

Local Care Direct **Annual Report** 2021-22



Looking forwards

an introduction from our Chairman



The last year has been the most unpredictable for over half a century: a prolonged Covid pandemic, conflict in Eastern Europe and a rise in the cost of living, which for many will be the greatest in their living memory. However, despite the challenge, it has been a successful year for Local Care Direct. We have continued to deliver responsive, high-quality, safe services and had the privilege of working with a motivated, loyal workforce.

With [NHS England recently asking care providers to return to pre-Covid ways of working where possible](#), we're relieved that we can now safely open our doors fully once again. Looking to the future, we are continuing to learn from the challenges of the pandemic and embed the changes which have enhanced our working practices and patients' experiences.

No longer simply a relief urgent primary care organisation, Local Care Direct provides 24-hour support which will be critical to the delivery of the NHS Long Term Plan. Our structure, systems, technology and colleagues have proven that we are more than capable of:

- developing innovative, smarter care pathways which result in no further care being required by other NHS providers;
- supporting chronic illness pathways with our surveillance services;
- utilising ground-breaking digital technology, data handling and clinical audits to enhance patient experience and safety, and become a part of the 'NHS Digital front door'; and
- developing a multidisciplinary clinical workforce.

We have many ambitions for the coming year, from investing further in our patient safety culture and our employees to working closely with our partners to support people looking for dental care. I look forward to seeing what new challenges lie ahead of us.

Kind regards
Dr Georgina Haslam,
Chairman

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What we do

Established as a community owned social enterprise in 2004 to deliver health services across West Yorkshire, Local Care Direct aims to meet the needs and expectations of our patients, and our NHS and social care partners.

Over the past 18 years, we have developed a broad range of services for patients across Yorkshire and the Humber including: a centralised contact centre, GP out of hours services, Urgent Treatment Centres, walk-in facilities, extended access primary care services and a dental assessment and booking service, as well as a number of bespoke services for our NHS clients.

We provide health care services to Yorkshire and Humber, which is roughly 15,408 square kilometres and is the fifth largest region in England, with an estimated **population of 5.4 million**



21-22 reflections

from our Chief Executive



I'm writing this in the hope that after two years of our lives being dominated by Covid, I can finally say that the end is in sight. My reflection on this period is that it has been surreal; even now, it is difficult to imagine that less than two years ago, we were not able to leave our homes and see our families. There has been a huge amount of personal and societal tragedy during the period, and I'm sure we are all wary of how the impacts on our long-term health, whilst not yet apparent, will impact our lives in the years to come.

And yet, at the same time, it has been a period of incredible development in the way that we do things. Necessity is the mother of invention, and this has certainly been the case in the NHS. Our strategic position of how we can best support the NHS through West Yorkshire and place-based remote solutions has been welcomed, and Local Care Direct is seen as a cornerstone of urgent care evolution in our new Integrated Care System (ICS).

Many of you will be aware that England's Health and Care System is in the middle of a big structural change. There is a move to remove the traditional commissioner and provider boundaries, and create a shared system approach where everyone works together to create the best possible outcomes for the populations we serve. West Yorkshire will be one of the larger Integrated Care System areas with some level of place-based leadership in Bradford and Craven, Calderdale, Kirklees, Leeds and Wakefield. The new structures go live on 1st July, and we are all excited to see how they will have a positive impact.

As well as the external changes that have taken place, I do believe that the tumultuous last couple of years have provided an opportunity for our organisation to focus on developing our social enterprise culture and the various ways we positively impact the population that we serve. There are two in particular that I would like to highlight to you.

