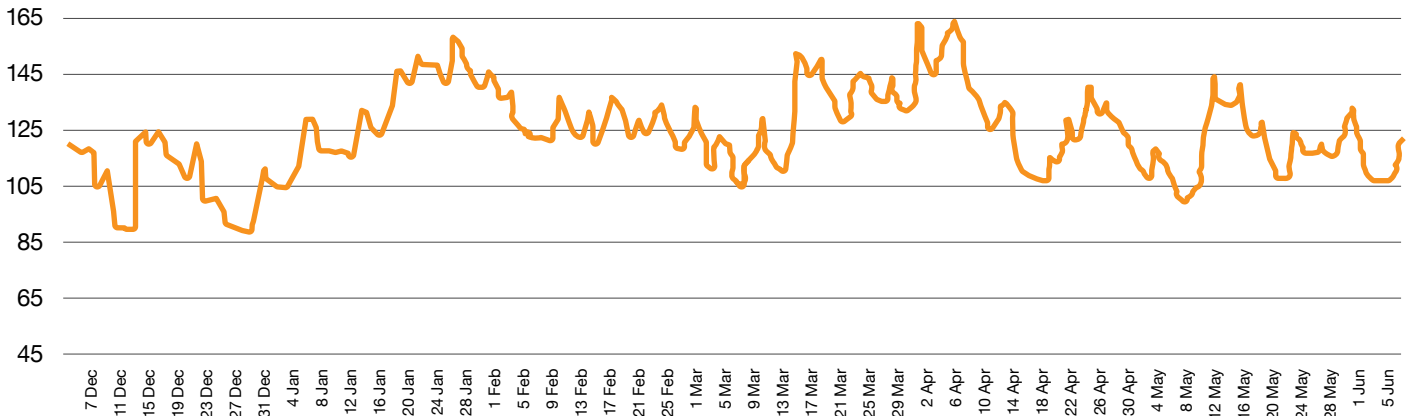
1. Change the discharge model to a 'pull' model - the team actively seeks out patients with no criteria to reside and plans their transfer
2. Diversify the skill mix within the team, creating case manager roles as single points of contact for wards and families for discharge planning and co-ordination
3. Build on the transfer hub established to optimise resources towards ensuring the right amount of care is provided in the right place and enhancing from a 5 to a 7-day service
4. Enhancement of the staffing establishment in ICAHT and domiciliary care to promote independence and optimise flow achieving a next day discharge for 80% of patients.

Delayed transfers of care (DTOC) occur when a patient that is medically fit to be discharged from hospital is unable to do so. In the year extensive partnership working across the health and social care economy ensured that patients were supported to return home or on to more appropriate care settings once their acute care was complete, thus ensuring that beds remained available for incoming patients.

The successful discharge of frail, older patients following emergency admission to hospital relies on effective joint working between NHS, social care partners and the independent sector. Early assessment and review using the most appropriate multi-disciplinary team at the point of entry to urgent and acute services was essential for frail older patients to ensure a timely and appropriate diagnosis is made, and then a plan for discharge can be implemented.

The table below shows the number of delayed patients in our hospital beds on the last Thursday of every month, which is the current measure all Trusts use and report to NHS England. It also shows the number of days the patients remain delayed in a hospital bed awaiting ongoing care.

No Right to Reside between 04/12/2021 - 23/05/2022



Cancer waiting time and Regulatory Requirements

Throughout the year the Trust made good progress in reducing the numbers of patients waiting over 104 and 62 days back to pre-pandemic levels in line with Cheshire and Merseyside Cancer Alliance trajectories. Performance against all key national indicators remained challenging throughout the year, with the exception of the 31-day standard which was achieved each month. Despite an increase in cancer referrals above pre-pandemic levels over this period, in line with the national trend, performance improvements continue to be made. The Trust continues to implement all guidance in relation to the restoration and recovery of cancer services and waiting times.



2021/22 Cancer Performance

Trust

National Targets and Minimum standards		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2
All Cancers: 31-day wait for second or subsequent treatment	Surgery	Numerator	9	2	5	16	8	3	4	15
		Denominator	9	2	5	16	8	3	4	15
		94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Anti Cancer Drug Treatments	Numerator	4	10	9	23	6	3	9	18
		Denominator	4	10	9	23	6	3	9	18
		98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Radiotherapy	94%								
All Cancers: 62-day wait for First treatment	From urgent GP referral - post local breach re-allocation	Numerator	26.0	39.0	22.0	87.0	40.0	26.5	40.5	107.0
		Denominator	34.0	60.0	34.5	128.5	53.5	37.0	62.0	152.5
		85%	76.47%	65.00%	63.77%	67.70%	74.77%	71.62%	65.32%	70.16%
	From NHS Cancer Screening Service referral - post local breach re-allocation	Numerator	5.5	11.5	12.5	29.5	17.0	14.0	7.5	38.5
		Denominator	8.5	11.5	12.5	32.5	17.0	14.0	8.0	39.0
		90%	64.71%	100.00%	100.00%	90.77%	100.00%	100.00%	93.75%	98.72%
All Cancers: 31-Day Wait From Diagnosis To First Treatment	Numerator	57	79	62	198	87	69	74	230	
	Denominator	60	82	64	206	88	70	77	235	
	96%	95.00%	96.34%	96.88%	96.12%	98.86%	98.57%	96.10%	97.87%	
Cancer: Two Week Wait From Referral To Date First Seen	All Cancers	Numerator	863	848	955	2666	898	776	926	2600
		Denominator	927	890	1047	2864	987	860	966	2813
		93%	93.10%	95.28%	91.21%	93.09%	90.98%	90.23%	95.86%	92.43%
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	Numerator	66	59	69	194	54	56	39	149
		Denominator	73	66	79	218	56	57	42	155
		93%	90.41%	89.39%	87.34%	88.99%	96.43%	98.25%	92.86%	96.13%
All Cancers: 62-day wait for First treatment - Consultant Upgrade	Numerator	6.0	7.0	9.5	22.5	11.5	7.5	9.0	28.0	
	Denominator	6.0	7.5	11.5	25.0	12.5	10.0	12.0	34.5	
		100.00%	93.33%	82.61%	90.00%	92.00%	75.00%	75.00%	81.16%	
28 Day Faster Diagnosis	Numerator	681.0	686.0	822.0	2189.0	678.0	632.0	685.0	1995.0	
	Denominator	894.0	809.0	1011.0	2714.0	901.0	836.0	883.0	2620.0	
	75%	76.17%	84.80%	81.31%	80.66%	75.25%	75.60%	77.58%	76.15%	

Table continued on the next page.

2021/22 Cancer Performance

Trust

All Cancers: 31-day wait for second or subsequent treatment	Surgery	Numerator	10	6	8	24	1	13	12	26	81
		Denominator	10	6	8	24	1	13	12	26	81
		94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Anti Cancer Drug Treatments	Numerator	3	4	6	13	1	4	6	11	65
		Denominator	3	4	6	13	1	4	6	11	65
		98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Radiotherapy	94%									
All Cancers: 62-day wait for First treatment	From urgent GP referral - post local breach re-allocation	Numerator	23.5	36.0	35.5	95.0	33.0	34.5	43.5	111.0	400.0
		Denominator	43.0	49.0	48.5	140.5	43.5	48.0	55.5	147.0	568.5
		85%	54.65%	73.47%	73.20%	67.62%	75.86%	71.88%	78.38%	75.51%	70.36%
	From NHS Cancer Screening Service referral - post local breach re-allocation	Numerator	16.0	10.0	9.0	35.0	6.0	4.0	2.0	12.0	115.0
		Denominator	16.5	11.0	9.0	36.5	7.5	6.0	2.0	15.5	123.5
		90%	96.97%	90.91%	100.00%	95.89%	80.00%	66.67%	100.00%	77.42%	93.12%
All Cancers: 31-Day Wait From Diagnosis To First Treatment	Numerator	50	65	64	179	61	77	76	214	821	
	Denominator	51	66	66	183	62	77	77	216	840	
	96%	98.04%	98.48%	96.97%	97.81%	98.39%	100.00%	98.70%	99.07%	97.74%	
Cancer: Two Week Wait From Referral To Date First Seen	All Cancers	Numerator	943	797	645	2385	650	929	1156	2735	10386
		Denominator	1019	1018	954	2991	948	1096	1276	3320	11988
		93%	92.54%	78.29%	67.61%	79.74%	68.57%	84.76%	90.60%	82.38%	86.64%
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	Numerator	62	25	12	99	14	48	48	110	552
		Denominator	72	68	61	201	27	68	52	147	721
		93%	86.11%	36.76%	19.67%	49.25%	51.85%	70.59%	92.31%	74.83%	76.56%
All Cancers: 62-day wait for First treatment - Consultant Upgrade	Numerator	4.0	1.5	7.0	12.5	9.0	12.5	15.0	36.5	99.5	
	Denominator	5.0	1.5	7.0	13.5	9.0	13.5	16.0	38.5	111.5	
		80.00%	100.00%	100.00%	92.59%	100.00%	92.59%	93.75%	94.81%	89.24%	
28 Day Faster Diagnosis	Numerator	690.0	676.0	663.0	2029.0	546.0	725.0	922.0	2193.0	8406.0	
	Denominator	847.0	884.0	929.0	2660.0	895.0	1055.0	1312.0	3262.0	11256.0	
	75%	81.46%	76.47%	71.37%	76.28%	61.01%	68.72%	70.27%	67.23%	74.68%	

2.3 Financial Performance

The Trust's resources are managed within a financial governance framework that incorporates systems of financial control, budgetary control and the financial responsibilities for individuals outlined within the Trust's Corporate Governance policies and procedures.

Financial and quality governance arrangements incorporate benchmarking activities and an internal audit function to ensure the economic, efficient and effective use of resources, including value for money.

Financial performance is reported into the non-executive led Finance and Sustainability Committee, which meets monthly. Standing items on the agenda includes the monthly financial position, CIP position and COVID-19 expenditure report to ensure regular review of any financial challenges and implementation of recovery measures.

The Trust has a Use of Resources Group, which is led by the Chief Finance Officer and Deputy Chief Executive. Use of Resources supports the Trust's programme of "Moving to Outstanding" CQC rating. Progress is reported to the Quality Assurance Committee which is a sub-committee of the Trust Board.

The Trust has a policy and governance framework in place to guide staff on the appropriate use of resources through its Standing Orders, Standing Financial Instructions and Scheme of Delegation. In addition,

there is a robust system for developing and routinely reviewing policies and procedures and staff are appropriately updated and guided or trained on their application.

Independent assurance is provided through the Trust's internal audit programme and the work undertaken by counter fraud. Reports are presented to the Audit Committee in each meeting. In addition, further assurance on the use of resources is obtained from external agencies, including the external auditors and the regulators. The Trust recorded an adjusted surplus of £0.2m which is slightly better than the breakeven plan. This adjusted surplus is the value which NHSE/I monitors the Trust against and was achieved.

The annual capital programme was £19.2m (including £0.15m donated assets) and the actual spend for the year was £17.6m on property, plant and equipment, £1.4m on intangible assets and the Trust also received £0.15m donated assets, delivering an underspend of £0.05m.

The cash balance at the end of the year was £44.7m which will be utilised to fund the annual leave accrual, new EPCMS and delayed capital creditors.

(For detailed report please see the accounts section).



2.4 How equality of service delivery to different groups has been promoted through the organisation

As a public sector organisation, the Trust ensures it provides equality of access to its patients, workforce and members of the public. It is committed to furthering equality, diversity, inclusion and human rights and works in partnership with a variety of external partners and advocacy groups. This allows for a greater understanding of the local population, health needs and barriers to accessing health care which leads to addressing potential health inequalities.

The Equality, Diversity and Inclusion Strategy's objectives for 2019-2022 describe the approach to delivering the organisation's Public Sector Equality Duty expectations:

1. Better Health Outcomes for All
2. Improved Patient Access and Experience
3. Empowered, Engaged and Well Supported Staff
4. Inclusive Leadership at all Levels

The Equality Duty Assurance Report (EDAR) is published annually and provides evidence on meeting the "Duty". The EDAR outlines the equality governance framework which underpins equality and human rights activity across all functions, policies and services within the organisation.

The Workforce Equality, Diversity and Inclusion Sub-Committee (WEDISC) and Patient Equality, Diversity and Inclusion Sub-Committee (PEDISC) are each chaired by the Chief People Officer and Chief Nurse who in turn ensure reports are made to the Board of Directors. The EDI sub-committees have internal and external stakeholder membership, with active involvement from patient representatives and members of third sector bodies.

The Trust complies with the Equality Delivery System reporting which is in place for both patients and service users and workforce. Grading is completed on an annual basis and is graded in collaboration with community partners, key stakeholders and the wider public. This is published annually.

As a commitment to ensuring 'due regard' has been undertaken Equality Impact Assessment tools are used to ensure the recording of decision making, policies, procedures, and strategic and operational decisions so they are inclusive and don't disadvantage individuals or groups protected under the Equality Act 2010.

The Trust is confident in securing the views of patients and their families and this is evidenced by the following:

1. Trust Friends and Family Test Scores - Inpatient, Emergency Department, Maternity and Outpatients
2. National Patient Survey Results
3. Patient feedback reported through Patient Experience and Inclusion Team and local Community Partners and Healthwatch

Scores and data collated from the Friends and Family Test, survey results and subsequent action plans and key themes identified through engagement with the public and community partners are reported monthly to the Patient Experience sub-committee.

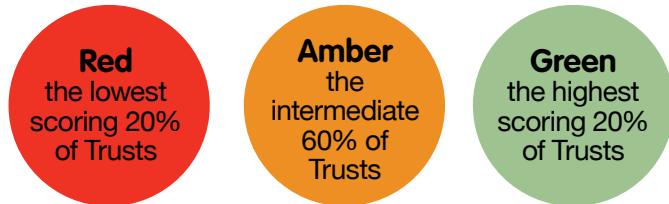
The Trust assesses feedback from the Friends and Family Test and National Surveys by protected characteristic to review if there are any disproportionate impact on patients' experience. Learnings from patient feedback and results are presented to the Patient Experience sub-committee and used in patient stories, enabling continued learning across the Trust.

Strong emphasis on engagement is evident in equality action plans to ensure equality of access in services, facilitating 'autonomy, accountability and democratic legitimacy'.

2.5 Customer satisfaction scores

The report received by Quality Health® provides a benchmark for scored questions between this Trust and the other 25 Trusts who commissioned Quality Health to complete the Adult Inpatient Survey.

This benchmark is split into three segments:



Of the 46 questions scored, WHH had 3 questions RAG rated as 'Red', 33 questions rated as 'Amber' and 10 questions rated as 'Green'. The table below provides a breakdown of each section and individual scored question when benchmarked against other Trusts. The individual responses are converted into scores on a scale from 0% to 100%. A score of 100% represents the best possible response and a score of 0% the worst. The higher the score for each question, the better the Trust is performing. The table provides the lowest value in the highest scoring 20% of Trusts (i.e. the threshold for 'Green'):

Section	Question	Highest 80% Threshold	WHH Percentage	RAG
Admission to Hospital	2) How did you feel about the length of time you were on the waiting list before your admission to hospital?	81.4%	73.1%	Amber
	3) How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	76.7%	64.6%	Red
The Hospital and Ward	4a) There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?	80.7%	76.9%	Red
	5a) Were you ever prevented from sleeping at night by any of the following? Noise from other patients.	67.9%	61.7%	Amber
	5b) Were you ever prevented from sleeping at night by any of the following? Noise from staff.	83.6%	81.3%	Amber
	5d) Were you ever prevented from sleeping at night by any of the following? Hospital lighting.	86.1%	83.2%	Amber
	5f) Were you ever prevented from sleeping at night by any of the following? None of these.	46.6%	41.6%	Amber
	7) Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	94.8%	76.3%	Amber
	8) How clean was the hospital room or ward that you were in?	94.2%	94.6%	Green
	9) Did you get enough help from staff to wash or keep yourself clean?	87.8%	89.2%	Green
10) If you brought medication with you to hospital, were you able to take it when you needed to?	85.0%	81.3%	Amber	

The Hospital and Ward	11) Were you offered food that met any dietary requirements you had?	88.0%	82.9%	
	12) How would you rate the hospital food?	73.4%	68.7%	
	13) Did you get enough help from staff to eat your meals?	82.1%	74.9%	
	14) During your time in hospital, did you get enough to drink?	96.0%	94.4%	
Doctors	15) When you asked doctors questions, did you get answers you could understand?	88.6%	88.7%	
	16) Did you have confidence and trust in the doctors treating you?	93.7%	93.6%	
	17) When doctors spoke about your care in front of you, were you included in the conversation?	88.4%	89.3%	
Nurses	18) When you asked nurses questions, did you get answers you could understand?	91.0%	90.9%	
	19) Did you have confidence and trust in the nurses treating you?	93.0%	93.0%	
	20) When nurses spoke about your care in front of you, were you included in the conversation?	89.5%	90.4%	
	21) In your opinion, were there enough nurses on duty to care for you in hospital?	81.0%	75.7%	
Your Care and Treatment	22) Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	81.2%	85.6%	
	23) To what extent did staff looking after you involve you in decisions about your care and treatment?	74.4%	73.8%	
	24) How much information about your condition or treatment was given to you?	90.2%	89.2%	
	25) Did you feel able to talk to members of hospital staff about your worries and fears?	81.1%	79.1%	
	26) Were you able to discuss your condition or treatment with hospital staff without being overheard?	70.9%	66.5%	
	27) Were you given enough privacy when being examined or treated?	96.0%	95.9%	
	28) Do you think the hospital staff did everything they could to help control your pain?	91.8%	91.7%	
	29) Were you able to get a member of staff to help you when you needed attention?	85.1%	83.4%	

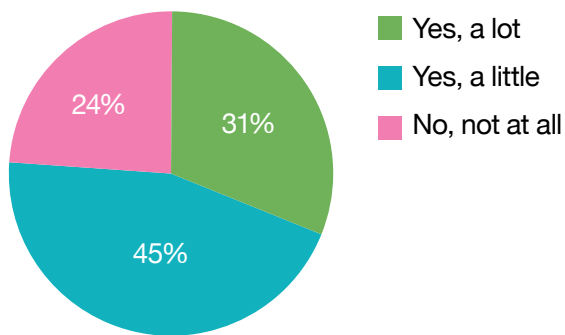
Section	Question	Highest 80% Threshold	WHH Percentage	RAG
Operations and Procedures	31) Beforehand, how well did hospital staff answer your questions about the operations or procedures?	91.9%	90.5%	Amber
	32) Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	80.6%	75.5%	Amber
	33) After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	82.2%	76.5%	Red
Leaving Hospital	34) To what extent did staff involve you in decisions about you leaving hospital?	72.6%	72.0%	Amber
	35) To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	76.4%	75.7%	Amber
	36) Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	89.8%	93.0%	Green
	37) Were you given enough notice about when you were going to leave hospital?	73.7%	73.0%	Amber
	38) Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	76.2%	76.4%	Green
	39) Thinking about any medicine you were to take at home, were you given any of the following?	49.5%	49.6%	Green
	40) Before you left hospital, did you know what would happen next with your care?	68.5%	68.0%	Amber
	41) Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	80.6%	80.4%	Amber
	42) Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	85.0%	83.3%	Amber
	44) After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	68.8%	65.9%	Amber
Overall	45) Overall, did you feel you were treated with respect and dignity while you were in the hospital?	93.5%	93.5%	Green
	46) Overall, how was your experience while you were in the hospital?	85.6%	84.8%	Amber
	47) During your hospital stay, were you ever asked to give your views on the quality of your care?	16.7%	15.8%	Amber

The respondent demographic characteristics recorded for the National Adult Inpatient Survey 2020 are:

1. – “Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expect to last 12 months or more?”
2. – “At birth were you registered as...”
3. – “Is your gender the same as the sex you were registered as at birth?”
- 4.
- 5.
- 6.
- 7.

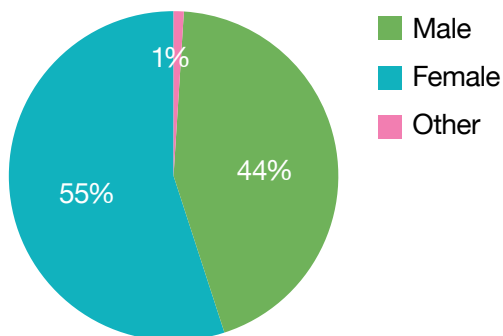
Disability Status

Of those surveyed 76% stated that they had a physical or mental health condition, disability or illness which reduced their ability to carry out day-to-day activities either a little or a lot. In comparison to other Trusts this was on average.



Sex and Gender

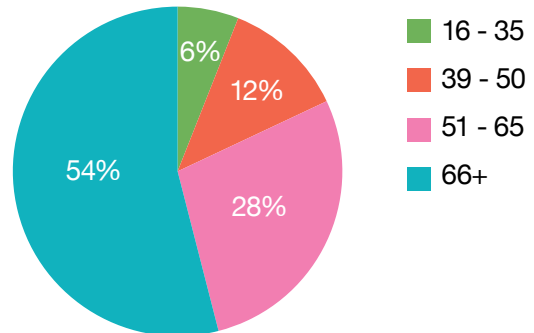
Of those surveyed 55% were female and 44% were male, the other 1% were ‘missing’. The percentage of males surveyed was less in comparison to other Trusts at 47%.



For the 2020 survey the sex and gender questions were reviewed to measure the protected characteristics ‘sex’ and ‘gender reassignment’ to allow identification of health inequalities. This review has included the introduction of a gender identity question with free text to ensure the survey is inclusive in terms of how people wish to identify and describe themselves. One respondent stated their gender was not the same as the sex they were registered with at birth.

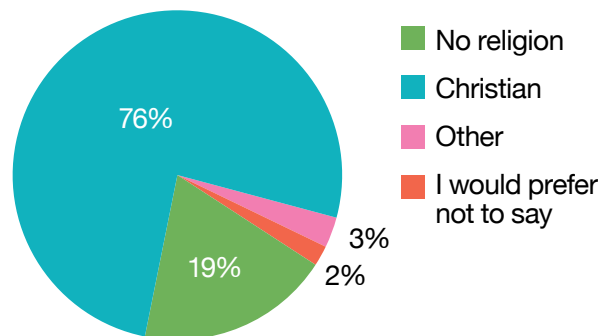
Age Band

The largest age range of respondents were aged 66+ at 54%, the second largest was aged 51 to 65 at 28%, followed by aged 36 to 50 at 12% and finally aged 16 to 35 at 6%. This is comparable with other Trusts.



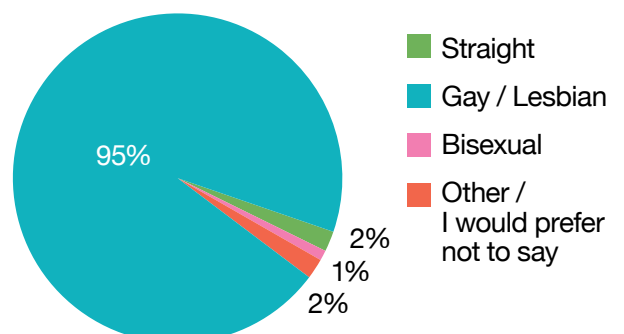
Religion

76% of those surveyed stated they were Christian, followed by 19% who stated they did not have a religion. The Trust’s percentage of respondents who stated they followed a Christian religion was higher than the national average at 71%.



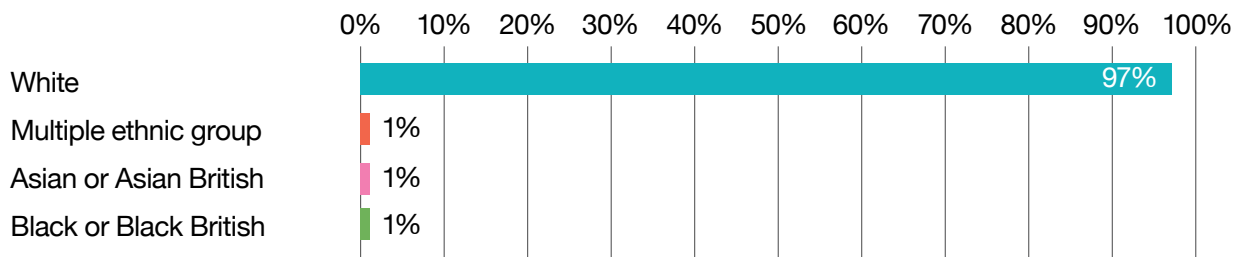
Sexual Orientation

95% of those surveyed stated that they were heterosexual/straight, 2% stated they were gay or lesbian and 1% stated they were bisexual. 2% of respondents selected ‘Other’ or ‘Prefer not to say’. The percentage of gay or lesbian respondents was higher than the national average.



Ethnic Group

97% of those surveyed stated their ethnicity was 'White' – this is made up of English/Welsh /Scottish/Northern Irish/British/Irish and any other White background. 1% highlighted their ethnicity as 'White and Black Caribbean' and 1% selected 'Prefer not to say'.



2.6 Risk profile

As part of the Board Assurance Framework, key strategic risks are identified and linked to the Trust's three core strategic objectives:

- 1. Quality:** We will always put our patients first delivering safe and effective care and an excellent patient experience
- 2. People:** We will be the best place to work with a diverse and engaged workforce that is fit for now and the future
- 3. Sustainability:** We will work in partnership with other to achieve social and economic wellbeing in our communities

The Trust opened the year with 21 strategic risks it felt could affect the achievement of its objectives. Seven of these risks were rated at a score of 25 which is the highest score on the on Trust's adopted risk grading method. A further five risks were rated 20, three rated 16, four rated 15, one rated 12 and one rated 1.

The Trust closed the financial year with 18 strategic risks it felt could affect the Trust in achieving its objectives. Three of these risks scored 25, eight were rated 20, five rated 16, one rated 15 and one rated 12.

The existing risks described in the Annual Governance Statement continue to be acknowledged as the principal risks to the Trust with likely new risks emerging in the coming year.

2.7 Environment

The Trust recognises the scale of the issue that climate change presents for our community. As a healthcare provider it acknowledges its responsibility to minimise contributions to climate change and integrate sustainability into the organisation, reducing the potential risks for the local population. WHH's Green Plan outlines the commitments to embedding sustainability throughout its entire operation.

This Green Plan will serve as an organisation-wide strategy that establishes strategic objectives and targets for delivering sustainable healthcare within the Trust over the next five years. The Plan will highlight some of the key successes to date and build upon these actions with targets and ambitions for the future. It will stand as the central document to guide the Trust's sustainable development over the next five years. It will be the guide to reducing the environmental impact including carbon emissions, waste and air pollution, reducing costs and building social value in the community.

2.8 Information about social, community, anti-bribery and human rights issues

The Modern Slavery Bill was introduced into Parliament on 10th June 2014 and passed into UK law on 26th March 2015. The Modern Slavery Act is an Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including the provision for the protection of victims.

A person commits an offence if

1. The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude
2. The person requires another person to perform forced or compulsory labour and the circumstance are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, has a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the Trust adhere to the same ethical principles.

The Trust has a non-pay budget of £77m of which over £58m per annum is spent on goods and services. Over 90% of the £58m is spent with the Trust's top 250 suppliers.

