

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

Sussex Partnership NHS Foundation 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

**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.

**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.

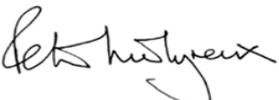
**Statement of main factors taken into account in making the above declaration**

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The 2021/22 annual accounts were prepared on a going concern basis as reported to the Audit Committee on 16th May. The Trust ended the year with an adjusted financial performance surplus of £0.1m. The going concern report reflects the financial performance of the Trust, strong financial governance, an evaluation of business risks and the assessment of the Trust external auditors.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature   
 Name: Jane Padmore  
 Capacity: Chief Executive  
 Date: 18 May 2022

Signature   
 Name: Peter Molyneux  
 Capacity: Chair  
 Date: 18 May 2022

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

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## Self-Certification Template - Condition FT4

Sussex Partnership NHS Foundation 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.

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**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**

<p>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.</p>	<p>Confirmed</p>	<p>The Board operates a system which aims to ensure that it operates according to standards of good corporate governance. No significant issues were identified in the Annual Governance Statement and the Head of Internal Audit has confirmed that the Trust has an adequate and effective framework for risk management, governance and internal control.</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>The Board is informed of and reviews guidance provided by NHS Improvement as and when they are issued. The Board discusses guidance and legislation relating to corporate governance at its meetings and strategy sessions and incorporates guidance and legislation in its corporate governance framework as appropriate. The corporate governance team review compliance with the Trust Constitution and FT Code of Governance annually and report to the Audit Committee</p>
<p>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.</p>	<p>Confirmed</p>	<p>The Board and Board Committees undertake an annual review of their effectiveness, having regard to the well-led framework. The Board receives reports at each of its meetings from the Board Committees, and risks are escalated to the Board as required. The Chair meets quarterly with Chairs of the Board Committees to ensure their effective functioning. No significant control issues were identified in the Annual Governance Statement. The Trust has a clear Board and Executive Committee structure which is kept under regular review. Each of the Operational and Corporate Directorates has a structure chart detailing reporting lines and accountabilities. Accountability and assurance processes are also set out in the Trust Integrated Assurance Framework.</p>
<p>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.</p>	<p>Confirmed</p>	<p>The Trust was rated as 'good' overall in the latest CQC inspection. The Trust achieved a break-even position in 2021/22 and financial performance is monitored by the Board and Finance and Investment Committee. The Board receives a quarterly Board Assurance Framework which details the risks, assurance and controls in respect of delivery of the Trust strategic objectives. The Trust receives an Integrated Performance Report at each of its meetings, which identifies risks to performance and service delivery and any mitigating actions. The Board also receives a report on progress with its Breakthrough Objectives at each of its meetings and reviews one of those objectives in depth at each of its meetings.</p>

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 was rated as 'good' for well-led in the latest CQC inspection. The Trust has renewed the appointment of its Chair to the end of March 2024 and of its Non-Executive Directors, following a skills audit which was reported to the Board and Council of Governors. The Trust completed a developmental well-led review in 2019 which reported that the Trust was performing well against the Well-Led framework. The Board and Quality Committee receive information on the safety and effectiveness of care, and the experience of patients at each of its meetings, including through a patient or carer story at the Board. The Trust has well-developed mechanisms for patient and staff engagement through its Participation Strategy and is further progressing staff engagement and well-being, having reviewed the findings of the NHS staff survey. The Trust Risk Management Strategy and Policy, details the management of risks, including risks to the quality of care, at each level of the organisation. The Board also renewed and refreshed its Board Assurance Framework and risk appetite.

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

A skills audit of the Board has been undertaken and informed the Non-Executive Director appointments and re-appointments made by the Council of Governors in 2021/22. The Board uses Associate NED roles to support succession planning and stages NED appointments to enable continuity of NED roles on the Board. The Executive Directors undertook detailed succession planning in 2020/21 which informed and supported changes to the Executive Team in 2021/22. The Board is aware of the risks to recruitment and retention and receives regular reports on safe staffing and safe working hours. The Board reviews the risks to recruitment in its quarterly review of the Board Assurance Framework.

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 18-May-22

Name 18-May-22

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

A

# Worksheet "Training of governors"

Financial Year to which self-certification relates

2021-2022

Please Respond

## 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

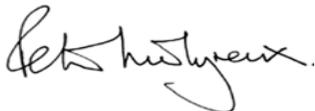
- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature



Name Peter Molyneux

Capacity Chair

Date 18 May 2022

Signature



Name Dominic Ford

Capacity Director of Corporate Governance

Date 18 May 2022

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

