Meeting title:	Public Trust Board		P	Public Tr	ust Board paper	Ρ
Date of the meeting:	09 June 2022					
Title:	NHS Provider Licence	e co	onditions G6 and FT4 -	Self Cert	ification	
Report presented by:	Becky Cassidy – Dire	ecto	r of Corporate and Lega	al Affairs		
Report written by:	Becky Cassidy – Director of Corporate and Legal Affairs					
Action – this paper is	Decision/Approval	Х	Assurance		Update	
for: Where this report has	n/a					
been discussed previously						

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 selfcertification declarations for G6 and Ft4.

Recommendations

The Trust Board is asked to:

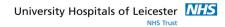
• Approve the self-certification

<u>Summary</u>

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.

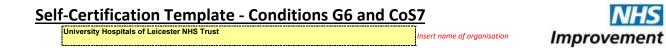
The self-certification documents will be published on the Trust public website by the required deadline of 30 June 2022.

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.



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

Save this file to your Local Network or Computer.
 Enter responses and information into the yellow data-entry cells as appropriate.
 Once the data has been entered, add signatures to the document.

Financial Year to which self-certification relates

31 March 2021 to 1 April Please complete the explanatory information in cell E36

De	clarations required by Genera	I condition 6 ar	nd Continuity of Service c licence	ondition 7 of th	e NHS provider
	The board are required to respond "Confirmed" or option). Explanatory information should be provide		owing statements (please select 'not confirm	ned" if confirming another	
1 & 2	General condition 6 - Systems for comp	pliance with licence of	conditions (FTs and NHS trusts)		
1	Following a review for the purpose of paragraphic are satisfied that, in the Financial Year most renecessary in order to comply with the condition NHS Acts and have had regard to the NHS Condition	ecently ended, the Licer ns of the licence, any re	see took all such precautions as were	Confirmed	ок
3	Continuity of services condition 7 - Ava	ailability of Resource	s (FTs designated CRS only)		
3a	After making enquiries the Directors of the Lic have the Required Resources available to it at expected to be declared or paid for the period	fter taking account distri	butions which might reasonably be	Confirmed	Please fill details in cell E22
3b	After making enquiries the Directors of the Lic explained below, that the Licensee will have the in particular (but without limitation) any distribu- paid for the period of 12 months referred to in the following factors (as described in the text to to provide Commissioner Requested Services	ensee have a reasonab ne Required Resources ution which might reason this certificate. However box below) which may co	available to it after taking into account hably be expected to be declared or r, they would like to draw attention to		Please Respond
3c	In the opinion of the Directors of the Licensee, to it for the period of 12 months referred to in t		ave the Required Resources available		Please Respond
	Statement of main factors taken into accou In making the above declaration, the main fact Directors are as follows: [e.g. key risks to delivery of CRS, assets or subcor	tors which have been ta	ken into account by the Board of		
	Signed on behalf of the board of directors, and	d, in the case of Founda	tion Trusts, having regard to the views	of the governors	
	Signature	Signature			
	Name John MacDonald	Name	Richard Mitchell	Ī	
	Capacity Trust Chair	Capacity	Chief Executive		
	Date 09 June 2022	Date	09 June 2022	I	

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

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

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

Save this file to your Local Network or Computer.
 Enter responses and information into the yellow data-entry cells as appropriate.
 Once the data has been entered, add signatures to the document.