It is important to ensure that suppliers to the Trust have in place robust systems to ensure that their own staff, and organisations within their own supply chain are fully compliant with the requirements of the Modern Slavery Act 2015.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the Trust has an ongoing process of reviewing its supply chains with a view to confirming that such behaviour is not taking place.

The Trust's Procurement Team has contacted each of its top 250 suppliers to request confirmation that they are compliant with the Act. As part of this work Procurement also issued the Supplier Code of Conduct to all suppliers used across the organisation inclusive of pharmaceutical suppliers.

Suppliers have been advised that as part of the Trust's commitment to ensuring that we do not trade with organisations who do not meet the requirements of the Act, they will be required to provide a copy of their annual Modern Slavery Action Statutory Statement detailing actions undertaken to ensure they meet and enforce the requirements of the Act.

This will only apply to suppliers defined as a "commercial organisation" in accordance with the Act:

- Supplies goods and services
- Has a turnover of not less than £36m.

The Trust's Procurement team is committed to raising awareness with all suppliers by ensuring that all suppliers the Trust trades with are aware of our commitment to ensure compliance with the Act.

As part of the Trust's ongoing procurement processes, when trading with new suppliers, and prior to establishing the supplier on Trust systems, the supplier will be requested to confirm in writing that they are compliant with the Act.

All potential new suppliers will be issued with the Supplier Code prior to setting them up on our systems.

The Act is referred to in all tendering activity undertaken by the Trust's Procurement Team. All tendering for goods and services is managed centrally by the procurement team. A copy of the Act will be sent to all organisations involved in the tendering process along with a short statement from the trust reminding bidders of their obligations under the Act. All suppliers will be requested to issue a statement as part of their tender response regarding their compliance with the Act.

The Trust employs over 4,800 staff comprising 52 nationalities. Most of these staff are employed and paid under national pay arrangements established under Agenda for Change or Medical and Dental provisions. A small number of staff, which comprises the Trust Board and very senior managers, are employed under local pay and terms and conditions of service which are established by the Remuneration Committee of the Board.

All staff are appointed subject to meeting the NHS Standards on Employment Checks which includes references, health Checks, DBS checks, immigration checks and identity checks. In addition the Trust has developed a number of values and behaviours which are fully embedded into the organisation.

The Trust expects its existing staff to comply with these standards and all future appointments will be expected to demonstrate these attributes as part of the appointment process. This ensures that the Trust can be confident, before staff commence with the Trust, that we know some background about our staff and that they have a legal right to work for the Trust.

By adopting the national pay, terms and conditions of service, the Trust has the assurance that all staff will be treated fairly and will comply with the various legislation. This includes the assurance that staff receive at least, the National Living Wage.

The Trust has various employment policies and procedures in place designed to provide guidance and advice to staff and managers but to also comply with employment legislation. Every policy is impact assessed from an Equality and Diversity perspective.

The Trust does have specific policies in place to deal with the Safeguarding of Children and Vulnerable Adults but does not have a specific policy on the Modern Slavery Act and does not feel the need to develop one. However, should the Trust become aware of any issue covered under the Modern Slavery Act, it would immediately report the matter to the Police.

The Trust has an extensive training and development programme which is based on a minimum requirement to complete all statutory and mandatory training and other ad-hoc training which staff are required to undertake for their various roles. Training needs are identified through Individual Performance Development Reviews and a Personal Development Plan produced.

The Trust employs an Equality and Diversity Specialist who will take the lead on the Modern Slavery Act and where possible the Trust does support awareness raising events both locally and nationally on such matters as the disabled, Gay and Lesbians and Honour Crime and Forced Marriages.

In relation to fraud risks to the organisation, the Trust agrees an annual counter fraud plan using a nominated and nationally Accredited Local Counter Fraud Specialist (LCFS) via its Internal Audit provider Mersey Internal Audit Agency (MIAA). The MIAA counter fraud specialist provided services in line with the agreed work plan which is approved at the April 2020 Audit committee. The plan was in accordance with the requirements of the NHS Counter Fraud Authority (NHS CFA) and the new government functional standards GovS 013. This approach is supplemented by a local risk assessment that examines local fraud vulnerabilities.

Regular monitoring of counter fraud activity is undertaken via the Trust's audit committee on a regular basis via progress reports and an annual report of counter fraud activity. This monitoring process includes the identification of any fraudulent activity against the Trust. During 21/22 MIAA commenced investigations into two potential fraud issues, of which both cases were closed. There were also two cases carried forward from the previous years of which both remain open.

2.9 Any important events since year end

There were no events after the reporting period that require disclosure.

Signed:

.....
Professor Simon Constable
FRCP, Chief Executive

Date:



3.

Accountability Report



3.1 Directors' Report

Board of Directors

Between 1 April 2021 and 31 March 2022, there were six ordinary meetings of the Board of Directors.

In compliance with the requirements of the Health and Social Care Act 2012, the Board holds part of its meetings in public, followed by a private business section. Meetings of the Board of Directors are held bi-monthly, with a private Board Development Session held on the months in between formal meetings.

In light of the ongoing COVID-19 pandemic all Board meetings have been held via video-conferencing utilising Microsoft Teams software to enable members of the public to observe the public session of the meeting.

The Board has overall responsibility for the strategic direction of the Trust, taking into account the views of the Council of Governors. Executive and Non-Executive Directors have an open invitation to attend meetings of the Council of Governors. The Board is responsible for ensuring that the day-to-day operation of the Trust is as effective, economical and efficient as possible and that all areas of identified risk are managed appropriately.

A detailed Schedule of Reservation and Delegation of Powers is in place and it sets out explicitly those decisions which are reserved for the Board, those that may be determined by standing committees, and those that are delegated to managers.

The Trust has an established Governance structure with the following Committees, each chaired by a Non-Executive Director, with the exception of the Nominations and Remuneration Committee which is chaired by the Trust Chairman.

The Committees were established to provide assurance to the Board of Directors:

- Nominations and Remuneration Committee;
- Audit Committee;
- Charitable Funds Committee;
- Finance & Sustainability Committee;
- Strategic People Committee;
- Quality Assurance Committee; and
- Clinical Recovery Oversight Committee (established in April 2021 – time limited - The purpose of the Clinical Recovery Oversight Committee is to provide oversight and assurance on all aspects of quality and performance in relation to Referral to Treatment (RTT),

Patient Cancer Pathways, Diagnostics including Endoscopy and Outpatients, Progress of clinical harm reviews (CHR) and to review the Trust's operational performance against its annual plan.

The balance, completeness and appropriateness of the members of the Board is reviewed periodically and when vacancies arise among Executive or Non-Executive Directors.

Chair

Steve McGuirk CBE, QFSM, DL – Chairman



Steve McGuirk joined us as Chairman in April 2015. Steve, who lives in Warrington, was previously a Chief Fire Officer and Chief Executive of Cheshire and then Greater Manchester Fire and Rescue Service. He was a Board Member and President of the Chief Fire Officers Association and had been the principal adviser on fire and rescue matters to the Local Government Association. He was awarded the Long Service and Good Conduct Medal in 1996, the Queen's Fire Service Medal in 2002, and the CBE in 2005. He retains an interest as a Trustee of the Fire Research and Training Trust.

He has been Deputy Lieutenant for Greater Manchester for a number of years and, in that capacity, is an assessor for the Queens Award for Voluntary Service (QAVS).

He has extensive experience in governance of public authorities and is also, currently, an Expert Witness to the Grenfell Tower Public Inquiry, as well as being a member of the Strategic Advisory Board to the new, National Leadership Centre (NLC).

Steve was appointed as Chairman of the Trust on a three-year term, following an extensive recruitment process that involved the hospitals' elected Public and Staff Governors on the selection panel. Steve's Term of Office was extended for a second term of office in March 2018 for a further three years to March 2021 and extended for a third term of office in March 2021 for a further three years to March 2024.

CEO

Professor Simon Constable FRCP – Chief Executive



Simon Constable joined the Trust as Executive Medical Director in February 2015. A consultant physician and clinical pharmacologist by background, he studied medicine at Guy's and St Thomas' Hospitals in London. Undertaking postgraduate training in the UK and New Zealand, he has had several clinical leadership roles at the Royal Liverpool and Broadgreen University Hospitals. Prior to taking up the post at Warrington and Halton, Simon worked with the NHS Leadership Academy, Harvard University and the Institute for Healthcare Improvement on clinical leadership, employee engagement and transformational change within the NHS. He is a visiting professor at the University of Chester. Simon was appointed Chief Executive in November 2019.

Directors of the Trust

The non-executive directors

Steve McGuirk CBE, QFSM, DL – Chairman (see previous page)

Terry Atherton, Deputy Chair



Terry Atherton joined the Trust Board as a Non-Executive Director in July 2014, is Deputy Chair of the Trust and Chair of the Finance & Sustainability Committee. Terry worked for NatWest Bank for 35 years leading large teams and profit centres across the Northwest and North Wales. For the last 14 years he has worked with the both the public and private sector in a number of Board positions in a non-executive capacity. Terry was appointed Chair of Trafford Primary Care Trust in 2009 and following the national NHS reorganisations, he became Vice-Chair of the cluster of ten Greater Manchester PCTs with specific responsibilities for oversight of the workforce of 2,700 and of service redesign initiatives. He was appointed in January 2013 as Independent Chair of the Morecambe Bay "Better Care Together" Programme before joining the Trust. Terry lives in Cheshire. Terry's Term of Office was extended for a second Term of Office in June 2017 for a further three years to June

2020, which was extended for a third Term of Office until 30 June 2021 and a further 12-month extension until 30 June 2022.

Ian Jones, Senior Independent Director (to 30th September 2021)



Ian Jones joined the Trust Board as a Non-Executive Director in July 2014 and is Chair of the Audit Committee. Ian was also the Senior Independent Director during his time with the Trust. After a career of over 35 years in the banking sector as regional corporate director for RBS, Ian changed direction in 2003 to take on wider interests and put something back. He is a Non-Executive Director of several charities in the education sector. Ian served as Vice Chair and Treasurer of the Liverpool School of Tropical Medicine for 12 years, until the end of his term of tenure at the end of 2016. Ian is the Chair of The Liverpool Institute for Performing Arts. Ian has lived in Warrington for over 20 years. Ian's Term of Office was extended for a second Term of Office in June 2017 for a further three years to June 2020, which was extended for a third Term of Office for a further 12 months to 30 June 2021.

Margaret Bamforth



Margaret qualified from Liverpool Medical School and completed her training as a Child and Adolescent Psychiatrist in Manchester. She practiced as a Consultant Child and Adolescent Psychiatrist in Halton for 22 years, before retiring from clinical practice. She has always had a strong interest in Medical Education and continued to work as an Associate Postgraduate Dean for Mersey Deanery and subsequently HENW, following her retirement. She has an interest in leadership. Margaret has lived in Lymm for over 30 years and her three sons attended Lymm High School. She has strong links to the local community, both through her personal and work commitments. Margaret's Term of Office was extended for a second term of office in April 2019 for a further three years to April 2022.

Anita Wainwright (to 31st December 2021)



Anita Wainwright joined the Trust Board in 2015 as a Non-Executive Director. Anita is a very experienced human resources and organisational development professional who has worked in both the public and private sector in the Northwest for over 35 years. She has worked in the nuclear and gas industries, financial services, the fire service and the Environment Agency before joining the NHS. She was appointed as Director

of HR and OD at University Hospital South Manchester in 2012 and in 2014 was seconded to Tameside Hospital to support their improvement programme. Although Anita has had experience of operating at executive level, this is her first non-Executive appointment. Anita has lived in Warrington for over 25 years and both her sons were born in the Warrington Hospital. Anita's Term of Office was extended for a second Term of Office in December 2017 for a further three years to December 2020. Anita's Term of Office was extended for third Term of Office for a further 12 months to 31 December 2021.

Dr Cliff Richards, MBE



Cliff Richards joined the Trust Board as a Non-Executive Director in June 2019. Cliff is also the Senior Independent Director Following General Practice training in Stockport, Cliff joined Brookvale Practice in Runcorn as a partner in

1983, leading the Practice until 2014. He has been a GP trainer and GP appraiser. He has been a member of a number of regional forums including Cheshire & Merseyside Cancer Network from 2000-2010. Cliff has a strong patient focus through his GP career and other Leadership and Commissioning roles. Cliff has previously been Chair of Halton CCG from 2012 until retirement in 2017 and was also the inaugural Chair of Merseyside CCG Network. From 2015 he was also Chair of Cheshire and Merseyside Urgent and Emergency Network. He has a passion to improve services for the residents of Halton, Warrington and surrounding areas and was awarded an M.B.E in recognition of his contribution to services to Health in Cheshire and Merseyside. Cliff lives locally in Runcorn.



Michael O'Connor (from 1st November 2021)

Mike joined the board in November 2021. Mike is a partner with an international law firm and has practiced as a commercial

lawyer for over thirty years with a range of experience representing commercial business and public sector bodies. Mike led his firms Infrastructure Projects group for fifteen years and was head of the Manchester office for three years. Mike was a non-executive at Northwest Ambulance Services NHS Trust for seven years, has chaired the Bridgewater Hall board of trustees for six years and is chair of a medical charity providing services to music and contemporary arts festivals. Mike is married with two grown up daughters and lives in Warrington.

Julie Jarman (from 1st January 2022)



Julie joined the Trust Board as a Non-Executive Director in Jan 2022. Julie works for Stockport Borough Council as Head of Fair and Inclusive Stockport. She has a background in community development and has spent most of her career in the voluntary sector working on anti-poverty projects both in the UK and in international development. For many years she was the England Country Director for Oxfam's UK Poverty Programme. More recently she was responsible for strategy at the Equalities and Human Rights Commission. Prior to joining Warrington and Halton Julie was a Non-Executive Director of Greater Manchester Mental Health Foundation Trust for seven years. She has a strong interest in mental health, equalities and population health. Julie sits on the Board of Trustees for three charities including Mind in Salford.

Professor John Alcolado - Partner Non-Executive Director (from 1st December 2021)



Professor John Alcolado is the Executive Dean of the Faculty of Medicine & Life Sciences at the University of Chester and joined the Trust in December 2021. He has been responsible for leading the development of the new GMC accredited

Graduate Entry Medicine programme at Chester Medical School. Previously he was Head of Graduate Entry Medicine at the University of Nottingham. He has extensive experience in medical education and NHS leadership, including being Associate Medical Director (Academic) and Director of the Foundation School in Northeast London. John remains clinically active as a Consultant Physician in Endocrinology, Diabetes and Acute Medicine. He is a GMC Associate and sits on Medical Practitioner Tribunal Service (MPTS) fitness to practice cases.

The Associate Non-executive Directors

Adrian Carradice-Davids



Adrian joined the Trust in November 2021 as an Associate Non-Executive Director. Adrian has served in a senior capacity in the 3rd and public sectors where he was responsible for initiatives that addressed both physical and social regeneration.

As a business consultant he worked on national government contracts developing and managing cross sectoral strategic partnerships to address youth facilities provision and developing services for our aging population and he also served as advisor to Government Office for the Northwest.

Adrian has managed Trans European structural funds supporting neighbourhoods in the UK and in Europe and he has worked with the British Embassy/Consulate in China and India to support the organisational development of micro businesses. These experiences have raised his interest in social justice and health inequalities. Adrian has served as a Non-Executive Director in a private sector commercial business in Manchester, in the NHS in Lincolnshire and more recently in Blackpool. He was also a NED in the housing sector for 10 years where he served as Risk and Audit Chair.

Adrian presently chairs a Partnership Board in Lambeth whose purpose is to oversee and coordinate the delivery of a £1m local neighbourhood support programme covering four wards in Brixton addressing issues such as youth violence and facilitating social action. Adrian lives in Cheshire and is committed to enabling and empowering our communities to take more responsibility for their health and assisting in developing services that are directed and focused on prevention.

Jayne Downey



Jayne joined the Trust in November 2021 as an Associate Non-Executive Director. Jayne has over 38 years nursing experience and qualified as an Enrolled Nurse in 1985 and subsequently as a Registered Nurse in 1989 and has worked across a number of nursing specialities including Orthopaedics, General Surgery and A/E before moving into nurse management in 1998 within a specialist orthopaedic hospital.

She has previously worked at Warrington and Halton Hospitals between 2004 and 2007 as Head of Governance and Risk Management and has held Director of Nursing positions in both specialist and commissioning NHS organisations. With a clear passion for nursing, governance and quality, Jayne has worked at both local and national levels across public and private health care sectors supporting organisations with risk management and CQC compliance including responsibility for supporting organisations in achieving and maintaining CQC 'Outstanding' ratings.

Jayne is originally from Widnes and has family and friends still in the area, maintaining her links with the local community. She has lived with her husband in Frodsham for the past 15 years.

Dave Thompson MBE



Dave joined the Trust as an Associate Non-Executive Director in November 2021. Dave was a founder and today he is the Chief Executive of the Warrington Disability Partnership, an internationally recognised user led charity. Dave is also the founder and Event Co-ordinator of Disability Awareness Day, an annual event launched in 1992 and now run in 13 countries. DAD is recognised as the world's largest, voluntary-led disability exhibition.

In 2015 he retired from a 20-year career in the NHS, spending most of his career in governance, nursing and quality, working closely with external regulators, commissioners, managers, staff and patients. The last 10 years of his career he was the Assistant Director of Inclusion & Partnerships.

Regionally Dave chaired the NHS Northwest Equality, Diversity and Inclusion Forum. Nationally and internationally, he has chaired and presented at conferences on disability, independent living and equality, diversity and inclusion. He has presented lectures and training to over 60,000 staff from statutory, private and 3rd sector.

He has been a full-time wheelchair user since 1989, as a result of a spinal cord injury and a survivor of cancer since 1999. He has a unique understanding of health care services from three perspectives, patient, senior management and now as a service provider. Dave was born in Warrington, he is married with two children, and lives in Old Hall.

The Executive Directors

Professor Simon Constable – Chief Executive (see previous page)

Andrea McGee – Chief Finance Officer & Deputy Chief Executive



Andrea joined the Trust in February 2016 from Calderstones Partnership NHS FT where she was Director of Finance and Information. She is a qualified accountant (ACCA) and has worked for the NHS for nearly 30 years. During this time Andrea has gained experience working within acute, mental health, learning disability, community and ambulance services and has led finance, procurement, estates and information teams. Andrea is a strong supporter of staff development and has received personal and team awards for finance staff development in the North West and nationally. Andrea is currently vice chair of the National Finance Academy Leadership Group. Andrea has chaired the Cheshire and Merseyside COVID-19

Supply Response procurement group through the pandemic to support services across the region to ensure PPE availability for our staff. Andrea is also a member of the Cheshire & Merseyside ICS Finance Committee and chair the Cheshire & Merseyside Procurement Steering Group. She was appointed Deputy Chief Executive in addition to her Chief Finance Officer role in 2020.

Kimberley Salmon-Jamieson – Chief Nurse & Deputy Chief Executive



Kimberley was appointed as Chief Nurse in 2017 and is the professional lead and is accountable for Nursing, Midwifery and Allied Health Professionals on the Board of Directors. The Chief Nurse is also the Director of Infection Prevention and Control and the Executive lead for safeguarding. Kimberley has over 30 years' experience as a nurse and has held a number of senior nursing leadership post and general management posts in Manchester.

Daniel Moore – Chief Operating Officer



Dan Moore was appointed in January 2021 as the Chief Operating Officer having joined the Trust in 2018 as the Director of Operations and Performance. His role is to oversee operational delivery and performance achievement across the Trust. Prior to his current role, Dan held a number of senior operational positions within the NHS. In that time, he has worked in operations management across acute hospital Trusts throughout Greater Manchester and Cheshire.

Throughout his career, Dan has maintained a keen interest in furthering his academic knowledge; he holds a Master of Business Administration (MBA) from Manchester Business School, and a BSc (Hons) in Operational Management from Lancaster University Management School.

Michelle Cloney – Chief People Officer



Michelle was appointed Director of HR&OD from November 2017 after occupying the interim position since March 2017 and joined the Trust Board in December 2021. Prior to joining the Trust, she was Associate Director of Workforce at Pennine Lancashire Transformation Programme and Senior Responsible Officer for Workforce, Organisational Development and Leadership working across organisational boundaries within East Lancashire & Blackburn with Darwen, including both Clinical Commissioning Groups, two

Local Authorities, one Acute Hospital and one Mental Health Trust. Michelle has worked in the NHS since 1984 initially joining the nursing profession and through this developed a passion for developing staff so they could deliver excellent care to patients and service users. In 1997 she moved into Human Resources & Organisational Development and has gained extensive knowledge and experience in the management of HR services, employee engagement, staff health & wellbeing, equality, diversity & inclusion and multi-professional education. Michelle is committed to supporting staff to put our patients at the heart of all we do and to enable them to recognise the Trust as a great place to work and receive care.

Dr Alex Crowe, Executive Medical Director & Chief Clinical information Officer (to November 2021)



Dr Alex Crowe is a consultant nephrologist joined the Trust as Deputy Medical Director for WHH in December 2016 and became Executive Medical Director in May 2020. Alex is also medical appraiser for NHSEI. He supports the Royal College of Physicians for a number of courses such as Physicians as Educators, Mentoring, Appraisal and Revalidation and Leadership. He joined the Trust from Arrowe Park Hospital and Countess of Chester Hospitals where he was Consultant Nephrologist. He was also the renal Lead for Cheshire and Merseyside networks. He has also worked as a Secondary Care Doctor in Manchester, involved in promoting Healthcare Devolution in Manchester. Research interests include oxidative stress in haemodialysis. He trained at St Thomas' Hospital, London.

Dr Paul Fitzsimmons, Executive Medical Director (from 1st December 2021)



Paul joined the Trust in December 2021 from Liverpool University Hospitals Foundation Trust where he was Deputy Executive Medical Director for 5 years. A consultant geriatrician and stroke physician by background, he studied medicine at Manchester University before undertaking postgraduate training in the Northwest. Paul is also the Trust's Caldicott Guardian and Executive Lead for Digital. Prior to joining the Trust Paul was a Healthcare Leadership Fellow at the Health Foundation and Ashridge University and has extensive experience of delivering quality improvement, patient safety initiatives, digital clinical programs and hospital service reconfigurations.

Pat McLaren - Director of Communications & Engagement



Pat joined the Trust in December 2015 as Director of Community Engagement and Fundraising and is responsible for expanding, involving and supporting our relationships with the communities and people who use, work, visit,

volunteer, support, commission, partner or donate to our hospitals in Warrington and Halton. Originally qualifying as a Biomedical Scientist, Pat moved into communications, marketing and engagement in the healthcare and health sciences sectors and has lived and worked in healthcare across the UK, USA, Middle East, India, Pakistan and Australia with all types of organisations from private sector global brands to public sector organisations.

Lucy Gardner - Director of Strategy & Partnerships



Lucy joined the Trust in February 2016 from her role as a Director in Ernst & Young (EY)'s healthcare advisory practice. Lucy started her career 17 years ago as an NHS General Management Trainee.

In the 17 years Lucy has held a number of operational management roles within the NHS and subsequently, in her role at EY, led large scale change programmes to deliver significant financial, quality and performance benefits within healthcare. Highlights include; leading the introduction of the support time

recovery worker role into mental health services; leading a £3.6m project to install the first intra-operative scanner in a paediatric setting in the UK and Europe; leading the transfer of paediatric services from an acute to a community setting; directing a project for disadvantaged pregnant teenagers in Peru; developing and delivering programmes to achieve £45m savings across a range of healthcare organisations; and leading the support to the merger of two large acute Trusts. Since returning to the NHS and joining the Trust, Lucy has led the development and delivery of the Trust's strategy, as well as leading key strategic programmes, including planning for our new hospitals and securing funding to deliver a new health and wellbeing hub in Warrington Town Centre. Lucy is passionate about improving health services locally and delivering truly sustainable health and social care services for the future, which enable the people we serve to lead happier and healthier lives. Lucy is committed to developing others and to working in partnership with a wide range of organisations and individuals to not only deliver outstanding healthcare but also to enable wider regeneration.

Significant interests of directors or governors

Register of Interests

A register of significant interests of directors and governors which may conflict with their responsibilities is available on the Trust's website here: [Statutory information :: Warrington and Halton Hospitals NHS Trust \(whh.nhs.uk\)](https://www.whh.nhs.uk/statutory-information)

Board Member Terms of Appointment

Board Member	Term of Appointment	Notice Period
Steve McGuirk (Chairman)	01.04.2015-31.03.2018 Second Term 01.04.2018-31.03.2021 Third Term 01.04.2021-31.03.2024	3 months
Professor John Alcolado (<i>partner NED</i>)	01.12.2021	3 months
Terry Atherton	01.07.2014-30.06.2017 Second Term 01.07.2017-30.06.2020 12-month extension 01.07.2020-30.06.2021 12-month extension 01.07.2021 – 30.06.2022	3 months
Margaret Bamforth	21.04.2016-20.04.2019 Second Term 21.04.2019 – 30.04.2022	3 months
Michelle Cloney	From 01.11.2017, Voting from 01.11.2021	6 months
Prof Simon Constable	CEO from 14.11.2019	6 months
Alex Crowe	From 1.10.2017 Medical Director From 01.01.2019 (as Acting Executive Medical Director) Executive Medical Director wef 01.06.2020 <i>Left the Trust 30.11.2021</i>	6 months
Paul Fitzsimmons	From 01.12.2021	6 months
Julie Jarman	01.01.2022	3 months
Ian Jones	01.07.2014-30.06.2017 Second Term 01.07.2017-30.06.2020 12-month Extension 01.07.2020-30.06.2021 3-month extension 01.07.2021-30.09.2021 <i>Left the Trust 30.09.2021</i>	3 months
Andrea McGee	From 01.02.2016	6 months
Daniel Moore	Chief Operating Officer from 20.01.2021	6 months
Michael O'Connor	01.11.2021	3 months
Cliff Richards	10.06.2019 - 09.06.2022	3 months
Kimberley Salmon-Jamieson	From 07.09.2016	6 months
Anita Wainwright	01.01.2015 – 31.12.2017 01.01.2018 – 31.12.2020 12-month extension 01.01.2020-31.12.2021 <i>Left the Trust - 31.12.2021</i>	3 months
Non-Voting Members	Term of Appointment	Notice Period
Adrian Carradice-Davids	01.11.2021	3 months
Dave Thompson	01.11.2021	3 months
Jayne Downey	01.11.2021	3 months
Pat McLaren	01.12.2015	6 months
Lucy Gardner	01.02.2016	6 months

Attendance at Board of Director Meetings and Sub-Committees 1 April 2021 – 31 March 2022

Board Member	Term of Appointment	Trust Board	Audit Committee	Quality Assurance Committee	Finance & Sustainability Committee	Strategic People Committee	Clinical Recovery Oversight Committee
		6 meetings	4 meetings	10 meetings	11 meetings	5 meetings	
Attendance (Actual/Max)							
Non-Executive Directors							
Steve McGuirk (Chairman)	01.04.2015-31.03.2018 Second Term 01.04.2018-31.03.2021 Third Term 01.04.2021-31.03.2024	5/6				-	-
Ian Jones	Left the Trust 30.09.2021	2/2	2/2		-	1/1	-
Terry Atherton	01.07.2014-30.06.2017 Second Term 01.07.2017-30.06.2020 12-month extension 01.07.2020-30.06.2021 12-month extension 01.07.2021 – 30.06.2022	6/6	3/4	-	11/11	-	13/13
Michael O'Connor	01.11.2021	4/4	3/3	-	-	2/3	-
Anita Wainwright	Left the Trust - 31.12.2021	4/4	3/3	-	8/8	3/3	-
Julie Jarman	01.01.2022	2/2	1/1		3/3	2/2	-
Margaret Bamforth	21.04.19-20.04.22	6/6	4/4	10/10	-	5/5	12/13
Cliff Richards	10.06.20-31.05.22	6/6	4/4	10/10	-	-	11/13
John Alcolado	From 01.12.22	2/2	-	-	-	-	-
Executive Directors (Voting)							
Prof Simon Constable	From 02.02.2015	5/6		-	-	-	-
Andrea McGee	From 01.02.2016	5/6	4/4	8/10	9/11	3/5	-
Michelle Cloney	From 01.11.2017, Voting from 01.11.2021	2/3		4/4	4/4	5/5	-
Paul Fitzsimmons	From 01.12.2021	2/2		3/3	3/3	2/2	1/3
Kimberley Salmon-Jamieson	From 07.09.2016	5/6		9/10	8/11	3/5	6/13
Daniel Moore	From 09.2020	6/6		6/10	10/11	4/5	10/13
Alex Crowe	Left the Trust 30.11.2021	3/3		7/7	6/6	2/3	8/11

The Work of the Audit Committee

The Audit Committee is required to report annually to the Board and to the Council of Governors outlining the work it has undertaken during the year and where necessary, highlighting any areas of concern. The Audit Committee is responsible on behalf of the Board for independently reviewing the systems of integrated governance, risk management, assurance and internal control. The Committee's activities cover the whole of the Trust's governance agenda, not just the finances, and is in support of the achievement of the Trust's objectives.