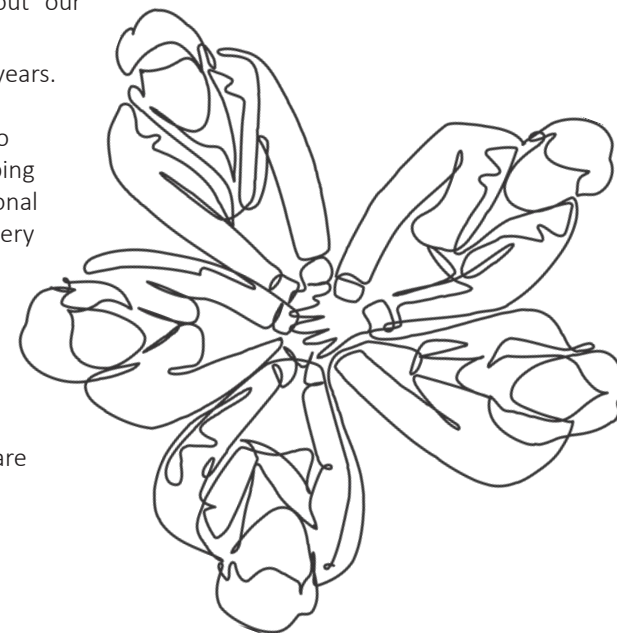
Several employees have formed a group and work together whilst engaging with our wider workforce to create Local Care Direct's first Health and Wellbeing Strategy. This creates a clear blueprint and intention of our commitment to supporting our people and their wellbeing.

We have some ambitious medium-term plans and have already made some significant steps forward in training Mental Health First Aiders, providing links to resources and support, setting physical health challenges and ensuring that our weekly communication bulletin always features self-care support. It's a hugely positive step and has been well received, with employees across the organisation providing personal stories and offers to help.

Secondly, I'm so proud to report that this year's annual report is accompanied by a second report, our first Social Impact Report. As a social enterprise, this is something that has been an aspiration for some time. It's an important milestone for the organisation as it allows us to showcase the recent work that we are undertaking with community organisations across West Yorkshire. Working as a social enterprise for over 18 years now, we have created a sustainable infrastructure to support the goals that are so important to us, and our work with community foundations is clear evidence of that hard work. I hope that you enjoy reading all about our efforts.

It's been a tough couple of years. I want to thank our people for such a sustained effort to keep delivering and developing really valuable and professional services for our patients- every one of them has made such a difference. It's fair to say that we are tired, but we are still committed and ready for the exciting things that the future holds for Local Care Direct.

Best wishes
Helen Carr,
Chief Executive



Highlights

Between 1st April 2021 and 31st March 2022

We delivered
24 services
for the NHS, 3 of
which were brand new



In total,
we responded to
726,574 cases



Whilst the majority of our
services support people
in West Yorkshire,
we responded to
297,448 cases
in our Urgent Dental
Assessment and
Booking service which
supports the whole of
Yorkshire and the Humber

As part of our
West Yorkshire
Urgent Care
contract, we:



- supported 214,312 patients via the phone/video
- visited 14,888 in their own home
- saw 15,504 patients to save them waiting in the A&E system
- treated 80,112 patients at our local walk-in and bookable services.

Our workforce includes **454 employees**
and **225 active sessional colleagues**



Our Clinical Quality team audit the clinical notes
from patient cases and only
raised a concern, which were **1.7%**
actioned with the clinicians

