



## Board of Directors – Public

### SUMMARY REPORT

Meeting Date: 24 May 2023

Agenda Item: 24

|   |   |                          |
|---|---|--------------------------|
| <b>Report Title:</b>  | <b>Governance Report</b>  |                          |
| <b>Author(s):</b>   | Deborah Lawrenson, Director of Corporate Governance                                     |                          |
| <b>Accountable Director:</b>                                  | Deborah Lawrenson, Director of Corporate Governance                                     |                          |
| <b>Other Meetings presented to or previously agreed at:</b>   | <b>Committee/Group:</b>   | Audit and Risk Committee |
|   | <b>Date:</b>  | 18 April 2023            |
| <b>Key Points recommendations to or previously agreed at:</b> | The Audit and Risk Committee received registers of interests which were in development. |                          |

### Summary of key points in report

This report provides the Board with updates on the following matters:

#### Non-Executive Director (NED) Champion roles and membership of committees

As reported to the Board national guidance is in place on NED champion roles and the approach to these going forward. [B0994 Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles December-2021.pdf \(england.nhs.uk\)](#)

The guidance sets out a new approach to ensuring board oversight of important issues by discharging the activities and responsibilities previously held by some non-executive director (NED) champion roles, through committee structures. It also describes which roles should be retained and provides further sources of information on each issue (Appendix B in the guidance).

Five roles are defined as a recommended requirement and should be retained: Maternity Board Safety Champion, Wellbeing Guardian, Freedom to Speak Up, Doctors Disciplinary and Security Management. Each of these roles have a clear role description which once agreed will be introduced as an adjunct to the existing NED Job description.

The guidance proposes that all other roles should be embedded in governance arrangements and aligned to committee structures where possible (Appendix C in the guidance).

Overall the new approach is recommended but not mandatory however this paper recommends that the guidance is adopted in full to create clarity to the NED Champion approach and support regulatory compliance.

Once the overall proposals in Appendix B and C of the guidance are agreed individual role descriptions will

be developed for the Champion roles and individual matters to be overseen by committees will be checked against workplans and committee terms of reference to ensure any new responsibilities and respective reporting requirements are reflected.

For completeness this paper also sets out the NED membership of Board level committees.

In full the five champion roles were defined in addition to the statutory role of Senior Independent Director, these were Security Management, Doctors Disciplinary (new), Maternity Board safety champion, Freedom to Speak Up and Well Being. SHSC previously identified leads for the champion roles with the exception of leads for Doctors Disciplinary and Security Management.

The national guidance proposed other roles should be embedded in governance arrangements and where possible aligned to committee structures.

SHSC details are attached at **appendix 1** for approval.

### **Declaration of Compliance and self – certification with the provider licence 2022/23**

The declaration of compliance and the self-certification are provided in draft form in the confidential session alongside the draft annual report and accounts and the draft annual governance statement. These will be received in public for final approval at an additional public board meeting on 28 June.

### **New provider licence for SHSC**

Attached at **appendix 2** is the updated provider licence for the Trust. This has been updated by NHS England to reflect modified standard licence conditions. The licence was modified following a [statutory consultation](#) to bring it up to date to reflect current statutory and policy requirements. These modifications also merge the NHS provider licence and the NHS controlled provider licence.

### **Declarations, gifts and hospitality register 2022/23**

The final declarations for the 2022/23 register for the Board of Directors is attached at **appendix 3** for approval to publish.

Fit and Proper Persons test reviews have been undertaken and completed for board members. There were no declarations of gifts and hospitality.

Declarations of Interest and fit and proper person declarations have been requested from the council of governors. There are some forms pending which are being followed up.

The declaration of interest governors and for staff below executive level and detail on declarations of gifts and hospitality will be brought to the audit and risk committee and the board of directors in June. The governor’s declarations will be received for approval at the council of governors in advance of board.

### **Recommendation for the Board/Committee to consider:**

| <b>Consider for Action</b> | <b>Approval</b> | <b>X</b> | <b>Assurance</b> | <b>X</b> | <b>Information</b> | <b>X</b> |
|----------------------------|-----------------|----------|------------------|----------|--------------------|----------|
|----------------------------|-----------------|----------|------------------|----------|--------------------|----------|

The Board is asked to receive for approval:

- Non-Executive Champion roles and to note NED membership of board committees
- Declarations of compliance and self-certification with the provider licence 2022/23
- The Board of Directors declarations of interest

The Board is asked to receive for information and assurance:

- SHSC’s revised Provider Licence applicable 2023/24 onwards

### **Please identify which strategic priorities will be impacted by this report:**

|   |     |          |    |
|---|-----|----------|----|
| Recover services and improve efficiency | Yes | <b>X</b> | No |
|---|-----|----------|----|

|   |     |          |    |   |                                   |   |  |
|---|-----|----------|----|---|-----------------------------------|---|--|
| Continuous Quality Improvement  |     |          |    | Yes   | <b>X</b>                          | No  |  |
| Transformation – Changing things that will make a difference                                  |     |          |    | Yes   | <b>X</b>                          | No  |  |
| Partnerships – working together to make a bigger impact                                       |     |          |    | Yes   | <b>X</b>                          | No  |  |
| <b>Is this report relevant to compliance with any key standards ? State specific standard</b> |     |          |    |   |                                   |   |  |
| Care Quality Commission Fundamental Standards   | Yes | <b>X</b> | No |   |                                   |   |  |
| Data Security and Protection Governance Toolkit   | Yes | <b>X</b> | No |   |                                   |   |  |
| Any other specific standard   | Yes | <b>X</b> | No |   |                                   | NHSE Provider Licence, Code of Governance |  |
| <b>Have these areas been considered ? YES/NO</b>  |     |          |    | <b>If Yes, what are the implications or the impact? If no, please explain why</b> |                                   |   |  |
| Service User and Carer Safety and Experience  | Yes |          | No | <b>X</b>  | Not specifically for this report. |   |  |
| Financial (revenue & capital)   | Yes |          | No | <b>X</b>  |                                   |   |  |
| Organisational Development/Workforce  | Yes |          | No | <b>X</b>  |                                   |   |  |
| Equality, Diversity & Inclusion   | Yes |          | No | <b>X</b>  |                                   |   |  |
| Legal   | Yes |          | No | <b>X</b>  |                                   |   |  |
| Environmental Sustainability  | Yes |          | No | <b>X</b>  |                                   |   |  |