During the reporting period, the Committee has been composed of at least three Non-Executive Directors with a quorum of two. During the year the Committee met five times. Non-Executive Ian Jones was Chair of the Audit Committee (since 1st December 2014) for the initial three meetings prior to the end of his term of office. Non-Executive Michael O'Connor (with effect from 1st November 2022) has become the Chair of the Audit Committee. The required relevant and recent financial experience and background necessary for the membership of the Audit Committee is met by members of the Committee.

Regular attendees at the Committee Meetings were the Trust's external auditors Grant Thornton (External Auditors from January 2017), Mersey Internal Audit Agency (MIAA - Internal Audit and Counter-Fraud Services), the Chief Finance Officer & Deputy Chief Executive, the Director of Integrated Governance and Quality and the Trust Secretary.

In year the significant issues that the committee considered in relation to financial statements, operations and compliance were as below, they were addressed through inclusion in the Internal Audit work plan and assurance sought for each element.

1. High Assurance was provided in the following: Key Financial Controls
2. Substantial Assurance was provided in the following: Patient Level Information & Costing System (PLICS), Data Quality, Waiting List Management, Patient Discharge and Data Security & Protection Toolkit (DSPT) submission (assessment against self-assessment)
3. Moderate Assurance was provided in the following: CPR Decision Making
4. Limited Assurance was provided in the following: Waiting List Initiatives, Data Security & Protection Toolkit (DSPT) submission (assessment against National Guardian Standards)

There were no areas reported as providing no assurance.

Member	Attendance (Actual v Max)
Michael O'Connor, Non-Executive Director	3/3
Julie Jarman, Non-Executive Director	1/1
Ian Jones, Non-Executive Director & Chair	2/2
Margaret Bamforth, Non-Executive Director	4/4
Terry Atherton, Non-Executive Director	3/4
Anita Wainwright, Non-Executive Director	3/3
Cliff Richards, Non-Executive Director	4/4

Governance and Risk Management

During the year the Trust continued to develop and enhance its governance and risk management systems and processes. It also fully appraised its key strategic risks and refreshed its Board Assurance Framework which is fully reviewed by the Board at each of its meetings and the Quality Assurance Committee on a monthly basis. In year, there was further alignment of the relevant elements of the Board Assurance Framework to the Committees of the Board.

The Audit Committee monitored and tracked all material governance activity during the reporting period to ensure that the system of internal control, risk management and governance is fit for purpose and compliant with regulatory requirements, aligned to best practice where appropriate and provides a solid foundation to support a Substantial Assurance rating from the Head of Internal Audit (HOIA).

System of Internal Control

The Trust's Governance Structure aligns the Trust's various governance groups to the Trust Board committees. The Board Assurance Framework provides an overview of the internal control environment and evidence of the effectiveness of the controls that manage the risks to the Trust in achieving its strategic objectives as identified in the annual plan. The Audit Committee is charged by the Board in reviewing and evaluating the system of internal control through the delivery of the internal audit plan. The Chair of the Audit Committee provides an annual report of the work of the Committee to the Board as well as periodic escalation reports following each meeting.

Internal Audit Activities

MIAA acted as Internal Auditors for the Trust during the year. Internal Audit is an independent and objective appraisal service which has no executive responsibilities within the line management structure. It pays particular attention to any aspects of risk management, control or governance affected by material changes to the Trust's risk environment, subject to Audit Committee approval. A detailed programme of work is discussed with the Executive Team via the Chief Finance Officer and Deputy Chief Executive and set out for each year in advance and then carried out along with any additional activity that may be required during the year.

In approving the internal audit work programme, the Committee uses a three-cycle planning and mapping framework to ensure all areas are reviewed at the appropriate frequency.

Detailed reports, including follow-up reviews to ensure remedial actions have been completed, are presented regularly to the Committee by Internal Audit throughout the year. All such information and reports are fully recorded in the minutes and papers prepared for each Audit Committee meeting.

External Audit

Grant Thornton commenced its initial three-year term as Auditors to the Trust in January 2017. The company then commenced a two-year term in October 2020, following a competitive procurement exercise and recommendation by the Council of Governors. The contract contains the option to extend for one year in the third and fourth years.

During the year the Auditors reported on the 2021-22 Financial Statements. No material or significant issues were raised in respect of these Statements and Accounts. Technical support has been provided on an ongoing basis to the Committee and the Trust and representatives of Grant Thornton attended each Audit Committee.

Grant Thornton have since audited these 2021-22 Financial Statements and their report and opinion is enclosed herein.

Anti-Fraud Activity

The Committee and the Trust are supported in carrying out Anti-Fraud activity by MIAA's Anti-Fraud Service (AFS) working to a programme agreed with the Audit Committee. The role of AFS is to assist in creating an anti-fraud culture within the Trust: deterring, preventing and detecting fraud, investigating suspicions that arise, seeking to apply appropriate sanctions and redress in respect of monies obtained through fraud. Where such cases are substantiated, the Trust will take appropriate disciplinary measures.

Pro-active work has also included induction and awareness training along with ensuring Trust policies and procedures incorporate, where applicable, anti-fraud measures including the Anti-Fraud, Bribery and Corruption Policy. The Audit Committee received regular progress reports from the AFS and also received an annual report. No significant cases or issues of Anti-Fraud took place or were identified during the year.

The Foundation Trust Governors and Membership following elections November 2021

The Council of Governors is made up of the following representative constituencies:

- 19 Public Governors - elected by the Trust's public membership who represent the local community.
- 5 Staff Governors - elected by the Trust's staff members, whom they represent
- 6 Partner Governors - nominated by partner organisations who work closely with the Trust

Governor Elections

Public and Staff Governor elections were held between 21st October – 25th November 2021, to appoint or renew governor terms in 10 constituencies. Appointments were made in seven constituencies with three remaining vacant.

Understanding the views of the governors, members and the public

The Board recognises the value and importance of engaging with governors in order that the governors may properly fulfil their role as a conduit between the Board and the Trust's members, the public and stakeholders.



The Board and Council of Governors meet regularly and enjoy a strong and working relationship. Each is kept advised of the other's progress through the chair and includes standing items at both the Board meeting and council of governors meeting for the chair to share any views or issues raised by directors, governors and members.

Any disputes or disagreements between the Board and the Council of Governors is set out in the Trust's Constitution section 9: Resolution of Disputes with Board of Directors.

Members of the Board are invited to attend all Council of Governors meetings (four per year) and some Governor committees to provide input and support. Each committee of the Council is supported by relevant Executive Directors and senior managers from the Trust who report openly and collaboratively on the activities and performance of the Trust.

The Governors Nominations and Remuneration Committee (GNARC) met to appoint two new non-executive directors, three associate non-executive directors and supported the extension to terms of two non-executive directors, appointment of the Senior Independent Director (SID) and supported the Chairman's appraisal. The Chairman's appraisal is a 360-evaluation comprising Governors, Non-Executive and Executive Directors and is reported formally by the Lead Governor to the Council of Governors. The role of this committee is outlined in more detail in the Remuneration Report.

The Council of Governors receive copies of all Board meeting agenda and minutes in accordance with the requirements of the Health and Social Care Act 2012 and the Trust's Constitution. All governors (and members of the public) are able to observe the meeting of the Board held in public in order to understand the issues raised at the Trust Board. Governors are encouraged to attend the Board meetings in order to observe the non-executive directors' performance at the meetings in challenging and scrutinising reports presented by the executive directors. Governors also attend Board Committees as observers which helps the Governors to discharge their duty in holding the non-executive directors, individually and collectively, to account for the performance of the Board.

They provide a formal written report to the Council of Governors with their views about the manner in which the respective Non-executive Director chaired the meeting.

The Chair provides informal briefings to governors through a monthly informal question and answer session for governors to raise matters outside of the formal council meeting.

At governors' meetings there is a standing item for public and staff governors to feedback any issues from constituency members. Issues raised at constituency meetings and through communications from members to governors is discussed at governor meeting.

The Council has the following statutory powers and responsibilities:

- hold the non-executive directors to account individually and collectively for the performance of the Board.
- the appointment and, if appropriate, removal of the Chair.
- the appointment and, if appropriate, removal of the other non-executive directors.
- approve the remuneration and allowances, and other terms and conditions of office, of the chair and other non-executive directors.
- approve the appointment of the Chief Executive on recommendation from the Board Nominations and Remuneration Committee.
- appoint, re-appoint and, if appropriate, remove the Auditor.
- receive the annual report and accounts and any report on these provided by the auditor.
- approve any 'significant transactions' as defined within the Trust's constitution.
- approve an application by the Trust to enter into a merger, acquisition, separation or dissolution.
- decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions; and
- approve amendments to the Trust's constitution.

In addition to the statutory responsibilities, the CoG focuses on the following activities:

- Contribute to the business planning process and the development of forward plans for the Trust in co-operation with the Board of Directors.
- Represent the interests of the communities served by the Trust and ensure they are appropriately represented.
- Consult with members and reflect the view of the membership; and
- Develop and maintain the Trust's membership and engagement strategy.

All committees are attended by non-executive and executive directors and senior management who provide advice and support in order for the committee to carry out its functions in the provision assurance to the council. A full list of governor attendance at governor committee meetings is available on the Trust internet site www.whh.nhs.uk.

Other meetings and involvement

Alongside the formal meetings and committees, a number of briefing sessions and workshops have taken place to both inform the governors of Trust initiatives and work programmes and gain their views and support.



In line with the requirements of the Provider Licence all governors have made 'Fit and Proper Person Test' declarations.

Area	Constituency (5 public)	Governor	Term (of 3)	Term Ends
1	Warrington North – 5 seats	Norman Holding	3	30/11/2024
		Keith Bland	2	30/11/2022
		Colin Jenkins	2	30/11/2023
		Anne Robinson	2	30/11/2022
		Kerry Maloney	1	30/11/2024
2	Warrington South – 5 seats	Janice Howe	1	30/11/2022
		Sue Fitzpatrick	1	30/11/2023
		Paul Bradshaw	2	30/11/2023
		Susan Hoolachan	1	30/11/2022
		Nigel Richardson	1	30/11/2024
3	Runcorn – 4 seats	Linda Mills	2	30/11/2024
		Dave Marshall	1	30/11/2022
		John Fagan	1	30/11/2024
		Nathan Fitzpatrick	1	30/11/2024
4	Widnes – 4 seats	Colin McKenzie	2	30/11/2022
		VACANT		
		VACANT		
		VACANT		
5	Rest of England – 1 seat	Kevin Keith	1	30/11/2023
Staff (5)			Term (of 3)	Term Ends
	Medical and Dental	Akash Ganguly	1	20/11/2024
	Nursing and Midwifery	Lesley S Mills	1	30/11/2022
	Staff - Support	Julie Astbury	1	30/11/2022
	Clinical Scientist or Allied Health Professionals	Louise Spence	2	30/11/2022
	Estates, Administration, Managerial	Dan Birtwistle	1	30/11/2023
Constituency (Partners – Appointed by Trust)			Date	N/A
	Halton Borough Council	TBC	06/2021	
	Warrington Borough Council	Cllr Paul Warburton	06/2021	
	Warrington Sikh Gurdwara	Kuldeep Singh Dhillon	01/2021	
	Warrington + Vale Royal College	Nichola Newton	06/2019	
VACANT				

The Council of Governors

Membership & Attendance of the Council of Governors and Sub-Committees as of 31st March 2022.

Governor	Council of Governors	Governors Nominations & Remuneration Committee
Steve McGuirk, Chair	3/4	4/4
Anita Wainwright, Non-Executive Director (to 31.12.21)	3/3	-
Julie Jarman, Non-Executive Director (from 01.01.22)	1/1	-
Ian Jones, Non-Executive Director (to 30.09.21)	2/2	-
Cliff Richards, Non-Executive Director	3/4	-
Michael O'Connor, Non-Executive Director	2/2	-
John Alcolado, Non-Executive Director (from 01.12.21)	0/1	-
Margaret Bamforth, Non-Executive Director	3/4	-
Terry Atherton, Non-Executive Director + Deputy Chair	3/4	-
Warrington North		
Norman Holding, LEAD Governor	4/4	4/4
Colin Jenkins	4/4	-
Anne Robinson	3/4	-
Kerry Maloney (from 01.12.21)	0/1	-
Keith Bland MBE	4/4	-
Warrington South		
Alison Kinross (to 30.11.21)	2/3	-
Erin Dawber (to 30.11.21)	2/3	-
Susan Hoolachan	3/4	-
Sue Fitzpatrick	2/4	1/1
Janice Howe	4/4	-
Paul Bradshaw	3/4	-
Nigel Richardson (from 01.12.21)	0/1	-
Runcorn		
John Fagan (from 01.12.21)	1/1	-
Linda Mills	0/4	-
Nathan Fitzpatrick (from 01.12.21)	0/1	-
Dave Marshall	3/4	-
Widnes		
Colin McKenzie	4/4	-
Rest of England		
Kevin Keith	3/4	-
Staff Governors		
Mark Ashton (to 30.11.21) Estates, Administrative & Managerial	0/3	-
Lesley Mills, Nursing and Midwifery	1/4	-
Julie Astbury, Staff Support	0/4	1/1
Louise Spence Clinical Scientist/Allied Health Professionals	4/4	1/1
Akash Ganguly (from 01.12.21) Medical and Dental	1/1	-
Daniel Birtwistle (from 1.12.2020), Estates, Administrative & Managerial	4/4	2/2
Partner Governors		
Cllr Paul Warburton, Warrington Borough Council	1/3	-
Cllr Peter Lloyd Jones, Warrington Borough Council	1/1	-
Cllr Alan Lowe, Halton Borough Council	1/3	-
Nichola Newton Warrington + Vale Royal College	3/4	1/1
Kuldeep Singh-Dhillon, Warrington Sikh-Gurdwara	4/4	1/1

Changes to the Foundation Trust Constitution in Year

The Council of Governors engaged in resolving a number of initiatives to enhance our member and public engagement which have necessitated amendments to our Constitution. As per Article 45 'Amendment to the Constitution' the Trust may make amendments to its constitution if more than half of the members of the Board of Directors of the Trust voting approve the request. In year, two amendments were made to the Trust's Constitution:

1. Following discussions at the Governor Working Parties and approval at the Council of Governors on 12th August 2021, and subsequent approval at the Trust Board on 29th September 2021, an amendment was made to the description of the role of Lead Governor and the role of a Deputy Lead Governor was also added.
2. Following discussions at the Governor Working Party in October 2021, and approval at the Council of Governors and Trust Board in November 2021, it was agreed to amend the current description of Governors' roles and responsibilities to encourage engagement, attendance and cohesive working amongst Governors.

The key changes were:

- Governors must attend at least two Governors constituency meetings in any financial year.
- Governors must attend at least two constituency meetings in any financial year.
- Governors must attend at least one observation visit in any financial year.
- The addition of the expectation for Governors to use social media responsibly to reflect Trust Values.

A register of interests for the Council of Governors is available on request at the address below.

Governors may be contacted at:

Warrington and Halton Teaching Hospitals NHS Foundation Trust
 Foundation Trust Office
 Ground Floor, Kendrick Wing
 Warrington Hospital
 Lovely Lane
 Warrington WA5 1QG
 Telephone – 01925 662139
 E-Mail – whh.foundation@nhs.net

The Foundation Trust Membership

As an NHS Foundation Trust, Warrington and Halton Teaching Hospitals has a membership scheme that means that members of the public (aged 16 and over) and staff can become members of the Trust. Members play a key role in the hospitals, providing input into what services they want their hospitals to provide. They do this by electing Public and Staff Governors who represent the membership's views and therefore that of the local community. The Foundation Trust membership comprises public and staff members:

Constituency Membership	31st March 22
Warrington North	2826
Warrington South	2941
Runcorn	2406
Widnes	981
Rest of England	1901
Staff	4,920
Total membership	15,975

There are two constituencies of membership of the Foundation Trust – the public constituency and the staff constituency. The public constituency comprises those members that live in one of the public constituencies. The staff constituency is divided into five classes, staff automatically become Staff Members unless they choose to opt-out of the membership:

1. Medical
2. Nursing and Midwifery
3. Support
4. Clinical Scientist or Allied Health Professional
5. Estates, Administrative and Managerial

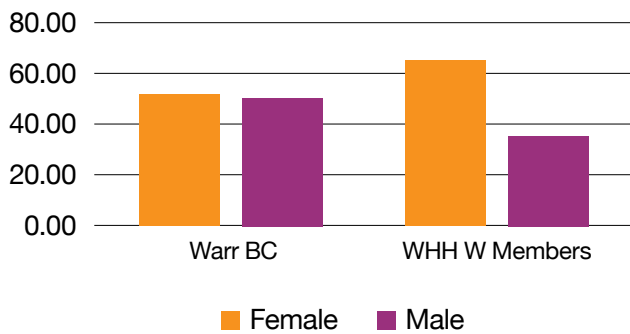


Membership Demographics

* Demographic profile vs borough profile %, data sources: Local Government Association

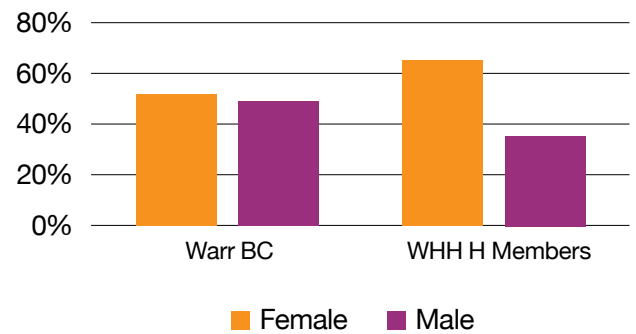
Gender Distribution

Warrington Borough vs WHH Warrington Membership



Gender Distribution

Halton Borough vs WHH Halton Membership



Census 2011 and WHH FT Database

Ethnicity	Warr BC	WHH Warr memb.	Halton BC	WHH Halton memb.
Asian (Chinese, Indian, Pakistani, other Asian)	1.5	1.7	1	1.7
Black (Black Africa, Black Caribbean)	0.5	0.1	0.1	0.1
Mixed (Mixed Asian/White, Mixed Black/White African/Caribbean, Mixed Other)	2.3	0.6	1	0.6
White (British, Irish, Other)	95.7	97.2	98	97.2
Not declared	0	0.4	0	0.4



3.2 NHS Improvement's Well-Led Framework

As part of a commitment to simplifying regulatory approaches, NHS Improvement worked closely with the Care Quality Commission (CQC) to bring together their respective approaches to the Well-Led key line of enquiry (KLOE). This resulted in a new, wholly joint Well-Led Framework structured around eight key lines of enquiry introduced in 2017/18.

1. Is there the leadership capacity and capability to deliver high quality sustainable care?
2. Is there a clear vision and credible strategy to deliver high quality sustainable care to people and robust plans to deliver?
3. Is there a culture of high quality sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
5. Are there clear and effective processes for managing risks, issues and performance?
6. Is appropriate and accurate information that is being effectively processed, challenged and acted upon?
7. Are the people who use services, public, staff and external partners being engaged and involved to support high quality sustainable services?
8. Are there robust systems and processes for learning, continuous improvement and innovation.

The CQC carried out a Well-Led Assessment between 30 April – 2 May 2019. They rated the Trust **GOOD** for Well-Led because:

1. Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the services for patients and staff.
2. The Trust had a well-embedded vision and values which were well understood by staff. The Trust had refreshed its strategy which was focused on sustainability of services and aligned to local plans within the wider health economy.
3. Staff felt respected, supported and valued. They were focused on the needs of patients receiving

care. The service had an open culture where patients, their families and staff could raise concerns without fear.

4. Leaders operated effective governance processes, throughout the service and with partner organisations
5. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The trust had made improvements to its risk management since the last inspection
6. The Trust collected reliable data and analysed it. The Trust had a good range of reports and dashboards for staff to understand performance, make decisions and improvements
7. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
8. The Trust was committed to continually learning and improving services. Staff received training in quality improvement methodology and were encouraged to share learning.

The Annual Governance Statement within this report outlines the review of leadership and governance in line with NHS Improvement's well-led framework in arriving at its overall evaluation of the organisation's performance, internal control and Board assurance. Work on self and external assessment continues and these assurances can be found in the Annual Governance Statement.

The Trust can confirm that there are no material inconsistencies between:

- The Annual Governance Statement.
- The Corporate Governance Statement.
- Annual report; and
- Reports from the CQC planned and responsive reviews of the Trust and any consequent action plans developed by the Trust.

3.3 Statement of cost allocation HM Treasury

We have complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

3.4 Political donations

There were no donations of a political nature in the period.

3.5 Better payment Practice Code

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.

Performance for 2021/22 and 2020/21 was as follows:

	2021/22 Number	2021/22 £000	2020/21 Number	2020/21 £000
Non-NHS trade invoices paid in the period	44,299	112,569	45,851	106,559
Non-NHS trade invoices paid within target	41,262	107,178	41,431	99,343
Percentage of non-NHS trade invoices paid within agreed payment terms or in 30 days	93%	95%	90%	93%
NHS trade invoices paid in the period	1,930	17,116	3,024	20,708
NHS trade invoices paid within target	1,448	14,055	1,639	14,518
Percentage of NHS trade invoices paid within agreed payment terms or in 30 days	75%	82%	54%	70%

The total paid within 2021/22 for late payment of commercial debt was £0k (£1k in 2020/21).

3.6 Interest payments

In year, the Trust made no payments in interest or charges.

3.7 Stakeholder Relations



Development of services involving other local services/agencies and involvement in local initiatives

As part of its documented, strategic intention to play a more significant role as an Anchor Institution within the boroughs of Halton and Warrington, the Trust is leading a number of key strategic projects at ‘place’ level designed to enhance social value, reduce the organisation’s carbon footprint and address identified health inequalities within local communities. For example, it has commenced work to refurbish vacant retail space in the local shopping centre in Halton Lea, Runcorn from which a range of outpatient services will be delivered to improve access to services as well as supporting the regeneration of one of the most deprived areas of Halton. The project has been partially funded through Liverpool City Region development funding and services are expected to be operational from this new location in the autumn of 2022.

The Trust is working in close partnership with a wide group of stakeholders to develop two new Health and Wellbeing/Education Hubs in Warrington and Runcorn town centres. The Warrington Hub is due to open in the Spring of 2023 with the Runcorn Hub following in Spring 2024. Both Hub projects will be funded from national ‘Levelling up’ Towns’ Fund initiative. Following significant levels of engagement and discussion with partners, patient representatives and patients the Hubs will create physical spaces designed to help the public get easier access to services to support early intervention and ill-health prevention. They will deliver targeted services from a range of providers to support the integration of physical and mental health with social care, wellbeing, voluntary and third-sector services and education. It is anticipated that this will lead to improvements in the management of demand for primary, secondary and social care.

Consultation with large groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas

In year, the Trust completed the first phase of the reconfiguration of Breast Care services across Halton, Knowsley, St Helen’s and Warrington. This saw the relocation of the breast assessment and breast symptomatic services to a newly created Breast Care Centre at the Captain Sir Tom Moore building at Halton Hospital.

This was made possible following extensive and positive pre-consultation engagement and formal public consultation exercises, in partnership with a number of statutory bodies and health scrutiny committees.

Similarly, a formal public consultation exercise was carried out relating to the relocation of some outpatient services (ophthalmology, audiology, dietetics) from Halton Hospital to the Runcorn Shopping City. Specific themes which emerged from the engagement and consultation have been incorporated into the Equality Impact Assessment and contributed to alterations in the final design where appropriate.

The Trust’s commitment to becoming an Anchor organisation requires it to listen to and understand the experiences of its populations. This takes place in a diverse range of accessible, inclusive formats from informal engagement to formal public consultation and is operated through the patient and public participation and involvement programme as well as the strategy development programme.





Descriptions of significant partnerships and alliances entered into by the NHS foundation trust to facilitate the delivery of improved healthcare

The Trust has established strong and positive partnerships with many organisations and institutions at national level, regional - Cheshire and Merseyside - level and more locally at 'place' level – Halton and Warrington boroughs. Active partnerships at 'place' level include all local acute healthcare providers, local authorities, CCGs, Bridgewater Community Healthcare, Mersey Care, local colleges and universities and local third sector organisations.

The Trust is committed to using the system and partnership approaches that have emerged over the past few years to support its recovery from the COVID-19 pandemic and future direction. The Trust has a history of being innovative and working in partnership with others to maximise opportunities to improve patient care and has committed to working together with other acute and specialist trusts across Cheshire and Merseyside to improve the quality of care delivered to patients. This is beginning to deliver benefits for Warrington and Halton patients, as well as patients in surrounding areas. For example, work is underway with the Cheshire and Merseyside Pathology Network to maximise the benefits of delivering pathology services at scale across a wider footprint.

The Trust is also working in partnership with Liverpool University Hospitals NHS FT and the Clinical Research Network Northwest Coast (CRN NWC) to enhance clinical research and improve participation in research trials across Warrington and Halton. Evidence shows

that patients that choose to take part in research become more engaged with their own health and care and often require fewer clinical appointments. The Halton Clinical Research Unit (HCRU) is a large, open ward space with room for beds across three bays with an additional two private rooms. The unit is staffed by a multi-disciplinary team of research practitioners including doctors, research nurses, pharmacy, microbiology and pathology, and administrators to deliver trials to the people of Warrington and Halton. The HCRU opened its doors to research participants in March 2021, launching with a COVID-19 vaccine study. The unit has since delivered two further vaccine studies with another on the way.

