Annual Governance Statement 2020-21

Name of Organisation: Wirral Community Health & Care NHS Foundation Trust

Organisation Code: RY7

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Wirral Community Health & Care 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.

In response to the COVID-19 emergency and the national incident declared in March 2020, the Trust's control environment was amended to respond to the national incident command and control structure.

Much of the Trust's business as usual activity was suspended, in line with national direction, whilst all efforts were focussed on achieving resilience and capacity in the health and care system to deal with the anticipated pandemic activity.

The Trust established a local command structure at pace with local decision-making capability maintained through the development of emergency governance arrangements, approved by the Board of Directors. The command structure comprised;
- The Strategic Command Group (SCG) chaired by the Chief Executive with Executive Director membership providing oversight on behalf of the Board of Directors
- The Tactical Command Group (TCG) reporting to SCG
- Tactical cells including clinical, workforce and operational reporting to TCG

The command structure was aligned with local NHS and Local Authority partners allowing effective system collaboration and response. The health and care response and system partnership working was tested through the local and regional command structures with clear lines of accountability established and implemented.

The system of internal control has been in place in Wirral Community Health & Care NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

I am responsible for risk management across all organisational, financial and clinical activities.

The Trust's Risk Policy sets out the Trust's approach which is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised early and promptly addressed. This process is aligned to controlling clinical and non-clinical risks and to support a pervasive safety culture.

The Board of Directors provides leadership to the risk management process and the Audit Committee comprising all Non-Executive Directors, oversees the systems of internal control and overall assurance processes associated with managing risk.

During 2020-21 and in response to the NHS national emergency response to COVID-19, the Trust operated under emergency governance arrangements. These arrangements outlined the principles of Board assurance and governance the Trust would follow. An overall streamlined approach to existing governance was adopted together with increased risk appetite and risk tolerance to support the Trust's response. The Terms of Reference, quorum and membership of existing sub-committees of the Board were temporarily suspended and COVID-19 specific arrangements established.

All decisions made continued to be made in line with the Trust's Scheme of Delegation and Standing Financial Instructions. Any decisions usually made by sub-committees or the Board of Directors and/or where speed was of the essence were taken forward in accordance with the emergency governance arrangements.

The emergency governance arrangements were tested, at the request of the Board of Directors, by internal audit with *Substantial Assurance* given.

To reflect the emergency governance arrangements the Trust's Risk Policy was also reviewed highlighting changes to risk escalation and monitoring. This process included daily oversight of all risks through the command structure, and weekly oversight of all high-level risks at a NED assurance meeting (established through the emergency governance arrangements), as well as continued monitoring of quality and safety risks at the Quality & Safety Committee which remained in place.

The risk management processes were tested in accordance with the internal audit plan 2020-21 providing *Substantial Assurance*.

The Trust's approach to risk management supports staff in ensuring that risks within the organisation are managed proactively and effectively and to ensure compliance with statutory obligations. The risk management processes not only identify and manage risk but also provide an opportunity for learning and shared reflection.

Risk management training is a key part of the organisation's corporate and local induction.

The organisation uses a web-based incident reporting and risk management system, Datix.

The risk and control framework

The COVID-19 pandemic has had a significant impact on the risk landscape for NHS organisations, and provided a difficult challenge for organisations to balance managing pre-existing strategic risks and new risks emerging or changing as a result of the pandemic.
The Trust's Risk Policy sets out the responsibility and role of the Board of Directors, the Chief Executive and Executive Directors in relation to risk management with overall responsibility for the management of risk lying with the Chief Executive, as Accountable Officer.

The policy, updated during 2020-21 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The update included recognition of risk identification and escalation under emergency governance arrangements implemented as a result of the Trust's response to COVID-19 and the identification of COVID-19 specific risks.

During 2020-21 the need for robust systems and processes to support continuous programmes of risk management has been essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact and their mitigation.

The Trust has continued to operate within a clear risk management framework ensuring the quick identification, reporting, monitoring and escalation of risks throughout the organisation.