## Appendix 1 NED Champion role and lead committee roles

| Area   | Requirement  | Committee   | NED lead  |
|--|--|---|---|
| <b>Security Management</b>   | <b>Can be a NED or non-officer – the guidance states it applies to all trusts but not to NHS FTs</b>   | <b>Role in general discharged to: Audit and Risk Committee with elements covered at People and Quality Assurance Committee (related to H &amp; S)</b> | <b>Not required to have a Champion.</b><br><br><b>If the board feels a champion is helpful it should be a member of ARC</b> |
| Role (statutory) - to promote security management work at board level. | <p>Security management covers a wide remit including counter fraud, violence and aggression and also security management of assets and estates.</p> <p>Strategic oversight of counter fraud now rests with the Counter Fraud Authority and violence/aggression is overseen by NHS England and NHS Improvement.</p> <p>While promotion of security management in its broadest sense should be discharged through the designated NED, relevant committees may wish to oversee specific functions related to counter fraud and violence/aggression.</p> <p>We have included further guidance on these two functions in Annex 2. Boards should make their own local arrangements for the strategic oversight of security of assets and estates</p> |   |   |
| <b>Doctors disciplinary</b>  | <b>Requirement for all trusts and advisory for NHS FTs.</b>  | <b>People Committee (tbc)</b>   | <b>NEDs to be assigned as required for specific cases</b>   |
| Role (statutory)   | <p>Under the 2003 Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS and the associated Directions on Disciplinary Procedures 2005 there is a requirement for chairs to designate a NED member as “the designated member” to oversee each case to ensure momentum is maintained.</p> <p>There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only</p>  |   |   |
| <b>Maternity Safety</b>  | <b>Applies to Trusts providing maternity services – SHSC do not provide maternity services however we do have a mechanism in place for responding to findings in Ockenden which are relevant and do provide perinatal services.</b>  | <b>N/A – Ockenden overseen at Quality Assurance Committee and Board of Directors</b>  | <b>Champion not required</b>  |
| Role (assurance)   | <p>In response to the Morecambe Bay Investigation (2015), this role was established through Safer Maternity Care 2016, which stated that “Senior</p>   |   |   |

|                            |   |   |                                     |
|----------------------------|---|---|-------------------------------------|
|                            | <p>trust managers will want to ensure unfettered communication from ‘floor-to-board’ by appointing a board level maternity champion”.</p> <p>The role is in line with recommendations from the Ockenden Review (2020) and while not a statutory requirement, for trusts providing maternity services having a named NED maternity board safety champion is recommended.</p> <p>The champion should act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, local maternity system (LMS) leads, the regional chief midwife and lead obstetrician and the trust board to understand, communicate and champion learning, challenges and successes.</p> <p>The named champion could be the chair of the quality and safety committee and the requirements of the role could be discharged through the appropriate committee provided trusts ensure that the clinical director and director of midwifery are integral.</p> <p>Enhancing board oversight: A new approach to NED champion roles to these committee meetings. NEDs should use appreciative inquiry approaches and the Maternity Self-Assessment Tool to provide assurance to the board that the best quality maternity care is being provided by their trust. Trusts may also wish to note that the NSR maternity incentive scheme safety actions refer to the maternity board safety champion role under Safety Action 9. Along with other recommendations contained in the Ockenden Review, this role will be reviewed nationally in 2-3 years’ time to gauge its effectiveness.</p> |   |                                     |
| <b>Freedom to Speak Up</b> | <b>Applies to all trusts</b>  | <b>Overseen at Quality Assurance Committee and People Committee and then Board of Directors</b> | <b>Heather Smith</b>                |
| Role (functional)          | <p>The Robert Francis Freedom to Speak Up Report (2015) sought to develop a more supportive and transparent environment where staff are encouraged to speak up about patient care and safety issues.</p> <p>In line with the review, it is recommended that all NHS trusts should have this functional FTSU guardian role so that staff have a clear pathway and an independent and impartial point of contact to raise their concerns in the organisation.</p> <p>The role of the NED champion is separate from that of the guardian.</p> <p>The NED champion should support the guardian by acting as an independent voice and board level champion for those who raise concerns.</p> <p>The NED should work closely with the FTSU guardian and, like them, could act as a conduit through which information is shared between staff and the board (p.146, Francis FTSU report). All NEDs should be expected to provide challenge alongside the FTSU guardian to the executive team on areas specific to raising concerns and the culture in the organisation. When an issue is raised that is not being addressed, they should ask why.</p> <p>A full description of NED responsibilities can be found in the FTSU supplementary information.</p>  |   |                                     |
| <b>Well being</b>          | <b>Applies to all trusts</b>  | <b>Overseen at People Committee</b>   | <b>Olayinka Monisola Fadahunsi-</b> |

|                  |   | Oluwole |
|------------------|---|---------|
| Role (assurance) | <p>This role originated as an overarching recommendation from the Health Education England 'Pearson Report' (NHS Staff and Learners' Mental Wellbeing Commission 2019) and was adopted in policy through the 'We are the NHS People Plan for 2020-21 – action for us all'.</p> <p>The NED should challenge their trust to adopt a compassionate approach that prioritises the health and wellbeing of its staff and considers this in every decision.</p> <p>The role should help embed a more preventative approach, which tackles inequalities.</p> <p>As this becomes routine practice for the board, the requirement for the wellbeing guardian to fulfil this role is expected to reduce over time. The Guardian community website provides an overview of the role and a range of supporting materials.</p> |         |

The role of Senior Independent Director is held by Anne Dray and the role of Deputy Chair is held by Heather Smith (approved by the council of governors in April 2023)

**Issues highlighted in the guidance which are required to be covered by committees:**

|                             |  |  |
|-----------------------------|--|--|
| Quality Assurance Committee | <ul style="list-style-type: none"> <li>Hip fractures, falls and dementia</li> <li>Palliative and end of life care</li> <li>Resuscitation policy</li> <li>Learning from deaths</li> <li>Health and safety</li> <li>Safeguarding</li> <li>Safety and risk</li> <li>Lead for children and young people</li> </ul> | <p>The guidance recommends the dementia lead attends QAC (Executive Director of Nursing and Professions and the Director of Operations attend the meetings)</p> <p>Caldicott Guardian – Medical Director</p>       |
| Audit and Risk Committee    | <ul style="list-style-type: none"> <li>Counter fraud</li> <li>Emergency preparedness</li> <li>Procurement</li> <li>Cyber security</li> </ul>   | <p>Emergency preparedness - recommended that a NED or other board member to support Accountable Emergency Officer</p> <p>Director of Operations and Transformation</p> <p>SIRO – Executive Director of Finance</p> |
| People Committee            | <ul style="list-style-type: none"> <li>Security management (violence and aggression)</li> </ul>  |  |

