



**NHS Improvement Self-Certification**  
**Compliance with General Condition 6(3) of the NHS Provider Licence**  
**24 May 2019**

At its meeting on 24 May 2019 the Board of Directors considered whether North East Ambulance Service NHS Foundation Trust had taken all precautions to comply with the NHS provider licence, NHS Acts and the NHS Constitution.

General Condition 6 essentially relates to having effective systems and processes in place to identify risks to compliance and enable mitigating actions to be taken.

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

- (a) the Conditions of this Licence,
- (b) any requirements imposed on it under the NHS Acts, and
- (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

- (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
- (b) regular review of whether those processes and systems have been implemented and of their effectiveness.

3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to Monitor a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

NHS Improvement has summarised this as:

- A provider is required to have in place effective systems and processes to ensure compliance, including:
  - Identifying risks to compliance; and
  - Taking reasonable mitigating actions to prevent those risks and a failure to comply from occurring.

The self-certification in relation to General Condition 6 requires the Board to confirm compliance with the following statement:

## 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
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The Board considered the following evidence to form its conclusion:

- 1.1. The Trust has a governance structure in place with regular reporting of issues, decisions and actions through to the Board committees and the Board on a regular basis.
- 1.2. This includes a strong focus on risk management, with the Executive Risk Management Group (ERMG) reporting directly into the Board, providing transparency and focus on risk at Board level. In addition, the Audit Committee seeks assurance over the risk management processes and controls in place.
- 1.3. In addition, the Board Assurance Framework (BAF) is mapped to the Board committees, and the relevant extracts are reviewed at every meeting, ensuring that strategic risks play a prominent role in committee debate and decision-making. The BAF and Organisational Risk Register (ORR) are also presented to both the ERMG and Board on a quarterly basis.
- 1.4. Compliance with some elements of the Trust's licence are reported separately to the Board committees to provide additional assurance. For example the Workforce Committee receives assurance that fit and proper person tests are carried out annually on each Board Member to confirm ongoing compliance with this requirement.
- 1.5. The Governor Governance Committee oversees the fit and proper person test for Governors as well as providing broader Governor scrutiny of governance issues relating to the Council, including compliance with Governor policies and attendance requirements.
- 1.6. Paragraph 2(b) itself refers to the need to regularly review whether the processes and systems have been implemented and how effective they are.
- 1.7. During 2018/19 the Board undertook a high level review of its previous self-assessment against the NHS Improvement / CQC Well-Led Framework. This assisted with the Board's preparation for the CQC well-led inspection. A full review against the framework is planned for early 2019/20.
- 1.8. Throughout 2018/19 a number of internal and external reviews of processes and systems have been undertaken, including but not limited to:
  - Internal audit reviews;
  - Clinical audit reviews;
  - External audit work to support the year end opinions;

- CQC inspections covering the well-led key line of enquiry on a Trust-wide basis and detailed service level inspections of the Emergency Operations Centre and NHS111; and
  - Internal reviews of committee / group effectiveness.
- 1.9. Where reviews have highlighted areas where the Trust needs to enhance processes and systems, action plans have been developed to ensure that associated actions are implemented on a timely basis.
- 1.10. The Head of Internal Audit Opinion concluded that good assurance could be provided for 2018/19 which provides positive evidence of the effectiveness of systems and processes.
- 1.11. Internal Audit have recently completed an audit of the Board Assurance Framework and Risk Management. A rating of 'substantial assurance' has been received with the conclusion stating that: *'Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place'*.
- 1.12. The Trust's 'good' rating from CQC indicated a positive level of compliance with CQC's fundamental standards and quality governance requirements. The inspection resulted in improved ratings for the Emergency Operations Centre, which moved from 'requires improvement' to 'good'. NHS111 also retained a rating of 'good'.
- 1.13. Both the Board and Governors have been provided with regular updates on the Trust's segment position in respect of the Single Oversight Framework. The letters from NHS Improvement confirming the quarterly position following the Quarterly Review Meetings form part of the public Board agenda. The Trust has undoubtedly faced challenges during the year, both operationally and financially, but has consistently achieved a segmentation rating of 2 (on a scale of 1 to 4 with 1 being the best segment score). The score for Quarter 4 has not been confirmed by NHS Improvement, but the Trust's financial return at the year-end indicated that the score for the finance-only element was predicted to remain at 1, consistent with previous quarters.
- 1.14. A segment score of 2 is defined as follows within the Single Oversight Framework:

2	<b>Providers offered targeted support</b> – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
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## Conclusion

Taking into consideration the positive evidence provided, the Board of Directors concluded that it was satisfied that for the financial year 2018/19 the Trust took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed upon it under the NHS Acts and had regard to the NHS Constitution.