Making the most of 21-22

launching three new pilots

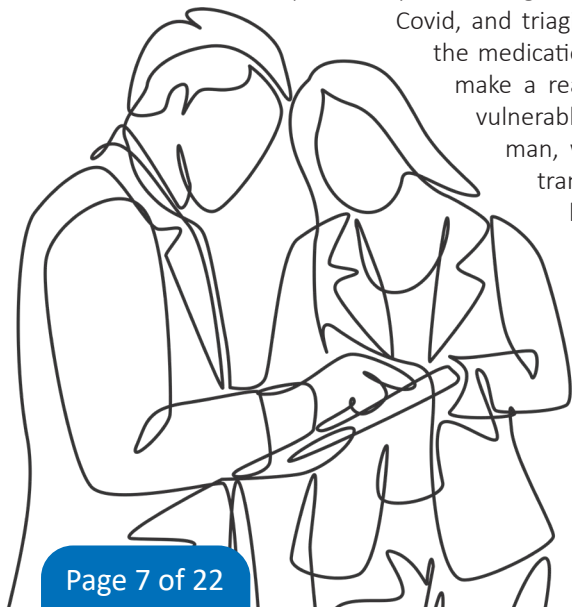
One of Local Care Direct's greatest strengths is our ability to adapt and respond to the changing needs of our communities and health care partners. In 2020-2021, we piloted a number of new services, and whilst our "Huddersfield Virtual Streaming" and "GP Resilience" pilots came to an end, many successfully continued through 2021-2022. For instance, our partnership with Curo Health, NHS Kirklees CCG, Kirkless Council, and Locala on the Urgent Community Response service has supported over four thousand people, relieving pressure on ambulance and emergency department services. This year, our ability to develop and mobilise new innovative ways of working has continued with the development of three new pilots that are supporting the system.

Working together to support the clinically vulnerable from Covid

Across England, the NHS has set up new Covid medicine delivery services to support patients at the highest-risk from COVID including those living with HIV and AIDS, liver disease, sickle cell disease, and those receiving cancer treatments or taking medicines that suppress their immune system. Where appropriate, these new services offer treatment (either with a new antibody infusion or a course of antiviral tablets) to reduce their chance of needing hospital care.

We have worked alongside Covid Medicine Delivery Units (CMDU) across the region, proactively monitoring live data of patients testing positive for Covid, and triaging and assessing their eligibility for the medication. This has been an opportunity to make a real difference for the more clinically vulnerable including Paul, a West Yorkshire man, who is one of the longest surviving transplant patients in the country. He became one of the first to benefit from this new service.

Paul told us: *'I feel very happy that it's been possible to have the antibody infusion, as I have lost several friends to COVID. I know that anyone in my situation would jump at the opportunity to try and make sure that they don't get poorly from COVID'.*



Increasing online consultations

We are all aware of rising patient needs within primary care, which is creating challenges. To support, we've been working with our partners across the West Yorkshire Integrated Care System to pilot a new Online Consult service, saving over 120 hours for General Practices.

We have been piloting the service with Clinical Commissioning Groups and general practices since 10th January 2022. In just three months, we've seen 758 cases, of which 74% did not need to be seen in primary care.

By maximising our ability to deliver clinical support, management and treatment on the same day, this new approach is helping practices meet patients' needs whilst offering more technological access to those who want it.

Getting people to the right service

In January 2022, we began piloting a new Emergency Department Validation service that has supported 3,290 patients. This service is offered to patients who complete an NHS111 online consultation. If they are advised to go to A&E at the end of the consultation, they can choose to speak to one of our clinicians, who will then assess the patient, confirm if they need to go to A&E or signpost them to a more appropriate service. In three months, 80% of the patients our clinicians spoke to did not need to go to A&E.



Notice of Annual General Meeting of Local Care Direct Limited

This is notice that the 17th Annual General Meeting of Local Care Direct will take place on the 28th June. Voting and approval will be completed via email or post, with the purpose of transacting the following business:

1. To approve the minutes of the Annual General Meeting held nominally on the 28th June 2021.
2. To receive extracts of the Directors' Report and Financial Statements together with the Auditor's report thereon for the year ended 30 September 2021 (please see the following pages).
3. To consider and if thought fit re-appoint Grant Thornton LLP as LCD auditors and authorise the Directors to fix the remuneration of the Auditors.
4. To re-elect Tim Keenan as a Non-Executive Director.
5. To transact any other business permitted under the rules.