## NED participation in Sub Committees for 2023/24

Last updated 17.05.23

| Committee           | Heather Smith | Mark Dundon | Anne Dray | Yinka Monisola Fadahunsi-Oluwole | Owen McLellan | Brendan Stone | Links – cross refs  |
|---------------------|---------------|-------------|-----------|----------------------------------|---------------|---------------|---|
| <b>Audit</b>        | X             |             | X (chair) |                                  | X             |               | <b>Quality</b> – Heather, Anne<br><b>Finance</b> – Anne, Owen<br><b>People</b> – Heather, Owen<br><b>MHLC</b> – none        |
| <b>Quality</b>      | X (chair)     |             | X         | X                                |               | X             | <b>Audit</b> – Heather, Anne<br><b>Finance</b> – Anne<br><b>People</b> – Heather, Yinka<br><b>MHLC</b> – Yinka, Brendan     |
| <b>Finance</b>      |               | X           | X         |                                  | X (chair)     |               | <b>Audit</b> – Anne, Owen<br><b>Quality</b> – Anne<br><b>People</b> – Mark, Owen<br><b>MHLC</b> – Mark                      |
| <b>People</b>       | X (chair)     | X           |           | X                                | X             |               | <b>Audit</b> – Heather, Owen<br><b>Quality</b> – Heather, Yinka<br><b>Finance</b> – Mark, Owen<br><b>MHLC</b> – Yinka, Mark |
| <b>MHLC</b>         |               | X           |           | X (chair)                        |               | X             | <b>Audit</b> – None<br><b>Quality</b> – Yinka, Brendan<br><b>Finance</b> – Mark<br><b>People</b> – Mark, Yinka              |
| <b>Remuneration</b> | X             | X           | X         | X                                | X             | X             | <b>Sharon</b>   |

|                  |  |  |  |  |  |  |                         |
|------------------|--|--|--|--|--|--|-------------------------|
| <b>Committee</b> |  |  |  |  |  |  | <b>Mays –<br/>Chair</b> |
|                  |  |  |  |  |  |  | <b>All NEDs</b>         |

**Note:**

- All NEDs are being asked to be members of 3 board sub-committees.
- Associate NED is asked to attend 2 committees and potentially provide back up to a 3<sup>rd</sup>.
- Chair of People Committee will move to Mark Dundon in due course.
- Anne Dray holds the Senior Independent Director role.
- Heather Smith holds the FTSU NED role and is the Deputy Chair.
- Yinka Monisola Fadahunsi- Oluwole holds the NED staff wellbeing role.



## Sheffield Health and Social Care NHS Foundation Trust

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**Licence number: 130097**

**Date of issue**  
1 April 2023

**Version number**  
3



Miranda Carter  
Director of Provider Development, NHS England

## Version History

| Version number | Date          | Comments                             |
|----------------|---------------|--------------------------------------|
| 1.0            | 26 March 2013 | Created                              |
| 2.0            | 04 April 2013 | Formatting changes                   |
| 3.0            | 31 March 2023 | Modified licence standard conditions |

Classification: Official

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# NHS Provider Licence

## Standard Conditions

31 March 2023

# Version History

| Version number | Date            | Comments                               |
|----------------|-----------------|--|
| 1.0            | 26 March 2013   | Created                                |
| 2.0            | 04 April 2013   | Formatting changes                     |
| 3.0            | 27 October 2022 | Draft updated licence for consultation |
| 4.0            | 31 March 2023   | Updated licence conditions             |

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## NHS Provider Licence Standard Conditions

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# Section 1 – Integrated Care

## IC1: Provision of Integrated care

1. The Licensee shall act in the interests of the people who use health care services by ensuring that its provision of health care services for the purposes of the NHS:
  - i) is integrated with the provision of such services by others, and
  - ii) is integrated with the provision of health-related services or social care services by others and
  - iii) enables co-operation with other providers of health care services for the purposes of the NHSwhere this would achieve one or more of the objectives referred to in paragraph 2.
2. The objectives are:
  - a. improving the quality of health care services provided for the purposes of the NHS (including the outcomes that are achieved from their provision) or the efficiency of their provision,
  - b. reducing inequalities between persons with respect to their ability to access those services, and
  - c. reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.
3. The Licensee shall have regard to guidance as may be issued by NHS England from time to time for the purposes of paragraphs 1 and 2 of this Condition.
4. Nothing in this licence condition requires the licensee to take action or share information with other providers of health care services for the purposes of the NHS if the action or disclosure of the information would materially prejudice its commercial or charitable interests.

## **IC2: Personalised Care and Patient Choice**

1. The Licensee shall support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance on personalised care.
2. Subsequent to a person becoming a patient of the Licensee, and for as long the person remains a patient, the Licensee must ensure people who use their services are offered information, choice and control to manage their own health and well-being to best meet their circumstances, needs and preferences, working in partnership with other services where required.
3. Subsequent to a person becoming a patient of the Licensee, and for as long the person remains a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, the person is notified of that choice and told where information about that choice can be found.
4. Information and advice about patient choice of provider made available by the Licensee shall not be misleading.
5. Without prejudice to paragraph 2, information and advice about patient choice of provider made available by the Licensee shall not unfairly favour one provider over another and shall be presented in a manner that, as far as reasonably practicable, assists patients in making well informed choices between providers of treatments or other health care services.
6. In the conduct of any activities, and in the provision of any material, for the purpose of promoting itself as a provider of health care services for the purposes of the NHS the Licensee shall not offer or give gifts, benefits in kind, or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services.



## Section 2 – Trusts Working in Systems

### WS1: Cooperation

1. This condition shall apply if the Licensee is an NHS trust NHS foundation trust or NHS controlled provider of healthcare services for the purposes of the NHS.
2. The Licensee shall carry out its legal duties to co-operate with NHS bodies and with local authorities.
3. Without prejudice to the generality of paragraph 2, the Licensee shall:
  - a. consistently co-operate with:
    - other providers of NHS services; and
    - other NHS bodies, including any Integrated Care Board of which it is a partner;
      - i. as necessary and appropriate for the purposes of developing and delivering system plan(s).
      - ii. as necessary and appropriate for the purposes of delivering their individual or collective financial responsibilities including but not limited to contributing to the delivery of agreed system financial plans in each financial year
      - iii. as necessary and appropriate for the purposes of delivering agreed people and workforce plans
  - b. consistently co-operate with:
    - other providers of NHS services;
    - other NHS bodies, including any Integrated Care Board of which it is a partner; and
    - any relevant local authority in England
      - i. as necessary and appropriate for the purposes of delivering NHS services.
      - ii. as necessary and appropriate for the purposes of improving NHS services.
4. The Licensee shall have regard to such guidance concerning co-operation as may be issued from time to time by either:

- a. the Secretary of State for Health and Social Care; or
- b. NHS England.