In addition to the revisions to the Risk Policy the Trust has continued to support and encourage staff at all levels to identify, report and manage risks. This has been as important as ever as services across the Trust have responded to the demands and challenges of the COVID-19 response and the potential impact of widening health inequalities. The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

The development of a monthly health risk score assessing the management of risks against four key criteria, has provided further assurance on the effectiveness of the risk management framework. The four criteria are;

- Expected date of completion remains in date
- Risk has been reviewed in the last month
- Evidence of recent mitigation or progression
- Mitigating action plan developed and in place

During 2020-21 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 92%.

The local command structure established to support the Trust's response to COVID-19 ensured a robust control framework remained in place. This included daily oversight and monitoring of organisational risks with assurance provided through the established emergency governance arrangements to a weekly NED assurance meeting, the bi-monthly Quality & Safety Committee and the Audit Committee, both of which remained in place throughout the financial year.

The Team Leader checklist remained in place to ensure discussion on risks and the management of risks included on the agenda for all team meetings. Whilst this presented some challenges during the year, with many staff reassigned to different services to support the response to COVID-19, the daily Tactical Command Group established as part of the local command structure and its supporting cells, Workforce, Clinical and Operations all maintained

oversight of new, existing and emerging organisational risks. The local command structure also ensured that decisions taken were considered in the context of service delivery, staff availability and skills, safety, quality and equity.

The live risk module in the Trust Information Gateway (TIG) allowing scrutiny of risks by risk score, age of reporting and type continued to be utilised particularly by the Audit Committee to provide a full overview of all organisational risks and themes.

Under emergency governance arrangements, the Finance & Performance and Education & Workforce Committees were suspended by the Board during 2020-21 however through the local command structure and the principles of the emergency governance arrangements, the focus on risk management remained. The Quality & Safety Committee continued to receive a risk report at every meeting providing assurance on the management of organisational risks associated with its duties and accountabilities and providing an opportunity to scrutinise the detail of high-level risks and those not progressing.

The Board of Directors continued to receive reports from the Chairs of the Quality & Safety Committee and the Audit Committee on their areas of focus including any high-level risks for escalation. The Chair also provided reports to the Board of Directors on the weekly NED assurance meeting and its areas of focus.

Incident reporting is openly encouraged across the organisation with a focus on safety, openness and learning and has been monitored through the extant quality governance framework during 2020-21. This included weekly Clinical Risk Management Group, monthly Standards Assurance Framework for Excellence (SAFE) meetings and the bi-monthly Quality & Safety Committee to identify any areas of focus and developing trends. All Divisions have access to Datix for electronic visibility of incidents to give real time information regarding incident numbers, levels of harm and emerging trends to support continuous learning.

Reporting levels were tracked locally, regionally and nationally during the COVID-19 response acknowledging an initial reduction in reporting as services reacted to the immediate response. This position was recovered with regular reporting to the Quality & Safety Committee.

Any risks identified from serious incidents that impact upon public stakeholders are managed by involving the relevant parties and ensuring they are satisfied that all lessons have been learned.

The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes has remained throughout the Trust's response to COVID-19.

The Trust has a Board Assurance Framework (BAF) in place which the Board of Directors receives at every meeting; the BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.

The BAF is recognised as a key tool to drive the board agenda by ensuring the board focuses attention on those areas which present the most challenge to the organisation's success.

During 2020-21 there were 13 principal risks (strategic risks) recorded on the BAF against the organisation's three strategic areas of Our Population, Our People and Our Performance. The strategic risks reflected the requirements of the NHS response to COVID-19 and when the Phase 3 response letter was issued in July 2020 the risks were closely aligned (in-year) to those priorities.

Each risk is rated according to the risk matrix with the risk rating being the product of a score of 1-5 for 'likelihood' of the risk occurring and a score of 1-5 on the 'consequence/impact' of occurrence.

The monitoring and management of the risks was considered in relation to the agreed risk appetite with current and target risk ratings agreed based on existing controls and assurances and identified mitigating actions. The mitigating actions were intrinsic in the reset and recovery plans for the Trust.