Partnership working extends beyond healthcare organisations, enabling the Trust to truly address health inequalities in the broadest sense across a range of areas. The Trust recognises the role it can play in preventing illness and as such continues to expand and explore further opportunities to support the prevention agenda. This is evident in the work of the Cardiology Team who have developed the award-winning 'Smart Heart' Programme delivered at local primary schools which seeks to educate young people about the dangers of smoking, whilst focusing on eating well and exercising. Through these interactive sessions, children are supported to understand the importance of healthy choices.

The Trust is one of the first acute trusts in the country to introduce shared reading as part of a patient experience initiative. Working with The Reader organisation reading as a means of improving both the mental and physical health of patients has been introduced. Initially on the intermediate care ward at Halton Hospital and dementia and stroke wards at Warrington Hospital, weekly shared reading groups bring patients and staff together to read aloud, share thoughts, reflections and memories sparked by the literature. This approach embraces a different way to connect with patients and improve their experience of care whilst in hospital and brings patient benefits not typically leveraged in an acute setting.





The New Hospitals Programme

The Trust, its commissioners, local government, educators - including the University of Chester -social care, the third sector and four MPs are united in support for a new hospital for Warrington and a redevelopment of the Halton Hospital site. Similarly, patients and members are supportive of the new hospitals plans. By working together, the Trust is reimagining what a new health care estate can deliver such as the growth, diversification and prosperity of the town centre in Warrington. As well as the new job opportunities associated with construction; multi-professional education, training and employment and a focus on health and wellbeing will be realised. This collective work culminated in a proposal to the Health Infrastructure Programme for capital investment in year. A decision is expected in the Spring of 2022.

Maximising infrastructure to support the improved delivery of healthcare has been a key focus for the Trust over the last year. Enabled through £42k of funding secured from the national One Public Estate Programme, a piece of work has been undertaken in collaboration with partners to review the public estate across Warrington. The Trust has worked with local public sector bodies such as Warrington Borough Council and GPs, alongside partners such as the University of Chester, The Peace Centre and The Gateway to collaborate around public service delivery

strategies and estate needs. The intention is to re-purpose surplus public estate for housing, regeneration, and other locally determined use, whilst at the same time maximising the configuration and occupancy of estate to better serve patients by ensuring care is delivering in the right location, at the right time, to meet patient needs.

Other examples of positive partnership working include:

- The development of the Health & Social Care Academy by Warrington & Vale Royal College as a sister project to the Health and Wellbeing Hub. The Trust is supporting the college with the development of the curriculum and the identification of new training opportunities for emerging roles across health and social care.
- The Integrated Discharge Team which brings together professionals from WHH discharge team and the social care teams from the local authorities to work as a single team with a single purpose.
- Working with local hospices within Warrington and Halton to identify areas for joint working to drive improvements in quality of end-of-life services, workforce development, recruitment and retention and financial sustainability.
- Development of a joint strategy and delivery plan for improved collaboration with local universities to strengthen the local healthcare education offer and create new pathways into healthcare professions.

Signed:

.....
Professor Simon Constable
FRCP, Chief Executive

Date:





4.

Remuneration Report

4.1 Annual Statement on remuneration

Statement from the Chair of the Nominations & Remuneration Committee

The Board of Directors delegates the responsibility to a Board Nominations and Remuneration Committee (NARC) to make decisions regarding the nomination, appointment, remuneration and conditions of service for Executive Directors including the Chief Executive.

This Committee also has general oversight of the Trust's pay policies, but only determines the reward package for directors and staff not covered by Agenda for Change. The vast majority of staff remuneration, including the first layer of management below Board level, is covered by the NHS Agenda for Change pay structure.

The membership of the Committee consists of the Trust Chair and all Non-Executive Directors. The Chief Executive, Trust Secretary and Chief People Officer also attend as appropriate.

During the period 2021/2022, the Committee met on three occasions.

Member	Attendance (Actual v Max)
Steve McGuirk, Chairman Non Executive Director + Chair	3/3
Ian Jones, Non-Executive Director	2/3
Margaret Bamforth, Non-Executive Director	3/3
Terry Atherton, Non-Executive Director	2/3
Anita Wainwright, Non-Executive Director	2/3
Cliff Richards, Non-Executive Director (wef 10.06.2019)	3/3
Simon Constable, Chief Executive	3/3

Nominations

In year the Committee considered and approved the following:

- Process for the appointment of the Executive Medical Director
- The substantive appointment of joint Deputy Chief Executive roles
- Appointment of Executive Medical Director

Remuneration

In year the Committee considered and approved the following:

- Remuneration of substantive joint Deputy Chief Executive roles



4.2 Senior Manager Remuneration Policy

On 2nd June 2015, the Secretary of State for Health wrote formally to all Chairs of all NHS Provider Trusts, NHS Foundation Trust and Clinical Commissioning Groups in relation to the pay for very senior managers (defined as Chief Executives and Executive Directors) and the need to ensure that executive pay remains proportionate and justifiable.

The Trust does not consult with employees when preparing the senior managers remuneration policy. However, the pay and conditions of all employees are taken into account when setting the remuneration policy for senior managers to ensure the executive pay structure is competitive and reflective of the level of autonomy, skills and experience required when compared to the pay and conditions of all employees.

The Trust's executive pay structure is very simple and only includes basic pay and enhancements for the Chief Executive Officer and Deputy Chief Executive Officer roles. All pay is taxed at source and there are no bonus payments. Salaries are benchmarked against the NHS Providers national report and similar Trust in the Cheshire and Merseyside and wider Northwest region. All new appointments are sourced at the benchmark level and adjustments are made only if the market rate or existing salary indicates this is necessary. Where salaries of very senior managers exceed £150K per annum, these have been reviewed and found to be appropriate to match market rate, maintain relativities with other very senior manager posts and to match pay in the jobs from which individuals were recruited.

Performance Appraisal

Performance of the Executive Directors is assessed and managed through regular appraisal against predetermined objectives along with one to one reviews with the Chief Executive. Similarly, the Chairman conducts both one-to-one's and a formal appraisal with the Chief Executive. Any deficit in performance is identified during these regular meetings. Serious performance issues are managed via our organisational performance capability management policy.

Performance of the Non-Executive Directors is assessed and managed through regular appraisal by the Chairman against predetermined objectives along with regular one to one reviews with each NED.

Any deficit in performance is identified during these regular meetings along with opportunities for regular professional development.

The Chairman is formally appraised by the Senior Independent Director taking in to account an objective 360 degree feedback process to which all members of the Board and Council of Governors contribute. That appraisal is formally signed off by the full Council of Governors annually.

Appraisals led by the Chairman - for the Chief Executive and Non-Executive Directors - are also used as an opportunity to identify continuing professional development needs. No performance payment element has been paid to any of the Trust's Executive Directors during the year. Equally, there have been no payments to both Executive and Non-Executive Directors for loss of office.

Provisions for Termination of Contract

There are no special contractual compensation provisions for early termination of Executive Directors' contracts. Early termination by reason of redundancy is subject to the normal provisions of the Agenda for Change (AfC): NHS Terms and Conditions of Service Handbook (Section 16). For those above the minimum retirement age, early termination by reason of redundancy is in accordance with the NHS Pension Scheme.

Employees above the minimum retirement age who themselves request termination by reason of early retirement are subject to the normal provisions of the NHS Pension Scheme. The principles for determining how payments for loss of office will be approached, including: how each component will be calculated and whether, and if so how, the circumstances of the loss of office and the senior manager's performance are relevant to any exercise of discretion would all be considered on a case by case basis by the Nominations and Remuneration Committee and would be approved by NHS Improvement in advance.

The Trust is required to report what constitutes the senior managers' Remuneration Policy in tabular format set out on the next page. At the date of completion of this Annual Report there have been no changes to this policy and no future changes are anticipated.

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 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.
Explanation of how the Components of Remuneration operate	Basic pay of the Executive Directors is determined by the Board Nominations and Remuneration Committee, taking into account past performance, future objectives, market conditions and comparable remuneration information from Trusts within the locality. Basic pay of the non-executive directors is determined by the Governor Nominations and Remuneration Committee.
Maximum amount that could be paid in respect of the component	Maximum payable is the Director's annual salaries as determined by the relevant Nominations and Remuneration Committee.
Payment for loss of office	Notice periods are included in all Directors' contracts and is currently set at six months. Payments in lieu of notice are contained within the contract of employment and are subject to tax and national insurance deductions. Payments made other than through notice periods are set out in the Organisational Change policy i.e. through redundancy/mutually agreed severance schemes. All payments to any staff member outside contractual terms are scrutinised by the Board's Nominations and Remuneration Committee.
Explanation of any provisions for recovery	If an individual is overpaid in error, there is a contracted right to recover the overpayment.
Diversity & Inclusion	<p>The Trust utilises its Equality Diversity and Inclusion Strategy (ED&I) 2019-2022 and its Equality Diversity and Inclusion policy as the reference for diversity and inclusion. The ED&I strategy workforce objectives include completion of an Equality impact assessment on all relevant policies therefore this will be relevant to all pertaining to remuneration i.e. Organisation Change policy.</p> <p>The ED&I strategy objectives i.e. reviewing the Trusts approach to attraction recruitment and retention to ensure processes are fair and equitable and to promote diversity, will be a consideration for the Nominations and Remuneration Committee in its decision making and subsequent completion of an Equality Impact assessment on Committee papers.</p> <p>The Trust completes annual gender pay gap reporting that is reviewed at the operational and strategic people committees.</p> <p>All progress relating to objectives of the EDI Strategy and Policy are reported to the Equality and Diversity Subcommittee and Strategic People committee for assurance.</p> <p>The Trust's ED&I Strategy can be found here: https://whh.nhs.uk/about-us/corporate-publications-and-statutory-information/equality-diversity-and-human-rights</p>

4.3 Annual Report on remuneration

Annual report on Directors Remuneration - Year ended 31 March 2022 (and comparison year ended 31 March 2021) (Audited)

The following table includes salary, benefits-in-kind and all pension related benefits received (whether in cash or otherwise) by each Director during the year under review. Pension related benefits included here are the annual increase (expressed in £2,500 bands) in pension entitlement less any contributions paid by employees.

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.

Senior Managers Remuneration 2021/22 (and comparison 2020/21 - audited)

	2021/22						2020/21					
	Directors' Salary and fees (bands of £5,000)	Taxable benefits (to the nearest £100)	Annual performance-related bonuses (bands of £5,000)	Long-term Performance-related bonuses (bands of £5,000)	All Pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Directors' Salary and fees (bands of £5,000)	Taxable benefits (to the nearest £100)	Annual performance-related bonuses (bands of £5,000)	Long-term Performance-related bonuses (bands of £5,000)	All Pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
Executive Directors												
Prof Simon Constable Chief Executive	185-190				35-37.5	220-225	185-190 Note 2				0.2-5 Note 1	185-190
Dr. Alex Crowe Medical Director until 7th November 2021	110-115					110-115	175-180				42.5-45 Note 1	215-220
Dr Paul Fitzsimmons Medical Director from Dec 2021	60-65				17.5-20	80-85	0				0	0
Kimberley Salmon-Jamieson Chief Nurse and Deputy Chief Executive	130-135				5-7.5	140-145	130-135 Note 2				52.5-55 Note 1	180-185
Andrea McGee Chief Finance Officer and Deputy Chief Executive	145-150				22.5-25	170-175	140-145 Note 2				62.5-65 Note 1	205-210
Phillip James Chief Information Officer Until March 2021							105-110				30-32.5 Note 1	135-140
Chris Evans Chief Operating Officer Until September 2020							60-65				15-17.5 Note 1	75-80
Dan Moore Chief Operating Officer From October 2020	120-125				72.5-75	195-200	55-60				30-32.5 Note 1	85-90
Lucy Gardner Director of Strategy	125-130				30-32.5	155-160	125-130				30-32.5	155-160
Michelle Cloney Chief People Officer	110-115				22.5-25	135-140	110-115				25-27.5 Note 1	135-140
Pat McLaren Director of Community Engagement	105-110				37.5-40	140-145	95-100				55-57.5 Note 1	150-155

	2021/22						2020/21					
	Directors' Salary and fees (bands of £5,000)	Taxable benefits (to the nearest £100)	Annual performance related bonuses (bands of £5,000)	Long-term Performance-related bonuses (bands of £5,000)	All Pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Directors' Salary and fees (bands of £5,000)	Taxable benefits (to the nearest £100)	Annual performance related bonuses (bands of £5,000)	Long-term Performance-related bonuses (bands of £5,000)	All Pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
Chairman and Non-Executive Directors												
Steve McGuirk Chairman	45-50					45-50	40-45					40-45
Ian Jones Non-Executive Director until 30th September 2021	5-10					5-10	10-15					10-15
Terry Atherton Non-Executive Director	10-15					10-15	10-15					10-15
Anita Wainwright Non-Executive Director until 31st Dec 2021	5-10					5-10	10-15					10-15
Dr Margaret Bamforth Non-Executive Director	10-15					10-15	10-15					10-15
Clifford Richards Non-Executive Director	10-15					10-15	10-15					10-15
Michael O'Connor Non-Executive Director from Nov 2021	5-10					5-10						
Julie Jarman Non-Executive Director from Jan 2022	0-5					0-5						
Adrian Carridice-Davids Associate Non-Executive Director from Nov 2021	0-5					0-5						
Jane Downey Associate Non-Executive Director from Nov 2021	0-5					0-5						
David Thompson Associate Non-Executive Director from Nov 2021	0-5					0-5						

Notes: (1) The previous years (2020/21) values have been restated to reflect CPI at the confirmed rate 1.7%

(2) The previous years (2020/21) values have been restated to reflect salaries gross of salary sacrifice deductions

Pension Entitlements Year ended 31 March 2022 (Audited)

Name and title	Real increase in pension at age 60 (bands of £2,500)*	Real increase in pension lump sum at age 60 (bands of £2,500)*	Total accrued pension at age 60 at 31 March 2021 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value*	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Prof Simon Constable Chief Executive	0-2.5	0-2.5	25-30	45-50	443	29	488	
Dr. Alex Crowe Medical Director until 7th November 2021	0-2.5	5-7.5	55-60	140-145	1,160	23	1,224	
Dr. Paul Fitzsimmons Medical Director from 1st December 2021	0-2.5	0-2.5	30-35	55-60	407	10	459	
Phillip James Chief Information Officer Until March 2021	0	0	0	0	442	0	-	
Kimberley Salmon-Jamieson Chief Nurse and Deputy Chief Executive	0-2.5	0	45-50	90-95	786	8	816	
Andrea McGee Chief Finance Officer and Deputy Chief Executive	0-2.5	0	55-60	120-125	1,001	28	1,054	
Chris Evans Chief Operating Officer until 30th September 2020	0	0	0	0	415	0	-	
Dan Moore Chief Operating Officer	2.5-5	5-7.5	25-30	40-45	268	41	328	
Lucy Gardner Director of Strategy	0-2.5	0	10-15	5-10	122	8	149	
Michelle Cloney Chief People Officer	0-2.5	0	50-55	110-115	1,009	34	1,065	
Pat McLaren Director of Community and Engagement	0-2.5	5-7.5	20-25	60-65	450	48	514	

Notes:

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors. The benefits and related CETVs do not allow for a potential future adjustment for some eligible employees arising from the McCloud judgement

4.4 Remuneration report

Expenses paid to Directors and Governors (Unaudited)

Expenses paid to Directors of the Trust include all business expenses arising from the normal course of business of the Trust and are paid in accordance with the Trust's policy. Non-Executive Directors are also reimbursed reasonable expenses relating to their work as Directors of the Trust.

Expenses paid to Governors are made in accordance with the Trust's constitution and related to the work as Governors of the Trust. Governors do not receive any other payments from the Trust. All Governors have a responsibility to ensure that they incur only reasonable expenses, which includes travel costs for attendance at, for example, Council of Governors and committee meetings held at the Trust or for attendance at training courses and conferences and that the cost to the Trust is kept as low as possible. The table below states the total amount of expenses reimbursed to Directors and Governors for 2021/22 and comparative figures for 2020/21.

	Number in Office	Number claiming expenses during the year	Total expenses Claimed	Number in Office	Number claiming expenses during the year	Total expenses Claimed
	2021/22 Number	2021/22 Number	2021/22 £	2020/21 Number	2020/21 Number	2020/21 £
Directors	21	3	500	16	7	1,300
Governors	27	1	26	25	0	0

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 banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £187,500 (2020-21, £187,500). This is a change between years of 0%.*

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

*For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £6,000 to £278,964 (2020-21 £7,816 to £275,662**). 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 is -0.34%. 30 employees received remuneration in excess of the highest-paid director in 2021-22.*

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below.

The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

Expenditure on Consultancy (unaudited)

The Trust has incurred the following expenditure on consultancy services: -

	2021/22 £000	2020/21 £000
Total expenditure (£000's)	656	483

Expenditure of £656k (£483k in 2020/21) was for the provision of Trust management advice and assistance outside the "business as usual" environment and covers strategy, financial, organisation and change management and IM&T services.

Signed:



Professor Simon Constable
FRCP, Chief Executive

Date: 27th June 2022

2021/22	25th Percentile	Median	75th Percentile
Salary component of pay	£45,282	£31,151	£19,783
Total Pay and benefits excluding pension benefits	£45,839	£31,534	£23,434
Pay and benefits excluding pension: pay ratio for highest paid director	4.09:1	5.95:1	8.00:1

2020/21	Median**
Salary component of pay	£24,157
Total Pay and benefits excluding pension benefits	£30,681
Pay and benefits excluding pension: pay ratio for highest paid director	6.11:1

*Prior year figures restated due to salary sacrifice not included in prior year and audited

**Prior year figures restated to include temporary staff and reflective of reporting date



5.



Staff Report

The Trust recognises that its workforce is central to achieving its mission of ‘moving to outstanding.’ By harnessing the talents of the workforce and creating the conditions for staff to provide excellent care, the organisation believes it will be recognised as an outstanding organisation – somewhere where people want to be cared for and somewhere where people want to work.

The workforce is at the heart of everything, and in recovering from the pandemic the Trust recognises the importance of looking after the health and wellbeing of its staff. Individuals are being supported to recover and recuperate so they can continue to contribute to the delivery of outstanding patient care.

People Strategy

The Trust’s People Strategy 2018-2021 has been of prime focus; the delivery plan of which was aligned to the NHS People Plan 2020/21, published in late July 2021, thus creating an overarching Strategic People Delivery plan 2020/21. The integrated people objectives are:

1. We will create the conditions to promote wellbeing and enable an engaged workforce to improve patient and staff experience
2. We will attract and retain a diverse workforce aligned to our culture and values, to ensure that we have the staff with the skills to deliver excellent patient care
3. We will develop a collaborative, compassionate and inclusive culture of collective leadership and organisational learning

Throughout the pandemic, and as the organisation transitions into its recovery phase, the Trust has continued to deliver against its people objectives, recognising their importance in supporting the workforce. Successes to date include:

- Extending the in-house mental wellbeing support provision in partnership with *Rugby League Cares*
- The Brathay Trust and *Talk It Out*
- Development and implementation of ‘*Supporting Attendance*’ policy to focus on wellbeing and keeping people well at work
- Implementation of Leadership Circles to provide peer support to leaders in challenging times
- Providing pastoral support and coordination of international recruitment
- Introduction of a video to support managers to recruit through an equality, diversity and inclusion lens

- Development of line manager framework aligned to new organisational values to support managers to be able to support their teams
- Implementation of Affina team development to enable a robust evidence-based intervention to continue to support our workforce.

The refreshed People Strategy for 2022-2025, aligned to the NHS People Plan, NHS People Promise and the Future of HR&OD NHS Report will launch in April 2022.

The integrated people objectives are:

Looking After WHH People: We will prioritise the safety, health and wellbeing of our people to ensure work has a positive impact through the recognition and appreciation of our people, and by providing the best patient and staff experience

Innovating the Way we Work: We will embrace new ways of working to attract and retain an engaged, responsive, diverse and flexible workforce to care for our patients

Growing our WHH Workforce for the Future: We will support personal and professional development, ensuring equal access to opportunities, and will nurture, grow and develop diverse teams with a shared purpose to care for our patients

Belonging in WHH: We will enable staff to have a voice, through the development of a just and learning culture which values diversity, inclusion, compassionate leadership and equity for all.

We continue to strive to be the best place to work with a diverse, engaged workforce that is fit for the future. This is reflected across a range of metrics, including our health and wellbeing and equality, diversity and inclusion score results from the 2021 staff survey.

The Trust’s workforce performance metrics are published on a monthly basis, available on the extranet as an interactive dashboard and discussed in several forums. Employees are encouraged to review them, and leaders are expected to develop actions to improve performance, through an inclusive approach.

5.1 Analysis of staff costs (audited)

	2021/22			2020/21		
	Total £000s	Permanent £000s	Other £000s	Total £000s	Permanent £000s	Other £000s
Salaries and wages	161,712	161,712		154,938	154,938	
Social security costs	15,344	15,344		14,571	14,571	
Apprenticeship levy	772	772		735	735	
Pension costs (employer contributions to NHS Pensions)	18,429	18,429		17,453	17,453	
Pension costs (other)	88	88		67	67	
Pension costs (employer contribu- tions paid by NHSE on Provider's behalf (6.3%))	8,117	8,117		7,674	7,674	
Termination benefits	46	46		71	71	
Temporary staff - external bank	21,829		21,829	23,559		23,559
Temporary staff - agency/contract staff	12,735		12,735	15,242		15,242
Total employee benefit expenses	239,072	204,508	34,564	234,310	195,509	38,801
Less costs capitalised as part of assets	-656	-656		-631	-631	
Total per employee expenses	238,416	203,852	34,564	233,679	194,878	38,801

Employee costs include staff costs of £656k (£631k in 2020/21) which have been capitalised as part of the Trust's capital programme. These amounts are excluded from employee expenses (Note 5.1). The employee expenses table above is for Executive Directors, staff costs and redundancy payments only. It excludes Non-Executive Directors.

5.2 Analysis of average staff numbers (audited)

The average number of employees is calculated as the whole-time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year.

Staff Category	2021/2022			2020/2021			2019/2020
	Permanently Employed	Other	Total	Permanently Employed	Other	Total	Total
Medical and dental	201	120	321	196	122	318	328
Administration and estates	1,154	64	1,218	1,122	58	1,180	1,197
Healthcare assistants and other support staff	679	37	716	671	66	737	669
Nursing, midwifery and health visiting staff	974	84	1,058	951	27	978	964
Scientific, therapeutic and technical	535	11	546	526	12	538	569
Total	3,543	316	3,859	3,466	285	3,751	3,727

5.3 Breakdown each year end of each gender by Directors, other Senior Managers and Employees

Below is a breakdown of the number of male and female directors and senior managers, calculated by using the average headcount for each month in the financial year.

	2021/2022		2020/2021		2019/2020		2018/2019	
	Male	Female	Male	Female	Male	Female	Male	Female
Directors (Executive, Non-Executive and Associate Non-Executive Director)	8	8	8	8	8	8	8	8
Senior Managers (Band 8a and above)	57	210	57	191	54	168	53	160
Other Employees	964	3673	913	3568	843	3459	813	3440

5.4 Sickness Absence Data

Supporting Attendance

The Trust has a clear and robust framework within which managers are able to address the issues of attendance and sickness absence with a consistent, supportive and fair approach through the newly developed Supporting Attendance policy. There is a strong focus on workforce health and wellbeing across the organisation, as set out within our People Strategy.

The pandemic created its own challenges with regards to attendance management; the Trust strictly followed guidance as set out by NHS Employers, sticking to the overarching principle that no individual should continue to suffer a detriment if the absence is COVID related.

For information in respect of sickness absence, please use the following link: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Staff Turnover

Improving staff turnover and retention is a fundamental part of the People Strategy and NHS People Plan. However, during the pandemic, the Trust's priority was the pandemic response and therefore engaged large numbers of individuals able to work, often those returning to the NHS or students whose studies had been put on hold. Due to the nature of these engagements, they were often short term. They had a positive impact on the Trust's patient care, however as a consequence of the short-term nature of the contracts, a detrimental impact on staff turnover and retention.

The Trust therefore introduced a new measure to review the turnover and retention of the permanent staff only. The below table outlines the annual permanent turnover and retention percentages for 2021/2022. For all other information in respect of staff turnover, please use the following link: [NHS workforce statistics published by NHS Digital](#)

	2021/2022	2020/2021
Permanent Staff Turnover	14.6%	10.2%
Permanent Staff Retention	87.5%	91.8%

5.5 Staff policies and actions applied during the financial year

1. Adoption Leave Policy
2. Agile Working Policy
3. Annual Leave Policy
4. Annual Leave Policy for Consultant Medical and Dental Staff
5. Appraisal Policy
6. Apprenticeship Policy
7. Supporting Attendance Policy
8. Career Break Policy and Procedure for Application
9. Clinical Excellence Awards Policy
10. Consultant Job Planning Policy
11. Dignity at Work
12. Disciplinary Policy
13. Equality Diversity and Inclusion Policy
14. Fire Safety Policy
15. Flexible Working Policy
16. Health and Safety Policy
17. Grievance Procedure
18. Induction Policy
19. Intravenous drug administration (Excluding Neonatal Unit)
20. Job Planning Policy for SAS Doctors (in the process of getting signed off)
21. Maintaining High Professional Standards
22. Management of Needlestick, Sharps and Inoculation Injury, including Sharps
23. Management of Personal Relationships at Work
24. Maternity Leave Pay Information for All Staff
25. Medical Illustration Photography Policy
26. Mental Health and Wellbeing Policy
27. Multi-professional Clinical Supervision Policy
28. Non-Medical Staff Study Leave Funding Policy
29. Occupational Health Standards for Health Clearance and Immunisation of Healthcare Workers and Trust Employees
30. On Call Policy
31. Organisational Change Policy
32. Overtime Policy
33. Paternity and Parental Leave Policy
34. Pay Progression Policy
35. Performance Improvement Policy
36. Policy for the Payment of Travel and Expenses
37. Preceptorship Policy
38. Professional Clinical Registration Policy
39. Protection of Pay Policy
40. Providing Employment References Policy
41. Recruitment and Selection Policy
42. Recovery of Employee Related Overpayments and Outstanding Debt Policy
43. Remediation Policy for Medical and Dental Staff
44. Resuscitation Policy
45. Retirement and Long Service Policy
46. Revalidation Policy
47. Safety Policy
48. Secondment Policy
49. Shared parental leave policy
50. Special Leave
51. Staff Car Park Policy
52. Staff Mental Wellbeing and Emotional Resilience
53. Study and Professional Leave Policy for Non-Training Grade Medical Staff
54. Temporary Staffing Policy
55. The Strengthened Medical Appraisal to Support Revalidation Policy
56. Time off for TU Reps Policy
57. Training and Development Policy
58. Training and Maternity Services Policy
59. Transfer of Patients and Clinicals Handover Policy (Adults)
60. Unified Do not attempt Cardiopulmonary Resuscitation Policy
61. Uniform and Workwear Policy
62. Whistleblowing - Freedom to Speak Up Policy
63. Work Experience Policy

Equality, Diversity and Inclusion

The Trust is committed to equality, diversity and inclusion across our workforce. We aim to be a leading organisation, which is recognised locally, regionally and nationally, for promoting equality, diversity and inclusion.