For the purposes of this condition, cooperation is considered synonymous to collaboration.

## WS2: The Triple Aim

1. This condition shall apply if the Licensee is an NHS trust, NHS foundation trust or NHS controlled provider of healthcare services for the purposes of the NHS.
2. When making decisions in the exercise of its functions which relate to the provision of health care for the purposes of the NHS, the Licensee shall comply with its duty relating to the triple aim.
3. The Licensee shall have regard to the triple aim and to any guidance published by NHS England under section 13NB of the 2006 Act.
4. In this condition, “the triple aim” refers to the aim of achieving:
  - a. better health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing)
  - b. better quality of health care services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services)
  - c. more sustainable and efficient use of resources by NHS bodies,and “duty relating to the triple aim” means, in relation to an NHS trust, its duty under section 26A of the 2006 Act, and in relation to an NHS foundation trust, its duty under section 63A of the 2006 Act.

### **WS3: Digital Transformation**

1. This condition shall apply if the Licensee is an NHS trust, NHS foundation trust or NHS controlled provider of healthcare services for the purposes of the NHS.
2. The Licensee shall comply with information standards published under section 250 of the 2012 Act where they pertain to one or more of the requirements set out in the cooperation condition (WS1) and the Triple Aim condition (WS2).
3. The Licensee shall comply with required levels of digital maturity as set out in guidance published by NHS England from time to time where they pertain to one or more of the requirements set out in the cooperation condition (WS1) and the Triple Aim condition (WS2).

# Section 3 – General Conditions

## **G1: Provision of information**

1. The Licensee shall provide NHS England with such information, documents and reports (together 'information') as NHS England may require for any of the purposes set out in section 96(2) of the 2012 Act. This requirement is in addition to specific obligations set out elsewhere in the licence. If requested by NHS England, the Licensee shall prepare or procure information in order to comply with this condition.
2. Information shall be provided in such manner, in such form, and at such place and times as NHS England may require.
3. The Licensee shall take all reasonable steps to ensure that information is:
  - a. in the case of information or a report, it is accurate, complete and not misleading;
  - b. in the case of a document, it is a true copy of the document requested.
4. This Condition shall not require the Licensee to provide any information which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.

## **G2: Publication of information**

1. The Licensee shall comply with any instruction by NHS England, issued for any of the purposes set out in section 96(2) of the 2012 Act, to publish information about the health care services it provides for the purposes of the NHS. The Licensee shall publish the information in such manner as NHS England may instruct.

2. For the purposes of this Condition, “publish” includes making available to the public at large, to any section of the public or to particular individuals.

**G3: Fit and proper persons as Governors and Directors (also applicable to those performing the functions of, or functions equivalent or similar to the functions of, a director)**

1. The Licensee must ensure that a person may not become or continue as a Governor of the Licensee if that person is:
  - a. a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
  - b. a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
  - c. a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of it;
  - d. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person.
2. The Licensee must not appoint or have in place a person as a Director of the Licensee who is not fit and proper.
3. For the purposes of paragraph 2, a person is not fit and proper if that person is:
  - a. an individual who does not satisfy all the requirements as set out in paragraph (3) and referenced in paragraph (4) of regulation 5 (fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936); or
  - b. an organisation which is a body corporate, or a body corporate with a parent body corporate:
    - i. where one or more of the Directors of the body corporate or of its parent body corporate is an individual who does not meet the requirements referred to in sub-paragraph (a);
    - ii. in relation to which a voluntary arrangement is proposed, or has effect, under section 1 of the Insolvency Act 1986;

- iii. which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking;
  - iv. which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act;
  - v. which passes any resolution for winding up;
  - vi. which becomes subject to an order of a Court for winding up; or
  - vii. the estate of which has been sequestrated under Part 1 of the Bankruptcy (Scotland) Act 1985.
4. In assessing whether a person satisfies the requirements referred to in paragraph 3(a), the Licensee must take into account any guidance published by the Care Quality Commission.



#### **G4: NHS England guidance**

1. Without prejudice to specific obligations in other Conditions of this Licence, the Licensee shall at all times have regard to guidance issued by NHS England for any of the purposes set out in section 96(2) of the 2012 Act.
2. In any case where the Licensee decides not to follow the guidance referred to in paragraph 1 or guidance issued under any other Conditions of this licence, it shall inform NHS England of the reasons for that decision.

## **G5: Systems for compliance with licence conditions and related obligations**

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

- a. the Conditions of this Licence,
- b. any requirements imposed on it under the NHS Acts, and
- c. the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

- a. the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
- b. regular review of whether those processes and systems have been implemented and of their effectiveness.

## **G6: Registration with the Care Quality Commission**

1. The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able to lawfully provide health care services for the purposes of the NHS.
2. The Licensee shall notify NHS England promptly of:
  - a. any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or
  - b. the cancellation by the Care Quality Commission for any reason of its registration by that Commission.
3. A notification given by the Licensee for the purposes of paragraph 2 shall:
  - a. be made within 7 days of:
    - i. the making of an application in the case of paragraph (a), or
    - ii. becoming aware of the cancellation in the case of paragraph (b),  
and
  - b. contain an explanation of the reasons (in so far as they are known to the Licensee) for:
    - i. the making of an application in the case of paragraph (a), or
    - ii. the cancellation in the case of paragraph (b).

## **G7: Patient eligibility and selection criteria**

1. The Licensee shall:
  - a. set transparent eligibility and selection criteria,
  - b. apply those criteria in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee, and
  - c. publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.
2. “Eligibility and selection criteria” means criteria for determining:
  - a. whether a person is eligible, or is to be selected, to receive health care services provided by the Licensee for the purposes of the NHS, and
  - b. if the person is selected, the manner in which the services are provided to the person.