By order of the Board

Paul Dean
Company Secretary
May 2022

Please note that copies of the Directors' Report and Financial Statements for the year ended 30th September 2021 can be obtained by email via Paul.dean@lcdwestyorks.nhs.uk



Local Care Direct's Executive Team

Chief Executive Helen Carr leads the Local Care Direct Executive Team. The focus of the Executive Team is on providing strategies and operational leadership to Local Care Direct and its employees. The team also provide leadership to ensure the desired culture is set for the organisation in its day to day operations.



Helen Carr
Chief Executive
Officer



Andrew Nutter
Chief Operating
Officer



Dawn Harvey
Director
of Clinical
Governance and
Quality



Diane Whale
Director of
Finance



Paul Dean
Company
Secretary



Dr Taz Aldawoud
Director
of Clinical
Innovation

Local Care Direct's Board

Dr Georgina Haslam leads the Board of Local Care Direct. It consists of key members of the Executive team, Non-Executive Directors who provide wide-ranging expertise from outside of Local Care Direct and a Non-Executive Director elected by the members for a two-year term. The Board is responsible for overseeing corporate strategy and supporting the Executive Team in ensuring the business has the resources, structures and governance in place to deliver agreed business plans.



**Dr Georgina
Haslam**
Chairman



Helen Carr
Chief Executive
Officer



Andrew Nutter
Chief Operating
Officer



Kevin Slater
Member Non
Executive Director



**Olivia
Butterworth**
Non Executive
Director



**Dr Sabine
Kollment-Scharl**
Non Executive
Director



Tim Keenan
Non Executive
Director

Our financial summary

The Directors are pleased to report the following financial results for the year ended 30th September 2021. Both turnover and combined direct/operating costs increased by just under 8% in the year, which resulted in static levels of reported surplus of c.£300k for both the current and previous financial year. The Statement of Financial Position remains strong, which provides us with continued resilience.

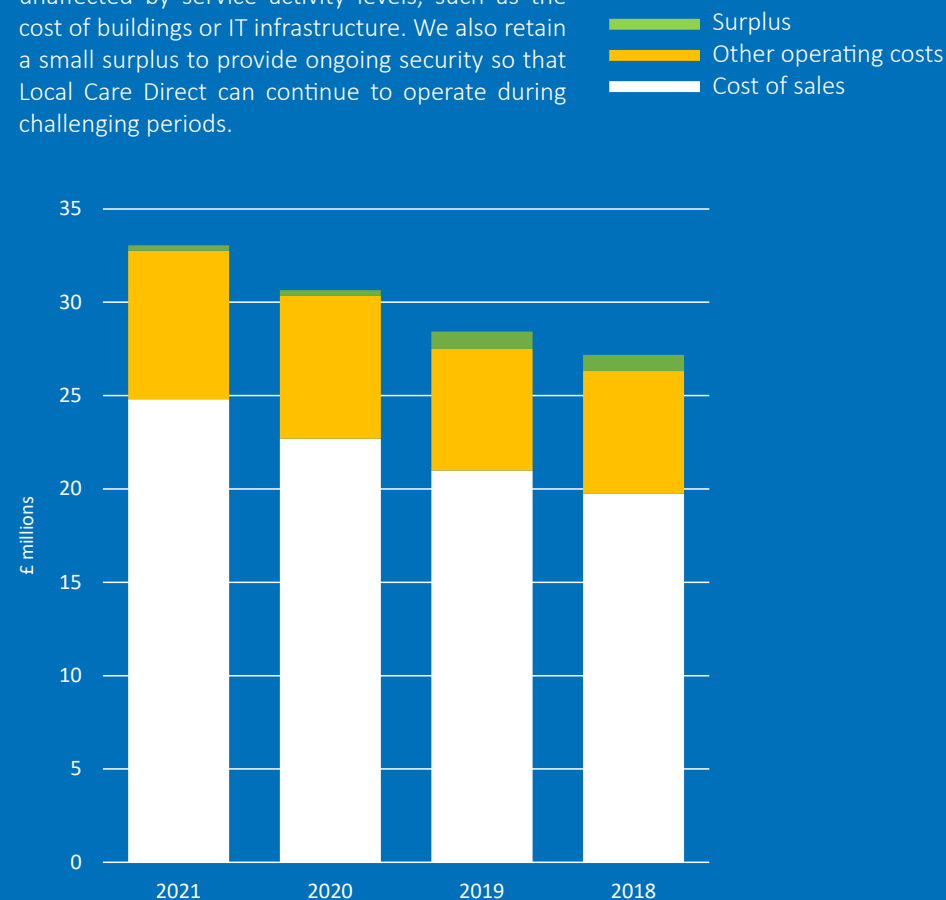
Statement of Financial Position	2021 (£)	2020 (£)
Tangible and intangible fixed assets	775,269	775,178
Current assets	10,845,435	12,218,493
Creditors: Amounts falling due within one year	-4,270,509	-5,902,096
Net current assets / (liabilities)	6,574,926	6,316,397
Total assets less current liabilities	7,350,195	7,091,575
Creditors: Amounts falling due after more than one year	-34,847	-65,611
Net assets	7,315,348	7,025,964
Reserves	7,315,348	7,025,964

