

## Self-certification against Provider Licence Conditions 2022/23

### Condition G6(3): Systems for compliance with licence conditions and related obligations

#### Details of Condition

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.
- Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHSE 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.

#### Assurance and evidence

- Governance structure and arrangements
- Board and Committee structure
- Executive Team Meetings, Integrated Management Meetings
- Development well-led review
- Risk Management Framework (strategy, policy and procedures)
- Annual Report and Accounts 2022/23 including Annual Governance Statement and Accountability section setting out governance arrangements
- BAF and Corporate Risk Register
- Interim Head of Internal Audit Opinion Statement 2022/23

#### Self-certification

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are 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 the conditions of the licence, any requirements imposed on it under the NHS Acts, and have had regard to the NHS Constitution.

**CONFIRMED**

## Condition FT4(8): NHS foundation trust governance arrangements

### Details of Condition

1. The Licensee shall apply 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**

2. Without prejudice to the generality of paragraph 1 and to the generality of General Condition 5, the Licensee shall:

(a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and (b) comply with the following paragraphs of this Condition.

**CONFIRMED**

3. The Licensee shall establish and implement:

- (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**

4. The Licensee shall establish and effectively implement systems and/or processes: (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

- (a) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- (b) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the CQC, the NHS Commissioning Board and statutory regulators of health care professions\*;
- (c) 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);
- (d) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
- (e) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
- (f) 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
- (g) to ensure compliance with all applicable legal requirements.

**CONFIRMED**

5. The systems and/or processes referred to in paragraph 5 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's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

**CONFIRMED**

6. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

**CONFIRMED**

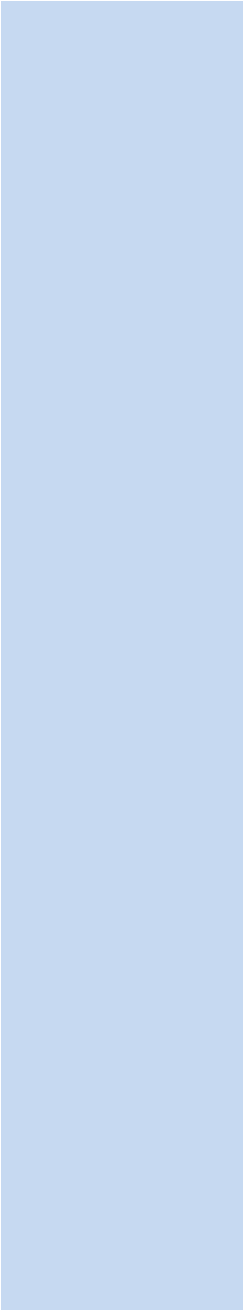
7. The Licensee shall submit to NHS England within three months of the end of each financial year:

- (a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks.

**CONFIRMED**

**Assurance and evidence**

- Annual Report and Accounts 2022/23 including Annual Governance Statement and Accountability section
- Head of Internal Audit Opinion Statement 2022/23
- Developmental well-led review
- Trust Constitution including Standing Orders, Standing Financial Instructions and Scheme of Delegation
- Terms of Reference of Board Committees and annual work programmes
- Management arrangements
- Quality governance framework and meetings
- Risk management framework
- Integrated Performance Report
- Quality Report to Quality Committee

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- Board Assurance Framework
  - Corporate Risk Register
  - Fit and Proper Persons requirement processes
  - Board Declarations of Interest Register
  - Appraisal process for Executive Directors and Non-Executive Directors
  - Freedom to Speak Up reporting to Board
  - Data Security and Performance Toolkit submission 2023
  - Responsible Officer arrangements for Medical staff
  - Mandatory and Statutory training compliance reporting to Board
  - Governor meetings and briefings
  - Business Continuity Plans

## Condition CoS7(3): Availability of Resources

### Details of Condition

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.
2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.
3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS Improvement a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms: (a) "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."
- (b) "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 in 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 which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services".
- (c) "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".

### Assurance and evidence

- Board of Directors
- Board and committee papers
- Audit and Risk committee, Finance, Business and Investment Committee, People Committee, Quality Committee
- Executive Team
- Going Concern assessment process
- Contracts
- Financial reports and updates
- Financial Plan 2022/23
- Capital Programme 2022/23

### Self-certification

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**

## Governor Training (not a licence condition)

Details of Condition	S151 (2) of the Health and Social Care Act: [Providers] must take steps to secure that the governors are equipped with the skills and knowledge they require ....
Assurance and evidence	<ul style="list-style-type: none"><li>• A programme of governor training and support is available and accessed by governors</li><li>• Governors induction following election</li><li>• Bespoke training sessions delivered by NHS Providers</li><li>• Governors attendance at various NHS Providers events</li><li>• Administration support for governors</li><li>• Joint Governor and Board development sessions</li><li>• Monthly Chair briefings</li><li>• Involvement in We Care Visits and other visits</li></ul>
Self-certification	<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>

Audit and Risk Committee  
August 2023