## **G8: Application of section 6 (Continuity of Service)**

1. The Conditions in Section 6 shall apply:
  - a. whenever the Licensee is subject to a contractual obligation to provide a service to a Commissioner which is contractually agreed to be a Commissioner Requested Service,
  - b. whenever the Licensee is subject to a contractual obligation to deliver a service which is subsequently designated as a Commissioner Requested Service by virtue of the process set out in paragraph 2,
  - c. where the circumstances set out in paragraph 6 apply (expiry of contract without renewal or extension),
  - d. where the circumstances set out in paragraph 7 apply (instruction by NHS England that the Licensee must continue to deliver a service as a Commissioner Requested Service),
  - e. whenever the Licensee is determined by NHS England to be a Hard to Replace Provider.
2. A service is designated as a Commissioner Requested Service if:
  - a. it is a service which the Licensee is required to provide to a Commissioner under the terms of a contract which has been entered into between them, and
  - b. the Commissioner has made a written request to the Licensee to provide that service as a Commissioner Requested Service, and either
  - c. the Licensee has failed to respond in writing to that request by the expiry of the 28th day after it was made to the Licensee by the Commissioner, or
  - d. the Commissioner, not earlier than the expiry of the 28th day after making that request to the Licensee, has given to NHS England and to the Licensee a notice in accordance with paragraph 4, and NHS England, after giving the Licensee the opportunity to make representations, has issued an instruction in writing in accordance with paragraph 4.
3. A notice in accordance with this paragraph is a notice:
  - a. in writing,
  - b. stating that the Licensee has refused to agree to a request to provide a service as a Commissioner Requested Service, and

- c. setting out the Commissioner's reasons for concluding that the Licensee is acting unreasonably in refusing to agree to that request to provide a service as a Commissioner Requested Service.
- 4. An instruction in accordance with this paragraph is an instruction that the Licensee's refusal to provide a service as a Commissioner Requested Service in response to a request made under paragraph 2(b) is unreasonable.
- 5. The Licensee shall give NHS England not less than 28 days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to a Commissioner for which no extension or renewal has been agreed.
- 6. If any contractual obligation of a Licensee to provide a Commissioner Requested Service expires without extension or renewal having been agreed between the Licensee and the Commissioner who is a party to the contract, the Licensee shall continue to provide that service on the terms of the contract (save as agreed with that Commissioner), and the service shall continue to be a Commissioner Requested Service, for the period from the expiry of the contractual obligation until NHS England issues either:
  - a. an instruction of the sort referred to in paragraph 7, or
  - b. a notice in writing to the Licensee stating that it has decided not to issue such a instruction.
- 7. If, during the period of a contractual or post contractual obligation to provide a Commissioner Requested Service, NHS England issues to the Licensee an instruction in writing to continue providing that service for a period specified in the instruction, then for that period the service shall continue to be a Commissioner Requested Service.
- 8. A service shall cease to be a Commissioner Requested Service if:
  - a. all current Commissioners of that service as a Commissioner Requested Service agree in writing that there is no longer any need for the service to be a Commissioner Requested Service, and NHS England has issued a determination in writing that the service is no longer a Commissioner Requested Service, or
  - b. NHS England has issued a determination in writing that the service is no longer a Commissioner Requested Service; or

- c. the contractual obligation pursuant to which the service is provided has expired and NHS England has issued a notice pursuant to paragraph 6(b) in relation to the service; or
- d. the period specified in an instruction by NHS England of the sort referred to in paragraph 7 in relation to the service has expired.

9. The Licensee shall make available free of charge to any person who requests it a statement in writing setting out the description and quantity of services which it is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services.

10. Within 28 days of every occasion on which there is a change in the description or quantity of the services which the Licensee is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services, the Licensee shall provide to NHS England in writing a notice setting out the description and quantity of all the services it is obliged to provide as Commissioner Requested Services.

11. In this condition, a provider is a Hard to Replace Provider if it has been identified as such by NHS England based on criteria set out and managed through guidance published by NHS England and NHS England has issued a determination in writing.

12. A provider will cease to be a Hard to Replace provider if it no longer meets the criteria set out and managed through guidance published by NHS England and NHS England has issued a determination in writing that the provider is no longer a Hard to Replace Provider.

13. In this Condition “NHS contract” has the meaning given to that term in Section 9 of the 2006 Act.

# Section 4 – Trust Conditions

## **NHS1: Information to update the register**

1. The obligations in the following paragraphs of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall make available to NHS England written and electronic copies of the following documents:

- a. the current version of Licensee's constitution;
- b. the Licensee's most recently published annual accounts and any report of the auditor on them, and
- c. the Licensee's most recently published annual report,

and for that purpose shall provide to NHS England written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted and of the documents referred to in sub-paragraphs (b) and (c) within 28 days of being published.

3. Subject to paragraph 4, the Licensee shall provide to NHS England written and electronic copies of any document that is required by NHS England for the purpose of NHS foundation trust register within 28 days of the receipt of the original document by the Licensee.

4. The obligation in paragraph 3 shall not apply to:

- a. any document provided pursuant to paragraph 2;
- b. any document originating from NHS England; or
- c. any document required by law to be provided to NHS England by another person.

5. The Licensee shall comply with any instruction issued by NHS England concerning the format in which electronic copies of documents are to be made available or provided.

6. When submitting a document to NHS England for the purposes of this Condition, the Licensee shall provide to NHS England a short written statement describing the document and specifying its electronic format and advising NHS England that the



document is being sent for the purpose of updating the register of NHS foundation trusts maintained in accordance with section 39 of the 2006 Act.

## **NHS2: Governance arrangements**

1. This Condition shall apply if the Licensee is an NHS trust or NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.
2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.
3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:
  - a. have regard to such guidance on good corporate governance as may be issued by NHS England from time to time
  - b. have regard to such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health
  - c. have corporate and/or governance systems and processes in place to meet any guidance issued by NHS England on digital maturity; and
  - d. comply with the following paragraphs of this Condition.
4. The Licensee shall establish and implement:
  - 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.
5. The Licensee shall establish and effectively implement 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, NHS England 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.

6. The systems and/or processes referred to in paragraph 5 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's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

# Section 5 – NHS Controlled Providers Conditions

## **CP1: Governance arrangements for NHS-controlled providers**

1. This condition shall apply if the Licensee is an NHS-controlled provider of healthcare services for the purposes of the NHS without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:

- a. have regard to such guidance on good corporate governance as may be issued by NHS England from time to time
- b. have regard to such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health
- c. have corporate and/or governance systems and processes in place to meet any guidance issued by NHS England on digital maturity; and
- d. comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

- 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 and to the NHS body by which it is controlled (as defined below).

5. The Licensee shall establish and effectively implement systems and/or processes:

- a. 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, NHS England 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.

6. The systems and/or processes referred to in paragraph 5 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's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

# Section 6 – Continuity of Services

## CoS 1: Continuing provision of Commissioner Requested services

1. The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service otherwise than in accordance with the following paragraphs of this Condition.
2. If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, or during any period when this condition applies by virtue of Condition G8(1)(b), NHS England issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then the Licensee shall provide the service for that period in accordance with the direction.
3. The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except:
  - a. with the agreement in writing of all Commissioners to which the Licensee is required by a contractual or other legally enforceable obligation to provide the service as a Commissioner Requested Service; or
  - b. at any time when this condition applies by virtue of Condition G8(1)(b), with the agreement in writing of all Commissioners to which the Licensee provides, or may be requested to provide, the service as a Commissioner Requested Service; or
  - c. if required to do so by, or in accordance with the terms of its authorisation by, any body having responsibility pursuant to statute for regulating one or more aspects of the provision of health care services in England and which has been designated by NHS England for the purposes of this condition and of equivalent conditions in other licences granted under the 2012 Act.
4. If the specification or means of provision of a Commissioner Requested Service is altered as provided in paragraph 3 the Licensee, within 28 days of the alteration, shall give to NHS England notice in writing of the occurrence of the alteration with a summary of its nature.

