

Appendix 1 - Provider licence self-certification

G6 (3) - Systems for compliance with licence (by 31 May 2021)			
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>CONFIRMED</p> <p>At the meeting of the Audit Committee on 24 March 2021 the Trust's internal auditors Mersey Internal Audit Agency (MIAA) presented their Head of Internal Audit Opinion providing overall Substantial Assurance 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"> - the Risk Policy (GP45), 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. - the Board Assurance Framework supported by the Annual Assurance Framework Opinion from MIAA - the Quality & Patient Experience Report received by the Quality & Safety Committee <p>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, led by a National Strategic Commander and feeding down to the HealthCare Partnership (HCP), Clinical</p>	No risks identified.

		<p>Commissioning Group (CCG) and the Trust via NHS England/Improvement. 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.</p> <p>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 was aligned with local NHS and Local Authority partners allowing effective system collaboration and response.</p> <p>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.</p>	
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FT4 Declaration - Corporate Governance Statement & Training of Governors *(by 30 June 2021)*

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.

	Statement	Response (& supporting information/evidence for board assurance)	Risks/Mitigations
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.	<p>CONFIRMED</p> <p>The Annual Governance Statement 2020-21 (to be approved by the Audit Committee on 10 June 2021) 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</p>	No risks identified

		<p>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>	
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>CONFIRMED</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 2020-21, new guidance related to the NHS response to COVID-19 was managed through the local command structure supported by emergency governance arrangements.</p>	<p>No risks identified.</p>
3	<p>The Board is satisfied that the Licensee implements:</p> <p>(a) Effective board and committee structures</p> <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>CONFIRMED</p> <p>During 2020-21 and in response to the COVID-19 national emergency, 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.</p> <p>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.</p> <p>The quality governance framework 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.</p>	<p>No risks identified.</p>

		The emergency governance arrangements were tested, at the request of the Board of Directors, by internal audit with Substantial Assurance given.	
4	<p>The Board is satisfied that the Licensee effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> (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 	<p>CONFIRMED</p> <p>a) Appropriate financial controls and governance were maintained throughout 2020-21. 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.</p> <p>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.</p> <p>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.</p> <p>b) During 2020-21 and in response to the COVID-19 national emergency, 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</p>	No risks identified.

	<p>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>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.</p> <p>c) Under emergency governance arrangements the quality governance framework remained in place across the Trust to ensure oversight of the safe and effective delivery of care during the response to COVID-19. The role of the SAFE steering group within the governance structure remained crucial in monitoring compliance and delivery against regulatory, statutory and professional standards providing assurance to the bi-monthly Quality & Safety Committee.</p> <p>The Standards Assurance Framework for Excellence (SAFE) on-line tool 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 has maintained regular engagement with the CQC 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.</p> <p>A robust programme of clinical audit remained 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.</p> <p>d) See response above to a).</p>	
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		<p>reviewed and changed in year to reflect the position and support the effective management of risks.</p> <p>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.</p> <p>g) The Trust has an annual planning process that ensures future business plans are developed and supported by appropriate engagement and approvals</p> <p>h) The governance, risk and control processes in place ensure that the trust remains compliant with all the legal requirements.</p>	
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</p>	<p>CONFIRMED</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 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 and has been vital in supporting the Trust's response to COVID-19. The SAFE group has supported the monitoring of information on quality of care and the Quality & Safety Committee has continued to receive 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. The local command structure has also ensured that decisions taken were considered in the context of service delivery, staff availability and skills, safety, quality and equity.</p> <p>d) As above - the board receives a report from the QSC. The board also</p>	No risks identified.

	<p>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>receives the Quality Strategy annually.</p> <p>e) Members of the board are engaged in quality initiatives and through the local command structure supported by the emergency governance arrangements the board has remained informed on the delivery of high - quality care. Whilst F2F activities have been restricted during 2020-21, 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 paused during 2020-21. The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes has remained throughout the Trust's response to COVID-19.</p> <p>f) There is clear accountability for quality of care through the Chief Nurse and Medical Director.</p>	
6	<p>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.</p>	<p>CONFIRMED</p> <p>All members of the Board and Associate Directors comply with the requirements of the Fit and Proper Persons Regulation and all members of the board and senior decision makers complete 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 following an initial pause over the spring/summer months. Following a series of workshops, the programme was paused again whilst the Trust responded to the winter peak in COVID-19. This programme of work will be revisited in Q1.</p>	<p>No risks identified.</p>
Training of governors			
1	<p>The Board is satisfied that during the</p>	<p>CONFIRMED</p>	

	<p>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>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 has continued during the Trust's response to COVID-19 though streamlined agendas and focused discussion have been supported.</p> <p>In November/December 2020 a series of governor elections were held, and an induction day held in early January 2021 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 & Safety Committee for a briefing on key areas of focus.</p> <p>The Remuneration and Nomination subgroup conducted significant business during 2020-21 including the reappointment of the Chair and Deputy 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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