The risk appetite for each principal risk was determined according to the following criteria;

Averse	Prepared to accept only the very lowest levels of risk
Cautious	Willing to accept some low risks
Moderate	Tending always towards exposure to only modest levels of risk
Open	Prepared to consider all delivery options even when there are elevated levels of associated risk
Adventurous	Eager to seek original/pioneering delivery options and accept associated substantial risk levels

Of the 13 principal risks six were categorised as risk averse; these related to regulatory compliance, delivery of safe services, ensuring equity of access, inclusive service restoration and cyber defences.

A new structure for the Board Assurance Framework (BAF) was introduced in 2020-21 (see below) to develop a more outcome focused structure providing greater clarity on the actions to be taken and the outcomes to be achieved to effectively mitigate the risks.

Risk ID	Structure	Process	Current Target Outcomes	Externa/Independent Assurance
	What systems are in place? *(i.e. assurance meetings, action plans, roles etc.)*	How are these systems tested? *(i.e. tracking systems, minutes from meetings etc.)*	How will we know? *(i.e. action plans completed, risk analysis etc.)*	What assurance or validation from outside of the organisation is there? *(i.e. audit opinions, NHSI SOF ratings etc.)*

In March 2021 Mersey Internal Audit Agency (MiAA) completed the annual Assurance Framework Review providing a range of assurances and noting the development of the BAF recognising that **"*it was clearly visible and used by the organisation*"**. It was noted that **"*the BAF clearly reflected the risks discussed by the Board*"** and risks were reviewed and changed in year to reflect the position and support the effective management of risks.

The audit identified some areas where further development would strengthen the BAF, and the recommendations and the actions planned by the Trust to address these were agreed at the Board of Directors meeting in April 2021.

The BAF was visible throughout the financial year providing a focus for Board discussions to ensure a safe and effective response to COVID-19 and clarity on priority areas for recovery.

The on-going assessment of in-year and future risks was essential during the Trust's response to COVID-19 with the changing demands on services and requirements issued as part of the NHS Level 4/5 incident. Major risks related to;

- Delivery of safe services and inclusive restoration of services
- Regulatory, statutory and professional compliance
- Equity of access, experience and outcomes
- Implementation of the requirements of the NHS People Plan
- Staff availability and reduced motivation due to the emergency response and associated on-going pressures
- Financial impact of COVID-19 on the financial sustainability of the Trust
- Maintaining effective cyber defences
- Establishing the right partnerships to support the development of the ICS and ICP

The Audit Committee has also considered the BAF at each of its meetings in April, September, December 2020 and March 2021.

The strategic risks noted against each strategic theme in the table below, detail the risks recorded in the BAF during 2020-21. Full details on the year-end position can be found in the Board Assurance Framework paper presented to the Board of Directors in April 2021.

Strategic Theme	Strategic Risk Areas	Summary Mitigating Actions
Our Populations **Impact:** loss of public confidence, reputational damage, regulatory breaches, contractual consequences, poor patient/service user experience, staff retention, lack of coordinated care, increase in avoidable hospital admissions	Delivery of sub-optimal quality services negatively affecting citizens health and wellbeing	• Quality governance framework remained in place • Audit committee oversight maintained • Emergency governance arrangements allowing escalation and streamlined decision-making (tested by internal audit) • PHE guidance followed • Regular CQC engagement • Service restoration plans on track • Enhanced crisis responsiveness in place • Enhanced support to care homes in place • Discharge to Assess processes embedded • System COVID governance through health & care cell and discharge cell • Outputs from shared learning strategy e.g. clinical audit, complaints and concerns, claims, learning from deaths, patient experience
	Inability to measure equity of access, experience and outcomes for all groups in our community	• Review of patient ethnicity data • QIA & EIA processes embedded • Core performance monitoring of services and outcomes • Effective caseload management aligned to workforce capacity • Development of risk stratification tool • Workforce risk assessments systematically evaluated • Testing of new (digitally enabled) care pathways for impact on health inequalities
	Non-compliance with statutory, regulatory and professional standards	• Quality governance framework remained in place • Emergency governance arrangements allowing escalation and streamlined decision-making (tested by internal audit) • PHE guidance followed • Regular CQC engagement • Testing of CQC regulations and service self-assessments • Head of Internal Audit Opinion (HOIA) • Workforce risk assessments systematically evaluated • Clinical audits in line with NICE guidance • SAFE system - COVID-19 quality framework