5. For the purposes of this Condition an alteration to the specification or means of provision of any Commissioner Requested Service is material if it involves the delivery or provision of that service in a manner which differs from the manner specified and described in:

- a. the contract in which it was first required to be provided to a Commissioner at or following the coming into effect of this Condition; or
- b. if there has been an alteration pursuant to paragraph 3, the document in which it was specified on the coming into effect of that alteration; or
- c. at any time when this Condition applies by virtue of Condition G8(1)(b), the contract, or NHS contract, by which it was required to be provided immediately before the commencement of this Licence or the Licensee's authorisation, as the case may be.



## CoS 2: Restriction of the disposal of assets

1. The Licensee shall establish, maintain and keep up to date, an asset register which complies with paragraphs 2 and 3 of this Condition (“the Asset Register”)
2. The Asset Register shall list every relevant asset used by the Licensee for the provision of Commissioner Requested Services.
3. The Asset Register shall be established, maintained and kept up to date in a manner that reasonably would be regarded as both adequate and professional.
4. The obligations in paragraphs 5 to 8 shall apply to the Licensee if NHS England has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern.
5. The Licensee shall not dispose of, or relinquish control over, any relevant asset except:
  - a. with the consent in writing of NHS England, and
  - b. in accordance with the paragraphs 6 to 8 of this Condition.
6. The Licensee shall provide NHS England with such information as NHS England may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset.
7. Where consent by NHS England for the purpose of paragraph 5(a) is subject to conditions, the Licensee shall comply with those conditions.
8. Paragraph 5(a) of this Condition shall not prevent the Licensee from disposing of, or relinquishing control over, any relevant asset where:
  - a. NHS England has issued a general consent for the purposes of this Condition (whether or not subject to conditions) in relation to:
    - i. transactions of a specified description; or
    - ii. the disposal of or relinquishment of control over relevant assets of a specified description, and the transaction or the relevant assets are of a description to which the consent applies and the disposal, or relinquishment of control, is in accordance with any conditions to which the consent is subject; or
  - b. the Licensee is required by the Care Quality Commission to dispose of a relevant asset.

9. In this Condition:

|                                    |  |
|------------------------------------|--|
| <p>“disposal”</p>                  | <p>means any of the following:</p> <p>(a) a transfer, whether legal or equitable, of the whole or any part of an asset (whether or not for value) to a person other than the Licensee; or</p> <p>(b) a grant, whether legal or equitable, of a lease, licence, or loan of (or the grant of any other right of possession in relation to) that asset; or</p> <p>(c) the grant, whether legal or equitable, of any mortgage, charge, or other form of security over that asset; or</p> <p>(d) if the asset is an interest in land, any transaction or event that is capable under any enactment or rule of law of affecting the title to a registered interest in that land, on the assumption that the title is registered, and references to “dispose” are to be read accordingly;</p> |
| <p>“relevant asset”</p>            | <p>means any item of property, including buildings, interests in land, equipment (including rights, licenses and consents relating to its use), without which the Licensee’s ability to meet its obligations to provide Commissioner Requested Services would reasonably be regarded as materially prejudiced;</p>   |
| <p>“relinquishment of control”</p> | <p>includes entering into any agreement or arrangement under which control of the asset is not, or ceases to be, under the sole management of the Licensee, and “relinquish” and related expressions are to be read accordingly.</p>   |

10. The Licensee shall have regard to such guidance as may be issued from time to time by NHS England regarding:

- a. the manner in which asset registers should be established, maintained and updated, and
- b. property, including buildings, interests in land, intellectual property rights and equipment, without which a licensee’s ability to provide

Commissioner Requested Services should be regarded as materially prejudiced.

### **CoS 3: Standards of corporate governance, financial management and quality governance**

1. The Licensee shall at all times adopt and apply systems and standards of corporate governance, quality governance and of financial management which reasonably would be regarded as:
  - a. suitable for a provider of the Commissioner Requested Services, provided by the Licensee, or a Hard to Replace Provider,
  - b. providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern, and
  - c. providing reasonable safeguards against the licensee being unable to deliver services due to quality stress.
2. In its determination of the systems and standards to adopt for the purpose of paragraph 1, and in the application of those systems and standards, the Licensee shall have regard to:
  - a. such guidance as NHS England may issue from time to time concerning systems and standards of corporate governance, financial management and quality governance;
  - b. the Licensee's ratings using the risk rating methodologies published by NHS England from time to time, and
  - c. the desirability of that rating being not less than the level regarded by NHS England as acceptable under the provisions of that methodology.

#### **CoS 4: Undertaking from the ultimate controller**

1. The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee, in the form specified by NHS England, that the ultimate controller (“the Covenantor”):

- a. will refrain for any action, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will refrain from any action, which would be likely to cause the Licensee to be in contravention of any of its obligations under the NHS Acts or this Licence, and
- b. will give to the Licensee, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will give to the Licensee, all such information in its possession or control as may be necessary to enable the Licensee to comply fully with its obligations under this Licence to provide information to NHS England.

2. The Licensee shall obtain any undertaking required to be procured for the purpose of paragraph 1 within 7 days of a company or other person becoming an ultimate controller of the Licensee and shall ensure that any such undertaking remains in force for as long as the Covenantor remains the ultimate controller of the Licensee.

3. The Licensee shall:

- a. deliver to NHS England a copy of each such undertaking within seven days of obtaining it;
- b. inform NHS England immediately in writing if any Director, secretary or other officer of the Licensee becomes aware that any such undertaking has ceased to be legally enforceable or that its terms have been breached, and
- c. comply with any request which may be made by NHS England to enforce any such undertaking.

4. For the purpose of this Condition, subject to paragraph 5, a person (whether an individual or a body corporate) is an ultimate controller of the Licensee if:

- a. directly, or indirectly, the Licensee can be required to act in accordance with the instructions of that person acting alone or in concert with others, and
  - b. that person cannot be required to act in accordance with the instructions of another person acting alone or in concert with others.
5. A person is not an ultimate controller if they are:
- a. a health service body, within the meaning of section 9 of the 2006 Act;
  - b. a Governor or Director of the Licensee and the Licensee is an NHS foundation trust;
  - c. any Director of the Licensee who does not, alone or in association with others, have a controlling interest in the ownership of the Licensee and the Licensee is a body corporate; or
  - d. a trustee of the Licensee and the Licensee is a charity.