Income and Expenditure	2021 (£)	2020 (£)
Turnover	33,045,785	30,653,571
Cost of sales	-24,804,189	-22,694,434
Gross surplus	8,241,596	7,959,137
Other operating charges	-7,961,405	-7,690,127
Operating surplus	280,191	269,010
Interest receivable	13,626	33,756
Interest payable and similar charges	-1,844	-2,766
Surplus on ordinary activities before taxation	291,973	300,000
Tax on surplus on ordinary activities	-2,589	-6,414
Surplus for the financial year	289,384	293,586
Reserves brought forward	7,025,964	6,732,378
Reserves carried forward	7,315,348	7,025,964

Understanding our income and expenditure

Turnover is the total amount of funding Local Care Direct receives to provide services; this comes from a range of sources including Clinical Commissioning Groups at NHS England and individual GP Surgeries.

The largest portion of this money is spent on the 'cost of sales', which is costs directly linked to the service, and the activity of the service provided, such as clinical wages or medical supplies. Other operating costs are costs that span multiple services or those unaffected by service activity levels, such as the cost of buildings or IT infrastructure. We also retain a small surplus to provide ongoing security so that Local Care Direct can continue to operate during challenging periods.



Audit and risk update

from our Audit and Risk Committee Chair



During the pandemic, in common with all healthcare organisations, our systems of governance had to adapt to new ways of working, and our processes to identify and manage risk were tested to the limit by having to meet the needs of patients through rapid innovation and to defend ourselves against emerging cyber threats.

Local Care Direct's Audit and Risk Committee continued to meet virtually throughout the year to provide assurance to the Board that internal controls were operating effectively. The nature of our meetings changed to reduce the administrative burden on managers by focussing our scrutiny on the major risks that Local Care Direct was facing.

I am pleased to report that our systems stood the exhaustive test placed on us by the pandemic, and I wish to put on record my thanks and admiration for the employees at Local Care Direct who performed so diligently during the year.

Each year we are subject to an external audit, which was completed by Grant Thornton for the year ended September 2021 - Grant Thornton issued an unqualified audit report with no issues raised at all.

Audit Yorkshire are presently finalising a report on our Clinical Guardian System, as the first of a series of independent reviews on our internal controls. Over the coming years, we plan to test all of our key systems of control through similar in-depth studies.

During the pandemic, fraudsters have continued to operate, taking advantage of organisations distracted by other priorities. Local Care Direct has not been materially affected, and we remain committed to meeting the highest levels of fraud prevention and protection as set out in the latest Cabinet Office guidance for the whole public sector.

We will be independently assessed against the same high standard as our partners in the NHS and the wider public sector, and we are working through a detailed Counter Fraud action plan with Audit Yorkshire with a view to securing the highest level of assurance possible in the next independent assessment.

