

PURPOSE:

To inform Board and support the May and June declaration to NHSI covering provider licence self-certification declarations.

BACKGROUND

WWL NHS FT was authorised as a Foundation Trust in December 2008, since that time declarations have been made on an annual basis with regard to on-going compliance with the *Terms of Authorisation*. With the introduction of the Provider Licence in April 2013 the form and content of these declarations has changed.

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS Provider Licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements.

Guidance for 2016/17 was issued by NHSI on 21st April 2017. The Trust is required to submit a number of self-certification declarations:

- Condition G6(3) - Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.
 - This declaration needs to be submitted by 31st May 2017.
- Condition CoS7(3) - Providers providing Commissioner Requested Services (CSR) have to certify that they have a reasonable expectation that required resources will be available to deliver the designated service
 - This generally applies to FTs who are subject to CRS designation by their local CCG. Finance have confirmed that WWL receives some contracts under this designation and we therefore need to complete it
 - This certificate needs to be submitted by 31st May 2017
- Condition FT4(8) - Providers must certify compliance with required governance standards and objectives.
 - This certificate needs to be submitted by 30th June 2017.

DECLARATIONS

The form for the declarations is an excel worksheet, uploaded to the NHS Improvement portal - for each declaration the Trust must respond “confirmed” or “not confirmed” and should provide additional information on risks and mitigating actions. Subject to Board approval, the forms have been pre completed, ready for signatures:



SCT_D_FY2017-18_
M01_RRF G6 CoS7.xl



SCT_D_FY2017-18_
M00_RRF FT4.xlsm

AUDITS

From July 2017, NHSI will contact a select number of NHS Trusts and Foundation Trusts to ask for evidence that they have self-certified. This can either be through providing the templates (if they have used them), or by providing relevant Board minutes and papers recording sign off.

RECOMMENDATIONS:

Trust Board are asked to consider the evidence provided in the appendix and approve the declarations that the Trust is compliant against its provider licence.

Dave Nunns
Assistant Trust Board Secretary

Appendix – evidence behind Self Certification:

Condition G6(3) - Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.

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.

- **Confirmed**

There is no requirement on the self certification form to show any evidence or mitigation, however, if required under audit, the following should be taken into consideration:

- *The Board and supporting Committees (Audit Committee, Quality & Safety Committee, Workforce Committee, Finance and Investment Committee and the Risk and Environmental Management Committee) receive regular reports and supporting data analysis covering patient safety, clinical quality, patient experience, workforce, performance and finance.*
- *The CQC undertook a comprehensive inspection of services in December 2015 and published their report in June 2016 and provided an over 'Good' assessment of the Trust and found there were areas of excellent practice. There were many positive threads in the report relating to Leadership and Culture, Nurse staffing, Medical Staffing . Incident reporting, Cleanliness and infection control, and Patient Outcomes. As expected, the CQC also made a number of recommendations which have been addressed across the year (2016/17). The Trust has made huge progress across all of the recommendations and is on target to complete all but one of the CQC recommendations.*
- *Governors hold Non-Executive Directors (individually and collectively) to account for the performance of our Board of Directors by ensuring that they act so that WWL does not breach the terms of authorisation. Governors receive details of meetings, agendas and approved minutes of each Board of Directors' Meeting.*

Condition CoS7(3) - Providers providing Commissioner Requested Services (CSR) have to certify that they have a reasonable expectation that required resources will be available to deliver the designated service

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

- *The main factors were considered as part of the Going Concern Declaration and include consideration of commissioner intentions, the impact of agreeing a two year fixed value contract with the main commissioner of CRS and cash flow sensitivity analysis.*

Condition FT4(8) - Governance Standards and Objectives

	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.	Confirmed	<ul style="list-style-type: none"> • Compliance with Foundation Trust Code of Governance for Foundation Trusts regularly assessed and reported through Audit Committee. • The Trust's Standing Orders require that a register of director's and governors' interest is in place and kept up to date (held by the Trust Secretary who has accountability for its maintenance). • There are no material conflicts of interest in the Board. • All governors elections and by elections held in accordance with election rules. • Systems and controls assurances are obtained via the Audit Committee. • A formal external Well Led review will take place every three years as mandated by NHSI. • More complete explanations about systems of corporate governance are set out in the annual governance statement and the Trust's annual report.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	<ul style="list-style-type: none"> • Compliance with Foundation Trust Code of Governance for Foundation Trusts assessed each year as part of the annual reporting process. (May 2017 Audit committee). • Any guidance requirements are routinely assessed and implemented as necessary - over view of guidance provided by MIAA and Deloitte in updates received at each Audit Committee meeting. Assurance and advice is provided as required by the Audit Committee
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	Confirmed	<ul style="list-style-type: none"> • Board committees established with clear lines of reporting. • Terms of Reference in place for all Board and other committees and groups within the Trust which are regularly reviewed and updated where necessary. These set out remit