	Failure to restore community services in line with the NHS Third Phase response including crisis responsiveness and discharge to assess processes *(TARGET RISK RATING ACHIEVED)*	• Emergency governance arrangements allowing escalation and streamlined decision-making (tested by internal audit) • Service reset checklist and assurance on SAFE system • QIAs on waiting lists completed • Enhanced crisis responsiveness in place • Discharge to Assess processes embedded • PHE guidance followed • Workforce risk assessments systematically evaluated
	Failure to restore NHS services inclusively to protect the most vulnerable	• Named Executive Lead for Health Inequalities (Chief Nurse) • Testing of new (digitally enabled) care pathways for impact on health inequalities • Development of risk stratification tool • Service reset checklist and assurance on SAFE system • QIAs on waiting lists completed • Collaboration against COVID in 2020 used to plan how to reduce health inequalities
	Failure to deliver to the expansion of NHS 111 First by agreed local timeframes *(TARGET RISK RATING ACHIEVED)*	• Service commenced on planned date and to agreed KPIs • Testing of new (digitally enabled) care pathways for impact on health inequalities • System review of digitally enabled pathways
Our People **Impact:** lack of available staff to support system	Low uptake of covid-19 vaccination programmes *(TARGET RISK RATING*	• Managers briefing on COVID-19 vaccination programme • Staff awareness including FAQs published and updated regularly • Uptake of 1st and 2nd dose at 80-90% and 50-60% respectively at year-end

requirements, safe staffing levels, low staff morale, loss of public confidence, increase in claims and complaints, reputational damage, increased risk of infection	*ACHIEVED)*	
	Inability to safely meet the requirements of the NHS Third Phase response due to lack of availability of staff and reduced staff motivation (due to on-going COVID-19 pressures) *(TARGET RISK RATING ACHIEVED)*	• Workforce risk assessments systematically evaluated • Regular and routine LFT testing for all staff • Agile working in place aligned to operational requirements • Mandatory training compliance maintained at 90% overall • Staff survey consistent response on previous years • People Pulse implemented and launched • Low vacancy levels • Cross-Mersey collaboration on international recruitment • Student nurse recruitment for future workforce pipeline • Service reset checklist and assurance on SAFE system • Low sickness levels • System local People Plan in development
	Failure to fully implement the requirements of the NHS People Plan to include an effective system approach to workforce planning and transformation	• System workforce planning underway • System local People Plan in development • Healthy Wirral People Programme with focus on recruitment to priority system roles and staff wellbeing
	Failure to effectively deliver on the Trust's Inclusion intentions (and those set out in the NHS Third Phase response) through lack of representation in the workforce of all communities we serve	• Workforce risk assessments with focus on risk factors, e.g. BAME, pregnancy, disability, age, gender • EDS2 annual assessment – goal 4: inclusive leadership = achieving • WRES action plan • WDES action plan • Reciprocal mentoring programme in development • Staff Networks, e.g. BAME, disability, LGBTQ+, faith • Healthy Wirral People Programme with focus on recruitment to

		priority system roles and staff wellbeing

Our Performance
 	
Impact: increase in cyber-attacks, reputational damage, increased monitoring from regulators, impact on financial risk rating, inability to influence the right partnerships, lack of service transformation, service redesign results in poor user experience
	Failure to establish and effectively manage the right partnerships to support the development of the regional Integrated Care System and Wirral's local Integrated Care Partnership	• Memorandum of Understanding for Healthy Wirral Partnership Board and Cheshire & Merseyside ICS
		• Health Wirral Partnership Board governance for 2020-21
		• System development plan in place including;
		   – Collaborative leadership arrangements
		   – Streamlined commissioning approach
		   – Implementation of full shared care record