Tim Keenan
Audit and Risk Committee Chair

Internal audits

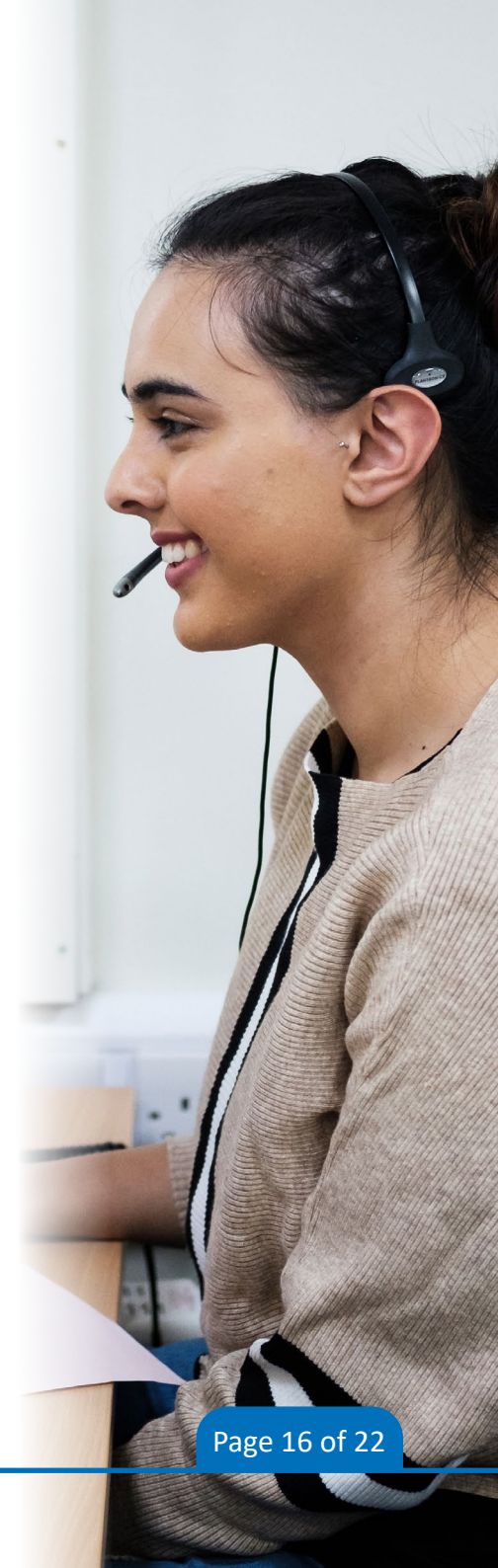
We have an extensive audit program that covers appropriate access to systems, call outcomes, prescribing, Infection Prevention and Control measures, and many others. One of our recently completed audits was a call closure outcome for the NHS111 Online Emergency Department (ED) Validation service.

Data from NHS Digital highlighted that a significant number of people using the NHS111 Online tool reached a disposition that advised them to go to the nearest ED. In light of this, Local Care Direct has been commissioned to take these cases and validate the outcome.

This is a detailed audit which follows all the stages of a case: from its receipt into our system via NHS111 Online, through any clinical assessment or prescribing provided at Local Care Direct, to how the call was closed i.e. if the call was closed with advice, or if the patient presented at another service such as ED within 48 hours of call closure. The outcome of the audit, which looked at 218 cases, showed that 79.81% of calls were either closed at Local Care Direct or referred to a more appropriate service than ED.

Reportable information incidents

We have robust measures in place to protect our patients data, including the process to report and investigate any incidents relating to how we hold and use confidential data. Between April 1st 2021 and 31st March 2022, Local Care Direct did not experience any breaches in data, and has not needed to engage with the Information Commissioner's Office, a non-departmental public assurance body.



