

Local Care Direct Annual Report 2022-23



Looking forwards

a statement from our new Chairman



It is a privilege to write this introduction as the recently appointed Chair of Local Care Direct (LCD). I admit to being humbled and a little overawed to be taking over from Dr Georgina Haslam who has steered LCD so brilliantly for the past six years.

We are truly fortunate to have had such a dedicated and committed Chair, and an excellent role model I can only hope to emulate. I am delighted that Georgina will continue to work with LCD as Vice Chair and Chair of the Audit, Risk and Service Improvement Committee- more from her later in this report.

As we move into the year in which LCD will celebrate its 20th anniversary, it is natural to reflect on how we have broadened and deepened services and found our feet as a social enterprise. We have evolved from those early days as a GP out of hours provider to a technology-enabled, innovative, multi-disciplinary provider of 24-hour support, relieving pressure on all parts of West Yorkshire's Integrated and

Urgent Care System.

The coming year will see us continue this journey as we play our part in supporting the new West Yorkshire Integrated Care System (ICS) to alleviate pressures in primary and secondary care, and to provide a more effective and responsive urgent care system. Whilst there will be significant hurdles to overcome along the way, we can be sure that LCD has gained the confidence over the past two decades of service to take on such challenges and succeed.

Finally, I will leave you with a reflection on our role as a Social Enterprise. A recent Outcomes Report on the community projects we sponsor makes compelling reading. It shows that our investment is improving thousands of lives and reducing pressure on health services. Think of it for a moment – we have chosen to invest in projects that reduce the demand for our services because it is the right thing to do for the population we serve. If ever there was a reason to be proud of our not-for-profit status, then this surely is it.

Kind regards
Tim Keenan
Chairman

To read about our work with Community Foundations, please see our Social Impact Report.

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Reflections on 2022 - 2023

a statement from our Chief Executive



It's lovely to have reached the milestone of our Annual Report, it signifies another year of supporting our patients. And, as we finally emerge from the grip of the pandemic, our country, indeed the world, needs health care more than ever. This has been reflected in just how busy we have been in every service over the winter period: our West Yorkshire Urgent Care (WYUC) service experienced consecutive record-breaking weekends, culminating in us receiving over 10,000 cases into the service over the Christmas weekend; dental activity continues to be extremely high; and our walk-in provisions have returned to pre-Covid levels of activity.

We've also had other challenges to contend with - industrial action, additional bank holidays, and national software failures- all of which significantly disrupted our service delivery. As ever, our teams have risen to the challenges and found the safest solutions to deliver care to our patients, and our reputation as a supportive and professional partner to the system is even greater.

During the year we have welcomed new Directors to the Executive Team and the Board, and appointed a new Chair. We are lucky to have incredibly loyal and cooperative support from those involved, with everyone working together for the interests of our patients.

I'm really pleased to report that we have continued to develop our internal infrastructure and have enacted some large projects, including the implementation of SharePoint and our new Patient Safety Strategy, and we were shortlisted for the "Best Not for Profit Working in Partnership with the NHS" award at the 2023 HSJ Partnership Awards.

This year also saw changes to our commissioning environment with the advent of Integrated Care Boards (ICB) in July 2022, promoting collaborative system working for the benefit of patients.

Overall, it's been another busy and rewarding year, with our success entirely due to the incredible people that work in and support the organisation. This leaves us moving strongly into our 20th anniversary year, and I look forward to celebrating with you all in 2024.