	A loss of funding and increased cost has a detrimental effect on the financial sustainability of the Trust post COVID-19 and delivery of the 20/21 required financial position. *(TARGET RISK RATING ACHIEVED)*	• Emergency governance arrangements in place • COVID-19 expenditure review completed by internal audit with Substantial Assurance • Break-even financial position at year-end
	Failure to maintain effective cyber defences affects Trust reputation and causes IG breaches	• Oversight of the recommendations from the cyber audit review through IGDS and emergency governance arrangements • Cyber Assurance role in ICT governance structure • Registration with NHS Digital and Care Cert • Action plan in place to achieve Cyber Essentials Plus by 2021 (in line with C&M HCP ambition) • Cyber Essentials Plus incorporated into DSPT

Quality Governance

The Board of Directors recognises that quality is an integral part of its business strategy and to be most effective, quality should be the driving force of the organisation's culture.

The Board of Directors knows that quality is not just a programme or a project within the organisation and it is not the responsibility of any one individual to implement the quality agenda. Quality is the responsibility of everyone at the Trust.

The Quality & Safety Committee has responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements across the organisation. The committee continued to meet on a bi-monthly basis during 2020-21 despite emergency governance arrangements being established. The committee has a Non-Executive Chairman and the Chief Nurse is the Executive Lead.

The Chief Nurse and senior clinical and professional colleagues across the Trust participated fully in system quality governance arrangements in response to COVID-19. This included local and regional health & care cells and the local discharge cell ensuring the safe discharge of people from the hospital Trust.

During 2020-21 the role of the SAFE steering group within the governance structure remained crucial in monitoring compliance and delivery against regulatory, statutory and professional standards. The Standards Assurance Framework for Excellence (SAFE) was expanded to assess compliance with the COVID-19 quality framework including specific NICE and quality standards, quality audits and relevant COVID-19 procedural documents.

The Trust fully supports the duty of openness, transparency and candour (Francis Report 2013) and has adopted 10 principles underpinning 'Being Open' as supported by the National Patient Safety Agency (NPSA). A Speaking Up Policy (GP51), is in place and the Board of Directors is committed to the policy as part of its approach to openness and honesty. The policy identifies a Freedom to Speak-Up Guardian supported by a team of Freedom to Speak-Up Champions.

The Trust is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements; the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The Board of Directors is responsible for ensuring compliance with these regulations at all times and the work of the Standards Assurance Framework for Excellence (SAFE) steering group reporting to the Quality & Safety Committee regularly monitors compliance against the standards highlighting any risks of non-compliance.

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust, but this process was stopped due to the COVID-19 pandemic. The Trust has maintained regular engagement with the CQC inspection team during 2020-21 providing evidence and assurance on the delivery of safe and effective services. This included a review of Infection Prevention & Control procedures which confirmed appropriate arrangements were in place across the Trust and a change to the Trust's statement of purpose to reflect the establishment of the Community Intermediate Care Centre and in-patient rehabilitation and reablement beds for the local community.

Wirral Community Health & Care NHS Foundation Trust is confident that it remains fully compliant with the registration requirements of the Care Quality Commission. The Trust remains committed to working closely with the CQC to ensure on-going compliance through regular engagement meetings.

The Trust is producing a full Quality Account as required which includes further information on quality governance systems, processes and performance during 2020-21.

The Board of Directors has assessed compliance with the NHS Foundation Trust Condition 4 (FT governance) and believes that effective systems and processes are in place to maintain and monitor the following conditions;

- The effectiveness of governance structures including emergency arrangements established in response to the national emergency
- The responsibilities of Directors and sub-committees
- Reporting lines and accountabilities between the Board, its sub-committees and the executive team and the local command structure
- The submission of timely and accurate information to assess risks to compliance with Wirral Community's provider licence
- The degree and rigour of oversight the Board has over the Trust's performance

These conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Board of Directors through a process of self-certification, review of evidence and identification of any risks.

