**COMPLIANCE WITH THE PROVIDER LICENCE**

**AND S151(5) OF THE HEALTH AND SOCIAL CARE ACT 2012**

**DECLARATIONS REQUIRED UNDER THE PROVIDER LICENCE**

The Provider Licence requires Boards of NHS providers to self-certify annually compliance with the conditions of the provider licence, including compliance with the governance requirements and (if providing commissioner requested services) that they have the resources available to continue to provide those services.

These declarations are made up of:

1. **A statement that we have the systems for compliance with licence conditions and related obligations (Condition G6(3))**

Confirming that, following a review processes and systems, in the Financial Year most recently ended, the Licensee took all such precautions to ensure compliance with the licence conditions.

1. **Availability of required resources (Condition CoS7(3))**

Confirm that we have a reasonable expectation that required resources will be available to deliver the designated services in the next 12 months.

1. **A corporate governance statement (Condition FT4(8))**

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.

**DECLARATIONS REQUIRED IN RELATION TO S151(5) OF THE HEALTH AND SOCIAL CARE ACT 2012**

In addition to the self-certifications required under the provider licence, S151(5) of the Health and Social Care Act 2012 requires Foundation Trusts to ensure governors are equipped with the skills and knowledge to undertake their role. The Board needs to provide a statement which shows the level of compliance with this section of the act and will ask the Board to consider the following statement:

In the financial year most recently ended the Trust 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.

**THE PROCESS FOR COLLECTING EVIDENCE**

To ensure the Board can confirm compliance (or not) with the requirements above the process of compiling evidence is overseen by the Associate Director for Corporate Governance and is as follows:

1. All licence conditions were assigned to a senior manager lead and an executive director
2. Evidence to demonstrate compliance was listed on internally generated templates
3. In addition, for FT4, risks to compliance in the coming year (if any) were identified and listed
4. Executive director leads were asked to review and confirm the validity of the information provided
5. Chief Executive asked to confirm in its entirety the information provided is sufficient and provides a true and fair representation of the systems and processes in place
6. Information is circulated to governors for their views
7. A paper outlining the process and evidence presented to the Audit committee for assurance
8. A paper outlining compliance (or not) with each condition is presented to the Board of Director along with the recommended compliance statement.

Detailed supporting evidence and documentation explaining how we are compliant with the above statements is attached for information.

* Appendix 1: Certification against (G6(3) and CoS7);
* Appendix 2: Corporate Governance Statement (FT4(8))
* Appendix 3: Statement on the training of governors

**PROPOSED DECLARATIONS**

Attached at Appendix 4 are the proposed declarations that the Board should make, based on the evidence provided in Appendix 1, 2 and 3.

**RECOMMENDATION**

The Board is asked to agree the declarations made at Appendix 4 and delegate authority to the Chair and Chief Executive to sign the declaration forms provided by NHS Improvement.

**Cath Hill**

Associate Director for Corporate Governance

May 2019