Extract from the Directors' Report and Strategic Review for the year ended 30 September 2021

The principal activity of Local Care Direct (LCD) during the year was the provision of healthcare services.

The Board reports the achievement of a surplus before taxation of £291,973 for the year ended 30 September 2021 (2020 - £300,000). Although LCD is not in a position to make further donations to local Community Foundations this year, the donations made last year have now started to make a difference to local communities.

LCD continues to deliver the West Yorkshire Urgent Care (WYUC) contract, which incorporates the Leeds Urgent Treatment Centres (UTCs). As a combined contract this accounts for approximately 70% of turnover. The business has continued to balance cost pressure within the WYUC service, which results from demand for the service being higher than the commissioned resources. Dynamic monitoring of patient demand and clinical and non-clinical resource levels is used to optimise the allocation of resource across the service as a whole. In response to the continued depletion of GP numbers, partly as a result of demands from other services, LCD continues to utilise a multi-disciplinary team of clinicians within its main Contact Centre hub to complement this traditionally GP-led service model.

Due to the continuing Covid-19 pandemic, LCD has maintained protocols first introduced in early 2020 to support the delivery of a safe service for both patients and staff. This

has included enhanced cleaning regimes, social distancing and mask-wearing, as well as remote initial clinical assessment and video consultations. Revised protocols, coupled with changes in patient behaviour, has meant that the dramatic shift away from face-to-face consultations towards telephone and video consultations has continued throughout much of the year, although latterly the number of face to face presentations has started to increase.

Compared to 2020, overall WYUC patient activity was down by approximately 6% during the year ended 30 September 2021, although second-half activity was just 2% lower than pre-pandemic levels.

As primarily walk-in services, both the Leeds UTCs and King St services encountered significant falls in activity in the previous financial year. Activity within the Leeds UTCs has recovered well in the second half of the year to 30 September 2021, with reported activity for this six-month period just 6% down on pre-pandemic levels. The King St service has seen a slower recovery in activity levels, with second half activity just under 50% of pre-pandemic levels, although actual activity in October 2021 rose to approximately two-thirds of that seen in October 2019. Commissioners of these services have continued to be financially supportive throughout the pandemic, with LCD piloting ways to increase demand by, for example, developing new protocols to divert

patients from Accident and Emergency Departments or local GP Practices. Patient activity within the Yorkshire and Humber Dental Clinical Assessment and Booking Service continues to run significantly above levels envisaged in the original contract, with chargeable activity for the year ended 30 September 2021 of 302,000 patients, compared to a baseline of 181,000. Insufficient availability of dental treatment appointments as a disposition from this service has led to high levels of patient churn, with total demand for the year ended 30 September 2021 of 438,000.

LCD continues to operate in a rapidly changing NHS commissioning environment and in March 2022 Clinical Commissioning Group (CCG) bodies will be dissolved to be replaced by Integrated Care Systems (ICSs).¹ ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. LCD seeks to operate at the ICS level for its core services, developing local models to meet system need in line with strategic view. LCD continues to offer constructive and innovative support to such initiatives to improve pathways of care.

As an independent healthcare provider, LCD is acutely aware of the importance of maintaining a sufficient range of contracts and level of turnover to support the corporate infrastructure. LCD's contracts tend to be fixed term in nature and historically have often been subject to extensions of just 6 to 12 months. Currently the position with regards to key contracts is as follows:

WYUC LCD was awarded a further three-year contract to deliver the WYUC and Leeds UTC services from April 2021 to March 2024, which provided a very welcome degree of certainty for both the society and the staff who deliver these services. The combined contract represents approximately 70% of turnover.

[King Street Contract](#) Commissioners have also indicated that it is their intention to extend the King St Walk in contract for a further year from April 2022.

The [Dental Clinical Assessment and Booking](#) contract commenced in April 2019. This is a five-year contract to March 2024, with the potential to extend for a further two years.