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the Single Oversight Framework and the UK Corporate Governance Code.

The Education & Workforce Committee was temporarily suspended during 2020-21 under the emergency governance arrangements however workforce priorities, issues and decisions were monitored through the local command structure, particularly the Workforce Cell, Tactical Command Group, Strategic Command Group and the NED assurance meetings. This included the monitoring and escalation of identified risks as appropriate.

Our People Strategy sets out the key activities the Trust takes to recruit, retain, develop and support the workforce to deliver our vision. This includes four delivery plans - Engagement, Wellbeing, Education and Training and Workforce. The workforce plan in particular identifies how the trust complies with the 21 recommendations in NHSI's Developing Workforce Safeguards, which also reference the National Quality Board expectations and the CQC's fundamental standards.

The Trust has introduced the nationally recognised six step workforce planning process, which identifies existing and future demand based on a wide range of professional knowledge and data and how any gaps can be filled. It takes account of nationally recognised tools and strategies and is developed with input from all divisions and professional groups through the Strategic Workforce Development Group, to ensure that services have the right staff with the right skills at the right time. The 5-year workforce plan was approved by the Education & Workforce Committee in February 2020.

Integrated performance data including quality, workforce and finance is scrutinised at service and divisional level through monthly QPER and SAFE meetings.

Risks related to safe staffing are monitored at the appropriate committee. As a further assurance on safe staffing, divisions complete matrices each month where they review set criteria - incidents/complaints, service delivery trends, staff absence levels, additional staffing requirements and assessment of staff skills and competence. This is reviewed quarterly by Service Directors and is stored in our SAFE system.

All service developments involving skill mix or workforce changes require a Quality and Equality Impact Assessment which is reviewed at divisional level and a board level panel including the Medical Director and Directors of Nursing and HR & OD before approval is given.

Where available, staffing levels reflect national recommendations and all service reviews include detailed assessments of staffing establishments based on available modelling tools and a range of considerations such as demand profiling, recruitment data, turnover, staff feedback and education and training requirements. During 2020-21 the Trust continued the implementation of the E-Roster system to deliver safer care at the highest standards, whilst balancing the demands of cost and productivity improvements.

The Trust has also, during 2020-21 set up new wards within the Community Intermediate Care Centre (CICC) based at Clatterbridge. Staffing levels have been benchmarked with similar type services and staffing numbers are regularly reviewed at CICC board level.

In 2019-20 the Trust undertook a proactive developmental review of leadership and governance using the well-led framework. The methodology for the review was based on guidance issued by NHS Improvement, which is wholly shared with the CQC assessment of the well-led question, and as such included a focus on integrated quality, operational and financial governance.

The scope of the review covered all eight key lines of enquiry (KLOEs), with an in-depth focus on the areas of well-led that the CQC identified as requiring improvement during the inspection in 2018 and a focus on the functionality of the revised governance arrangements.

The review included an initial self-assessment by the members of the Board against the well-led framework with the outcomes informing the scope of any future targeted reviews that could be commissioned from an external reviewer. Further work by the review team included an information and evidence gathering exercise against each of the KLOEs and the prompts

The review was completed during Q2-Q3 of 2019-20 led by a team comprising the Deputy Chair and the Director of Corporate Affairs. The findings and initial conclusions were collated by the review team and presented to the Board of Directors in December 2019 at an informal board session. In March 2020 the members of the Board considered the areas for further development and any areas for further review to agree an action plan for tracking and regular reporting. This process was paused due to the COVID-19 pandemic but the Trust is now seeking to commence an external review of well-led using the initial findings from the internal review.

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

It was essential that appropriate financial controls and governance were maintained throughout the COVID-19 response. The Trust set an emergency COVID-budget and introduced temporary and enhanced financial governance arrangements for the approval and capture of all COVID-19 related expenditure. The systems and processes established to accurately identify and report upon COVID-19 related costs were tested by internal audit in 2020-21 providing **_Substantial Assurance_**. The review noted good practice in respect of governance arrangements, roles and responsibilities, documentation, claim collation and monitoring and reporting arrangements. There were no critical or high-level recommendations identified, with four either medium or low-level recommendations which have subsequently been tracked through the Trust's Audit Tracker Tool.

