

Public Document Pack

North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 29 May 2019
9.45am

Oak - North West Ambulance Service, Trust HQ

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
13.	Annual Self Certifications: General Condition FT4 - Governance Arrangements		Decision	Director of Corporate Affairs	3 - 14

Date and Time of Next Meeting 9.30 am Wednesday, 26 June 2019 at Oak - North West Ambulance Service, Trust HQ

Exclusion Of Press & Public - In accordance with the Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

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REPORT

Board of Directors

Date:	29 May 2019								
Subject:	Annual Self Certifications: General Condition FT4 – Governance Arrangements								
Presented by:	Angela Wetton, Director of Corporate Affairs								
Purpose of Paper:	For Decision								
Executive Summary:	A review has been carried out of the Corporate Governance Statement as can be seen in the Appendix, and based on the evidence presented in the current arrangements the proposal is that the Board makes a positive declaration and declares 'Confirmed' to each clause and also confirms that no material risks have been identified.								
Recommendations, decisions or actions sought:	Approve the 'Confirmed' declarations and that no material risks have been identified as described within this paper								
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>					
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>					
Link to Board Assurance Framework (Strategic Risks):									
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any Equality Related Impacts:			No						
Previously Submitted to:									
Date:									
Outcome:									

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1. **PURPOSE**

Although NHS trusts do not need to hold a provider licence, directions from the Secretary of State require NHS Improvement to ensure that NHS trusts comply with conditions equivalent to those in the licence as it deems appropriate.

NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including conditions G6 and FT4) and must self-certify under these licence conditions.

2. **FT4**

Condition FT4 is about systems and processes for good governance. NHS providers must make a corporate governance statement under condition FT4(8) as to current and future compliance with condition FT4.

Before making the statement, providers should review whether their governance systems and processes enable them to achieve compliance with condition FT4.

A review of the Corporate Governance Statement has been undertaken and can be seen in the Appendix.

3. **LEGAL and/or GOVERNANCE IMPLICATIONS**

NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including conditions G6 and FT4) and must self-certify under these licence conditions.

4. **RECOMMENDATIONS**

The Board is recommended to:

- Approve the 'Confirmed' declarations and that no material risks have been identified as described within this paper.