The Trust's Equality Diversity and Inclusion (EDI) Strategy 2019-2022, provides our basis for creating a culture of inclusion encompassing our patients, communities and workforce. Following the NHS People Plan 2020/21 being published, the Trust integrated the People Strategy Delivery Plan and EDI Strategy Delivery Plan to create an overarching Strategic People Delivery plan 2020/21.

The integrated objectives are:

1. We will build and maintain a diverse and representative workforce that is empowered, engaged and supported to demonstrate inclusive behaviours.
2. We will work to ensure that the Trust has inclusive and diverse leadership across all levels of the workforce.

The Trust continues to undertake a strategic review of equality, diversity and inclusion practice within the organisation which has resulted in the implementation of Equality Impact Analysis training at senior levels within the organisation to ensure cascading of information through operational teams. This approach will enable the organisation to demonstrate the importance of thinking of equality, diversity and inclusion at the outset of any policy, programme, project and as part of the review process.

The development of staff voice throughout the pandemic has continued and membership has steadily increased across the organisation. The organisation has thriving staff networks in the following areas:

- Armed Forces Network – Those who have served in the Armed Forces
- BAME – Building A Multi-Ethnic environment
- Disability - Physical, sensory, hidden disabilities and allies
- LGBTQA+ - Lesbian, Gay, Bisexual, Trans, Questioning, Ally

Our Staff Network members have had the opportunity to participate in the implementation of a reciprocal mentoring scheme where senior leaders across the organisation have the opportunity to mentor and be

mentored by our Staff Network members to understand what it is like to be part of our WHH team.

Staff Network members have also had the opportunity to participate in a career development programme developed in partnership with the Staff Network and implemented as a result of the findings in both the statutory Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Our organisation's commitment and approach to Equality, Diversity and Inclusion has resulted in participation in a Disability Confident Leader pilot in partnership with NHSE/I as well as an application to achieve Navajo charter mark status which focuses on the experience of our LGBT workforce.

Through collating our data for the EDS2 report we have engaged across our workforce to evaluate how we are progressing within the areas addressed this year. We identified areas of good practice to celebrate and development priorities.

The Trust has met all of its statutory reporting requirements throughout 2021/22 and all reports are published on the Trust website (available here: <https://whh.nhs.uk/about-us/corporate-publications-and-statutory-information/equality-diversity-and-human-rights>). The outputs of these publications continue to direct our engagement with our patients, our workforce and our communities, and have fed into our Strategy.

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees:

We have continued to communicate with our staff through a variety of methods. We make use of a variety of media platforms such as the monthly team brief, the emailed weekly update and daily safety briefing arising from the daily safety huddle.

Our communication with our staff remains of great importance and continue to utilise our monthly team brief, weekly update from our communication teams and daily safety huddle updates. The primary method of this communication is via email however our People Champions ensure that this is accessible to all staff through printing out this information and displaying it across the Trust. The safety huddle outcomes are also used as part of our clinical areas' daily face to face huddle/handover which has been cited as best practice by the Good Governance Institute. In addition, the Staff engagement and wellbeing team visit all clinical and non-clinical areas across the organisation to deliver any key messages or information on campaigns that will be of interest to the workforce.

There is also an expectation that all team members who were unable to attend the monthly team brief sessions have this information provided to them as part of their team meetings. Team Brief continues to be an open invite to all our staff. It continues to be presented by our Chief Executive on both Trust sites, based around our Quality, People and Sustainability framework and is delivered during the day and also early evening to facilitate our night and weekend staff to participate.

Our social media profile continues to grow utilising this opportunity to communicate via Twitter, Facebook and Instagram ensuring a wide reach for our communications. Our Executive Directors continue to be a visible presence within the Trust engaging with staff and seeking opinion and feedback.

Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests:

The strong culture of partnership working with Staff Side colleagues and the Trust continues with the ongoing Joint Negotiating and Consultative Committee (JNCC) meetings providing a forum for communication and collaborative working. The group meets every two months as a forum for consultation and negotiation on a range of issues that are of common interest to managers and employees. There is also a monthly Local Negotiating Committee, which feeds into JNCC, relating to medical staff. In addition to the formal partnership working structures, there are a range of informal 'touch points' each month between the HR and OD Team and staff side colleagues.

Employee voice is heard through the Staff Survey and the national People Pulse survey. In addition to formal surveys, the development of Staff Networks provide another channel to promote collaborative working and ensure that the employee voice is heard and acted upon. Our Staff Engagement and Wellbeing team continue to seek engagement from all areas of our workforce in bringing ideas to life to improve our patient care and staff experience.

Information on health and safety performance and occupational health:

Our Workplace Health and Wellbeing Team deliver our Occupational Health service and have responsibility for supporting staff health and Wellbeing. The Department is a SEQOSH accredited nurse led unit, with a team of fully qualified occupational health nurses. The department provides employment clearance, vaccination, flu campaigns, well-being and health

support, physiotherapy and counselling. For the period 2021-22, the Occupational Health and Wellbeing team also provided a bespoke COVID-19 workforce response service which included contact tracing aligned with Public Health England guidelines, providing advice, information and support for Clinically Vulnerable and Clinically Extremely Vulnerable members of staff, coordination of staff testing and responding to outbreaks with provision onsite.

The team consists of nurses, physiotherapists, on site counsellors, administrators and external doctor provisions offering a robust integrated OH service, supporting Commissioning for Quality Innovation (CQUIN) targets and our People Strategy.

Key highlights of the year include:

COVID-19 Workforce Response

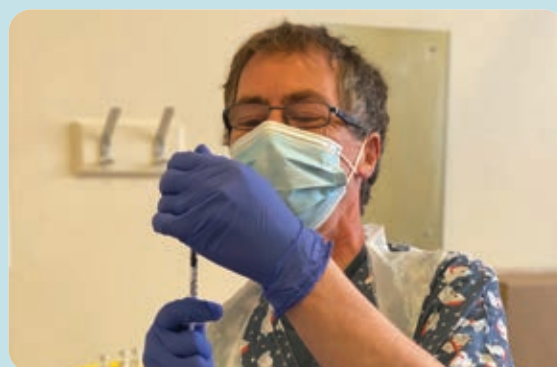
The Occupational Health and Wellbeing team continued to support a seven-day service to support the workforce during the pandemic. The team have taken over 12,000 calls to deliver a personalised service based on the needs of the workforce from the coordination of testing through to the delivery of risk assessments in order to enable shielding and clinically extremely vulnerable members of staff to safely return to the workplace.

Flu Campaign

1. The Trust achieved the vaccination rate of 71.4% of front-line staff
2. The CQUIN target was achieved

Musculoskeletal (MSK)

The physiotherapists have provided a hybrid service in line with COVID-19 restrictions during 2021-2022 with both telephone advice and face-to-face appointments available for our workforce. The team continue to offer a fast-track referral system for the workforce.



Mental Health and Wellbeing

There continues to be significant investment in mental health and wellbeing over the past 12 months, responding to the needs of the workforce and supporting them through workforce recovery as the organisation transitions through the pandemic. The mental health and wellbeing offer for the workforce was scaled up during the COVID-19 pandemic response and has resulted in a series of bespoke interventions to support individuals and teams most impacted by the pandemic through a pilot project with The Brathay Trust in the Lake District as well as ongoing wellbeing support in partnership with Rugby League Cares. The mental wellbeing hub on-site during 2021-22 has provided 3,254 1:1 and group interventions to support the workforce, delivered over 150 workshops and supported over 40 areas or departments. The team has enabled the workforce to have access to a range of interventions such as 1:1 or group counselling, Cognitive Behaviour Therapy (CBT), resilience training, mediation, relaxation sessions, mindfulness and therapeutic debriefing for distressing incidents. The offers available to the workforce are fully equality impact assessed and respond to the needs of the workforce and the latest evidence.

The organisation continues to invest in the provision of Mental Health First Aid including Psychological First Aid and has a network of over 50 members of staff who can support individuals and signpost to additional support where necessary. In addition, the organisation has developed dedicated extranet pages for staff to access a range of support topics such as financial wellbeing, healthy lifestyles, relationship breakdown and legal issues.

Gender Pay Gap

The Trust is committed to furthering equality, diversity and human rights and reducing inequalities in the workplace. Warrington and Halton Hospitals address equality and fair access to career pathways and progression in its Equality Strategy 2018-2021.

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and with reference to the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>), WHH are required to report annually on their gender pay gap which can be found using the following link: [Statutory information :: Warrington and Halton Hospitals NHS Trust \(whh.nhs.uk\)](https://www.nhs.uk/about-us/our-organisation/warrington-and-halton-hospitals-nhs-trust/)

5.6 Trade Union Facility Time

Trade Union Facilities Time

The Trust's statistics relating to our Trade Union facility time for the period ending 31 March 2022 (published in July 2021) are as follows:



Number of employees who were relevant union officials during the period 2021-22

No employees who were relevant union officials	Full time equivalent employee number
25	24.4

Percentage of time spent on facility time

Percentage	No of individuals
0%	0
1 – 50%	23
51 – 99 %	0
100 %	2

Total cost of facility time

Total cost of facility time	£40,438
Total pay bill (2019 – 20)	£186,960,000
% Total pay bill spent on facility time	2%

Paid trade union activities

	%
Paid TU activity time as a percentage of paid facility time	5.2

5.7 Reporting high paid off-payroll engagements

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2022 earning £245 per day or greater

Number of existing engagements as of 31 March 2022	22
Of which...	
Number that have existed for less than one year at time of reporting.	5
Number that have existed for between one and two years at time of reporting.	2
Number that have existed for between two and three years at time of reporting.	7
Number that have existed for between three and four years at time of reporting.	8
Number that have existed for four or more years at time of reporting.	0

Existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.



Table 2: All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2022 5

Of which...

Not subject to off-payroll legislation *

Subject to off-payroll legislation and determined as in- scope of IR35 *

Subject to off-payroll legislation and determined as out- of-scope of IR35 * 5

Number of engagements reassessed for compliance or assurance purposes during the year

Of which: number of engagements that saw a change to IR35 status following review

** 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*

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year 0

Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year 29*

**All directors and Bands 8d and 9 (all on payroll)*



6.



Additional
Information

6.1 Disclosure set out in the NHS Foundation Trust Code of Governance

The Directors are responsible for the preparation of the annual report and annual accounts. The Board of Directors considers the annual report and accounts, taken as a whole, are 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.

Principles and standards of clinical and corporate governance are set and overseen by standing committees of the Board. The Trust has established policies and processes that reflect the principles of the NHS Foundation Trust Code of Governance. These include:

1. Standing Orders of the Board of Directors
2. Standing Orders of the Council of Governors
3. Scheme of Reservation and Delegation of Powers (SoRD)
4. Standing Financial Instructions (SFIs)
5. Established role of the Senior Independent Director (SID)
6. Agreed recruitment process for Non-Executive Directors
7. Induction programme for Non-Executive and Executive Directors
8. Regular private meetings between the Chair and the Non-Executive Directors
9. Robust performance appraisal process for all Non-Executive Directors, including the Chairman, developed and approved by the Council of Governors
10. Attendance records for Directors and Governors at key meetings
11. Induction programme and continuing training and development for Governors
12. Council of Governors process for raising concerns and resolving disagreements between the Council of Governors and Board of Directors
13. Established role of Lead Governors
14. Structure of Council of Governors subgroups
15. Patient, Public Participation and Involvement (PPP&I) strategy in place
16. Nomination and Remuneration Committee (NARC) of the Board of Directors
17. Nomination and Remuneration Committee of the Council of Governors (GNARC)
18. Publicly available Register of Interests for Directors, Governors and Senior staff
19. Fit and Proper Persons checks and declarations
20. Code of Conduct for Board of Directors
21. Code of Conduct for Council of Governors
22. Robust Audit Committee arrangements
23. Governor-led appointment process for External Auditor
24. Freedom to Speak Up Policy and counter fraud policy and plan
25. Going Concern statement.



Warrington and Halton Teaching Hospitals 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. It declares there is one item that the Trust departed from:

1. Provision B6.2 which states:
'BoD evaluation should be externally facilitated at least every 3 years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust'

The Board last commissioned an independent evaluation against the Monitor framework in 2017, and therefore compliance with this provision, required a further review in 2020. A review was to be planned for the latter part of the year; however, after escalation of the coronavirus pandemic, this was not viable option.

Towards the end of 2021/22 the Trust commissioned a further independent evaluation to take place in the first half of 2022/23.

The NHS reforms and development of Integrated Care Systems place a new emphasis on the Well Led Framework and therefore the Board will await further clarity on legislative change and the development of new local systems and governance structures, before investing in a comprehensive independent well led review based upon the Monitor Framework.

As a result of the global pandemic, the Board reprioritised its 2021/22 Board development plan and brought in external expertise to advise on matters such as staff resilience, equality and inclusion, the positioning of the Trust in relation to Integrated Care Systems Development.

In summary, whilst the Board has not comprehensively re-evaluated against Monitor's leadership and governance framework, it has made use of external assurances and commissioned independent advice where it has deemed this to offer most value in delivering improvement for the benefit of patients and staff in line with the Trust's Vision, values, strategy and to support it in leading its emergency response to the pandemic.



6.2 NHS England and NHS Improvement's NHS System Oversight Framework

In 2021/22, NHS England & Improvement launched the NHS System Oversight Framework (replacing the NHS Oversight Framework) with an emphasis on collaboration and performance as a system. The framework is built on five national themes in addition to a local theme to be agreed by the system.

The five national themes are:

- Quality of Care, Access & Outcomes
- Finance & Use of Resources
- Preventing Ill Health & Reducing Inequalities
- Leadership and capability
- People

NHS England & Improvement have allocated Trusts and ICSs to one of four 'segments'. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for a recovery support programme (segment 4).

Segmentation

On 31st March 2022, the Trust is assigned to segment 2.

Current segmentation of NHS Trusts and Foundation Trusts is published on the NHS England website.



6.3 Statement of Accounting Officer's responsibilities as the accounting officer of Warrington & Halton Teaching Hospitals NHS Foundation Trust

Statement of the Chief Executive's responsibilities as the accounting officer of Warrington & Halton Teaching Hospitals NHS Foundation Trust.

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Warrington & Halton Teaching Hospitals 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 Warrington & Halton Teaching Hospitals 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 Group Accounting Manual and in particular to:

1. Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
2. Make judgements and estimates on a reasonable basis
3. 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

4. Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
5. 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
6. 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:

6.4 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 Warrington and Halton Teaching Hospitals 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 Warrington and Halton Teaching Hospitals 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 Warrington and Halton Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accounting Officer, supported by the Board Members, I have responsibility for the overall direction of the risk management systems and processes within the Trust. I have delegated the Executive Lead for risk management to the Chief Nurse & Deputy Chief Executive who in turn is supported by the Director of Integrated Governance & Quality who manages the risk team.

The Quality Assurance Committee is the delegated committee of the Board of Directors to oversee the strategic risk register. Strategic risks are discussed at each meeting. It approves amendments to the strategic risk register / board assurance framework for ratification by the Board of Directors.

The Finance and Sustainability Committee oversees financial and digital risks on behalf of the Trust and report on any additional risk/controls/assurances which will be recorded on the appropriate risk register. The Strategic People Committee oversees workforce risk on behalf of the Trust and report on any additional risk/controls/assurances which will be recorded on the appropriate risk register.

The Risk Review Group reports to Trust Quality Assurance Committee and oversees the Corporate Risk Register and CBU risk registers on a rolling programme making recommendations to the Quality Assurance Committee regarding new strategic risks, review of existing strategic risks and assurance review of the Corporate Risk Register and CBU risk registers.

The Audit Committee oversees the entire risk management system. It commissions an annual audit of the board assurance framework and strategic risk register, as part of the internal audit plan, to satisfy itself that the system of internal control is effective. It examines the assurances on the effectiveness of controls for all strategic risks received from the Chair of the Quality Committee, and from internal and external auditors.

Risk Training

Staff are trained and equipped to manage risk in a way appropriate to their authority and duties. All new staff receive information as part of the local induction programme organised by line managers. Monthly risk assessment training is in place for all staff who are required to undertake risk assessments as part of their role.

All senior managers are required to complete Risk Management training.

Further education is provided with cyclical mandatory training undertaken by both clinical and non-clinical staff; the content for this programme is continually reviewed in light of any changes. There is a robust appraisal process which facilitates the identification of individual staff training needs. These are reviewed as part of the member of staff's annual performance and development appraisal. All relevant risk policies are available to staff via the Trust's document management system including:

1. Risk Management Strategy
2. Risk Assessment Policy
3. Incident Reporting & Investigation Policy (Including Serious Incident Framework & Duty of Candour)
4. Complaints & Concerns Policy

The Trust is committed to quality improvement and recognises the benefits gained from shared learning which helps to minimise future risk and to improve the care that the Trust provides. To achieve this, the Trust uses a range of mechanisms including clinical supervision, reflective practice, individual and peer reviews, performance management, continuing professional development, clinical audit and the application of evidence-based practice. The revalidation process that a number of health professionals now undertake further supports learning and development.

Lessons learned and good practice is shared throughout the Trust, for example via the Trust-wide Safety Huddle, daily Safety Briefings, Quality Assurance Committee, Patient Safety & Clinical Effectiveness Sub Committee, Complaints Quality Assurance Group and the Clinical Claims Group. Furthermore, the Trust publishes the Learning to Improve Newsletters quarterly. The Clinical Business Units (CBUs) also have a robust governance process for feedback.

The Trust has invested in external training for senior key leads within the organisation. This will be facilitated by Amber Wing.

The risk and control framework

During the year the Trust continued to develop and enhance its governance and risk management systems and processes. It also fully appraised its key strategic risks and refreshed its Board Assurance Framework which is reviewed by the Board at each of its meetings and the Quality Assurance Committee on a monthly basis. In year, there was further alignment of the relevant elements of the Board Assurance Framework to the committees of the board.

The Risk Management Strategy provides a framework for managing risk across the Trust. The Strategy

describes the process for managing risks and the roles and responsibilities of the Board of Directors, its Committees and that of all staff and provides a clear, structured and systematic approach to the management of risk to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the Trust.

Local risk registers are monitored and maintained locally within the Clinical Business Units (CBU) which enables risk management decision-making to occur as near as practicable to the risk source. For those risks that cannot be managed locally these are escalated to the Corporate Risk Register and Strategic Risk Register where required.

Risks are scored by the competent person undertaking the risk assessment and validated by a manager according to the residual risk score:

1. **8 or below** (low, and very low) are verified by the ward or department manager.
2. **9-12** (moderate) are verified by CBU Managers, Corporate Heads of Service, Lead Nurse, Matron
3. **≥15** (significant) are verified at Executive level. They are reviewed at the Risk Review Group which is chaired by the Chief Nurse & Deputy Chief Executive and attended by the Director of Integrated Governance & Quality, Chief Operating Officer, Medical Director, Trust Secretary and Head of Safety and Risk. CBU Managers, Lead Nurses and Heads of Service also attend on a rotational basis. This group will review the risk for inclusion onto the Board Assurance Framework. The recommendation will then be reviewed and ratified by the Trust Quality Assurance Committee.

The Trust employs a number of systems to ensure that risk management is embedded within the organisation including business planning, performance management frameworks and clinical information systems. Regular reports are also available to the various committees responsible for aspects of risk management.

There are corporate policies and procedures in place to support risk management, covering the management of incidents, risk assessment and consent and general risk management arrangements. Risk appetite levels will depend on circumstances; for example the Trust will have a low tolerance to taking risks which may impact on patient or staff safety, but a greater appetite for opportunity risks such as major service developments which present significant challenges, but will ultimately bring benefits to the organisation. Expressing risk appetite can therefore enable an organisation to take decisions based on an understanding of the risks involved. It can also be a useful method of communicating expectations for risk-taking to managers and improve oversight of risk by the Board.

Risk appetites are determined by the Trust Board.

A Patient Safety Summit meeting takes place weekly, within the Governance Department, to ensure there is oversight of all SI's and to ensure the triangulation of incidents, complaints and risk.

The Trust encourages stakeholder and partner organisations' participation and has developed an active Patient Experience Committee. Partners and Governors are encouraged to raise issues, be involved in determining solutions and input to all aspects of risk management.

The Trust has a Board Assurance Framework in place which is reviewed by the Board of Directors and includes: the identification of the key risks to the achievement of the Trust strategic objectives and the systems in place to manage/mitigate these risks; the control systems in place to manage the key risks; the identification of sources of internal and external assurances evidencing the management of risk; and evidence of compliance with equality, diversity and human rights legislation. The Board Assurance Framework is reviewed by the Board of Directors at each of their meetings and the Audit Committee, and monthly by the Quality Assurance Committee, which provides additional challenge and scrutiny of the risks identified.

The NHS Digital Data Security and Protection Toolkit, an online tool that enables organisations to measure compliance against data security and information governance requirements, was introduced in June 2018.

The Trust receives assurance from the National Reporting and Learning System (NRLS) on reporting performance. This data forms part of the CQC Insight Report which incorporates data indicators that align to key lines of enquiry, brings together information from users of the Trust's services, knowledge from inspections of the Trust and data from our partners. Furthermore, the report indicates where the greatest risk to quality of care lies, points to services where the quality may be improving and monitors change over time for each measure.

Incidents, complaints, claims, Coroners' Inquests, and patient feedback are routinely analysed to identify lessons for learning and improve internal control. To enhance learning and improve governance, the Trust actively pursues external peer review of all serious incidents should this be necessary.

In 2021/2022 the management of risk continued to have significant focus around the COVID-19 pandemic with a specific Covid risk register feeding into the existing risk management structure. Restoration and Recovery also featured heavily in the management of risk in 2021/22.

Learning and improvement from incidents, complaints and claims has continued to be a focus for the Trust to help to improve internal controls impacting patient experience and patient safety. Risk KPIs are reported through the Quality Assurance Committee, its sub-committees, CBU-level reports; and shared with the lead Commissioners as part of the Quality Contract. Lessons for learning are also disseminated to staff using a variety of methods including Trust Wide Safety Huddle, which convenes on each weekday, the subsequent Safety Briefings and regular safety alerts.

Learning is further supported by meetings that include the Complaint Quality Assurance Group chaired by the Chair of the Trust, the Clinical Claims Group, Policy Review Group and Mortality Review Group.

Furthermore, each quarter a Learning from Experience Report and a Learning from Deaths report is compiled and submitted to the Quality Assurance Committee and the Trust Board. This includes aggregated analysis of Incidents, Complaints, Claims, Health & Safety incidents and Inquests. The report contains trend data and through qualitative and quantitative data analysis, provides assurance of lessons learned from past harms together with the changes to clinical practice that have subsequently been put in place.



The table below details the top three risks identified at the end of 2021/22 and these continue to be risks to the strategic objectives pertinent to 2022/23. All risks are effectively managed through the risk governance arrangements.

Risk Description/Key Controls

Risk Description	Key Controls
<p>Failure to meet the four-hour emergency access standard and incur recordable 12 hour Decision to Admit (DTA) breaches, caused by capacity constraints in the Local Authority, Private Provider and Primary Care capacity resulting in potential risks to the quality of care and safety to patient, staff health and well-being, Trust reputation, financial impact and below expected patient experience.</p>	<ol style="list-style-type: none"> 1. Trust Board approval of capital plan to build new purpose built acute Medical Ambulatory Care area (ED Plaza) 2. Integrated Discharge Team in place 3. Command & Control initiative in place since December 2022 and ongoing to support pathway 0 and pathway 1 discharges. This is creating necessary capacity to support wave 5. This is in line with national guidance. 4. To support capacity for Wave 5, elective activity moved to Captain Sir Thomas Moore Halton facility to protect elective programme
<p>Failure to deliver the capacity required caused by the ongoing COVID-19 pandemic and potential environmental constraints resulting in delayed appointments, treatments and potential harm</p>	<ol style="list-style-type: none"> 1. Trust Board approval of capital plan to build new purpose built acute Medical Ambulatory Care area (ED Plaza) 2. To support capacity for Wave 5, elective activity moved to Captain Sir Thomas Moore Halton facility to protect elective programme 3. Live dashboards and weekly activity reporting in place to ensure oversight and transparency of Trust recovery 4. Deployment of Bioquell Pods in ICU live and operational 5. Clinical Services Oversight Group (CSOG) established 6. Clinical Recovery Oversight Committee (CROC) established 7. Deployment of modular build at the Halton site to provide additional pre-operative assessment capacity in support of elective recovery. 8. Participation in national clinical validation exercise commenced in November 2020 to support and inform patient waiting time status and support safe management of waiting lists. 9. Operational planning monitored by Cheshire & Merseyside elective restoration meeting weekly and the Clinical Recovery Oversight Committee (CROC) & Clinical Services Oversight Group (CSOG).
<p>Failure to provide timely patient discharge caused by system-wide COVID-19 pressures, resulting in potential reduced capacity to admit patients safely.</p>	<ol style="list-style-type: none"> 1. Integrated Discharge Team comprising of hospital and Local Authority colleagues from Warrington and Halton to develop systems and process of discharge acknowledging difficulties of COVID-19. 2. Trust participates in Mid-Mersey Operational Group which supports Out of Hospital Cell discussions in relation to system discharge planning. 3. Discharge to Assess process in place to reduce the length of stay for a cohort of patients who would otherwise be assessed in hospital can be assessed in a transitional care bed. 4. Daily bed meetings to provide timely and effective benefits to patient flow 5. Approval of Intermediate Care business case to support a reduction in frailty length of stay and admission avoidance through geriatric input into the Emergency Department. 6. Command & Control initiative in place since December 2022 and ongoing to support pathway 0 and pathway 1 discharges. This is creating necessary capacity to support wave 5. This is in line with national guidance. 7. Working closely with Warrington Borough Council on a short-, medium- and long-term solution to community bed capacity, matching demand to capacity.

CQC Registration and Assessment

The Trust is required to register with the Care Quality Commission. The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

The CQC inspected Warrington and Halton Teaching Hospitals NHS Foundation Trust from 29th March to 2nd May 2019 and the final report was received in July 2019. During the visit the CQC looked at the quality and safety of the care provided, based on whether the service is: Safe, Effective, Caring, Responsive and Well-led. Included within the remit of the inspection was the Well-Led Inspection and NHSI Use of Resources review. The Trust was rated as 'Good' overall with an 'Outstanding' rating for Caring in Critical Care. A robust and comprehensive action plan was developed, and this has recently been signed off by the 'Moving to Outstanding' Steering Group which reports on progress to the Quality Assurance Committee and the Trust Board. The Trust is currently enhancing the specific work-streams developed to drive improvement actions, whilst identifying training, development, infrastructure and capital investment needs.

The Foundation Trust Code of Governance

The Foundation Trust governance structure ensures that the Board has an overarching responsibility through its leadership and, to ensure and be assured that the organisation operates with openness, transparency, and candour particularly in relation to its patients, the wider community and its staff. The Board holds itself to account including with a wide range of stakeholders.