Additionally, the Trust completed a COVID-19 financial governance checklist and a COVID-19 procurement checklist, developed by internal audit with the position for both reported to the NED assurance meeting.

In accordance with national guidance, operational plans for 2020-21 were suspended.

This resulted in amended financial arrangements being confirmed for the financial year to enable a streamlined response to COVID-19. There were significant changes to block contract payments and arrangements for provider to provider recharges, and efficiency and performance targets were suspended. This provided all trusts with a minimum level of income over the period.

Information governance

The Trust evidences its adherence to the National Data Guardian's 10 data security standards via the Data Security and Protection Toolkit. The formal submission of the toolkit has been delayed to June 2021 by NHS Digital and internal audit completed a readiness review in February 2021.

The Trust's Information Governance and Data Security Assurance Framework is underpinned by robust policies and procedures. All staff sign up to the Confidentiality Code of Conduct on commencement with the Trust and complete Data Security Awareness e-learning annually.

The Trust met the 2020-21 mandatory 95% DSA training compliance requirement included in Assertion 3 of the Toolkit. Bespoke training packages are developed in areas where knowledge gaps are identified.

The Information Governance and Data Security Group meets monthly and supports the information governance agenda, ensuring effective management of information risk and providing the Quality & Safety Committee with assurance that best practice mechanisms in line with national standards and local contract requirements are in place for information governance and data security. Membership of the group includes the Senior Information Risk Owner (SIRO), Caldicott Guardian, Chief Nursing Information Officer (CNIO), Information Asset Owners (IAOs) and the Data Protection Officer (DPO).

The Trust proactively reacts to cyber notifications from NHS Digital's CAREcert service,

ensuring patching is completed and reported within necessary timeframes. The Trust is in the process of working towards Cyber Essentials+.

The Trust has appointed IAOs for specific information assets. IAOs ensure that information is handled and managed appropriately. They have a responsibility for managing their assets and any identified risks associated to their asset on the Trust's Information Asset Register. Data flows in and out are also captured on the Information Asset Register. IAOs report to the SIRO, who in turn reports to the Chief Executive Officer.

All IG risks are reported on the Datix system ensuring prompt review and response. The organisation uses reported incidents to support learning and further develop the Information Governance and Data Security strategy.

Data Protection Impact Assessment (DPIA) documentation is available to all staff and completion is required when processing is likely to result in a high risk to individuals or for new projects that require the processing of personal data. This is supported by the Data Protection Impact Assessment (DPIA) Policy.

The Trust conducts user, system and confidentiality audits to ensure access levels are proportionate, access is authorised and legal and to establish both the physical and electronic security of personal data.

The Trust is registered as a Data Controller with the ICO, registration number - **Z2567487**.

In 2020-21, one incident was notified to the ICO in May 2020 which related to a breach of personal data due to the loss of a paper diary containing the names and addresses of patients seen in the community.

The incident was initially reported on Datix, the Trust's reporting system.

All information governance incidents reported on Datix are reviewed by the IG team and reported to the ICO/DHSC via the Data Security and Protection Tool when deemed likely to have a severe negative impact on individual (s). The tool scoring system determines the severity of the risks to the rights and freedoms of the individuals affected by the breach and whether to report further to the ICO.

The ICO did not take further action against the Trust in relation to this incident.

The following action and learning was taken by the Trust;

- The use of paper diaries was added to the risk register and reviewed at the monthly Information Governance & Data Security Group meeting
- An audit on the use of digital diaries was completed across divisions
- An awareness campaign to support staff in the transition of paper to digital diaries was completed

Data quality and governance

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual quality reports which

incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Annual Reporting Manual (ARM) from NHSE/I published to reflect the NHS response to COVID-19 and the National Level 4 incident, removed the requirement for NHS Foundation Trusts to produce a Quality Report and only requires the production of a quality account (by 30 June 2021) and without it needing to be included in the Annual Report.

