

## Appendix 1 - Provider licence self-certification

G6 (3) - Systems for compliance with licence <i>(to be published by 30 June 2022)</i>			
The board are required to response 'Confirmed' or 'Not confirmed' to the following statement. Explanatory information should be provided where required.			
	Statement	Response (& supporting information/evidence for board assurance)	Risks/Mitigations
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	<p><b>CONFIRMED</b></p> <p>At the meeting of the Audit Committee on 20 April 2022 the Trust's internal auditors Mersey Internal Audit Agency (MIAA) presented their Head of Internal Audit Opinion providing overall <b>Substantial Assurance</b> confirming that <i>"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently"</i>. This is a key piece of evidence to support compliance with this condition of the provider licence.</p> <p>Further evidence to support this condition include;</p> <ul style="list-style-type: none"> <li>- the Risk Policy (GP45), updated during 2021-22 and approved by the Audit Committee. The policy, updated in December 2021 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The updated policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.</li> <li>- the Board Assurance Framework supported by the Annual Assurance Framework Opinion from MIAA</li> <li>- the Quality &amp; Patient Experience Report received by the Quality &amp; Safety Committee</li> </ul> <p>In April 2021 <i>(following the establishment of emergency governance arrangements during 2020-21)</i> the Trust returned to extant governance</p>	No risks identified.

	<p>arrangements, re-established with improvements to reflect learning from the emergency position. The opportunity to reflect on the success of the emergency arrangements, particularly the efficiency, focus and collaborative approach that resulted, provided the Trust with an opportunity to refine and strengthen for the future.</p> <ul style="list-style-type: none"> <li>• The Integrated Performance Board was established to monitor the delivery of high-quality performance across all Trust services, reporting into the key sub-committees of the Board to drive the development of the Integrated Performance Report to the Board of Directors</li> <li>• The Operational Oversight Group was established from the Tactical Command Group</li> <li>• The SAFE Assurance Group was evolved to include key safe staffing metrics</li> <li>• The scope of the Programme Management Group was revised to maintain oversight of key strategic programmes and capital planning and expenditure</li> <li>• The local governance arrangements to support the timely review and analysis of data and the escalation of risk to provide assurance as appropriate were reviewed</li> </ul> <p>This opportunity to refine and strengthen for the future also considered appropriate compliance with and assurance on the following;</p> <ul style="list-style-type: none"> <li>• the organisational design programme</li> <li>• the priorities of the Trust workplan for 2021-22</li> <li>• the requirements of the new CQC strategy</li> <li>• the requirements of the NHS reforms including a new System Oversight Framework</li> </ul> <p>The new governance arrangements are supported by a revised performance framework which takes account of the required national, regional and local performance metrics and operates on a 4-week business cycle.</p>	
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**FT4 Declaration - Corporate Governance Statement & Training of Governors** *(by 30 June 2022)*

The Board are required to respond 'Confirmed' or 'Not confirmed' to the following statements, setting out any risks and mitigating actions planned for each one.

	<b>Statement</b>	<b>Response (&amp; supporting information/evidence for board assurance)</b>	<b>Risks/Mitigations</b>
1	<p>The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p><b>CONFIRMED</b></p> <p>The Annual Governance Statement 2021-22 (to be approved by the Audit Committee on 20 June 2022) outlines the main arrangements in place to ensure the Trust applies the principles, systems and standards of good corporate governance expected of it as a provider of health and social care services.</p> <p>There is an internal audit programme in place, under the direction of the Audit Committee to ensure systems and processes are appropriately tested.</p> <p>The external auditors deliver a robust annual audit plan reporting to the Audit Committee.</p>	<p>No risks identified</p>
2	<p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p><b>CONFIRMED</b></p> <p>The Board retains oversight of new guidance issued by regulatory bodies including NHSE/I, CQC and ADASS through informal board sessions.</p> <p>During 2021-22, any new guidance related to the NHS response to COVID-19</p>	<p>No risks identified.</p>

		was managed through the governance structure.	
3	<p>The Board is satisfied that the Licensee implements:</p> <ul style="list-style-type: none"> <li>(a) Effective board and committee structures</li> <li>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</li> <li>(c) Clear reporting lines and accountabilities throughout its organisation.</li> </ul>	<p><b>CONFIRMED</b></p> <p>In April 2021 (<i>following the establishment of emergency governance arrangements during 2020-21</i>) the Trust returned to extant governance arrangements, re-established with improvements to reflect learning from the emergency position. The opportunity to reflect on the success of the emergency arrangements, particularly the efficiency, focus and collaborative approach that resulted, provided the Trust with an opportunity to refine and strengthen for the future.</p> <ul style="list-style-type: none"> <li>• The Integrated Performance Board was established to monitor the delivery of high-quality performance across all Trust services, reporting into the key sub-committees of the Board to drive the development of the Integrated Performance Report to the Board of Directors</li> <li>• The Operational Oversight Group was established from the Tactical Command Group</li> <li>• The SAFE Assurance Group was evolved to include key safe staffing metrics</li> <li>• The scope of the Programme Management Group was revised to maintain oversight of key strategic programmes and capital planning and expenditure</li> <li>• The local governance arrangements to support the timely review and analysis of data and the escalation of risk to provide assurance as appropriate were reviewed</li> </ul> <p>This opportunity to refine and strengthen for the future also considered appropriate compliance with and assurance on the following;</p> <ul style="list-style-type: none"> <li>• the organisational design programme</li> <li>• the priorities of the Trust workplan for 2021-22</li> <li>• the requirements of the new CQC strategy</li> <li>• the requirements of the NHS reforms including a new System Oversight Framework</li> </ul>	No risks identified.