The Governors play a significant role in holding the Board, and in particular the Non-Executive Directors, to account in a challenging but constructive way within a unitary board. A Governor observes each Board Committee and provides feedback to the Council of Governors. The Council of Governors meets quarterly as well as a quarterly Governor Engagement Group and regular Governor Working Party meetings. The Board has developed a culture across the organisation which supports open dialogue and includes Non-Executive Directors and Executive Directors visiting Wards and Departments to personally listen to feedback from staff, patients, their carers and relatives when possible.

The Board of Directors have throughout the year reviewed the relationship and responsibilities of the Board committees and sub-committees to ensure appropriate delegation of authority and that the appropriate assurance and oversight is maintained on behalf of the Trust Board. All the committees, which comprise of the Quality Assurance Committee, the Finance and Sustainability Committee, the Strategic People Committee and the time limited Clinical Recovery Oversight Committee, have Non-Executive Director (NED) membership and Chairs. The Complaints Quality Assurance Group is also chaired by the Chair of the Trust. The Audit Committee is a significant statutory committee of the Board that is chaired by a Non-Executive Director.

The Board receives Chair's Committee Assurance Reports from each of the committees which provide timely and accurate information and highlight areas of escalation. This facilitates an overarching and durable framework that allows the Board to make sense of the effective use of the information and data to gain further assurance of good practice in governance and provides confidence that the organisation provides patient centred care or provides alerts to where further investigation and monitoring may be required. To further support the Board, each of the committees receive regular updates and High-Level Briefings from the operational groups which are chaired by the Executive Directors. There is an opportunity at each meeting for the relevant operational group minutes to be questioned and where needed, further details requested and clarified.

The Board and its committees demonstrate leadership and the rigour of oversight of the Trust's performance by having formulated an effective strategy for the organisation, ensuring accountability by robustly challenging the control systems in place and where appropriate seeking further intelligence on the current trend analysis with the Trust's performance indicators to further understand the wider community's health needs.

The Trust is able to assure itself of the validity of its Corporate Governance Statement, required under NHS foundation Trust condition 4(8)(b) through its Annual Governance Statement (this document), its Code of Governance self-assessment evidence and its Head of Internal Audit Opinion, which reported substantial assurance for the period 1st April 2021 to 31st March 2022.

People & Organisational Development

The Trust's People Strategy delivery plan has been mapped against the NHS People Plan, NHS People Promise and the Future of HR&OD NHS Report to produce a cohesive strategic workforce delivery plan. Workforce recovery from the COVID-19 pandemic has also been integrated into the plan, based on a robust review of the evidence base available. Operational delivery of the plan continues to be overseen by the Operational People Committee, chaired by the Chief People Officer. A Workforce Recovery Steering Group has been established to oversee the development, delivery and prioritisation of workforce recovery across the Trust. Strategic People Committee, which is a Sub-Committee of the Board, chaired by a Non-Executive Director, has strategic oversight of the plan, and provides assurance to Board.

Developing Workforce Safeguards support WHH to deliver high quality care through safe and efficient staffing. The National Quality Boards (NQB's) guidance in relation to safe staffing states that providers:

1. Must deploy sufficient suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively
2. Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times
3. Must use an approach that reflects current legislation and guidance where it is available

The development of the WHH Annual Workforce Plan, which contributes to the Cheshire and Merseyside overall Workforce Plan, enables the identification of skill gaps and supports a system wide approach to addressing these gaps, enabling WHH to continue to deliver high quality care through safe and efficient staffing. Scrutiny and operational oversight on systems and processes to support safer staffing, is provided from within the Trust's current governance structure. Strategic People Committee and Trust Board receive regular updates on safe staffing, staff development and key work developments such as the systematic approach to skill mixes or the introduction of new roles to support personal and professional development that will nurture, grow, and develop sufficiently competent diverse teams with a shared purpose to care for patients.

In addition, formal audits are undertaken into staffing processes such as recruitment and payroll, which are reported to the Trust Audit Committee. The Safer Staffing Report is provided to Quality Assurance Committee and presented bi-monthly to Trust Board.

This identified areas of acuity, safe nursing staffing numbers and any incidents associated with staffing are brought to the attention of the Committee and the Board for assurance.

Board oversight of staffing processes is also achieved via the workforce elements of the Integrated Performance Report, which include key operational indicators such as absence, turnover and training compliance.

Register of Interests

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

NHS Pension Scheme

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.

Equality, Diversity and Human Rights

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

Delivering a Net Zero Health Service

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. 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

The Trust has performance management processes in place that review the economy, efficiency and effectiveness of the use of resources. The Chief Finance Officer & Deputy Chief Executive chairs the monthly Finance Resource Group (FRG) which reviews financial performance of all CBUs and Corporate Areas and reports into the non-executive led Finance and Sustainability Committee (FSC). Part of the remit of the FSC, which meets monthly, is to support the Trust Board in gaining assurances on the economy, efficiency and effectiveness of the use of resources. Standing items on the agenda include the monthly financial position report, pay report) and COVID-19 expenditure report to ensure regular review of any financial challenges and implementation of recovery measures.

The Executive Team reviews and monitors the operational performance of the Trust. The Trust has a Use of Resources Group, which is led by the Chief Finance Officer & Deputy Chief Executive. Use of Resources is a workstream supporting the Trust's programme of 'Moving to Outstanding' CQC rating. Progress is reported to the Trust Board via a Use of Resources report. The Board at each meeting is provided with an Integrated Performance Report that sets out performance against an agreed framework of performance measures for Quality, People and Sustainability. The Chief Finance Officer & Deputy Chief Executive reports to the Quality Committee the Cost Improvement Plan (CIP) Quality Impact Assessments to provide assurance that CIPs have not had a detrimental impact to the quality of services.

The Trust has a policy and governance framework in place to guide staff on the appropriate use of resources through its Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation. In addition, there is a robust system for developing and routinely reviewing policies and procedures and staff are appropriately updated and guided or trained on their application.

Independent assurance is provided through the Trust's internal audit programme and the work undertaken by counter fraud. Reports are presented to the Audit Committee in each meeting. In addition, further assurance on the use of resources is obtained from external agencies, including the external auditors and the regulators.

Financial Governance

The Trust recorded an adjusted surplus of £0.2m which is slightly better than the breakeven plan. This adjusted surplus is the value which NHSE/I monitors the Trust against and was achieved.

The annual capital programme was £19.2m (including £0.15m donated assets) and the actual spend for the year was £17.6m on property, plant and equipment, £1.4m on intangible assets and the Trust also received £0.15m donated assets, delivering an underspend of £0.05m.

The cash balance at the end of the year was £44.7m which will be utilised to fund the annual leave accrual, new EPCMS and delayed capital creditors.

There were no failures in financial governance during the year. The Finance and Sustainability Committee reviewed and scrutinised the financial position and performance of the Trust closely throughout the year and escalated any relevant items to the Board in the Chair's exception report.

Furthermore, the Board reviewed the position and challenged forecast outturns and mitigations on a regular basis.

Capital has been monitored through the year via Capital Planning Group and Finance and Sustainability Committee, with particular focus on schemes over £0.5m.

Over the last 12 months the Trust has continued to have regular meetings with NHSE/I where the financial position, forecast and capital have been discussed, reviewed, and challenged.

Information governance

Organisations that have access to NHS patient information must provide assurances that best practice data security and protection mechanisms are in place. The Trust is contractually obliged to undertake assessments against the NHS Digital Data Security and Protection Toolkit on an annual basis.

The Trust's most recent Data Security and Protection Toolkit assessment was produced by Mersey Internal Audit Agency in July 2021 as part of the Trust's annual audit programme. Two assurance levels were included within the DSPT Assessment report. The veracity of the Trust's assessment of its DSPT position was awarded

substantial assurance. Overall assurance against all ten domains within the DSPT was calculated as moderate assurance.

In the 2021/22 financial year the Trust reported nine data loss incidents via the NHS Digital Data Security and Protection Toolkit reporting tool which were escalated to the Information Commissioner's Office (ICO). After investigating the circumstances surrounding each of the nine reported incidents the ICO ruled that further action against the Trust was not necessary in relation to seven of the incidents. As of April 2022, a decision on the remaining two incidents is still pending. Details of incidents reported to the ICO during the 2021/22 financial year are included in the table below.

NHS Digital Reference	Date Reported	Detail	Information Commissioner's Office Decision
23885	05/05/2021	A staff member posted a picture taken on a mobile phone on the Trust's premises on Facebook. The image contained a name, a partial address and the name of some generic medication relating to a service user.	No further action deemed necessary by the ICO.
25171	16/08/21	A District Nurse referral letter was sent to an incorrect recipient. The letter contained clinical detail and identifiable material (name, address, DOB telephone number) relating to a Urology patient at the Trust.	No further action deemed necessary by the ICO.
25233	20/08/21	Child attended urgent care setting with a minor finger injury following 111 call. Incorrect patient pulled from national spine and demographics then incorrectly edited nationally therefore editing GP details. Information then sent to GP of incorrect patient regarding attendance.	No further action deemed necessary by the ICO.
26796	25/01/2022	A child attended accident and emergency in care of its father. A restraining order is in place preventing the father from having contact with the mother and/or knowing the mother's address. The father was shown the mother's address by accident and emergency department staff when asked to confirm the address as there were two on the system, the mother's address, and the father's address. This has led to the father now being aware of the mother's address.	No further action deemed necessary by the ICO.
26882	01/02/2022	As part of a subject access request response a patient has been sent the notes of another data subject.	Awaiting ICO response.
27081	17/02/2022	Received a telephone call from a patient's mother to say that she had also received a copy of another child's letter along with hers.	No further action deemed necessary by the ICO.
27083	17/02/2022	A lady booked with the Trust's maternity department online and completed a form and provided her correct address. The Trust's ultrasound department then sent her dating scan appointment letter to the mother's former partner's house.	No further action deemed necessary by the ICO.
27253	03/03/2022	Patient sent another patient's details and contacted the patient in question directly to alert her.	Awaiting ICO response.
27345	10/03/2022	Inappropriate access was made by a doctor to records held in the national summary care record system.	ICO concluded that the Trust was not the data controller of information in this system. No further action taken.

Under the Network and Information Systems (NIS) Regulations 2018 the Trust is required to have adequate data and cyber security measures in place to protect against the increasing cyber threat. As an operator of essential services, we are required to report network and information systems incidents which have significantly affected the continuity of services. The Trust has recorded no such incidents in the 2021/22 financial year.

As required by the Data Protection Act 2018 the Trust conducts Data Protection Impact Assessments (DPIAs) on projects that involve new types of data processing. A summary of DPIAs conducted will be made publicly available on the Trust's website. No high-risk data processing issues which would require escalation to the ICO were identified in the impact assessments completed during 2021/22 financial year.

The Trust uses the Data Security and Protection Toolkit in conjunction with the Datix Risk Management system to inform the work of its Information Governance and Corporate Records Sub-Committee. The Information Governance and Records Sub-Committee is accountable to the Quality Assurance Committee which is a sub-committee of the Trust board.

The Trust's Senior Information Risk Owner (SIRO) chairs the Information Governance and Records Sub-Committee which is also attended by the Trust's Caldicott Guardian. The SIRO (Chief Information Officer) acts as the Board level lead for information risk within the Trust. Any areas of weakness in relation to the management of information risk which are identified, or are highlighted by internal audit review, are targeted with action plans to ensure that we continue to strive to be information governance assured.

Data Quality and Governance

A Data Quality and Assurance Group is established as a sub-group of the Information Governance & Corporate Records Sub-Committee and is chaired by the Associate Director of Information. The membership of the group includes the following as core members: Information Governance; Digital Analytics; Workforce; Contracting & Performance; ePR; Clinical Coding; Finance; Clinical Audit; Referral to Treatment, with subject experts from operational teams co-opted as and when required.

The standard agenda includes the following items:

1. SUS (Secondary User Service) Data Quality Report.
2. Systems Data Quality corrections.
3. NHS Digital Information Standards Notifications tracking.
4. Data Security and Protection Toolkit update.

5. Documents for Review/Approval.
6. Data Quality Policy.
7. Finance update including NHS England Compliance report for financial data quality.
8. Coding update.
9. Contracts/Model Hospital updates.
10. Workforce update.
11. ePR/(PAS) Patient Administration System update.
12. RTT update.

The Trust Data Quality policy is available via the Trust's policy HUB for ease of access.

All staff including clinicians and administrative staff who collect and record data, both manually and on the Trust clinical information systems, are responsible for ensuring adherence to the relevant data standards and for ensuring good data quality. In order to achieve this, they must:

1. Ensure the timely, accurate and complete recording of data in the appropriate Trust information systems or record.
2. Ensure they have the appropriate level of knowledge and skills for using the information systems required to do their role
3. Undertake regular validation checks of data collection and input to confirm that the patient demographic data and Personally Identifiable Data for our patients is accurate and up to date.
4. Update any inaccuracies and / or missing data in server user records.
5. Address any data quality issues as soon as possible and escalate appropriately. Reporting any concerns to the appropriate Information Asset Owner (IAO) or Information Asset Administrator (IAA).
6. Have an awareness of and comply with national legislation, Trust level and local procedures.
7. Ensure that they meet the Trust's Data Quality Standards where agreed for their area.
8. Monitor their own competencies and access training where necessary both for clinical information systems and record keeping/data quality.
9. Ensure all data is process in a secure and confidential way to comply with General Data Protection Regulation standards.

Ensuring that data is accurate, valid, reliable, timely, relevant and complete will help the Trust and its partners to assess the quality of our data and take action to address potential weaknesses.

Internal Trust-wide Standard Operating Procedures (SOPs) are created, reviewed and maintained to ensure the consistency with data collection and adherence to standards. SOPs are used by clinical and non-clinical teams and are also available on the Trust's policy HUB for ease of access.

A dedicated Referral to Treatment (RTT) team supported by the operational teams validate all clinical specialties focussing on inpatients, outpatients, Diagnostics and Cancer as part of the RTT pathways with the latter two also validated by the relevant teams. The team also follow up on issues, e.g. tests not ordered or patients not added to waiting lists to ensure the patient pathway is progress in a timely manner and avoiding any further delays to treatment.

As a result of the pandemic the increase in waiting lists has also increased the challenges for the RTT team and on data quality. To address this increase in workload and to provide assurance that the waiting list is transparent and clean the Trust approved a business case to improve the size and structure of the RTT Team enabling them to complete this work in a timely manner, so the operational team are listing the most appropriate patients for treatment based on clinical need.

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, the Quality Assurance Committee and the Risk Review Group; and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Board of Directors: The Board Assurance Framework provides an overview of the internal control environment and evidence of the effectiveness of the controls that manage the risks to the Trust in achieving its strategic objectives as identified in the annual plan.

Audit Committee: The Audit Committee reviews the effectiveness of internal control through the delivery of the internal audit plan.

Clinical Audit: Clinical Audit is an integral part of the Trust's internal control framework. An annual programme of clinical audit is developed involving all clinical business units. Clinical audit priorities are aligned to the Trust's clinical risk profile, compliance requirements under the provisions of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, and national clinical audit priorities or service reviews. The Trust has adopted the Health Research Authority (HRA) procedures which moved the emphasis towards acceptance of HRA assessment within the framework of research governance, strict legislation and recognised good clinical practice and local assessment of capability and capacity to run a study.

Internal Audit: MIAA acted as Internal Auditors for the Trust during the year. Internal Audit is an independent and objective appraisal service which has no executive responsibilities within the line management structure. It pays particular attention to any aspects of risk management, control or governance affected by material changes to the Trust's risk environment, subject to Audit Committee approval. A detailed programme of work is discussed with the Executive Team via the Chief Finance Officer & Deputy Chief Executive and set out for each year in advance and then carried out along with any additional activity that may be required during the year.

In approving the internal audit work programme, the Committee uses a three-cycle planning and mapping framework to ensure all areas are reviewed at the appropriate frequency. Detailed reports, including follow-up reviews to ensure remedial actions have been completed, are presented regularly to the Committee by Internal Audit throughout the year. All such information and reports are fully recorded in the minutes and papers prepared for each Audit Committee meeting.

The Head of Internal Audit issued an overall opinion for 2021-22 of Substantial Assurance noting that there is a good system of internal control designed to meet the organisation's objectives. The HOIA confirmed continued compliance with the definition of internal audit (as set out in the Trust's Internal Audit Charter), code of ethics and professional standards. The HOIA also confirmed organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

External Audit: External audit provides independent assurance on the Accounts, Annual Report, Annual Governance Statement and on the Annual Quality Report. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the work of internal and external audit, the external review processes for the clinical negligence scheme for Trusts along with NHS Resolution and the Care Quality Commission.

The BAF itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The effectiveness of the system of internal control is maintained and reviewed by the Board of Directors via its Committees and individual management responsibilities at Director and senior manager level. Regular reports have been reviewed by the Committees of the Board and individuals in relation to all key risks.

Clinical governance and processes to ensure quality of patient care are overseen by the Quality Committee under the leadership of the Medical Director. Minutes of this Committee were received by the Board of Directors together with ad hoc reports, as required, and an annual report summarises the most significant issues in this area.

The Chief Nurse and Deputy Chief Executive has delegated lead responsibility for risk management across the Trust. Individual Directors and senior manager are empowered to review and manage risks within their own areas of responsibility, linking closely with wider Trust processes. Significant support has provided via training, advice, and guidance documentation to enable senior staff to effectively fulfil their functions.

An analysis of controls and assurance in relation to key organisational risks has been undertaken via the assurance framework.

Conclusion

In preparing this statement I have considered the corporate, quality and clinical governance infrastructure, functionality and effectiveness in place at the Trust.

The Board of Directors remain committed to continuous improvements and enhancement of the systems of internal control. In line with the guidance on the definition of the significant control issues I have no significant internal controls issues to declare within this year's statement. My review confirms that Warrington and Halton Teaching Hospitals NHS Foundation Trust has a generally good sound system of governance and stewardship that supports the achievement of its policies, aims and objectives.

Signed:

Chief Executive

Date:



7.



Annexes

7.1 Staff Exit Packages (audited)

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change and the NHS Pension Scheme. Exit costs are accounted for in full in the year of departure. Where the organisation has agreed early retirements, the additional costs are met by the Warrington and Halton Teaching Hospitals and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table. The table below discloses the number and value of exit packages agreed in 2021/22.

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000	Number	£000	Number	£000	Number	£000
<£10,000	0	0	13	46	13	46	0	0
£10,00 – £25,000	1	11	0	0	1	11	0	0
£25,001 – £50,000	0	0	0	0	0	0	0	0
£50,001 – £100,000	0	0	0	0	0	0	0	0
£100,001 – £150,000	0	0	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0	0	0
Total	1	11	13	46	14	57	0	0

The number and value of exit packages agreed in 2020/21 and 2019/20 are listed in the table below for comparison.

2020/21								
	Number	£000	Number	£000	Number	£000	Number	£000
<£10,000	0	0	23	71	23	71	0	0
£10,00 – £25,000	0	0	0	0	0	0	0	0
£25,001 – £50,000	0	0	0	0	0	0	0	0
£50,001 – £100,000	0	0	0	0	0	0	0	0
Total	0	0	23	71	23	71	0	0

2019/20								
	Number	£000	Number	£000	Number	£000	Number	£000
<£10,000	1	5	15	42	16	47	0	0
£10,00 – £25,000	0	0	2	20	2	20	0	0
£25,001 – £50,000	1	45	0	0	1	45	0	0
£50,001 – £100,000	0	0	0	0	0	0	0	0
Total	2	50	17	62	19	112	0	0

	2021/22		2020/21	
	Agreements	Total Value of Agreements	Agreements	Total Value of Agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	13	46	23	71
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0
Total	13	46	23	71
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

*Includes any non-contractual severance payment made following judicial mediation, and £0 relating to non-contractual payments in lieu of notice.

The Remuneration Report provides details of exit payments payable to individuals named in that Report.



7.2 Staff Engagement

The organisation has a dedicated staff engagement function based within the HR and OD directorate tasked with ensuring that all members of the workforce feel valued, included, supported and developed irrespective of staff group or protected characteristic. There are formal and informal mechanisms in place to support and facilitate effective staff engagement across the whole organisation. Formal mechanisms include the People Champion network, our Trade Unions and

also Staff Networks such as the LGBTQA+, Multi Ethnic Staff Network (MESN), Disability Awareness Network and Military Veterans Network. Informal mechanisms include monthly visibility of the staff engagement teams within clinical and non-clinical areas to disseminate information, share best practice and also highlight opportunities for staff voices to be heard and to facilitate staff participation.

7.3 NHS Staff Survey

The organisation achieved a response rate of 40.2%, 1744 from 4,341 staff. Despite the organisational pressures due to COVID-19 the organisation continued to encourage a response from our entire workforce. The percentage is higher than 2020, which was 36%.

The survey is sent out to all eligible members of the workforce with a blended approach of paper and online questionnaires. A communications plan was carried in collaboration with the Staff engagement team and the Communications Team to promote the campaign.

We use the outcomes of our survey to direct future organisational change for example developing guidance and training for line managers to improve relationships between line managers and their staff.

The results of the staff survey are communicated to staff via a variety of channels and through interactions with the staff engagement team.

We are particularly proud that we scored better than the Acute Trust average score in seven out of the nine themes as illustrated in the below table:

Score	Theme
Better than Acute Trust Average	1. We are compassionate and inclusive
	2. We are recognised and rewarded
	3. We each have a voice that counts
	4. We are safe and healthy
	5. We are a team
	6. Morale
	7. Staff engagement
Worse than Acute Trust Average	1. We are always learning
	2. We work flexibly

The NHS staff survey is conducted on an annual basis across all NHS organisations. The survey for 2021 was aligned to the NHS People Plan and the People Promises. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those. The 2021 staff survey took place between September and November 2021 via Quality Health, who are an approved NHS Staff survey provider.



2021 NHS Staff Survey Results

All of the themes are scored on a scale of 0-10, where a higher score is more positive than a lower score.



1744 =  = **40%** of our workforce
staff responded



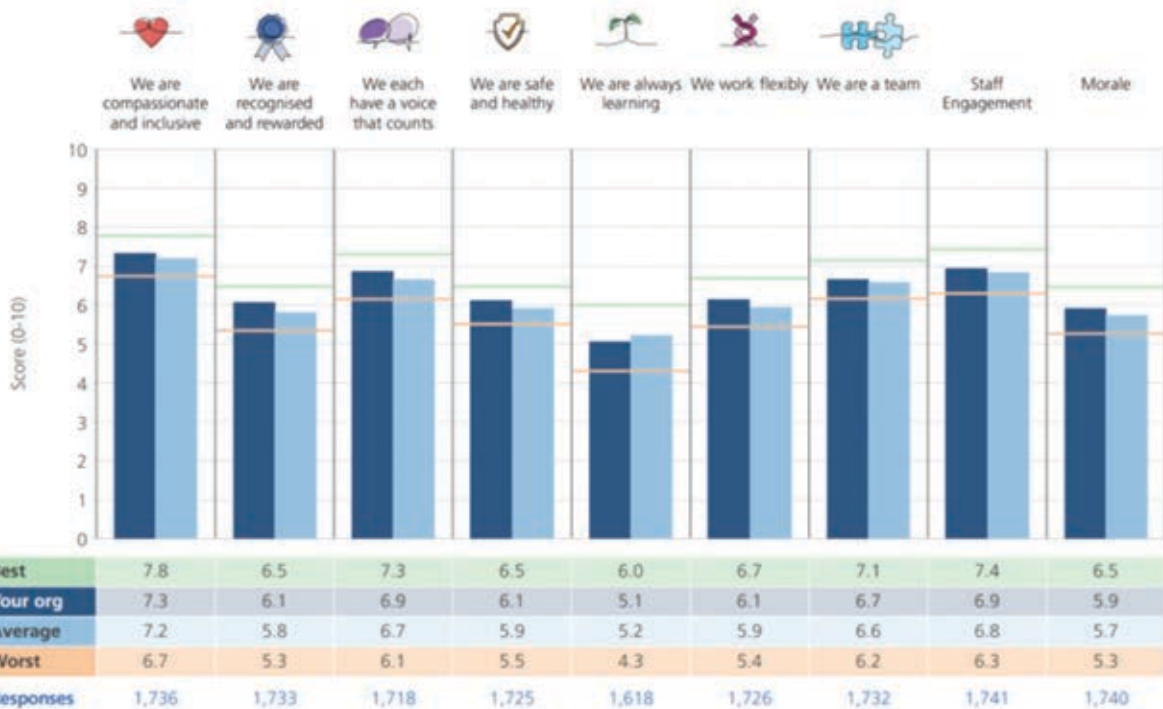
- = Better than average acute trust score
- = Same as average acute trust score
- = Lower than average acute trust score



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The thematic results from the 2021 staff survey including best and average scores. The results illustrate that the organisation has performed better than the average score in seven areas and worse than the average score with comparable organisations in two areas relating to working flexibly and learning and development.


Indicators (‘People Promise’ elements and themes)	2021/22	
	Trust score	Benchmarking group score
People Promise:		
We are compassionate and inclusive	7.3	7.2
We are recognised and rewarded	6.1	5.8
We each have a voice that counts	6.9	6.7
We are safe and healthy	6.1	5.9
We are always learning	5.1	5.2
We work flexibly	6.1	6.6
We are a team	6.7	6.6
Staff engagement	5.9	5.7
Morale	6.9	6.8

	2020/21		2019/20	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
Equality, diversity and inclusion	9.4	9.1	9.4	9.0
Health and wellbeing	6.5	6.1	6.3	5.9
Immediate managers	6.9	6.8	7.1	6.8
Morale	6.3	6.2	6.4	6.1
Quality of appraisals	Not a measure		5.5	5.6
Quality of care	7.6	7.5	7.7	7.5
Safe environment – bullying and harassment	8.4	8.1	8.4	7.9
Safe environment – violence	9.5	9.5	9.4	9.4
Safety culture	6.9	6.8	6.9	6.7
Staff engagement	7.1	7.0	7.1	7.0
Team Working	6.5	6.5	Not a measure	


Action Plans/Learning/Priorities:


We are compassionate and inclusive

 **What we have learned:** That the changes made from previous years survey results are having a positive impact such as changing our WHH values and developing our staff networks


 **What we are doing next:** Compassionate culture and leadership supports in providing excellence in care, we will be continuing to deliver development opportunities to support this. Inclusive and Kind will continue to be a key focus in all we do.


We are recognised and rewarded

 **What we have learned:** We have learned that our workforce value gratitude and recognition and that a thank you for a job well done goes a long way. That living our values are important no matter what the role or position in the organisation.


 **What we are doing next:** Renewing our Long Service and Retirement reward and recognition offer. Seeking to understand from our staff what is important to them in feeling supported, included and valued.


We each have a voice that counts

 What we have learned: Our workforce feels confident to raise concerns however further improvement in this area can be made.


 What we are doing next: We need to continue to make sure everyone has the opportunity to be heard in a forum that allows for this to happen, that we encourage everyone to speak up. We are also continuing to develop our Freedom to Speak up Champions across the organisation.


We are safe and healthy

 What we have learned: We need to ensure we all feel safe at work, reducing the number of negative experiences and focusing on the wellbeing of our workforce.