	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.”		<p>of each type of meeting, membership, attendance by others, quorum requirements and reporting responsibilities.</p> <ul style="list-style-type: none"> • Standardised Chair reports to escalate assurance and concerns in line with reporting structure. • Clear delegation of actions to committees. • Annual Governance Statement in place which identifies areas of potential risk and mitigating actions.
4	<p>"The Board is satisfied that the Licensee 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</p>	Confirmed	<ul style="list-style-type: none"> • Risk Management Strategy in place and regularly reviewed. • Board Assurance Framework • Datix risk management system in place. • Use of internal and external audit services to investigate any areas of concern. • Quality and safety Committee annually review compliance against the fundamental standards • Self-assessments against CQC key lines of enquiry are undertaken by wards and teams. • Inpatient and other CQC surveys utilised with action plans put in place where necessary. • Royal college reviews undertaken where appropriate or necessary. • Contracts for services agreed with clinical commissioning groups. • Finance and Investment Committee considers detailed financial performance report at each meeting • Monthly performance report considered by Board. Detailed performance discussed at quarterly divisional performance reviews. • Comprehensive agendas for Board meetings circulated to directors at least 7 days before each meeting • Cost Improvement Plans in place which are risk assessed for quality • Standing Financial Instructions and Standing Orders in place • Counter Fraud specialist reports to the Audit Committee

	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. "		<ul style="list-style-type: none"> • In relation to point (f) and (g), the Trust's annual report and operational plan have set out a number of high level risks facing the Trust and ways in which these are being mitigated. • Points as set out in 1), 2) and 3) above apply.
5	<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	<ul style="list-style-type: none"> • The Medical Director and the Director of Nursing are both appropriately professionally qualified and accountable to their professional body (in addition to the Trust). • NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce, governance and Organisational Development. • Collectively, the NED component of the Board is suitably qualified to discharge its functions. • Quarterly Safe, Effective Care (SEC) report presented to Quality & Safety Committee and commissioners. • Quality and Safety Committee – chaired by a NED – Terms of Reference include reporting from Divisional Quality Executive Committees, Safeguarding Committee, Medicine's Strategy Board and Infection Prevention and Control. • Clinical Audits – the Trust participates in national audits and also local audits. Audit reports are submitted to relevant committees or groups. • Learning from national reports with comparative reports undertaken and action plans devised and implemented. • National reports and benchmarking e.g. NICE guidelines and patient safety alerts. • Monthly leadership safety walk rounds undertaken by Executive directors, Non-Executive Directors and Governors. • PLACE assessments • Processes in place to escalate and resolve issues - Risk

			and Environmental Management Committee (REMC) established with reporting line to Quality & Safety Committee
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.	Confirmed	<ul style="list-style-type: none"> • The Medical Director, Director of Nursing and Director of Finance are all appropriately professionally qualified and accountable to their professional body (in addition to the Trust). • All Executive Directors' performance and competencies are reviewed through annual appraisals. • Collective & individual skill-sets reviewed as part of board development • Chairman receives an annual performance appraisal from the Senior Independent Director, • NEDs receive an annual performance appraisal from the Chairman who advises the governors • NEDs have been appointed by the Council of Governors as advised by the governors' • Remunerations Committee • Nominations and Remunerations Committee. • NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce, governance, and, OD. . Collectively, the NED component of the Board is suitably qualified to discharge its functions. • Once in post, each NED undergoes an internal induction to facilitate an understanding of the Trust, its operations and strategic direction. • Thereafter, on-going training to develop existing and new skills relevant to the NED role is undertaken by attendance at external conferences and workshops as required. • NED progress is monitored by the Chair via one to one meetings including a formal annual appraisal session at which achievements against objectives for the preceding year are evaluated and new goals for the forthcoming year

			<p>and a personal development plan are established.</p> <ul style="list-style-type: none">• This is supplemented by a number of Board away days throughout the year to discuss strategy and policy as well as developing the knowledge and skills of the Board on specific issues.• Divisions are led by experienced and capable teams consisting of a Divisional Director of Performance, Divisional Medical Director and Head of Nursing.• Safer staffing levels on wards are reported to Board monthly and are monitored and are included on the wards' quality board.
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Self-Certification Template - Conditions G6 and CoS7 **Wrightington, Wigan and Leigh NHS Foundation Trust**



Foundation Trusts and NHS trusts are required to make the following declarations to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These Declarations are set out in this template.