Kind regards
Helen Carr
Chief Executive

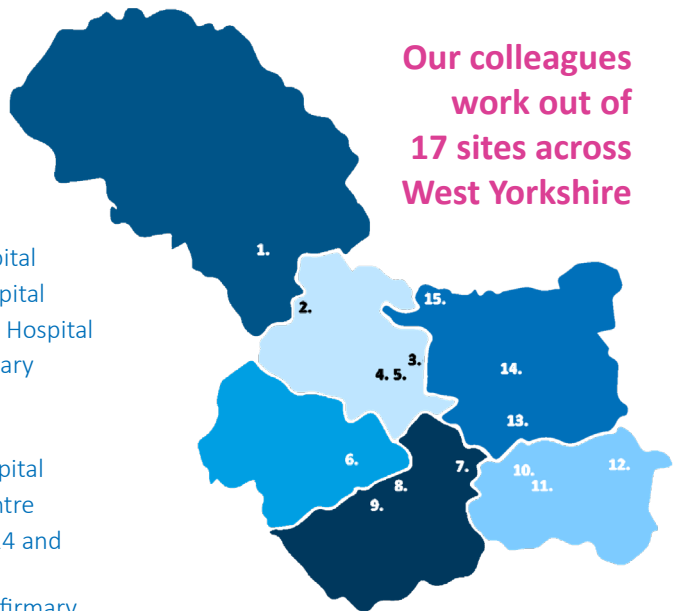
Our role

delivering health services

Our purpose is to care for people. Established as a community owned social enterprise in 2004 to deliver health services across West Yorkshire, our aim is to meet the needs and expectations of our patients, and our NHS and social care partners.

As a partner within the Integrated Care System, we take on a significant role straddling both primary and secondary care services 24 hours per day, 365 days per year. We work with our partners in Urgent and Emergency Care to make high-quality services that are easy to access and understand, while ensuring people in our communities can receive the right advice, care and support in the right place and as close to home as possible.

Over the past 19 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.



**Our colleagues
work out of
17 sites across
West Yorkshire**

1. Skipton General Hospital
2. Airedale General Hospital
3. Eccleshill Community Hospital
4. Bradford Royal Infirmary
5. Westbourne Green Community Hospital
6. Calderdale Royal Hospital
7. Dewsbury Health Centre
8. Bradley Unit 2, Unit 14 and Cartwright Court
9. Huddersfield Royal Infirmary
10. King Street Walk-in Centre
11. Trinity Medical Centre
12. Pontefract Hospital

13. St George's Centre
14. Lexicon House
15. Wharfedale Hospital

A year in figures

between 1 April 22 and 31 March 23

We provided 24/7 health care services to an estimated population of

5.4 million

in Yorkshire and the Humber, which is the fifth largest region in England.



715,922

patient cases came through our services.



Our workforce includes

443 employees and 255 sessional colleagues.*



We spoke to patients 269,877 times

through our Urgent Dental Assessment and Booking service.

We treated 86,788 patients

at our St Georges and Wharfedale Urgent Treatment Centres and our King Street Walk-In Centre, and we saw 99% of patients within four hours of them booking in with our receptionists.



We saw 22,002 patients

in Bradford, Calderdale and Huddersfield to save them from waiting in Emergency Departments.

We helped 15,893 patients

in their own home, when they were too ill to make it to one of our centres.

Please read our

Social Impact Report

to learn more about our efforts during 22-23.

Notice of Annual General Meeting of Local Care Direct Limited

This is notice that the 18th Annual General Meeting of Local Care Direct will take place on the 28th June at 12:00 pm, with tea and coffee available from 11:30am.

You are invited to join us for the event at West Yorkshire Manufacturing Services (Armytage Road, Brighouse, West Yorkshire, HD6 1QF) where a buffet lunch will be provided. Voting and approval will be completed on the day, with the purpose of transacting the following business:

1. To approve the minutes of the Annual General Meeting held nominally on the 28th June 2022.
2. To receive extracts of the Directors' Report and Financial Statements together with the Auditor's report thereon for the year ended 30 September 2022 (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 announce the results of the members voting and appoint the new Member Non-Executive Director.
5. To re-elect Dr Sabine Kollment-Scharl as a Non-Executive Director.
6. To re-elect Dr Georgina Haslam as a Non-Executive Director.
7. To transact any other business permitted under the rules.