 What we are doing next: We are continuing to review and improve our staff facilities. Our wellbeing programmes continue to grow and will support in preventing staff burnout


We are always learning

 What we have learned: Our workforce needs to be supported in their development and learning and to realise their ambition and potential in their chosen career path.

 What we are doing next: We will provide targeted support for appraisals across all departments in WHH, supporting development plans to be in place for everyone with a quality evidenced based People Development and learning offer to enable this. Informed through and responsive to the feedback from our workforce workforce feedback


We work flexibly


 What we have learned: We have recognised the need to support flexible and agile working and that work life balance is essential to keeping our workforce in work and well

 What we are doing next: We will continue to support flexible and agile working and look to find how we can further support everyone in achieving their balance between work and home. The organisation is part of the Flex for NHS programme and a multi-disciplinary


working group will be set up to progress the approach to agile and flexible working within the organisation based on best practice and evidence.


We are a team

 What we have learned: We have learned that supporting our teams and leaders through a period of recovery is essential in supporting our workforce


 What we are doing next: Launching a line manager programme to support our managers and leaders to grow and develop in their roles. Continuing to offer a wide range of team development and support across the organisation. Please contact the People Development teams for more details.


Staff engagement

 What we have learned: We have learned that we each have a voice that counts, listening and acting upon the voice of our staff is of great importance and we continue to seek ways of listening and understanding how our workforce feel in WHH.

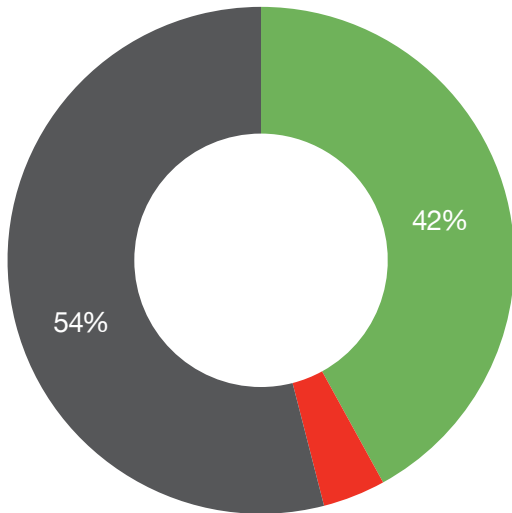
 What we are doing next: We want to continue to provide a range of opportunities for our workforce to be engaged and motivated to be at work with growing staff networks, engagement and wellbeing activities and continuing to use the NHS People Pulse to give further opportunity for staff to feedback.

Morale

 What we have learned: We have learned that we need to support people to be in work and well and to feel able to being their whole-selves into work

 What we are doing next: We are supporting our line managers with the new Supporting Attendance policy looking at how we help people return to work. We have Occupational Health and Wellbeing Hub offers. Our WHH 2022-25 People Strategy has a clear focus on cultivating psychological safety which supports in innovation, the bringing forward of new ideas and speaking up.

Comparisons are made between the Trust and the Acute and Community sector average (*Quality Health*).



- 42 (42%) question(s) scored significantly better than the sector
- 4 (4%) question(s) scored significantly worse than the sector
- 53 (54%) question(s) showed no significant difference in relation to the sector average or comparisons could not be drawn

Themes where the organisation scored significantly better comparatively in the sector included:

1. *I look forward to going to work*
2. *I am enthusiastic about my job*
3. *I am able to make improvements happen in my area*
4. *My organisation is committed to helping my work life balance*
5. *My appraisal review helped me to improve how I do my job*

Themes where the organisation scored significantly worse than our sector comparatives are:

1. *I work additional paid hours for this organisation over and above my contracted hours*
2. *Experienced discrimination on grounds of age*
3. *In the last 12 months I have had an appraisal, annual review, development review or knowledge and skills framework development review*

The staff survey results provide the organisation with the opportunity to respond to staff feedback through robust assurance and priority setting.

The staff survey results have been shared in a variety of methods that are accessible and capture all staff by utilising some of our existing engagement approaches and communication channels.



7.4 Modern Slavery

Modern Slavery Act 2015 – Statutory Statement

The Modern Slavery Bill was introduced into Parliament on 10th June 2014 and passed into UK law on 26th March 2015. The Modern Slavery Act is an Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including the provision for the protection of victims.

A person commits an offence if

1. The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude
2. The person requires another person to perform forced or compulsory labour and the circumstance are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour

The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, has a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the Trust adhere to the same ethical principles.

The Trust has a non-pay budget of £77m of which over £58m per annum is spent on goods and services. Over 90% of the £58m is spent with the Trust's top 250 suppliers.

Our Supply Chain

It is important to ensure that suppliers to the Trust have in place robust systems to ensure that their own staff, and organisations within their own supply chain are fully compliant with the requirements of the Modern Slavery Act 2015.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the Trust has an ongoing process of reviewing its supply chains with a view to confirming that such behaviour is not taking place.

The Trust's Procurement Team has contacted each of its top 250 suppliers to request confirmation that they are compliant with the Act. As part of this work Procurement also issued the Supplier Code of Conduct to all suppliers used across the organisation inclusive of pharmaceutical suppliers.

Suppliers have been advised that as part of the Trust's commitment to ensuring that we do not trade with organisations who do not meet the requirements of the Act, they will be required to provide a copy of their annual Modern Slavery Action Statutory Statement detailing actions undertaken to ensure they meet and enforce the requirements of the Act.

This will only apply to suppliers defined as a "commercial organisation" in accordance with the Act:

- Supplies goods and services
- Has a turnover of not less than £36m

The Trust's Procurement team is committed to raising awareness with all suppliers by ensuring that all suppliers the Trust trades with are aware of our commitment to ensure compliance with the Act. As part of the Trust's ongoing procurement processes, when trading with new suppliers, and prior to establishing the supplier on Trust systems, the supplier will be requested to confirm in writing that they are compliant with the Act.

All potential new suppliers will be issued with the Supplier Code prior to setting them up on our systems.

The Act is referred to in all tendering activity undertaken by the Trust's Procurement Team. All tendering for goods and services is managed centrally by the procurement team. A copy of the Act will be sent to all organisations involved in the tendering process along with a short statement from the trust reminding bidders of their obligations under the Act. All suppliers will be requested to issue a statement as part of their tender response regarding their compliance with the Act.

7.5 The Trust

The Trust employs over 4,800 staff comprising 52 nationalities. Most of these staff are employed and paid under national pay arrangements established under Agenda for Change or Medical and Dental provisions. A small number of staff, which comprises the Trust Board and very senior managers, are employed under local pay and terms and conditions of service which are established by the Remuneration Committee of the Board.

All staff are appointed subject to meeting the NHS Standards on Employment checks which includes references, health Checks, DBS checks, immigration checks and Identity checks. In addition the Trust has developed a number of values and behaviours which are fully embedded into the organisation. The Trust expects its existing staff to comply with these standards and all future appointments will be expected to demonstrate these attributes as part of the appointment process. This ensures that the Trust can be confident, before staff commence with the Trust, that we know some background about our staff and that they have a legal right to work for the Trust.

By adopting the national pay, terms and conditions of service, the Trust has the assurance that all staff will be treated fairly and will comply with the various legislation. This includes the assurance that staff receive at least, the National Living Wage.

The Trust has various employment policies and procedures in place designed to provide guidance and advice to staff and managers but to also comply with employment legislation. Every policy is impact assessed from an Equality and Diversity perspective.

The Trust does have specific policies in place to deal with the Safeguarding of Children and Vulnerable Adults but does not have a specific policy on the Modern Slavery Act and does not feel the need to develop one. However, should the Trust become aware of any issue covered under the Modern Slavery Act, it would immediately report the matter to the Police.

The Trust has an extensive training and development programme which is based on a minimum requirement to complete all statutory and mandatory training and other ad-hoc training which staff are required to undertake for their various roles. Training needs are identified through Individual Performance Development Reviews and a Personal Development Plan produced.

The Trust employs an Equality and Diversity Specialist who will take the lead on the Modern Slavery Act and where possible the Trust does support awareness raising events both locally and nationally on such matters as the disabled, Gay and Lesbians and Honour Crime and Forced Marriages.





Annual Accounts 2021/22



8.1 Auditor's Report

Independent auditor's report to the Council of Governors of Warrington and Halton Teaching Hospitals NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of Warrington and Halton Teaching Hospitals NHS Foundation Trust (the 'Trust') for the year ended 31 March 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and Notes to the Accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022.

In our opinion, the financial statements:

- Give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- Have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report.

We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group accounting manual 2021 to 2022 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in *Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020)* on the application of *ISA (UK) 570 Going Concern* to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the *'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements'* section of this report.

Other information

The Accounting Officer is responsible for the other information. The other information 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, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under 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) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- The parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and
- Based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- We issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- We refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the *Statement of the Chief Executive's responsibilities as the accounting officer of Warrington & Halton Teaching Hospitals NHS Foundation Trust* the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting manual 2021/22, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial

statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for 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 the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations; and we enquired of management, internal audit and the Audit Committee, whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the risk of fraud in revenue and expenditure recognition. We determined that the principal risks were in relation to:
 - Large and unusual manual journals; those manual journals at the end of the financial year with a direct impact on the financial performance of the Trust; and those manual journals where no apparent segregation of duty was in place i.e those which had been raised and approved by the same officer
 - Potential management bias in determining accounting estimates, especially in relation to the calculation of variable income and operating expenditure accruals, depreciation, and in the valuation of the Trust's land and buildings
- Our audit procedures involved:
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;

- journal entry testing with a particular focus on: large and unusual manual journals; manual journals at the end of the financial year with a direct impact on the financial performance of the Trust; and those manual journals where no apparent segregation of duty was in place i.e those which had been raised and approved by the same officer;
- challenging assumptions and judgements made by management in its significant accounting estimates in relation to the calculation of variable income and operating expenditure accruals, depreciation, and in the valuation of the Trust's land and buildings;
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to land and building valuations; depreciation; and variable income and operating expenditure accruals,
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the Trust operates
 - understanding of the legal and regulatory requirements specific to the Trust including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes

of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.

- The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – 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 to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2022.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied 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 undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Warrington and Halton Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed:

- Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, and
- The work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the Trust for the year ended 31 March 2022.

We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2022.

Use of our report

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 Trust's Council of Governors 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 Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Patterson

Grant Patterson, Key Audit Partner
for and on behalf of Grant Thornton UK LLP,
Local Auditor

Birmingham

27 June 2022

Independent auditor's report to the Council of Governors of Warrington and Halton Teaching Hospitals NHS Foundation Trust

In our auditor's report issued on 27 June 2022, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2022, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below; and
- Completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the year ended 31 March 2022. We have now completed this work.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2022 issued on 27 June 2022 we reported that, in our opinion the financial statements:

- Give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- Have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – 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 to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;

- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor’s Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Warrington and Halton Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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 Trust’s Council of Governors 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 Trust and the Trust’s Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Patterson

Grant Patterson, Key Audit Partner
for and on behalf of Grant Thornton UK LLP,
Local Auditor

Birmingham

26 August 2022



8.2 Foreword to the Accounts



Trust name: Warrington and Halton Teaching Hospitals NHS Foundation Trust
This year: 2020/21
This year ended: 31 March 2022
This year beginning: 1 April 2021

Foreword to the accounts for the year 1 April 2021 to 31 March 2022

Warrington and Halton Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2022, have been prepared by Warrington & Halton Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of National Health Service Act 2006.

Signed:

.....
Simon Constable
Chief Executive
23 June 2022

8.3 Primary Financial Statements

Statement of Comprehensive Income for the Year Ended 31 March 2022

	NOTE	2021/22 £000	2020/21 £000
Income from activities	3	306,611	261,442
Other operating income	3	25,992	55,796
Operating income	3	332,603	317,238
Operating expenses	4	(329,653)	(323,656)
OPERATING SURPLUS / (DEFICIT)		2,950	(6,418)
FINANCE INCOME / (EXPENSE)			
Finance income - interest receivable	7	35	0
Finance expense - interest payable	8	0	(1)
PDC dividends payable		(4,180)	(4,642)
NET FINANCE COSTS		(4,145)	(4,643)
Net losses on disposal of assets	9	(81)	(263)
DEFICIT FOR THE FINANCIAL YEAR		(1,276)	(11,324)
Other comprehensive income / (expense)			
Items that will not be reclassified to income and expenditure			
Net impairments on property, plant and equipment	10	3,968	(2,469)
Revaluation gains on property, plant and equipment			
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		2,692	(13,793)
Allocation of losses for the period			
(a) Surplus / (Deficit) for the period attributable to:			
(ii) owners of the parent		(1,276)	(11,324)
TOTAL		(1,276)	(11,324)
(b) Total comprehensive income / (expense) for the period attributable to:			
(ii) owners of the parent		2,686	(13,793)
TOTAL		2,686	(13,793)

The notes in Section 8.4 of this report form part of these accounts.

Statement of Financial Position as at 31 March 2022

	NOTE	31 March 2022 £000	31 March 2021 £000
NON-CURRENT ASSETS			
Intangible assets	11	3,198	2,820
Property, plant and equipment	12	158,287	148,618
Trade and other receivables	15	1,229	1,120
Total non-current assets		162,714	152,558
CURRENT ASSETS			
Inventories	14	4,218	4,023
Trade and other receivables	15	12,534	8,970
Cash and cash equivalents	17	44,656	47,937
Total current assets		61,408	60,930
CURRENT LIABILITIES			
Trade and other payables	18	(40,597)	(37,797)
Provisions	20	(231)	(1,104)
Other liabilities	19	(5,102)	(3,145)
Total current liabilities		(45,930)	(42,046)
Total assets less current liabilities		178,192	171,442
NON-CURRENT LIABILITIES			
Provisions	20	(2,693)	(1,761)
Total non-current liabilities		(2,693)	(1,761)
TOTAL ASSETS EMPLOYED		175,499	169,681
TAXPAYERS' EQUITY			
Public dividend capital		202,287	199,156
Revaluation reserve		37,689	33,721
Income and expenditure reserve		(64,477)	(63,196)
TOTAL TAXPAYERS' EQUITY		175,499	169,681

The primary accounts on pages 1 to 4 and the notes on pages 5 to 36 were approved by the Audit Committee on 16 June 2022 on behalf of the Trust Board using the powers delegated to the Committee and signed on its behalf by Simon Constable, Chief Executive.

Signed:

.....
Simon Constable
Chief Executive
23 June 2022

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2022

	Total Taxpayers' Equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' equity as at 1 April 2021	169,681	199,156	33,721	(63,196)
Deficit for the year	(1,276)			(1,276)
Net impairments on property, plant and equipment	3,968		3,968	
Revaluation gains on property, plant and equipment	0		0	
Public Dividend Capital received	3,132	3,132		
Other reserve movements	(6)	(1)		(5)
Taxpayers' equity as at 31 March 2022	175,499	202,287	37,689	(64,477)

	Total Taxpayers' Equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' equity as at 1 April 2020	74,918	90,600	36,190	(51,872)
Deficit for the year	(11,324)	0	0	(11,324)
Net impairments on property, plant and equipment	(2,469)	0	(2,469)	0
Public Dividend Capital received	108,556	108,556	0	0
Taxpayers' equity as at 31 March 2021	169,681	199,156	33,721	(63,196)

Statement of Cash Flows for the Year Ended 31 March 2022

	NOTE	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit) from continuing operations		2,950	(6,418)
Non-cash income and expense			
Depreciation and amortisation	4	10,413	8,217
Impairments and reversals	4	2,494	5,239
Income recognised in respect of capital donations	3	(154)	(878)
(Increase) / decrease in trade and other receivables	15	(3,128)	12,392
(Increase) in inventories	14	(195)	(459)
Increase in trade and other payables	18	5,916	(804)
Increase / (decrease) in other liabilities	19	5,916	(15)
Increase in provisions	20	59	627
Other movements in operating cash flows		0	(2)
Net cash used in operations		20,312	17,899
Cash flows from investing activities			
Interest received	7	35	0
Purchase of intangible assets	11	(1,423)	(1,470)
Purchase of property, plant and equipment	12	(19,883)	(17,470)
Sales of property, plant and equipment		76	25
Receipt of cash donations to purchase capital assets	3	0	176
Net cash used in investing activities		(21,195)	(18,739)
Cash flows from financing activities			
Public Dividend Capital received		3,132	108,556
Movement in loans from Department of Health and Social Care*		0	(57,798)
Capital element of finance lease		0	(26)
Interest on loans	8	0	(215)
Other interest	8	0	(1)
Public Dividend Capital dividend paid		(5,530)	(3,982)
Net cash used in financing activities		(2,398)	46,534
Increase / (Decrease) in cash and cash equivalents		(3,281)	45,694
Cash and cash equivalents as at 1 April		47,937	2,242
Cash and cash equivalents as at 31 March	17	44,656	47,936

*On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment.

8.4 Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

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

Note 1.2 Going concern

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Note 1.3 Key sources of judgement and estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent

from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The following are the judgements that management have made in the process of applying the Trust's accounting policies, together with the key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting period that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

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 SoFP 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 the discount rates published and mandated by HM Treasury.

The pension provision relating to former employees, including directors, has been calculated using the life expectancy estimates from the Government's actuarial tables.

The legal claims provision relates to employer and public liability claims and expected costs are advised by NHS Resolution. The Trust accepts financial liability for the value of each claim up to the excess defined within the policy.

Allowances for credit losses (previously provision for impairment of receivables)

An allowance for credit losses has been made for amounts which are uncertain to be received from NHS and non-NHS organisations as at 31 March 2022. The allowance includes 23.76% (22.79% for 2020/21) of accrued Injury Cost Recovery (ICR) income to reflect the average value of claims withdrawn as advised by the Department of Health's Compensation Recovery Unit (CRU).

Asset valuations and lives

The value and remaining useful lives of land and building assets are estimated by Cushman & Wakefield 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.

A full asset valuation is undertaken every five years with an annual 'desk top' valuation being undertaken in the intervening years. Any increase in valuation which reverses a previous impairment has been credited to other operating income, to the extent of what has been charged there already relating to the asset. Any remaining balance has been credited to the revaluation reserve.

The valuation exercise was carried out in March 2022 with a valuation date of 31 March 2022. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared that the valuation is not reported as being subject to 'material valuation uncertainty'. This is due to property markets functioning again despite COVID-19. However the opening balance for the prior year include values in 2019/20 which did include material uncertainty. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The lives of equipment assets are estimated on historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is carried at its cost less any accumulated depreciation and any impairment losses. Where assets are of low value and / or have short useful economic lives, these are carried at depreciated historical cost as a proxy for current value.

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

Note 1.4 Income

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The

GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

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

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2021/22 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. In addition to this block funding, the Trust received performance related additional payments via the Elective Recovery Fund (ERF) in accordance with the relevant achievement criteria.

In the comparative period (2020/21) the Trust received top ups from NHSE from months 1 to 6 and then from Liverpool CCG from months 7 to 12, agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed (with the exception of ERF).

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit,

has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4.1 Revenue grants and other contributions to expenditure

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 (SoCI) to match that expenditure.

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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Where income is received for a specific activity that is to be delivered in a future financial year that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

The main sources of other operating income are from the DHSC, Health Education England, NHS Trusts, NHS Foundation Trusts and Local Authorities.

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

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 for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation also

tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

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

Note 1.6 Expenditure on 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 an intangible asset or an item of property, plant and equipment.

Note 1.7 Intangible assets

Note 1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset, if it meets the above conditions.

Note 1.7.2 Measurement

Intangible assets are initially recognised 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.

Note 1.8 Property, plant and equipment

Note 1.8.1 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 will 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; and
- The item has a cost of at least £5,000; or
- collectively, a number of items which have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

The whole of a site is designated as the property asset with the land, the separate buildings upon it and the external works being the main components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.8.2 Measurement

Valuation

All property, plant and equipment is initially measured at cost, representing the cost 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.

Land and buildings used for the Trust's services or for administrative purposes are stated in the SoFP at their revalued amounts, being the current value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and where it would meet the location requirements of the service being provided an alternative site valuation can be used. The Trust has used alternative site valuation from 2017/18 onwards. The Trust commissioned Cushman & Wakefield to undertake a 'desk top' valuation as at 31 March 2022. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the SoFP date. Current values are determined as follows:

- Land and non specialised buildings - market value for existing use.
- Specialised buildings - depreciated replacement cost.
- Equipment - depreciated historical cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at current value. Assets are revalued and depreciation commences when they 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.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at current value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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 (SoCI) in the period in which it is incurred.

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-SoFP 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 expenses.

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 SoCI as an item of 'other comprehensive income / expenses'.

Impairments

At the end of the financial year the Trust reviews whether there is any indication that any of its assets have suffered an impairment loss. If there is an indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

In accordance with the GAM, impairments that are due to a loss of economic benefits or 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 arising 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 are 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, such as unforeseen obsolescence, are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains and classed as 'other operating income'.

Note 1.9 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.9.1 The Trust as lessee

Finance leases

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

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

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the SoCI. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight

line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rents are recognised in operating expenses in the period in which they are incurred.

Leases of land and buildings

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

Note 1.9.2 The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula, which is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2021/22 and 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is defined as 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. Interest earned on bank accounts

is recorded as interest receivable in the periods to which it relates. Balances exclude monies held in bank accounts belonging to patients (Note 17).

Note 1.12 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 SoFP is the best estimate of the expenditure 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. Early retirement provisions and injury benefit provisions have both been discounted using the HM Treasury's pension discount rate of -1.30% (-0.95% in 2020/21) in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution (Note 4) to NHS Resolution which in return settles all clinical negligence claims. The contribution is charged to operating expenses. 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 not recognised in the Trust's accounts (Note 22).

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 the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions and any excesses payable in respect of successful claims are charged to operating expenses as and when the liability arises.

Note 1.13 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 23, 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 1.14 Value added tax (VAT)

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 1.15 Corporation tax

Warrington and Halton Teaching Hospitals NHS Foundation Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly is temporarily exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to the specified activities of a Foundation Trust (s519A (3) to (8) ICTA). Accordingly, the Trust will become within the scope of Corporation Tax in respect of activities which are not related to, or ancillary to, the provision of healthcare and where the profits exceed £50,000 per annum. However, there is no tax liability in respect of the current financial year (£nil in 2020/21).

Note 1.16 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with requirements of HM Treasury's FReM (Note 17).

Note 1.17 Public dividend capital (PDC) and PDC dividend

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 Trust. 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 DHSC (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the unaudited version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Note 1.18 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 operating expenses on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

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

Note 1.19 Consolidation

The Trust is the corporate Trustee to Warrington & Halton Teaching Hospitals NHS FT Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to effect those returns and other benefits through its power over the fund.

The Charitable Fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102.

The Trust has opted not to consolidate charitable funds

with the main Trust Accounts in 2021/22 because they are immaterial. This will be reviewed each year for appropriateness.

Note 1.20 Financial assets and financial liabilities

Note 1.20.1 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. on receipt or delivery of the goods or services.

Note 1.20.2 Classification and measurement

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

Financial assets and liabilities are classified and 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 SoCI and a financing income or expense. In the case of loans held from the DHSC, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, 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.

In determining the classification of financial assets the Trust has considered both the business model and associated cash flows for the collection of contractual income that are solely payments of principal and interest. Financial assets are measured at amortised cost. Contract receivables will initially be measured at their transaction price, as defined by IFRS 15 adjusted for any allowance for expected credit losses using a general approach.

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 SoCI and reduce the net carrying value of the financial asset in the SoFP.

Note 1.20.3 De-recognition

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

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

Note 1.21 Reserves

Note 1.21.1 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.

Note 1.21.2 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 also recognised in operating expenses. 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.

Note 1.21.3 Income and expenditure reserve

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

Note 1.22 Segmental reporting

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision maker. The Trust's chief operating decision maker, responsible for providing strategic direction and decisions, allocating resources and assessing performance of the operating segments, is the Board of Directors.

Note 1.23 Early adoption of standards, amendments and interpretations

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

Note 1.24 Accounting standards and interpretations issued but not yet adopted

IFRS 16 (Leases)

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

IFRS 16 changes the definition of a lease compared to

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

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

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



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

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	11,457
Additional lease obligations recognised for existing operating leases	(11,457)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	-
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(2,664)
Additional finance costs on lease liabilities	(157)
Lease rentals no longer charged to operating expenditure	2,732
Other impact on income / expenditure	-
Estimated impact on surplus / (deficit) in 2022/23	(89)
Estimated increase in capital additions for new leases commencing in 2022/23	-

Note 2. Operating segments

The Trust has considered segmental reporting and the Chief Executive and the Board receive sufficient and appropriate high level information to enable the business to be managed effectively and to monitor and manage the strategic aims of the Trust. Sufficiently detailed information is used by middle and lower management to ensure effective management at an operational level. Neither of these are sufficiently discrete to profile operating segments, as defined by IFRS 8, that would enable a user of these financial statements to evaluate the nature and financial effects of the business activities that this Trust undertakes. Therefore, the Trust has decided that it has one operating segment for healthcare.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2021/22 £000	2020/21 £000
Acute Services		
Block contract / system envelope income	227,593	186,092
High cost drugs income from commissioners	12,215	10,627
Other NHS clinical income	53,034	51,748
All Services		
Private patient and overseas patients income	227	103
Elective recovery fund	4,507	
Additional pension contribution central funding	8,117	7,674
Other non-protected clinical income	918	5,198
Total income from activities	306,611	261,442

Note 3.2 Income from patient care activities (by source)

	2021/22 £000	2020/21 £000
Income from patient care activities received from:		
NHS England	21,636	25,201
Clinical Commissioning Groups	282,881	233,701
NHS Foundation Trusts	761	783
NHS Trusts	0	5
Local Authorities	0	1,012
Department of Health and Social Care	1	2
NHS Other	317	102
Non NHS: private patients	227	73
Non NHS: overseas patients	9	30
Injury cost recovery scheme	779	522
Non NHS Other	0	11
Total income from activities	306,611	261,442

All income from activities relates, in its entirety, to continuing operations for 2021/22 and 2020/21.

Note 3.3 Overseas visitors (relating to patients charged directly by the Trust)

	2021/22 £000	2020/21 £000
Income recognised this year	9	30
Cash payments received in-year	37	21
Amounts added to provision for impairment of receivables	13	0
Amounts written off in-year	12	0

Note 3.4 Other operating income

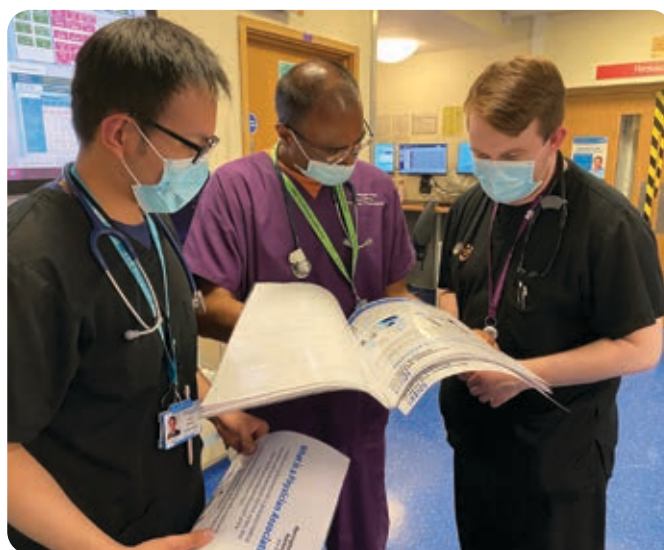
	2021/22 £000	2020/21 £000
Research and development	585	345
Education and training	9,280	9,230
Education and training - Notional income from apprenticeship fund	592	387
Donation of assets	54	74
Donated equipment from DHSC for COVID response (non-cash)	100	628
Cash donations / grants for the purchase of assets	0	176
Contributions to expenditure - receipt of equipment donated from NHSE for COVID response below capitalisation threshold	0	203
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response*	1,032	4,167
Non-patient care services to other bodies	1,664	1,679
Reimbursement and top up funding**	1,963	33,117
Income in respect of staff costs where accounted on gross basis	2,337	1,731
Rental revenue from operating leases	224	285
Other ***	8,161	3,774
Total other operating income	25,992	55,796

* New line for 2020/21 which relates to donated Personal Protective Equipment (PPE) for COVID. The same value is included in expenditure which is shown in note 4.1.