## **CoS 5: Risk pool levy**

1. The Licensee shall pay to NHS England any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the 2012 Act, including sums payable by way of levy imposed under section 139(1) and any interest payable under section 143(10), by the dates by which they are required to be paid.

2. In the event that no date has been clearly determined by which a sum referred to in paragraph 1 is required to be paid, that sum shall be paid within 28 days of being demanded in writing by NHS England.

## **CoS 6: Cooperation in the event of financial or quality stress**

1. The obligations in paragraph 2 shall apply if NHS England has given notice in writing to the Licensee that it is concerned about:
  - a. the ability of the Licensee to continue to provide commissioner requested services due to quality stress
  - b. the ability of a Hard to Replace Provider being able to continue to provide its NHS commissioned services due to quality stress, or
  - c. the ability of the Licensee to carry on as a going concern.
2. When this paragraph applies the Licensee shall:
  - a. provide such information as NHS England may direct to Commissioners and to such other persons as NHS England may direct;
  - b. allow such persons as NHS England may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them, and
  - c. co-operate with such persons as NHS England may appoint to assist in the management of the Licensee's affairs, business and property.



## CoS 7: Availability of resources

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.
2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.
3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS England a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:
  - a. “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.”
  - b. “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 which may cast doubt on the ability of the Licensee to have access to the required resources”.
  - c. “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”.
4. The Licensee shall submit to NHS England with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.
5. The statement submitted to NHS England in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.

6. The Licensee shall inform NHS England immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.

7. The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.

8. In this Condition:

“distribution” includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital;

“Financial Year” means the period of twelve months over which the Licensee normally prepares its accounts;

“Required Resources” means such:

- a. management resources including clinical leadership,
- b. appropriate and accurate information pertinent to the governance of quality
- c. financial resources and financial facilities,
- d. personnel,
- e. physical and other assets including rights, licences and consents relating to their use,
- f. subcontracts , and
- g. working capital as reasonably would be regarded as sufficient for a Hard to Replace Provider and/or to enable the Licensee at all times to provide the Commissioner Requested Services.

# Section 7 – Costing Conditions

## C1: Submission of costing information

1. Whereby NHS England, and only in relation to periods from the date of that requirement, the Licensee shall:
  - a. obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information,
  - b. establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are necessary to enable it to comply with the following paragraphs of this Condition.
2. Licensee should record the cost and other relevant information required in this condition consistent with the guidance in NHS England's Approved Costing Guidance. The form of data collected, costed and submitted should be consistent with the technical guidance included in the Approved Costing Guidance (subject to any variations agreed and approved with NHS England) and submitted in line with the nationally set deadlines.
3. If the Licensee uses sub-contractors in the provision of health care services for the purposes of the NHS, to the extent that it is required to do so in writing by NHS England the Licensee shall procure that each of those sub-contractors:
  - a. obtains, records and maintains information about the costs which it expends in the course of providing services as sub-contractor to the Licensee, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of that information, in a manner that complies with paragraphs 2 and 3 of this Condition, and
  - b. provides that information to NHS England in a timely manner.
4. Records required to be maintained by this Condition shall be kept for not less than six years.

5. In this Condition:

|                              |   |
|------------------------------|---|
| “the Approved Guidance”      | means such guidance on the obtaining, recording and maintaining of information about costs and on the breaking down and allocation of costs published annually by NHS England.  |
| “other relevant information” | means such information, which may include quality and outcomes data, as may be required by NHS England for the purpose of its functions under Chapter 4 (Pricing) in Part 3 of the 2012 Act and material costs funded through other public sector entities which impact on the accuracy of costing information. |

## **C2: Provision of costing and costing related information**

1. Subject to paragraph 3, and without prejudice to the generality of Condition G1, the Licensee shall submit the mandated information required per Costing Condition 1 consistent with the approved costing guidance in the form, manner and the timetable as prescribed.
2. In furnishing information documents and reports pursuant to paragraph 1 the Licensee shall take all reasonable steps to ensure that:
  - a. in the case of information (data) or a report, it is accurate, complete and not misleading;
  - b. in the case of a document, it is a true copy of the document requested;
3. This Condition shall not require the Licensee to furnish any information, documents or reports which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.

### **C3: Assuring the accuracy of pricing and costing information**

1. Providers are required to have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England is as per the Approved Costing Guidance.
2. This may include but is not limited to
  - a. Regular assessments by the providers internal and/or external auditor
  - b. specific work by NHS England or NHS England nominated representative on costing related issues and
  - c. use of tools or other information or assessments of costing information produced by NHS England on costing and other relevant information.
  - d. Evidence of the assurance process (including work by the internal or external auditor of the provider) should be maintained and submitted as and when requested by NHS England and may be subject to follow up by NHS England. NHS England reserves the right to undertake specific work at a provider where issues are identified which may be undertaken by a nominated representative.

# Section 8 – Pricing Conditions

## **P1: Compliance with the NHS payment scheme**

1. Except as approved in writing by NHS England, the Licensee shall comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS Payment Scheme published by NHS England in accordance with section 116 of the 2012 Act, wherever applicable.

# Section 9 – Interpretation and Definitions

## Condition D1: Interpretation and Definitions

1. In this Licence, except where the context requires otherwise, words or expressions set out in the left-hand column of the following table have the meaning set out next to them in the right hand column of the table.

|                                  |  |
|----------------------------------|--|
| “the 2006 Act”                   | the National Health Service Act 2006 c.41;   |
| “the 2008 Act”                   | the Health and Social Care Act 2008 c.14;  |
| “the 2009 Act”                   | the Health Act 2009 c.21;  |
| “the 2012 Act”                   | the Health and Social Care Act 2012 c.7;   |
| “the 2022 Act”                   | The Health and Care Act 2022;  |
| “the Care Quality Commission”    | the Care Quality Commission established under section 1 of the 2008 Act;   |
| “Commissioner Requested Service” | a service of the sort described in paragraph 2 of condition G8 which has not ceased to be such a service in accordance with paragraph 8 of that condition;   |
| “Commissioners”                  | NHS England and any Integrated Care Board and includes any bodies exercising commissioning functions pursuant to a delegation from NHS England or an ICB;  |
| “Director”                       | includes any person who, in any organisation, performs the functions of, or functions equivalent or similar to those of, a director of:<br>(i) an NHS foundation trust,<br>(ii) an NHS Trust or<br>(iii) a company constituted under the Companies Act 2006; |