By order of the Board

Paul Dean
Company Secretary
May 2023

Please note that copies of the Directors' Report and Financial Statements for the year ended 30th September 2022 can be obtained by email via Paul.dean@lcdwestyorks.nhs.uk



Local Care Direct's Executive Team



Helen Carr
Chief Executive
Officer



Alison Russell
Director of
Quality & Risk



Carol Gilchrist
Director of
Operations



Dawn Mackman
Director of Clinical
Governance & Quality



Diane Whale
Director of
Finance



Mark Hobson
Associate Director of
Clinical Development &
Innovation



Michael Hargreaves
Associate Director
of Finance & IT



Paul Dean
Company
Secretary



Phil Bromage
Director of Service
Development

Understanding the role of Local Care Direct's Board

Tim Keenan leads the Board, which consists of Executive Directors and Non-Executive Directors, one of whom is elected by members. The Board oversees corporate strategy and supports the Executive Team to ensure the business has the necessary resources, structures and governance in place.

This year, as Kevin Slater's tenure is coming to an end, our next Member Non-Executive Director needs to be appointed. This is your chance to have a say on who should represent you, our members, at the Board. We previously sent a paper voting form to all members. If you would like to vote electronically, please go to www.localcaredirect.org before Sunday 18 June 2023 to cast your vote¹. We will announce the results at our AGM and appoint the candidate with the most votes.

Make your vote count



**Jackie
Donlon**



**Kelly
Edwards**



**Lucy
Denbigh-
White**



**Dr Michael
Bunter**



**Mobashar
Rashid**



**Samantha
Manning**

¹ You must be a Member to vote. Please go to our website to register if you would like to be a Member.

Local Care Direct's Board Members

In addition to the Board's change in leadership, 2022-23 saw the departure of Andrew Nutter, who took up retirement after 19 years with Local Care Direct (LCD). We also welcomed three new Non-Executive Directors onto the team.



Tim Keenan, Chairman

Tim is a retired accountant from Ernst and Young and a specialist healthcare management consultant. He has advised successive governments on healthcare policy, as well as helping statutory regulators, health commissioners and providers to improve care and increase productivity over many years. He is committed to helping LCD's social enterprise model succeed.



Helen Carr, Chief Executive Officer

Our Chief Executive, Helen, has a background in finance as a qualified Chartered Accountant. She has experience in contracting, auditing and managing private companies, PLCs and charitable organisations. She's been in her role for ten years and is passionate about social enterprise and putting our values at the core of all that we do.



Dr Adam Sheppard, Non-Executive Director*

Recently retired as Senior Partner from a GP Partnership after 31 years, Adam continues to work in a clinical capacity and has held senior clinical leadership roles since 2013, including chair and clinical leader of Wakefield CCG. Alongside continuing his professional leadership role in Wakefield, Adam will bring his extensive knowledge of West Yorkshire urgent care to LCD.



Dr David Hughes, Non- Executive Director*

David has been a GP partner in Holmfirth since 1987 and was a member of the Clinical Commissioning Group in Huddersfield from its formation in 2013. During the six years he was with the CCG, he was the Urgent Care Lead and chaired the West Yorkshire Urgent Care Board. David is a passionate advocate for the NHS and hopes that his past experience and enthusiasm will be useful to LCD.



Dr Georgina Haslam, Non-Executive Director

Throughout Georgina's career she has championed Quality Improvement, improved patient pathways, and has worked both regionally and nationally to implement improved patient outcomes. Georgina was acting Clinical Director for LCD from 2010-2011. She re-joined LCD as a Non-Executive Director in 2014 and was Chairman from 2016-2023.



Olivia Butterworth, Non-Executive Director

Olivia has worked with a range of voluntary sector organisations and has a background in community development and education. She has a passion for empowering people to own change whilst ensuring they have a voice in the design, planning and delivery of health and care services.



Dr Sabine Kollment-Scharl, Non-Executive Director

Sabine worked as a GP in South Leeds where she was involved in a national project to reduce hospital admissions prior to joining LCD in 2004. Sabine obtained an MBA with a focus in Healthcare Management in Michigan while living in the USA before coming to England. One of her particular interests is palliative care and she is passionate about improving patient care and service development.