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>The Board is satisfied that North West Ambulance Service NHS Trust 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>	CONFIRMED	<p>Compliance with Foundation Trust Code of Governance for Foundation Trusts, where applicable – reported to Audit Committee with evidence during Q3.</p> <p>The Trust’s governance committee structures in place and reviewed on an annual basis.</p> <p>CQC well-led inspection Q2 2018/19 which provided a ‘good’ rating.</p> <p>CQC recognition of the Trusts fit and proper person test processes for board and senior staff.</p> <p>Systems and controls assurances are obtained via the Audit Committee as described in the Annual Governance Statement 2018/19.</p> <p>The Trust has an internal audit programme and assurance cycle.</p> <p>The Head of Internal Audit Opinion for 2018/19 stated overall opinion of <i>‘substantial assurance, can be given that there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.’</i></p> <p>Effectiveness review of Board committees undertaken through the receipt of Committee annual reports and reviews of terms of reference.</p>	No material risk identified
<p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	CONFIRMED	<p>A fundamental part of the Director of Corporate Affairs role is to ensure any guidance requirements and the impact on the Trust are disseminated to the Board either via the Chief Executive’s monthly report or a separate report.</p> <p>Any guidance requirements are routinely assessed and implemented as necessary - overview of guidance provided by MIAA and KPMG in updates received at each Audit Committee meeting.</p> <p>Membership of NW FT Company Secretary network and NHS Providers Company Secretary Network.</p>	No material risk identified
<p>The Board is satisfied that North West Ambulance Service NHS Trust has established and implements: (a) Effective board and committee structures;</p>	CONFIRMED	<p>Standing committees are established with clear lines of reporting.</p> <p>Board approved Terms of Reference are in place for all standing committees clearly stating responsibilities, reporting arrangements, memberships.</p>	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>		<p>Annual report from each committee is presented to the Board for assurance.</p> <p>Clear reporting lines within the Board, Executive and service areas provided through the Trusts governance framework</p> <p>Additional review of service delivery structures being undertaken so that accountabilities are appropriate across the Trust</p> <p>Standardised Chair reports to confirm assurance and escalate concerns in line with reporting structure.</p> <p>Annual Governance statement provides the Board with assurance surrounding the responsibilities of the Board and its committees.</p>	
<p>The Board is satisfied that North West Ambulance Service NHS Trust has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <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 delivery of business plans (including any changes to such plans) and to receive internal</p>	CONFIRMED	<p>a) Strong systems of financial governance in place. All statutory audits and reporting requirements fulfilled. External Audit – Review of Value for Money arrangements.</p> <p>b) The Trust's IPR (seen monthly at Board) provides assurance on delivery of the Annual Plan objectives and supports quality and performance improvement. The themes of the IPR reflect those of the NHS Improvement Single Oversight Framework.</p> <p>c) Systems and processes in place to ensure compliance with national and local healthcare standards - internal and external assurance systems in place. CQC rated the Trust 'Good' following an inspection in June 2018 and Well Led inspection in July 2018.</p> <p>d) Detailed financial plans in place and approved by the Board of Directors.</p> <p>Cost Improvement programme agreed with directorates. Internal Audit Plan includes review of financial systems</p> <p>Contracts, service level agreements and leases under constant review.</p>	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.</p>		<p>Financial performance scrutinised via Finance, Investment & Planning Committee with Chair's Report to Board of Directors</p> <p>e) Committee structure fully serviced. Accurate, comprehensive, up-to-date information available for committees.</p> <p>f) Board Assurance Framework/Corporate Risk Register in place that identifies and ensures appropriate oversight of all principal and material risks.</p> <p>g) Corporate business planning arrangements in place.</p> <p>h) Applicable legal requirements, against principal objectives and activities of the organisation reviewed and managed appropriately as part of the corporate governance arrangements.</p>	
<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be 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>	CONFIRMED	<p>a) Robust appraisal and performance review arrangements in place at Board level (and throughout the organisation). NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including medical, finance, emergency services, governance and law.</p> <p>b) Quality of care fully integrated within all planning and decision-making processes. Standardised risk assessment (Quality Impact Assessment) of all productivity improvement workstreams.</p> <p>c) (and d) Integrated Performance Reports and patient experience reports are provided routinely to the Board of Directors and Quality Committee. Data accuracy audits reported and reviewed via Quality Committee.</p> <p>A Patient or Staff story is presented to the Board at the start of each Board Meeting and a Patient story is presented at each Quality Committee.</p> <p>e) Right Care Strategy approved by the Board in October 2018. The Quality Committee reviews performance against a suite of key quality</p>	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
		<p>indicators; standardised risk assessment (Quality Impact Assessment) of all productivity improvement workstreams, and robust arrangements for staff, patients and members of the public to raise concerns with respect to the quality of care including Freedom to Speak Up Guardian. Friends and Family Test systems in place. Comms and Engagement Strategy in place. March 2019 - Board approved creation of Patient and Public Panel to be established during 2019/20.</p> <p>f) Clear accountability for quality of care throughout the Trust, systems of integrated governance allow for appropriate escalation to Board of Directors.</p>	
<p>The Board is satisfied that there are systems to ensure that North West Ambulance Service NHS Trust 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>CONFIRMED</p>	<p>NWAS' Establishment Order sets out required numbers for Board members.</p> <p>Established Nomination & Remuneration Committee (NARC) for Executive Director appointments and remuneration (ED) with Terms of Reference, with responsibility for review of Board composition.</p> <p>ED Job Descriptions and Person Specifications in place as developed via NARC.</p> <p>Workforce Strategy in place and Talent Management Strategy in development.</p> <p>Code of Conduct and suitable contractual arrangements in place for Board members, incorporating requirements relating to 'fit and proper persons'.</p>	<p>No material risk identified</p>

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This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

*Insert name of
organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

*Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)*

These self-certifications are set out in this template.

How to use this template

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

Corporate Governance Statement (FTs and NHS trusts)

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

Corporate Governance Statement	Response	Risks and Mitigating actions	
1 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.		[including where the Board is able to respond 'Confirmed']	Please Respond
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time		[including where the Board is able to respond 'Confirmed']	Please Respond
3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.		[including where the Board is able to respond 'Confirmed']	Please Respond
4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (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; (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); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor 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 (h) To ensure compliance with all applicable legal requirements.		[including where the Board is able to respond 'Confirmed']	Please Respond
5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (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 (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.		[including where the Board is able to respond 'Confirmed']	Please Respond
6 The Board is satisfied that there are 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.		[including where the Board is able to respond 'Confirmed']	Please Respond

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature _____ Signature _____
Name _____ Name _____

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A _____ Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

- 1 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.

[Redacted] Please Respond

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name [Redacted]

Name [Redacted]

Capacity [job title here] [Redacted]

Capacity [job title here] [Redacted]

Date [Redacted]

Date [Redacted]

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A