** The Trust received top up funding to support the financial position during the pandemic in 2020/21 in addition to block payments.

*** PSF/FRF/MRET funding ceased on 31/03/20 in line with the changes to the financial regime.

**** All other operating income relates in it's entirety to continuing operations for 2020/21 and 2019/20.



**** Analysis of other operating income 'other'

	2021/22 £000	2020/21 £000
Car parking	2,062	1
Catering	242	85
Pharmacy sales	56	43
Property rentals	82	56
Staff accommodation rentals	20	92
Estates recharges	529	561
Information Technology recharges	252	106
Clinical tests	1,694	1,976
Other****	3,224	854
Total other operating income 'other'	8,161	3,774

****Other income for 2021/22 contains, £1.5m hospital discharge programme, £1.5m reimbursement for car parking income, £0.6m for recruitment of international nurses and £0.4m for long COVID.

Note 3.5 Income from activities arising from commissioner requested services

Under the terms of its provider licence, 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 licence and are services that commissioners believe would need to be protected in the event of Trust failure. This information is provided in the table below.

	2021/22 £000	2020/21 £000
Income from services designated as commissioner requested services	305,466	256,141
Income from services not designated as commissioner requested services	1,145	5,301
Total	306,611	261,442

Note 3.6 Fees and charges

HM Treasury requires disclosure of fees and charges in respect of charges to service users where income from that service exceeds £1m and is presented as the aggregate of such income. There haven't been any costs exceeding £1m in either 2021/22 or 2020/21 in respect of fees and charges.

Note 3.7 Additional information on revenue from contracts with customers recognised in the period

	2021/22 £000	2020/21 £000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	1,305	3,160

Note 4. Operating expenditure

Note 4.1 Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	427	130
Purchase of healthcare from non-NHS and non-DHSC bodies	373	308
Staff and executive directors costs	234,923	230,605
Non-executive directors	126	119
Supplies and services (clinical; excluding drug costs)	20,250	19,999
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response*	1,032	4,167
Supplies and services (general)	3,734	4,123
Supplies and services - general: notional cost of equipment donated from NHSE for COVID response below capitalisation threshold	0	203
Drug costs	18,321	15,472
Consultancy costs	656	483
Establishment	2,327	2,635
Premises (business rates)	1,135	1,134
Premises (other)	10,984	12,986
Transport (business travel only)	382	307
Transport (including patient travel)	854	928
Depreciation on property, plant and equipment	9,368	7,253
Amortisation on intangible assets	1,045	964
Net impairments	2,494	5,239
Movement in credit loss allowance: contract receivables/assets	216	219
Provisions arising / released in year	85	62
Change in provisions discount rate	38	114
Audit services (statutory audit)	107	99
Internal audit costs	94	95
Clinical negligence, liability to third parties and property expenses scheme premiums	9,189	8,018
Legal fees	198	305
Insurance	150	147
Research and development - staff costs	435	353
Research and development - non-staff	126	9
Education and training - staff costs	3,047	2,721
Education and training - non-staff	2,143	1,526
Education and training - notional expenditure funded from apprenticeship fund	592	387
Operating lease expenditure	3,918	2,063
Redundancy	11	0
Losses and special payments	602	266
Other expenditure	271	217
Total operating expenses	329,653	323,656

All operating expenses relate, in their entirety, to continuing operations for 2021/22 and 2020/21

*Relates to donated Personal Protective Equipment (PPE) for COVID. The same value is included in income which is shown in note 3.4.

Note 4.2 Limitation on auditor's liability

The external auditors' liability is limited to £1m. The scope of work for the external auditors is to provide a statutory audit of annual accounts and report and provide opinion on them to the Trust and the Trust's Council of Governors. This will be conducted in accordance with the Audit Code for NHS Foundation Trusts (the Audit Code) issued by Monitor in accordance with paragraph 24 of schedule 7 of the National Health Service Act 2006, schedule 10 of the National Health Service Act 2006 with due regard to the Comptroller and Auditor General's Code of Audit Practice (the Code) issued by the National Audit Office (NAO) in April 2015.

Note 5. Staff

Note 5.1 Employee expenses

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	161,712	154,938
Social security costs	15,344	14,571
Apprenticeship levy	772	735
Pension costs (employer contributions to NHS Pensions)	18,429	17,453
Pension costs (employer contributions paid by NHSE on Provider's behalf (6.3%))	8,117	7,674
Pension costs (other)	88	67
Termination benefits	46	71
Bank and agency staff	34,564	38,801
Total employee benefit expenses	239,072	234,310
Less costs capitalised as part of assets	(656)	(631)
Total per employee expenses in Note 4.1	238,416	233,679

Employee costs include staff costs of £656k (£631k in 2020/21) which have been capitalised as part of the Trust's capital programme. These amounts are excluded from employee expenses (Note 5.1). The employee expenses table above is for executive directors, staff costs and redundancy payments only. It excludes non-executive directors.

An accrual in respect of the cost of annual leave entitlement carried forward at the SoFP date of £4,784k has been provided for within the accounts (£4,206k as at 31 March 2021).

Note 5.2 Early retirements due to ill-health

One member of staff retired early on ill-health grounds during the year at an additional cost of £178k (three members of staff at a cost of £65k for the year ending 31 March 2021). The cost of ill-health retirements is borne by the NHS Business Services Authority - Pensions Division.

Note 6. Operating leases

Note 6.1 Operating lease income

	2021/22 Total £000	2020/21 Total £000
Lease receipts recognised as income in the year	224	285
Total	224	285

	2021/22 Total £000	2020/21 Total £000
Future minimum lease receipts due:		
Not later than one year	221	218
Later than one year and not later than five years	882	873
Later than five years	9,236	9,395
Total	10,339	10,486

Note 6.2 Operating lease payments and commitments

	2021/22 Total £000	2020/21 Total £000
Minimum lease payments	3,918	2,063
Total	3,918	2,063

	2021/22 Total £000	2020/21 Total £000
Future minimum lease receipts due on:		
Land leases:		
Not later than one year	173	112
Later than one year and not later than five years	483	409
Total	656	521
Building leases:		
Not later than one year	1,047	223
Later than one year and not later than five years	2,595	697
Later than five years	645	751
Total	4,287	1,671
Other leases:		
Not later than one year	1,959	1,436
Later than one year and not later than five years	5,182	4,342
Later than five years	3,392	4,176
Total	10,533	9,954
All leases:		
Not later than one year	3,179	1,771
Later than one year and not later than five years	8,260	5,448
Later than five years	4,037	4,927
Total	15,476	12,146

Note 7. Finance revenue

	2021/22 Total £000	2020/21 Total £000
Interest on bank accounts	35	0
Total	35	0

Note 8. Finance Expenditure

Note 8.1 Finance expenditure

	2021/22 Total £000	2020/21 Total £000
Interest on Late Payment of Debt	0	1
Total interest expense	0	1

Note 8.2 The Late Payment of Commercial Debts (Interest) Act 1998

The total paid within 2021/22 for late payment of commercial debt was £0k (£1k in 2020/21).

Note 9. Other - Net Gain / (Losses)

	2021/22 Total £000	2020/21 Total £000
Gains on disposal of property, plant and equipment	68	2
Net Losses on disposal of property, plant and equipment	0	(265)
Loss recognised on return of donated COVID assets to DHSC	(149)	0
Total losses on disposal of assets	(81)	(263)

Note 10. Impairment of assets

	2021/22		
Impairments and (reversals) charged to operating surplus / (deficit):	Net Impairments £000	Impairments £000	Reversal of Impairments £000
Abandonment of assets in the course of construction	1,252	1,252	0
Total DEL	1,252	1,252	0
Change in market price	1,242	1,621	(379)
Total AME	1,242	1,621	(379)
Impairments charged to operating expenses	2,494	2,873	(379)
Impairments charged to the revaluation reserve	(3,968)	1,176	(5,144)
Total impairments due to change in market price	(1,474)	4,049	(5,523)

	2020/21		
Impairments and (reversals) charged to operating surplus / (deficit):	Net Impairments £000	Impairments £000	Reversal of Impairments £000
Change in market price	5,239	5,271	(32)
Impairments charged to operating expenses	5,239	5,271	(32)
Impairments charged to the revaluation reserve	2,469	4,622	(2,153)
Total impairments due to change in market price	7,708	9,893	(2,185)

A full asset valuation is undertaken every five years with an annual 'desk top' valuation being undertaken in the intervening years. Any increase in valuation which reverses a previous impairment has been credited to other operating income, to the extent of what has been charged there already relating to the asset. Any remaining balance has been credited to the revaluation reserve.

In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared that the valuation is not reported as being subject to 'material valuation uncertainty'. This is due to property markets functioning again despite COVID-19. However the opening balance for the prior year include values in 2019/20 which did include material uncertainty. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Note 11. Intangible assets

	Software licences £000
Cost as at 1 April 2021	7,757
Additions - purchased	1,423
Reclassifications	198
Disposals	(1,635)
Cost as at 31 March 2021	7,743
Accumulated amortisation as at 1 April 2021	4,937
Provided during the year	1,045
Reclassifications	198
Disposals	(1,635)
Accumulated amortisation as at 31 March 2022	4,545
Cost as at 1 April 2020	6,287
Additions - purchased	1,470
Cost as at 31 March 2021	7,757
Accumulated amortisation as at 1 April 2020	3,973
Provided during the year	964
Reclassifications	
Accumulated amortisation as at 31 March 2021	4,937
Net book value as at 31 March 2022	3,198
Net book value as at 31 March 2021	2,820

All intangible assets are owned assets.

	Minimum Life Years	Maximum Life Years
Software licences	2	5



Note 12. Property, plant and equipment

Note 12.1 Property, plant and equipment 2021/22

	Total £000	Land £000	Buildings excluding Dwellings £000	Dwellings £000	Assets Under Construction £000	Plant & Machinery £000	Transport & Equipment £000	Information Technology £000	Furniture & Fittings £000
Cost or valuation as at 1 April 2021	172,692	17,500	102,821	1,061	4,617	29,471	101	16,086	1,035
Additions - purchased	17,572	0	6,479	0	5,859	3,396	0	1,802	36
Additions - donation of physical assets (non-cash)	54	0	42	0	0	12	0	0	0
Additions - equipment donated from DHSC for COVID response (non-cash)*	100					100			
Impairments charged to operating expenses	(1,252)	0	0	0	(1,252)	0	0	0	0
Impairments charged to revaluation reserve	(1,176)	0	(1,176)	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	5,144	875	4,247	22	0	0	0	0	0
Revaluations	(5,630)	0	(5,569)	(61)	0	0	0	0	0
Reclassifications	(198)	0	3,210	0	(3,210)	0	0	(198)	0
Disposals	(7,987)	0	0	0	0	(1,517)	0	(6,462)	(8)
Derecognition - COVID equipment returned to DHSC	(149)					(149)			
Cost or valuation as at 31 March 2022	179,170	18,375	110,054	1,022	6,014	31,313	101	11,228	1,063
Cost or valuation as at 31 March 2021	172,692	17,500	102,821	1,061	4,617	29,471	101	16,086	1,035

Note 12.1 Property, plant and equipment 2021/22 (cont.)

	Total £000	Land £000	Buildings excluding Dwellings £000	Dwellings £000	Assets Under Construction £000	Plant & Machinery £000	Transport & Equipment £000	Information Technology £000	Furniture & Fittings £000
Accumulated depreciation as at 1 April 2021	24,074	0	0	0	0	12,156	87	11,088	743
Provided during the year	9,368		4,327	61		3,284	5	1,585	106
Impairments charged to operating expenses	1,621	0	1,621	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	(379)	0	(379)	0	0	0	0	0	0
Revaluations	(5,630)	0	(5,569)	(61)	0	0	0	0	0
Reclassifications	(198)	0	0	0	0	0	0	(198)	0
Disposals	(7,973)	0	0	0	0	(1,503)	0	(6,462)	(8)
Accumulated depreciation as at 31 March 2022	20,883	0	0	0	0	13,937	92	6,013	841
Net book value as at 31 March 2021	158,287	18,375	110,054	1,022	6,014	17,376	9	5,215	222

Note 12.2 Property, plant and equipment 2020/21

	Total £000	Land £000	Buildings excluding Dwellings £000	Dwellings £000	Assets Under Construction £000	Plant & Machinery £000	Transport & Equipment £000	Information Technology £000	Furniture & Fittings £000
Cost or valuation as at 1 April 2020	162,060	15,750	102,460	1,182	6,576	21,787	101	13,268	936
Additions - purchased	23,399	0	7,281	27	3,366	9,808	0	2,818	99
Additions - donation of physical assets (non-cash)	74	0	38	0	0	36	0	0	0
Additions - equipment donated from DHSC for COVID response (non-cash)*	628	0	0	0	0	628	0	0	0
Additions - assets purchased from cash donations	176	0	176	0	0	0	0	0	0
Impairments charged to revaluation reserve	(4,622)	0	(4,597)	(25)	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	2,153	1,750	403	0	0	0	0	0	0
Revaluations	(8,388)	0	(8,342)	(46)	0	0	0	0	0
Reclassifications	0	0	5,402	(77)	(5,325)	0	0	0	0
Disposals	(2,788)	0	0	0	0	(2,788)	0	0	0
Cost or valuation as at 31 March 2021	172,692	17,500	102,821	1,061	4,617	29,471	101	16,086	1,035
Accumulated depreciation as at 1 April 2020	22,471	0	0	0	0	12,323	81	9,422	645
Provided during the year	7,253	0	3,103	46	0	2,334	6	1,666	98
Impairments charged to operating expenses	5,271	0	5,271	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	(32)	0	(32)	0	0	0	0	0	0
Revaluations	(8,388)	0	(8,342)	(46)	0	0	0	0	0
Disposals	(2,501)	0	0	0	0	(2,501)	0	0	0
Accumulated depreciation as at 31 March 2021	24,074	0	0	0	0	12,156	87	11,088	743
Net book value as at 31 March 2021	148,618	17,500	102,821	1,061	4,617	17,315	14	4,998	292

Note 12.3 Property, plant and equipment financing

	Total £000	Land £000	Buildings excluding Dwellings £000	Dwellings £000	Assets Under Construction £000	Plant & Machinery £000	Transport & Equipment £000	Information Technology £000	Furniture & Fittings £000
Net book value as at 31 March 2022									
Owned	154,228	18,375	107,895	1,022	6,014	15,491	9	5,215	207
Donated / Granted	3,541	0	2,159	0	0	1,367	0	0	15
Donated equipment from DHSC and NHSE for COVID response	518	0	0	0	0	518	0	0	0
Total net book value as at 31 March 2022	158,287	18,375	110,054	1,022	6,014	17,376	9	5,215	222
Net book value as at 31 March 2021									
Owned	145,743	17,500	100,665	1,061	4,617	16,612	14	4,998	276
Donated / Granted	2,248	0	2,156	0	0	76	0	0	16
Donated equipment from DHSC and NHSE for COVID response	627	0	0	0	0	627	0	0	0
Total net book value as at 31 March 2021	148,618	17,500	102,821	1,061	4,617	17,315	14	4,998	292

Note 13. Lives of non-current assets

The lives of equipment assets are estimated on historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is carried at its cost less any accumulated depreciation and any impairment losses. Where assets are of low value and/or have short useful lives, these are carried at depreciated historical cost as a proxy for current value.

The following table discloses the range of lives of various assets.

	Minimum Life Years	Maximum Life Years
Buildings excluding dwellings	5	120
Dwellings	20	49
Plant and machinery	5	15
Transport and equipment	7	10
Information technology	5	23
Furniture and fittings	5	15

Note 14. Inventories

Note 14.1 Inventory movements 2021/22

	Total £000	Drugs £000	Consumables £000	Consumables donated from DHSC group bodies
Carrying value at 1 April 2021	4,023	1,430	2,593	0
Additions	41,632	18,698	21,902	1,032
Inventories consumed (recognised in expenses)	(41,437)	(18,322)	(22,083)	(1,032)
Total as at 31 March 2022	4,218	1,806	2,412	0

Note 14.2 Inventory movements 2020/21

	Total £000	Drugs £000	Consumables £000	Consumables donated from DHSC group bodies
Carrying value at 1 April 2020	3,564	1,324	2,240	0
Additions	43,794	15,578	24,049	4,167
Inventories consumed (recognised in expenses)	(43,335)	(15,472)	(23,696)	(4,167)
Total as at 31 March 2021	4,023	1,430	2,593	0

Note 15. Trade and other receivables

	2021/22 £000	2020/21 £000
Current		
Contract receivables	10,616	6,891
Allowance for impaired contract receivables / assets	(1,609)	(1,564)
Prepayments	1,850	1,976
PDC dividend receivable	545	0
VAT receivable	160	917
Clinical pension tax provision reimbursement funding from NHSE	0	79
Other receivables	972	671
Total current trade and other receivables	12,534	8,970
Non current		
Contract receivables	957	720
Allowance for impaired contract receivables / assets	(275)	(161)
Clinician pension tax provision reimbursement funding from NHSE	547	561
Total non current trade and other receivables	1,229	1,120
Total trade and other receivables	13,763	10,090

Note 17. Cash and cash equivalents

	2021/22 £000	2020/21 £000
As at 1 April	47,937	2,242
Net change in year	(3,281)	45,695
As at 31 March	44,656	47,937
Breakdown of cash and cash equivalents		
Cash at commercial banks and in hand	15	7
Cash with the Government Banking Service	44,641	47,930
Cash and cash equivalents as at 31 March	44,656	47,937
Third party assets held by the Trust	26	25

Note 18. Trade and other payables

	2021/22 £000	2020/21 £000
Current		
Trade payables	7,932	6,212
Trade payables capital	7,142	9,453
Accruals	12,913	9,922
Annual leave accrual	4,784	4,206
Social security costs	2,284	2,237
Other taxes payable	2,071	2,213
PDC dividend payable	0	805
Other payables	3,471	2,749
Total trade and other payables	40,597	37,797

Note 19. Other liabilities

	2021/22 £000	2020/21 £000
Current		
Deferred income	5,102	3,145
Total other liabilities	5,102	3,145

Note 20. Provisions

	2021/22				
	Total £000	Legal £000	Other £000	Clinical Pension Tax Reimbursement £000	Pensions £000
Movements in provisions for liabilities and charges					
As at 1 April 2021	2,865	91	820	640	1,314
Change in the discount rate	38	0	0	0	38
Arising during the year	1,120	163	899	0	58
Utilised during the year	(155)	(41)	0	0	(114)
Reversed unused	(944)	(96)	(715)	(93)	(40)
As at 31 March 2022	2,924	117	1,004	547	1,256
Expected timing of cash flows:					
Within one year	231	117	0	0	114
Between one and five years	1,982	0	1,004	505	473
After five years	711	0	0	42	669
Total	2,924	117	1,004	547	1,256

Note 20. Provisions (cont.)

	2020/21				
	Total	Legal	Other	Clinical Pension Tax Reimbursement	Pensions
	£000	£000	£000	£000	£000
Movements in provisions for liabilities and charges					
As at 1 April 2020	2,238	142	145	565	1,386
Change in the discount rate	114	0	0	75	39
Arising during the year	797	72	715	0	10
Utilised during the year	(264)	(108)	(40)	0	(116)
Reversed unused	(20)	(15)	0	0	(5)
As at 31 March 2021	2,865	91	820	640	1,314
Expected timing of cash flows:					
Within one year	1,104	91	820	79	114
Between one and five years	564	0	0	98	466
After five years	1,197	0	0	463	734
Total	2,865	91	820	640	1,314

The pensions provision relates to early retirement costs in line with the NHS Business Service Authority - Pensions Division. Legal claims relates to third party legal claims advised by NHS Resolution. These claims are generally expected to be settled within one year but may exceptionally take two years to settle.

Clinical negligence and employer liabilities

£162m is included in the provisions of NHS Resolution as at 31 March 2022 in respect of clinical negligence and employer liabilities of the Trust (£137m as at 31 March 2021).

Note 23. Contingent liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	(54)	(31)
Gross value of contingent liabilities	(54)	(31)
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	(54)	(31)

Note 22. Financial instruments

Note 22.1 Financial risk management

Liquidity risk

The Trust's net operating costs are incurred under annual service level agreements / contracts with commissioners which are financed from resources voted annually by Parliament. The Trust receives such income for the activity delivered in that year in accordance with national and locally agreed tariffs. Monthly payments are received from Commissioners based on the annual contract values, this arrangement reduces liquidity risk.

The Trust actively mitigates liquidity risk by daily cash management procedures and by keeping all cash balances in an appropriately liquid form.

Interest rate risk

All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest and the Trust is not therefore exposed to significant interest rate risk.

Credit risk

The main source of income for the Trust is from Clinical Commissioning Groups in respect of healthcare services provided under contract and Service Level Agreements. The credit risk associated with such customers is negligible.

The Trust has minimal exposure to credit risk as all cash balances are held within the Government Banking

Services (GBS) account which generates additional cash through an applied interest rate. The Trust does not hold cash in any other investment institution on a short or long term basis.

Before entering into new contracts with non NHS customers, checks are made regarding creditworthiness. The Trust also regularly reviews debtor balances and has a comprehensive system in place for pursuing past due debt. Non NHS customers represent a small proportion of income and the Trust is not exposed to significant credit risk in this regard. There are no amounts held as collateral against these balances.

The movement in the allowances for credit losses for contract receivables / assets during the year is disclosed in Note 15. Of those assets which require an allowance for credit losses none are impaired financial assets (none in 2019/20).

There are no financial assets that would otherwise be past due date or impaired whose terms have been renegotiated (none in 2020/21).

Currency risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations and therefore has low exposure to currency rate fluctuations.

All financial assets and liabilities are held in sterling and are shown at book value, which is not significantly different from fair value.



Note 22. Financial instruments (continued)

Note 22.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total £000
Carrying values of financial assets as at 31 March 2022				
Receivables (excluding non financial assets) - with DHSC group bodies	7,235	0	0	7,235
Receivables (excluding non financial assets) - with other bodies	2,999	0	0	2,999
Cash and cash equivalents at bank and in hand	44,656	0	0	44,656
Total as at 31 March 2022	54,890	0	0	54,890
Carrying values of financial assets as at 31 March 2021				
Receivables (excluding non financial assets) - with DHSC group bodies	3,793	0	0	3,793
Receivables (excluding non financial assets) - with other bodies	2,093	0	0	2,093
Cash and cash equivalents at bank and in hand	47,937	0	0	47,937
Total as at 31 March 2021	53,823	0	0	53,823

Note 22.3 Carrying value of financial liabilities

	Held at amortised cost £000	Held at fair value through I&E £000	Total £000
Carrying values of financial liabilities as at 31 March 2022			
Trade and other payables (excluding non financial liabilities) - with DHSC group bodies	1,832	0	1,832
Trade and other payables (excluding non financial liabilities) - with other bodies	32,604	0	32,604
Total as at 31 March 2022	34,436	0	34,436
Carrying values of financial liabilities as at 31 March 2021			
Trade and other payables (excluding non financial liabilities) - with DHSC group bodies	1,879	0	1,879
Trade and other payables (excluding non financial liabilities) - with other bodies	28,256	0	28,256
Total as at 31 March 2021	30,135	0	30,135

Note 22.4 Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value.

Note 22. Financial instruments (continued)

Note 22.5 Maturity of financial liabilities

	31 March 2022 £000	31 March 2020 £000
Financial liabilities fall due in:		
One year or less	34,436	30,135
Total	34,436	30,135

Note 23. Contractual Capital Commitments

The Trust has contractual capital commitments of £4.6m as at 31 March 2022 (£2.1m as at 31 March 2021). This includes, £3.0m for ED Plaza, other building works of £1.2m and equipment of £0.4m

Note 24. Related party disclosures

Note 24.1 Related party transactions

	Revenue £000	Expenditure £000
Value of transactions with other related parties in 2021/22		
Value of transactions with other related parties:		
Charitable funds (where not consolidated)	19	0
Total value of transactions with related parties in 2021/22	19	0
Value of transactions with other related parties in 2020/21		
Value of transactions with other related parties:		
Charitable funds (where not consolidated)	32	0
Total value of transactions with related parties in 2020/21	32	0

Note 24.2 Related party balances

	Receivables £000	Payables £000
Value of balances with other related parties as at 31 March 2022		
Value of transactions with other related parties:		
Charitable funds (where not consolidated)	279	0
Total value of balances with other related parties as at 31 March 2022	279	0
Value of balances with other related parties as at 31 March 2021		
Value of transactions with other related parties:		
Charitable funds (where not consolidated)	226	0
Total value of balances with other related parties as at 31 March 2021	226	0

Note 24.3 Whole of Government Accounts bodies

All bodies within the scope of the Whole of Government Accounts (WGA) are considered to be related parties as they are part of the DHSC group of bodies such that the DHSC is the parent department, and they fall under the common control of HM Government and Parliament. The GAM interprets IAS 24 (Related Party Disclosures) such that no information needs to be given about transactions relating to DHSC group bodies.

In line with this, these related parties notes only collect details of transactions and balances with bodies or persons outside of the whole of government accounts boundary.

For related parties within the DHSC group of bodies, where transactions and balances need not be reported, that have a material relationship with the Trust (income and/or expenditure greater than £10m) are listed below.

NHS Warrington CCG
 NHS Halton CCG
 NHS Liverpool CCG
 NHS England

Note 25. Events after the reporting period

There were no events after the reporting period that require disclosure.



Note 26. Losses and special payments

	2021/22	
	Number	£000
Losses		
Cash losses	10	2
Bad debts and claims abandoned	10	23
Stores losses and damage to property	26	131
Total losses	46	156
Special payments		
Ex-gratia payments	40	609
Total special payments	40	609
Total losses and special payments	86	765
Value of compensation payments received		12

	2020/21	
	Number	£000
Losses		
Cash losses	11	2
Bad debts and claims abandoned	4	46
Stores losses and damage to property	16	119
Total losses	31	167
Special payments		
Ex-gratia payments	58	102
Total special payments	58	102
Total losses and special payments	89	269
Value of compensation payments received		7

There were no individual cases exceeding £0.3m in either 2021/22 or 2020/21.

ANNUAL REPORT & ACCOUNTS 2021/22

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