The Trust is developing a Quality Account in accordance with the latest published guidance which will present a balanced view of quality performance during the COVID-19 response.

The quality governance framework has remained in place and has been critical to the Trust's safe and effective response to the demands of COVID-19. The Standards Assurance Framework for Excellence (SAFE) steering group has continued to meet monthly providing assurance to the Quality & Safety Committee on compliance with statutory and regulatory requirements, including new requirements in respect of COVID-19.

The Chief Nurse provides executive leadership to the quality and safety agenda.

The Quality Account is not required to be reviewed by external auditors Ernst & Young.

Elective waiting time data does not apply to the Trust.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and the sub-committees of the Board, particularly the Quality & Safety Committee and the local command structure and emergency governance arrangements put in place to support the Trust's response to COVID-19. I also acknowledge any plans to address weaknesses and ensure continuous improvement of the system is in place.

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit has provided an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control) during 2020-21.This is achieved through a risk-based plan of work, developed with the Executive Leadership Team and approved by the Audit Committee.

The purpose of the Director of Internal Audit Opinion is to contribute to the assurances available to me as Accounting Officer and the Board of Directors which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

The opinion is provided in the context that the Trust like other organisations across the NHS has faced unprecedented challenges due to COVID-19.

The impact of COVID-19 required regular review of the internal audit risk assessment and plan for 2020-21. As part of this assessment the following was considered;

- How the organisation implemented NHSE/I guidance, issued to support the COVID-19 response, whilst still discharging its stewardship responsibilities
- Any revisions to the organisation's strategic priorities
- A review of areas for internal audit focus
- Independent assurance requirements on how COVID-19 costs were captured and claimed across a range of areas
- Mandated review requirements and audits which from a professional internal audit perspective were pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion

Therefore, review coverage was focused on;

- The organisation's Assurance Framework
- Core and mandated reviews, including follow up; and
- A range of individual risk-based assurance reviews (see table below)

Review Title	Assurance Level
Key Financial Controls	Substantial
Risk Management	Substantial
Emergency governance arrangements	Substantial
Service Review of Community Nursing	Substantial
COVID-19 expenditure	Substantial
Mobile Computing	Limited
Cyber Security	Pending completion

There was limited coverage of the quality and workforce areas highlighted in risk assessments. These areas will be considered as part of the 2021-22 risk assessment and planning process.

The overall opinion for 2020-21 provides **Substantial Assurance**.

It confirms that *"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently".*
In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. The Audit Committee has maintained oversight of all internal audit reviews via the Audit Tracker Tool and regular progress reports from MIAA.

The Trust has a robust programme of clinical audit in place and during 2020-21, 45 clinical and professional audits were completed including COVID specific audits e.g. monitoring of all COVID-19 related risks, use of PPE, supporting reassigned staff and adherence to hand hygiene standards. The key quality outcomes from the audits will be reported in the Annual Quality Account.

The Council of Governors plays an important part in the governance structure within Wirral Community Health & Care NHS Foundation Trust, ensuring through their interaction with the Board of Directors the interest of members and the public is heard and at the fore when

reviewing the Trust's performance and future ambitions. The Council of Governors continued to meet with the Trust regularly during 2020-21using virtual platforms to ensure key updates were reported and significant business transacted.

My review is also informed by external audit opinion, external inspections, including CQC and accreditations and reviews completed during the year.

The processes outlined below are established and ensure the effectiveness of the systems of internal control through;

- Board of Directors review of the Board Assurance Framework and organisational risk register
- Audit Committee scrutiny of controls in place
- Review of progress in meeting the Care Quality Commission Fundamental Standards by the Standards Assurance Framework for Excellence (SAFE) group and the Quality & Safety Committee
- Internal audits of effectiveness of systems of internal control

Conclusion

As Accounting Officer, I confirm that there were no significant issues to report in 2020-21 and internal control systems are fit for purpose and being further developed to ensure sustainability.

Signed

Karen Howell

Chief Executive   Date: 10 June 2021