

| Cover page | |
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| Meeting | Trust Board |
| Paper Title | NHS Provider Licence Conditions – Annual Self Certification |
| Date of meeting | 30 May 2019 |
| Date paper was written | 15 May 2019 |
| Responsible Director | Chief Executive |
| Author | Governance Manager |
| Executive Summary | |
| <p>NHS Trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.</p> <p>Although NHS Trusts are exempt from needing a Provider Licence, directions from the Secretary of State require NHS Improvement (NHSI) to ensure that NHS Trusts comply with conditions equivalent to the licence as it deems appropriate.</p> <p>Consequently, all provider NHS Trusts must self-certify the following after the financial year-end:</p> <ul style="list-style-type: none"> • Condition G6(3) - the provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution • Condition FT4(8) - the provider has complied with required governance arrangements <p>The Trust Board is required to approve the self-certification statements for 2018/19 before 31 May 2019 (Condition G6) and 30 June 2019 (Condition FT4).</p> <p>Appendix A - Self Certification Statements</p> <p>Appendix B - Self-certification: guidance for NHS Trusts</p> <p>Further statutory guidance to the NHS provider licence can be found in the supplementary Information Pack and via: https://www.gov.uk/government/publications/the-nhs-provider-licence</p> <p>The trust Board is asked to APPROVE the statements in respect to the Trust’s in-year compliance with the NHS Provider licence conditions as set out in the guidance..</p> | |
| Previously considered by | Executive Directors 22/5/19 |

| The Board is asked to: | | | | |
|---|--|--|--|--|
| <input checked="" type="checkbox"/> Approve | <input type="checkbox"/> Receive | <input type="checkbox"/> Note | <input type="checkbox"/> Take Assurance | |
| To formally receive and discuss a report and approve its recommendations or a particular course of action | To discuss, in depth, noting the implications for the Board or Trust without formally approving it | For the intelligence of the Board without in-depth discussion required | To assure the Board that effective systems of control are in place | |
| Link to CQC domain: | | | | |
| <input type="checkbox"/> Safe | <input type="checkbox"/> Effective | <input type="checkbox"/> Caring | <input type="checkbox"/> Responsive | <input checked="" type="checkbox"/> Well-led |

| | |
|---|--|
| Link to strategic objective(s) | <i>Select the strategic objective which this paper supports</i> |
| | <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare |
| | <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care |
| | <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities |
| | <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions |
| | <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work |
| Link to Board Assurance Framework risk(s) | All |

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| Equality Impact Assessment | <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval) |
| Freedom of Information Act (2000) status | <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA |
| Financial assessment | n/a |

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. | Confirmed | [including where the Board is able to respond 'Confirmed'] |
| 2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time | Confirmed | [including where the Board is able to respond 'Confirmed'] |
| 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 | [including where the Board is able to respond 'Confirmed'] |
| 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 | [including where the Board is able to respond 'Confirmed'] |
| 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 | [including where the Board is able to respond 'Confirmed'] |
| 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 | [including where the Board is able to respond 'Confirmed'] |

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 Simon Wright (CEO)

Name

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

A

Please Respond

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 licence 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.

Please Respond

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 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 (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

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.

Please Respond

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:

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

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: Simon Wright

Name: [job title here]

Capacity: CEO

Capacity: [job title here]

Date: 29 March 2019

Date: []

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

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