

<b>Meeting title:</b>	Public Trust Board	<b>Public Trust Board paper P</b>				
<b>Date of the meeting:</b>	09 June 2022					
<b>Title:</b>	NHS Provider Licence conditions G6 and FT4 - Self Certification					
<b>Report presented by:</b>	Becky Cassidy – Director of Corporate and Legal Affairs					
<b>Report written by:</b>	Becky Cassidy – Director of Corporate and Legal Affairs					
<b>Action – this paper is for:</b>	Decision/Approval	X	Assurance		Update	
<b>Where this report has been discussed previously</b>	n/a					

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

**Impact assessment**

Acronyms used:

**Purpose of the Report**

This report seeks approval from the Board of Directors that it meets the requirements of the self-certification declarations for G6 and Ft4.

**Recommendations**

The Trust Board is asked to:

- Approve the self-certification

**Summary**

The annual self-certification provides assurance that NHS providers are compliant with the conditions of their NHS provider licence. Compliance with the licence is routinely monitored through the Single Oversight Framework, however on an annual basis, the licence requires providers to self-certify they have:

- a) Effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);
- b) Complied with governance arrangement (condition FT4) and;

c) For NHS foundation trusts, the required resources available if providing commissioner requested services (CRS) (Condition CoS7).

The trust is no longer required to submit the approved templates to NHSEI but is required to publish them and keep for record keeping purposes should NHSEI audit the self-certification.

The self-certification documents will be published on the Trust public website by the required deadline of 30 June 2022.

**Supporting documentation**

Appendix 1 – G6 completed template

Appendix 2 – Ft4 completed template

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## Self-Certification Template - Conditions G6 and CoS7

University Hospitals of Leicester NHS Trust

*Insert name of organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications 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 self-certifications 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.

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.

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 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.

[Empty box for factors]

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.

[Empty box for response]

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: John MacDonald

Name: Richard Mitchell

Capacity: Trust Chair

Capacity: Chief Executive

Date: 09 June 2022

Date: 09 June 2022

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

[Empty box for further explanatory information]

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## Self-Certification Template - Condition FT4

University Hospitals of Leicester NHS Trust

*insert name of  
organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications 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 self-certifications 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.

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	The Trust is satisfied that the corporate governance systems it has in place are appropriate and where further improvement can be made that there is a clear plan for such improvements to be made during 2022/23, having regard to the CQC / NHSEI Well Led standards.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Trust considers all such guidance from NHS Improvement and implements this accordingly.
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	The Trust has in place a robust governance framework, encapsulating mechanisms to support effective Board and committee structures, with clearly defined responsibilities for the Board and its Committees. The Trust has an Accountability and Performance Framework in place which sets out the reporting and accountability lines through the organisation, this is actively under review as part of a wider governance review.
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	Effective systems and processes are in place; however, this does not necessarily mean that all requirements to deliver against targets and other regulatory requirements are being consistently met.  The Trust's governance processes support the aim of the Trust operating efficiently, economically and effectively as possible.  Timely and effective scrutiny and oversight is achieved through the effective operation of the Trust Board and Board Committee governance arrangements.  Appropriate governance structures are in place to support compliance with healthcare standards, in particular through the work of the Executive Quality Board and the Quality Committee.  There has continued to be a significant focus on financial management and control. The financial position of the Trust is monitored at monthly Performance Review meetings with each Clinical Management Group and corporate team; at monthly meetings of the Executive Performance Board and at the Finance and Investment Committee; and via the submission of a finance report monthly to the Trust Board by the Chief Financial Officer.  Board and Board Committee governance arrangements within the Trust's governance framework support the consideration of information for decision-making.  The Trust's Board Assurance Framework has been reviewed and reformed during 2021/22 and 6 strategic themes identified and includes the risks to the achievement of these. The Trust has established a Risk Committee which operationally manages risks across the organisation.  The Trust is cognisant of the need to comply with legal requirements and any changes in those requirements are considered and policies amended accordingly to ensure continued compliance.
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	The Trust meets each of the requirements, as follows:  There is sufficient capability at Board level with a number of new appointments being made at Executive and Non-Executive level. The Board benefits from a broad range of skills ensuring a balanced approach at the Board and the Committees of the Board.  Despite the significant financial challenges and focus on delivering savings, the Trust has an effective Quality Impact Assessment process in place to ensure that quality of care is not compromised in any financial decisions taken.  The Trust reports at all levels within the organisation regarding quality of care, culminating with the submission of detailed information to the Trust's Quality Committee and ultimately to Trust Board. Data quality is subject to Internal Audit review annually with actions taken to meet recommendations.  At each Board meeting a report is provided on progress against achieving quality of care standards. Patient and staff stories at monthly Board meetings complement this approach.  The Trust has processes in place to ensure the engagement of Patient Partners, staff, patients, carers and other stakeholders in the consideration of quality of care, with various groups established to help meet this objective. An example is the Trust's Quality Committee, which includes a Patient Partner (non-voting) representative and a (non-voting) representative from the lead Clinical Commissioning Group.
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	The Chief Executive and Executive Directors (both voting and non-voting) who report to the Board are suitably qualified, both professionally and through experience. A robust process is in place to ensure compliance with the Fit and Proper Person test.
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 John MacDonald	Name Richard Mitchell	
Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.		
A:		

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.

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.

Please Respond

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:

Name:

Capacity:

Capacity:

Date:

Date:

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