It is anticipated that the [Pontefract UTC and Calderdale Telehealth contracts](#) will be extended by a further year from April 2022 and that both the Greater Huddersfield and Wakefield Extended Access schemes will be extended to September 2022.

Subsequent to the year-end, LCD has been asked to support the [Calderdale Urgent Community Response \(UCR\)](#) service in collaboration with other local healthcare and social care providers to support patients on the frailty care pathway. LCD's role is to provide GP support, clinical triage and assessment, signposting and referral to partner organisations. This contract will be delivered by LCD using a combined model to cover both this service and the existing Kirklees UCR service for the year to March 2023.

¹. Please note this was published in March 2022 and we are aware that this date has since changed.

During the year, LCD has delivered a number of new contracts, the majority of which utilise our contact centre hub operation to provide additional services and pathways at place and across the West Yorkshire footprint:

Kirklees Urgent Community Response (UCR) Kirklees was selected as one of seven national accelerator sites and LCD delivers the patient hub for this service. We offer both clinical triage and assessment, signposting and appropriate referral to community, primary care or council services.

111 First and Emergency Department (ED) validation LCD offers the clinical assessment service for 111 First / ED Validation.

Pulse Oximetry Remote Monitoring LCD has responded to the request to initiate a new service for Covid-19 positive patients who use oxygen saturation monitoring kit at home and require proactive monitoring and treatment upon exacerbation.

Covid Vaccination support In collaboration with other health partners, LCD provided clinical and non-clinical support to the local community vaccination hub and GP practices.

Going Concern

The management team has presented a forecast to 31 March 2023 to the Board. After reviewing the Society's budget, the forecast to 31 March 2023 and the facilities currently available, the Board is confident that the Society has sufficient resources to continue for the foreseeable future. For this reason the Society has adopted the going concern basis in its financial statements.

This report was approved by the Board and signed on its behalf.

Dr Georgina Haslam, Chairman
17 March 2022

Independent Auditor's Report

This year's extract



Opinion

We have audited the financial statements of Local Care Direct (the 'Society') for the year ended 30 September 2021 which comprise the Income and Expenditure Account, the Statement of Financial Position, the Statement of Changes in Equity, Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102; The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Society's affairs as at 30 September 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Co-operative and Community Benefit Societies Act 2014.

Basis for Opinion

We have been appointed as auditor under the Co-operative and Community Benefit Societies Act 2014 and report in accordance with regulations made under that Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. We are independent of the Society 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 directors' 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 Society'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 Society to cease to continue as a going concern.

In our evaluation of the directors' conclusions, we considered the inherent risks associated with the Society's business model including effects arising from macro-economic uncertainties such as Brexit and Covid-19, we assessed and challenged the reasonableness of estimates made by the Board and the related disclosures and analysed how those risks might affect the Society's financial resources or ability to continue operations 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 Society'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 directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Other information

The Board are responsible for the other information. The other information comprises the information included in the Strategic and Directors' 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Co-operative and Community Benefit Societies Act 2014 requires us to report to you if, in our opinion:

- a satisfactory system of control over transactions has not been maintained; or
- the Society has not kept proper accounting records; or
- the financial statements are not in agreement with the books of account; or
- we have not received all the information and explanations we need for our audit.

Respective responsibilities of the Board and Auditors

The Board is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Board 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 Board is responsible for assessing the Society'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 Board either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

The Auditor's 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.

Use of our report

This report is made solely to the Society's members, as a body, in accordance with regulations made under Section 87 of the Co-operative and Community Benefit Society Act 2004. Our audit work has been undertaken so that we might state to the Society's members 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 Society and the Society's members as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Thornton UK LLP
Statutory Auditor
Chartered Accountants
Sheffield
17 March 2022





More information can be found on our website.

If you need this booklet in braille, audio, large print or another language, please email info@lcdwestyorks.nhs.uk

You can also contact us on:



01484 487262



@LocalCareDirect



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