Dr Taz Aldawoud, Non-Executive Director*

Dr Taz Aldawoud is a GP, holds an MBA with specialism in Strategic Management in Healthcare, and is the founder and CEO of Doc Abode, an award-winning digital workforce platform. Taz is passionate about creating a safer and more responsive healthcare system through the enabler of digital technologies within the NHS.

Our financial summary

The Directors are pleased to report the following financial results for the year ended 30 September 2022. Both turnover and combined direct/operating costs increased by approximately 10% in the year, which resulted in static levels of reported surplus of c.£290k 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	2022 (£)	2021 (£)
Tangible and intangible fixed assets	803,489	775,269
Current assets	12,563,611	10,845,435
Creditors: Amounts falling due within one year	-5,772,743	-4,270,509
Net current assets / (liabilities)	6,790,868	6,574,926
Total assets less current liabilities	7,594,357	7,350,195
Creditors: Amounts falling due after more than one year	-4,083	-34,847
Net assets	7,590,274	7,315,348
Reserves	7,590,274	7,315,348

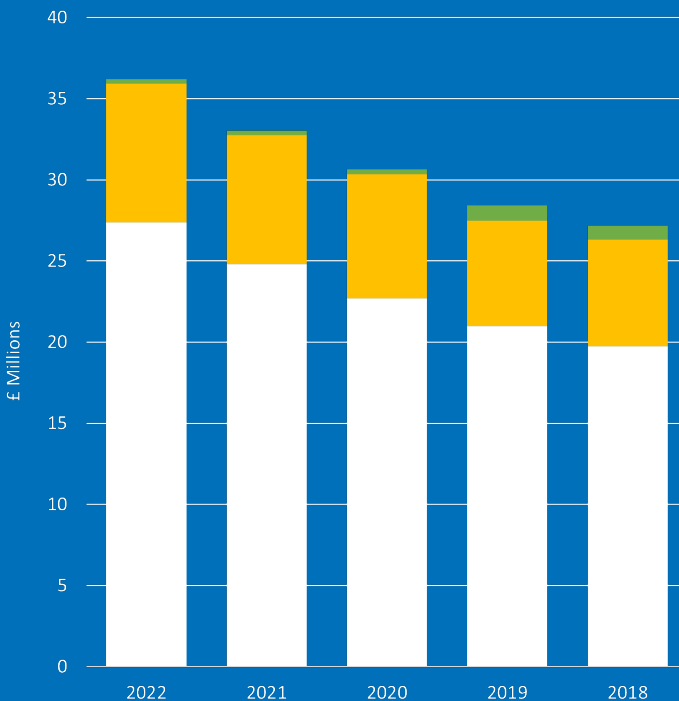
Income and Expenditure	2022 (£)	2021 (£)
Turnover	36,211,973	33,045,785
Cost of sales	-27,370,568	-24,804,189
Gross surplus	8,841,405	8,241,596
Other operating charges	-8,628,023	-7,961,405
Operating surplus	213,382	280,191
Interest receivable	77,744	13,626
Interest payable and similar charges	-1,429	-1,844
Surplus on ordinary activities before taxation	289,697	291,973
Tax on surplus on ordinary activities	-14,771	-2,589
Surplus for the financial year	274,926	289,384
Reserves brought forward	7,315,348	7,025,964
Reserves carried forward	7,590,274	7,315,348

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 Integrated Care Boards (ICBs) 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.

- Surplus
- Other operating costs
- Cost of sales



Our new Audit, Risk and Service Improvement Committee



Having been Chair of Local Care Direct (LCD) for seven years, I have been privileged to oversee the transformation of the social enterprise from a predominantly Primary Care focused organisation, into a 24/7 Urgent Care Support service for West Yorkshire.

In my new role as Chair of Audit, Risk and Service Improvement, the committee will continue the good work previously undertaken, such as financial scrutiny, review of internal systems and controls to minimise risk, and overseeing fraud awareness and cyber security. In addition, we will strengthen our focus on all areas (both clinical and operational) that contribute to service improvement and with particular regard to patient safety.

Through scrutiny of patient contacts, we recognise that in many cases both clinical and social needs require addressing for a successful outcome, and we will oversee the introduction of new social prescribing

assessments where identified as a need to enhance our pathways of care. This exciting initiative is possible due to the high standard of our well established systems and processes.