		<p>The new governance arrangements are supported by a revised performance framework which takes account of the required national, regional and local performance metrics and operates on a 4-week business cycle.</p> <p>Following the further Level 4 incident declared by NHSE/I in December 2021, the Trust implemented a streamlined approach to governance across the Trust. This approach was aimed at ensuring the appropriate assurances continued to be provided and risks appropriately escalated, whilst also supporting operational teams and services to respond to the requirements of the Level 4 position.</p> <p>The streamlined arrangements were subject to regular review to ensure they remained fit for purpose with a return to extant arrangements agreed from March 2022.</p>	
4	<p>The Board is satisfied that the Licensee effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> <li>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</li> <li>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</li> <li>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</li> </ul>	<p><b>CONFIRMED</b></p> <p>Appropriate financial controls and governance were maintained throughout 2021-22. The Trust adhered to the interim national COVID financial regime and all governance measures locally and all arrangements were overseen by the Finance &amp; Performance Committee which met bi-monthly during 2021-22.</p> <p>In accordance with national guidance, operational plans for 2021-22 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 pre-determined level of income over the period.</p> <p>A robust programme of clinical audit remained in place and during 2021-22, 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</p>	No risks identified.

<p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p> <p>(g) To generate and monitor NHS Improvement delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	<p>outcomes from the audits will be reported in the Annual Quality Account.</p> <p>The Standing Orders for the Practice and Procedure of the Board of Directors (Para 3.1) provide for the Chairman to call a meeting of the Board at any time.</p> <p>The Trust's Risk Policy was reviewed during 2021-22. The updated policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.</p> <p>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 five criteria are;</p> <ul style="list-style-type: none"> <li>- Has the risk been recently reviewed?</li> <li>- Is the expected date of completion still in date?</li> <li>- Is there evidence of recent progress and assurance notes to show actions taken and steps towards mitigation</li> <li>- Is there an action plan with forward dates of actions yet to be completed</li> <li>- Has the action plan had recent oversight at a Divisional level meeting</li> </ul> <p>During 2021-22 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 98%.</p> <p>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.</p> <p>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.</p>	
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5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be	<p><b>CONFIRMED</b></p> <p>a) There are effective appraisal processes in place to support the Board members individually and collectively. All of this is described in the</p>	No risks identified.



	<p>restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Annual Report.</p> <p>b) There are robust QIA and EIA processes in place to support decision making processes for any service development or changes and any impact on the quality of care is carefully considered.</p> <p>c) The quality governance framework is robust. The SAFE group has supported the monitoring of information on quality of care and the Quality &amp; Safety Committee has received a detailed quality report outlining key risks, incidents and assurances on safety. The committee chair reports any key decisions and recommendations to the next meeting of the board.</p> <p>d) As above - the board receives a report from the QSC. The board also receives the Quality Account annually.</p> <p>e) Members of the board are engaged in quality initiatives and the board has remained informed on the delivery of high-quality care. Whilst F2F activities have continued to be restricted during 2021-22, the members of the board have remained engaged with the Council of Governors and the Trust's Your Voice group to take account of views from outside the organisation. The national FFT was restarted during 2021-22 with 92% of people (<i>based on 10,000 responses</i>) recommending the Trust services. The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes also remained throughout 2021-22.</p> <p>f) There is clear accountability for quality of care through the Chief Nurse and Medical Director.</p>	
6	The Board is satisfied that there are	<b>CONFIRMED</b>	No risks identified.



	<p>systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>All members of the Board comply with the requirements of the Fit and Proper Persons Regulation and all members of the board and senior decision makers complete annual declaration of interests.</p> <p>The annual appraisal process supports effective succession planning through talent conversations and a number of senior managers are engaged in national programmes to support their development to Director level, as appropriate.</p> <p>The Board of Directors started at development programme with external facilitation in September 2020 but this was paused and subsequently ended during 2021 due to the on-going response to COVID-19.</p>	
<p><b>Training of governors</b></p>			
<p>1</p>	<p>The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</p>	<p><b>CONFIRMED</b></p> <p>The Council of Governors meets formally on a quarterly basis with a further development/training day 3-4 times per year. The schedule of meetings continued during 2021-22 though streamlined agendas and focused discussion have been supported.</p> <p>In November/December 2021 a series of governor elections were held, and an induction day held in early 2022 to provide an overview on the role of the FT governor, their statutory responsibilities and governance within the Trust.</p> <p>The governor Quality Forum has been temporarily suspended however the Chair of the group has met regularly with the Chair of the Quality &amp; Safety Committee for a briefing on key areas of focus.</p> <p>The Remuneration and Nomination subgroup conducted significant business during 2021-22 including the reappointment of two Non-Executive Directors and the recruitment and appointment of a new Non-Executive Director/ Audit Chair.</p> <p>The governor development days have continued to provide an opportunity for shared learning and updates, most recently this has included on the Trust's forward plan and NHS reforms.</p>	



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