Work	sheet "FT4 declaration"	Financial Year to which self-cert	ification relates	2022/23	Please Respond
Corp	orate Governance Statement (FTs a	nd NHS trusts)			
	The Board are required to respond "Confirmed" or "Not cor	nfirmed" to the following statements, setting out any	risks and mitigating actions planne	ed for each one	
	Corporate Governance Statement		Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those print	ciples, systems and standards of good corporate	Confirmed	The Trust is satisfied that the corporate governance systems it has in place are appropriate and where further improvement can be	1
	governance which reasonably would be regarded as appro NHS.			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.	
					#REF!
2	The Board has regard to such guidance on good corporate	governance as may be issued by NHS	Confirmed	The Trust considers all such guidance from NHS Improvement and implements this accordingly.	-
	Improvement from time to time				#REF!
3	The Board is satisfied that the Licensee has established an	d implements:	Confirmed	The Trust has in place a robust governance framework encapsulating mechanisms to support effective Board and committee	-
	(a) Effective board and committee structures;(b) Clear responsibilities for its Board, for committees repr	orting to the Board and for staff reporting to the		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 overnance review.	
	Board and those committees; and (c) Clear reporting lines and accountabilities throughout it	s organisation.		part of a when governance review.	#REF!
			<u> </u>		
4	The Board is satisfied that the Licensee has established an processes:	d effectively implements systems and/or	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.	
	(a) To ensure compliance with the Licensee's duty to oper			The Trust's governance processes support the aim of the Trust operating efficiently, economically and effectively as possible.	
	(b) For timely and effective scrutiny and oversight by the B (c) To ensure compliance with health care standards bindi standards specified by the Secretary of State, the Care Qu	ing on the Licensee including but not restricted to		Timely and effective scrutiny and oversight is achieved through the effective operation of the Trust Board and Board Committee governance arrangements.	
	and statutory regulators of health care professions; (d) For effective financial decision-making, management a			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.	
	appropriate systems and/or processes to ensure the Licen (e) To obtain and disseminate accurate, comprehensive, to			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	
	Committee decision-making; (f) To identify and manage (including but not restricted to compliance with the Conditions of its Licence;	manage through forward plans) material risks to		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.	#REF!
	(g) To generate and monitor delivery of business plans (in internal and where appropriate external assurance on suc			Board and Board Committee governance arrangements within the Trust's governance framework support the consideration of information for decision-making.	
	(h) To ensure compliance with all applicable legal requirer	nents.		The Trust's Board Assurance Framework has been reviewed and reformated during 2021/22 and 6 strategic themes idetified 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	
			<u> </u>	policies amended accordingly to ensure continued compliance.	
5	The Board is satisfied that the systems and/or processes n but not be restricted to systems and/or processes to ensu		Confirmed	The Trust meets each of the requirements, as follows:]
	(a) That there is sufficient capability at Board level to prov			There is sufficient capability at Board level with a number of new appointments bring 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.	
	 quality of care provided; (b) That the Board's planning and decision-making process of care considerations; 	ses take timely and appropriate account of quality		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.	
	 (c) The collection of accurate, comprehensive, timely and (d) That the Board receives and takes into account accurate 			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	
	information on quality of care; (e) That the Licensee, including its Board, actively engages	s on quality of care with patients, staff and other		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	#REF!
	relevant stakeholders and takes into account as appropria (f) That there is clear accountability for quality of care through the product of t	pughout the Licensee including but not restricted		monthly Board meetings complement this approach.	
	to systems and/or processes for escalating and resolving or Board where appropriate.	quality issues including escalating them to the		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.	
			<u> </u>		
6	The Board is satisfied that there are systems to ensure that		Confirmed	The Chief Executive and Executive Directors (both voting and non-voting) who report to the Board are suitably qualified, both refrectionally, and through executions. A relied preserve in place to approximate with the Eit and Brance Barran test	
	Board, reporting to the Board and within the rest of the or appropriately qualified to ensure compliance with the com-			professionally and through experience. A robust process is in place to ensure compliance with the Fit and Proper Person test.	#REF!
	Signed on behalf of the Board of directors, and, in the	e case of Foundation Trusts, having regard to t	he views of the governors		
			-		
	Signature	Signature			

Signature	Signature		
Name John MacDonald	Name Richard Mitchell		
Further explanatory informatio	n should be provided below where the Board has been unable	to confirm declarations under FT4.	
A			
			Please Respond

Workshee	et "Training of governors"	Financial Year to which self-certification relates		Please Respond
Certificati	on on training of governors (FTs o	only)		
The I	Board are required to respond "Confirmed" or "Not confirme	ed" to the following statements. Explanatory information should be provided	where required.	
Trai	ning of Governors			
Gove		ecently ended the Licensee has provided the necessary training to i I Care Act, to ensure they are equipped with the skills and knowledg		Please Respond
Sign	ed on behalf of the Board of directors, and, in the case	e of Foundation Trusts, having regard to the views of the governors		
Sig	gnature	Signature		
	Name	Name		
с	apacity [job title here]	Capacity [job title here]		
	Date	Date		

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