Our Clinical Guardian System – which combines clinician overview with technology – is used to ensure our multidisciplinary clinical workforce delivers quality patient care. Last year, an external review by Audit Yorkshire confirmed that the system was effective and provided reliable evidence that our services are indeed safe and high quality.

Each year we are subject to an external financial audit, and once again Grant Thornton issued an unqualified audit report with no issues raised at all.

The last year has seen several external incidents impacting on our systems. A major outage by Adastra meant that electronic transfers of cases from NHS111 ceased for several days. Nevertheless, standards were maintained with no harm to patients. A credit to all our colleagues whose dedication makes the work of this committee so much easier.

Thank You.

Dr Georgina Haslam,
Chair of the Audit, Risk and Service Improvement Committee

Internal audits

We have an extensive audit program that covers appropriate access to systems, call outcomes and many others. One audit is our GP 1&2 hour dispositions.

Patients who call NHS111 who need to be seen by a GP in one-to-two hours are sent to Local Care Direct (LCD) when GP practices do not have appointments available. Prior to LCD taking on this service, many of these patients were presenting at Emergency Departments.

When the case is received by LCD, a clinician contacts the patient and assesses them remotely. The clinician can then issue a prescription, close the case with advice and safety netting or if required, they can book a face-to-face appointment at an LCD site, or redirect the patient to an Urgent Treatment Centre or Walk-in Centre.

In a recent audit of 100 of these cases, 65 were closed with advice or booked into an LCD appointment or home visit, and 13 patients needed to be referred to an Emergency Department. The audit shows that of the 65 cases closed by LCD, none of these patients took further action within the following 48hrs, e.g. they did not attend a Walk in Centre, a GP or recontact NHS111.

Reportable information incidents

We have robust measures to protect our patients' data, including the process to report and investigate any incidents relating to how we hold and use confidential data. Between 1 April 2022 and 31 March 2023, 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 2022

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

The Board reports the achievement of a surplus before taxation of £289,697 for the year ended 30 September 2022 (2021: £291,973). In common with other healthcare organisations, LCD is operating in a hugely challenging environment, both operationally and financially. LCD is therefore pleased to report that the Board has made the decision, despite these difficult conditions, to provide some financial support to local Community Foundations in furtherance of our Social Enterprise ethos.

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 67% of turnover. A combination of competing demands for clinical staff from other healthcare providers and patient demand outstripping existing funding levels means LCD must dynamically monitor patient activity levels within this service against available resource within budget. Market forces and changes across the employment market as a whole have also led to significant issues in our ability to fill non-clinical shifts as our pay rates are viewed as uncompetitive.

As primarily walk-in services, both the Leeds UTCs and King St services encountered significant reductions in activity in the

immediate aftermath of the Covid-19 outbreak. Activity within the Leeds UTCs has recovered well and is almost back to pre-pandemic levels. King St walk-in activity, however, remains significantly below historic levels.

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 2022 of 293,000 (2021: 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 2022 of 452,000 (2021: 438,000).

LCD continues to operate in a rapidly changing NHS commissioning environment. From 1st June 2022, the West Yorkshire Clinical Commissioning Groups (CCG) were dissolved and replaced by a single West Yorkshire Integrated Care System (ICS). The ICS is a partnership that brings 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 needs 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, Local Care Direct remains acutely aware of the importance of maintaining a sufficient range of contracts and level of turnover to support the corporate infrastructure. Local Care Direct'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 and Leeds UTC services – the current combined contract, which accounts for 67% of turnover, was awarded in April 2021 and extends to March 2024.
- King Street Contract – At present it is unclear whether this service will remain at its current location and in its current form in the future. The current contract runs to March 2023, although LCD has been advised that this is likely to be extended by an additional twelve months.
- 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 it for a further two years.
- LCD was awarded a two-year extension to the Calderdale Care Homes Telehealth contract from May 2022.
- It is anticipated that the Pontefract UTC contract will be extended by a further year from April 2023.