Templates should be returned via the Trust portal.

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.

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

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. Confirmed OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate Confirmed Please fill details in cell E22

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The main factors were considered as part of the Going Concern Declaration and include consideration of commissioner intentions, the impact of agreeing a two year fixed value contract with the main commissioner of CRS and cash flow sensitivity analysis

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

Signature 

Name: Andrew Foster

Capacity: Chief Executive

Date: 31st May 2017

Signature 

Name: Robert Armstrong

Capacity: Chair

Date: 31st May 2017

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

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Self-Certification Template - Condition FT4

Wrightington, Wigan and Leigh NHS Foundation Trust



Foundation Trusts and NHS trusts are required to make the following declarations 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 Declarations 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.

Worksheet "FT4 declaration"

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

1	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.	Confirmed	<ul style="list-style-type: none"> Compliance with Foundation Trust Code of Governance for Foundation Trusts regularly assessed and reported through Audit Committee. The Trust's Standing Orders require that a register of director's and governors' names is maintained and updated by the Trust Executive.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	<ul style="list-style-type: none"> Compliance with Foundation Trust Code of Governance for Foundation Trusts assessed each year as part of the annual reporting process. (May 2017 Audit)
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.	Confirmed	<ul style="list-style-type: none"> Board committees established with clear lines of reporting. Terms of Reference in place for all Board and other committees and groups within the Trust which are regularly reviewed and updated where necessary. These set out remit of each type of meeting, membership, attendance by others, quorum requirements and reporting responsibilities.
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.	Confirmed	<ul style="list-style-type: none"> Risk Management Strategy in place and regularly reviewed. Board Assurance Framework. Data risk management system in place. Use of internal and external audit services to investigate any areas of concern. Quality and safety Committee annually review compliance against the fundamental standards Self-assessments against CQC key lines of enquiry are undertaken by wards and teams. Inpatient and other CQC surveys utilised with action plans put in place where necessary. Royal college reviews undertaken where appropriate or necessary. Contracts for services agreed with clinical commissioning groups. Finance and Investment Committee considers detailed financial performance report at each meeting Monthly performance report considered by Board. Detailed performance discussed at quarterly divisional performance reviews. Comprehensive agendas for Board meetings circulated to directors at least 7 days before each meeting Cost Improvement Plans in place which are risk assessed for quality Standing Financial Instructions and Standing Orders in place.
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.	Confirmed	<ul style="list-style-type: none"> The Medical Director and the Director of Nursing are both appropriately professionally qualified and accountable to their professional body (in addition to the Trust). NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce, governance and Organisational Development. Collectively, the NED component of the Board is suitably qualified to discharge its functions. Quarterly Safe, Effective Care (SEC) report presented to Quality & Safety Committee and commissioners. Quality and Safety Committee – chaired by a NED – Terms of Reference include reporting from Divisional Quality Executive Committees, Safeguarding Committee, Medicine's Strategy Board and Infection Prevention and Control. Clinical Audits – the Trust participates in national audits and also local audits. Audit reports are submitted to relevant committees or groups. Learning from national reports with comparative reports undertaken and action plans devised and implemented.
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.	Confirmed	<ul style="list-style-type: none"> The Medical Director, Director of Nursing and Director of Finance are all appropriately professionally qualified and accountable to their professional body (in addition to the Trust). All Executive Directors' performance and competencies are reviewed through

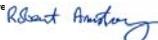
Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature



Name Andrew Foster

Signature



Name Robert Armitage

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

A

Please Respond

Worksheet "Training of governors"

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.

2 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.

Confirmed

OK

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

Signature

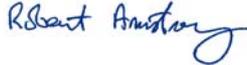


Name: Andrew Foster

Capacity: Chairman

Date: 31.05.17

Signature



Name: Robert Armstrong

Capacity: Chairman

Date: 31.05.17

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