|                            |  |
|----------------------------|--|
| “Governor”                 | a Governor of an NHS foundation trust;   |
| “Hard to replace provider” | has the meaning given in condition G8 of the licence;  |
| “Integrated Care Board”    | a body corporate established by NHS England by virtue of section 14Z25 of the 2006 Act;  |
| “the NHS Acts”             | the 2006 Act, the 2008 Act, the 2009 Act; the 2012 Act and the 2022 Act;   |
| NHS Controlled provider    | An organisation which is not an NHS trust or NHS foundation trust but is ultimately controlled by one or more NHS trusts and/or foundation trusts, where ‘control’ is defined on the basis of IFRS 10; |
| “NHS England”              | the body named as NHS England in section 1 of the 2022 Act;  |
| “NHS foundation trust”     | a public benefit corporation established pursuant to section 30 of, and Schedule 7 to, the 2006 Act;   |
| “NHS Trust”                | an NHS trust established under section 25 of the 2006 Act;   |
| “Relevant bodies”          | NHS England, Integrated Care Boards, NHS trusts and NHS foundation trusts in accordance with section 96(2B) of the 2012 Act;   |
| “Trusts”                   | means NHS foundation trusts and NHS trusts.  |

2. Any reference in this Licence to a statutory body shall be taken, unless the contrary is indicated, to be a reference also to any successor to that body.
3. Unless the context requires otherwise, words or expressions which are defined in the NHS Acts shall have the same meaning for the purpose of this Licence as they have for the purpose of that Act.

4. Any reference in the Licence to any provision of a statute, statutory instrument or other regulation is a reference, unless the context requires otherwise, to that provision as currently amended.

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# Register of Interests 2023-24

## BOARD OF DIRECTORS

| Personal Details  | Details Of Declared Interest   | Identified potential for conflict of Interest and action taken by Trust | Date From        | Date To                | Date Notified/ Registered |
|---|--|---|------------------|------------------------|---------------------------|
| <b>Trust Board</b>  |  |   |                  |                        |                           |
| Sharon Mays (Chair)   | As Chair I represent the Trust on various committees including the MHLDA provider collaborative board and Sheffield Place Chair's Forum.<br><br>Relative is employed by Tees Esk Wear Valley NHS FT in the role Head of Digital delivery |   |                  |                        | 05/04/2023                |
| Anne Dray, Non-Executive Director (Senior Independent Director) | Non-Executive Director with Nottingham CityCare Partnership CIC.<br><br>Managing Director of Adaptive Ideas Ltd  |   | 2018<br><br>2013 | Ongoing<br><br>Ongoing | 05/04/2023                |
| Heather Smith, Non-Executive Director                           | Director of FoodWorks Sheffield, a not-for-profit organisation highlighting waste food and food sustainability issues (voluntary)  |   | March 2020       | Ongoing                | 05/04/2023                |

# Register of Interests 2023-24

| Personal<br>Details  | Details<br>Of<br>Declared Interest  | Identified potential<br>for conflict of<br>Interest and action<br>taken by Trust | Date<br>From                                | Date<br>To             | Date<br>Notified/<br>Registered |
|--|---|--|---|------------------------|---------------------------------|
| Olayinka Monisola<br>Fadahunsi-Oluwole, Non-<br>Executive Director | Governor on the remuneration Committee at<br>SCFNHSTRUST Unitary Board<br><br>Stakeholder panels for the race equality group<br>SCFNHSTRUST<br><br>Trustee for the Steel City Choiresters |  | Oct 2020<br><br>July 2022<br><br>March 2021 | Ongoing<br><br>Ongoing | 05/04/2023                      |
| Owen McLellan, Non-<br>Executive Director                          | Director of Company Shop Ltd<br><br>Director of Community Shop Community Interest<br>Company  | August 2022  | December<br>2022                            | present                | 05/04/2023                      |
| Mark Dundon, Non-<br>Executive Director                            | Director and Owner of Inversion Consultancy &<br>Solutions Ltd  | Finance – no conflict<br>currently as no<br>business with the<br>NHS             | April 2015                                  | Ongoing                | 05/04/2023                      |
| Brendan Stone,<br>Associate Non-Executive<br>Director (non-voting) | Trustee, Sheffield Flourish<br><br>Professor, University of Sheffield   |  | 2010<br><br>2004                            | Ongoing<br><br>Ongoing | 06/05/2022                      |
| Jan Ditheridge, Chief<br>Executive                                 | None declared   |  | N/A   | N/A                    | 05/04/2023                      |

# Register of Interests 2023-24



Sheffield Health  
and Social Care  
NHS Foundation Trust

| Personal Details   | Details Of Declared Interest   | Identified potential for conflict of Interest and action taken by Trust | Date From    | Date To            | Date Notified/ Registered |
|--|--|---|--------------|--------------------|---------------------------|
| Mike Hunter, Executive Medical Director (Interim Deputy CEO from January 2023)           | National Specialty Advisor, NHSE/I<br>Spouse is consultant at Sheffield Teaching Hospitals |   | 2017<br>2017 | Ongoing<br>Ongoing | 05/04/2023                |
| Phillip Easthope, Executive Director of Finance  | None declared  |   | N/A          | N/A                | 05/04/2023                |
| Caroline Parry, Executive Director of People   | Owner/Director of Caroline Parry HR Consultancy LTD  | Financial – no work undertaken through the company since 2017           | 2011         | Ongoing            | 05/04/2023                |
| Salli Midgley, Interim Executive Director of Nursing and Professions                     | Trustee for the Restraint Reduction Network  |   | July 2022    | ongoing            | 04/05/2023                |
| Neil Robertson, Interim Executive Director of Operations and Transformation (non-voting) | None declared  |   | N/A          | N/A                | 05/04/2023                |
| Pat Keeling, Director of Strategy (non-voting)   | Director/Governor Box Hill School Ltd  | Director/non-financial  | March 23     | March 27           | 05/04/2023                |

# Register of Interests 2023-24



Sheffield Health  
and Social Care  
NHS Foundation Trust

| <b>Personal<br/>Details</b>  | <b>Details<br/>Of<br/>Declared Interest</b>   | <b>Identified potential<br/>for conflict of<br/>Interest and action<br/>taken by Trust</b> | <b>Date<br/>From</b> | <b>Date<br/>To</b>                    | <b>Date<br/>Notified/<br/>Registered</b> |
|--|---|--|----------------------|---------------------------------------|--|
| Deborah Lawrenson,<br>Director of Corporate<br>Governance (non-voting) | Unpaid Trustee (Director of Corporate Affairs) for<br>Friars Multi Academy Trust (now known as Better<br>Together Learning Trust) |  | 01/09/2021           | Ongoing –<br>term duration<br>4 years | 05/04//2023                              |