During the year LCD continued to deliver services commenced in the previous financial year as well as new services, the

majority of which capitalise on our Contact Centre hub operation to provide additional services and pathways at place and across the West Yorkshire footprint:

- Urgent Community Response (UCR). Kirklees was initially selected as one of seven national accelerator sites and LCD delivers the patient hub for this service. During the year the service was expanded to also cover the Calderdale area.
- 111 First and Emergency Department (ED) validation. These services started in the previous financial year and have been incorporated as elements of the WYUC contract. LCD offers the clinical assessment service for 111 First / ED Validation. These services essentially provide a triage service to support the healthcare system by ensuring that ED and other medical attendances are appropriate.
- Pulse Oximetry Remote Monitoring. LCD continued to deliver this service until 31 March 2022, when the service was stood down in light of falling Covid case numbers.
- Covid Vaccination support – In collaboration with other health partners, LCD has continued to provide clinical and non-clinical support to the local community vaccination hub during the year, although this has been scaled down significantly compared to last year.
- Online Consultation – LCD was commissioned during the year to provide daytime online GP consultations to support local GP Practices.



During the year to 30 September 2022 a small number of contracts held by LCD came to an end:

- Greater Huddersfield and Wakefield Extended Access Services – changes to the commissioning of Extended Access Services from 1 October 2022 stipulated that these services must be delivered by Primary Care Networks (PCN's), which precludes LCD from delivering these. Consequently, both these contracts ended on 30 September 2022.
- Leeds and Bradford Special Allocation Services (Safe Haven) – LCD had previously been offered an extension to these contracts by Commissioners. LCD declined this offer as we believed that patients using this service would receive an enhanced service from an existing Primary Care provider. LCD worked with Commissioners and the new provider to ensure a smooth transition.

Going Concern

The management team has presented a forecast to 31 March 2024 to the Board. After reviewing the Society's budget, the forecast to 31 March 2024 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.

Tim Keenan, Chairman
16 March 2023

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 2022 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 2022 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

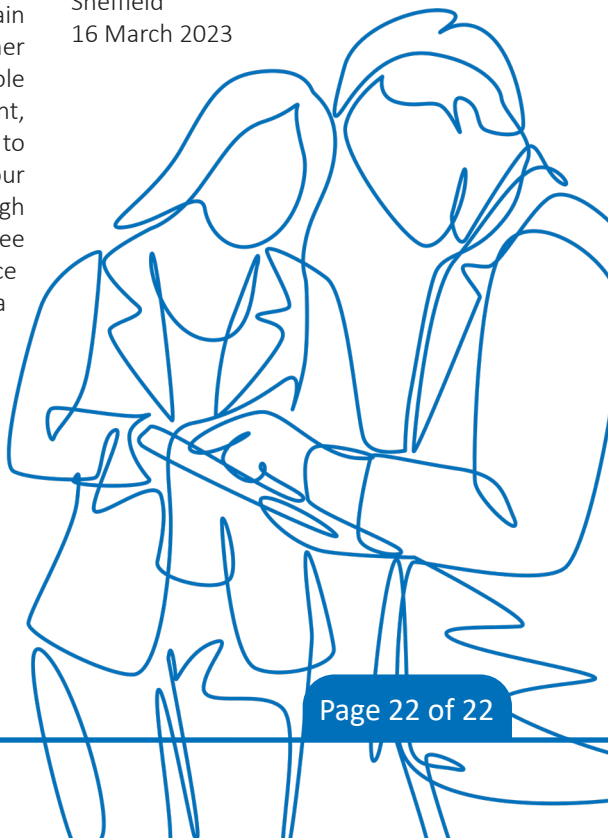
The Board is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether 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 Auditors' 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
16 March 2023





HSJ
PARTNERSHIP
AWARDS 2023
Finalist



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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Registered Office: Sheridan Teal House, Unit 2, Longbow Close, Pennine Business Park, Huddersfield, HD2 1GQ. Local Care Direct is registered with the Financial Conduct Authority (Registered No 29766R).