

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

REGISTER OF COMPLIANCE WITH NHS PROVIDER LICENCE STANDARD CONDITIONS 2025/26

CONDITIONS		LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
Section 1 Integrated Care			
IC1	Provision of Integrated care		
	<p>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:</p> <ul style="list-style-type: none"> 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 of the purposes of the NHS <p>where this would achieve one or more of the objectives referred to in paragraph 2.</p>	<p>Chief Executive Officer (CEO)</p>	<p>The Board has noted this condition and continues to comply.</p> <p>The Trust remains an active system partner within Dorset and the CEO participates in system leadership arrangements, including membership of the Integrated Care Board 'Cluster' (with NHS Dorset, NHS Somerset, NHS Bath and Northeast Somerset and with NHS Bath, Swindon and Wiltshire), supporting collective decision making and delivery of agreed system priorities. The Trust continues to work collaboratively to ensure the provision of NHS services is integrated with those provided by other health, social care and voluntary sector organisations.</p> <p>The One Dorset Provider Collaborative remains in place and continues to evolve.</p> <p>The Trust continues to engage in local and national networks and maintains Service Level Agreements for the provision of shared services with other NHS trusts where this supports improved quality, efficiency and resilience.</p> <p>Collaboration and cooperation with system partners during 2025/26 has continued across a range of priority areas, including the Future Care Programme, One Dorset Procurement, and digital transformation through the 'HealthSet' Electronic Health Record (EHR) programme (with both Dorset and Somerset partners).</p>
	<p>2) The objectives are:</p> <ul style="list-style-type: none"> 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. 	<p>Chief Operating Officer (COO)</p>	<p>Key achievements for 2025/26 have included:</p> <ul style="list-style-type: none"> • 'Transforming Care Together' programme in place with £500m invested in local health services, ensuring patients receive the right care, in the right place, at the right time • Patient First improvement methodology in place • Improvement programmes for planned care (elective, diagnostic, outpatients, cancer and urgent and emergency care) are in place • Significant service moves completed during 2025/26, with each move representing a major milestone in creating modern, purpose-built

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			<p>environments to support the future model of care</p> <ul style="list-style-type: none"> • Waits over 65 weeks were eliminated for the fourth consecutive month at the end of 2025/26 • The Trust seeks to ensure that our services are easy to access for everyone. We focus on people with protected characteristics to understand how different groups use our services. Our approach to fairness is built on working closely with partners across the Dorset Integrated Care System. This collaboration is guided by the Dorset ICS shared health inequalities plan and its governance framework. There are three major projects: prevention; data and insight and reducing unwanted variation. Dorset wide oversight is provided by the Health Inequalities Group and the Strategic Outcomes Committee which includes representation from the Trust. As an acute Trust, we have a focus on the impact of inequalities on elective admissions, outpatients, emergency attendance and emergency admissions • The Dorset Intelligence and Insight Service (DiIS) provides a digital data dashboard to track health inequalities. This dashboard currently looks at inequalities indicators across 11 domains and continues to build on these key indicators. This information can be drilled down to the level of individual trusts within Dorset, allowing staff to use this data to inform their daily operational and improvement work • A new Dorset Digital Strategy seeks to address health inequalities by improving digital inclusion. This ensures that as we adopt new technology, we do not disadvantage vulnerable groups who may have less access to digital tools
	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.	COO	The Board is aware that NHS England may specify a new requirements and guidance. The Trust will respond in accordance with the provisions of such guidance.
	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.	COO	The Board has noted this condition and will continue to comply.
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.	COO	Please see response to IC1 (2) above.
	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	COO	The Trust Patient Access policy includes patient choice provision. This policy is available to all staff.

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	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.	Chief Medical Officer (CMO) Chief Nursing Officer (CNO)	The Trust also works in partnership with many other services that support patients to manage their own health and well-being. An example of this is Live Well Dorset who have a presence at the Outpatient Assessment Centre at Poole. LiveWell Dorset is a free health and wellbeing service funded by Dorset and BCP Councils. It supports adults who would like to access healthy lifestyle advice and coaching.
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.	COO	The Trust Patient Access policy includes patient choice provisions. This policy is available to all staff. My Planned Care Tool provide patients with additional sources of information. Your choices in the NHS - NHS (www.nhs.uk) e-Referral – NHS Dorset
4.	Information and advice about patient choice of provider made available by the Licensee shall not be misleading.	COO	Please refer to the Trust Patient Access policy.
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.	COO	Please refer to the Trust Patient Access policy.
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.	CMO / CNO / CPO	The Board has noted this condition and will continue to comply.

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Section 2 Trusts Working in Systems			

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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.	CEO	Noted – no narrative/assurance of compliance required.
	2. The Licensee shall carry out its legal duties to co-operate with NHS bodies and with local authorities.	CEO	Noted – please refer to commentary at WS1 (3) below.
	3. Without prejudice to the generality of paragraph 2, the Licensee shall: <ul style="list-style-type: none"> a. consistently co-operate with: <ul style="list-style-type: none"> • other providers of NHS services; and • other NHS bodies, including any Integrated Care Board of which it is a partner; <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> i. as necessary and appropriate for the purposes of delivering NHS services. ii. as necessary and appropriate for the purposes of improving NHS services. 	CEO	<p>The Trust remains an active system partner within Dorset and the CEO participates in system leadership arrangements, including membership of the Integrated Care Board ‘Cluster’ (with NHS Dorset, NHS Somerset, NHS Bath and Northeast Somerset and with NHS Bath, Swindon and Wiltshire), supporting collective decision making and delivery of agreed system priorities. The Trust continues to work collaboratively to ensure the provision of NHS services is integrated with those provided by other health, social care and voluntary sector organisations.</p> <p>The One Dorset Provider Collaborative remains in place and continues to evolve.</p> <p>Collaboration and cooperation with system partners during 2025/26 has continued across a range of priority areas, including the Future Care Programme, One Dorset Procurement, and digital transformation through the ‘HealthSet’ Electronic Health Record (EHR) programme (with both Dorset and Somerset partners).</p> <p>Chief Officers regularly liaise with partners across the system, locally and nationally. Examples include:</p> <ul style="list-style-type: none"> • System Recovery Group at an ICB level. • Within the Dorset provider collaborative, partners are working on workforce, procurement and clinical networks. • Developed single integrated rheumatology Service within Dorset. • Within the Dorset system, partners are working on a future Care, Urgent and emergency Care Improvement programme Common agency pay framework and work on developing a one bank arrangement; • Future Care Programme working alongside system partners.
	4. The Licensee shall have regard to such guidance concerning co-operation as may be issued from time to time by either: <ul style="list-style-type: none"> a. the Secretary of State for Health and Social Care; or b. NHS England. 	CEO	<p>The Board has noted this condition. This includes (without limitation) that the Trust is aware of:</p> <ul style="list-style-type: none"> • NHS England Guidance on good governance and collaboration: NHS England » Guidance on good governance and collaboration

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	For the purposes of this condition, co-operation is considered synonymous to collaboration.		<ul style="list-style-type: none"> The model system collaboration and financial management agreement: NHS England » NHS Standard Contract – Model system collaboration and financial management agreement Provider collaborative guidance - B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf (england.nhs.uk) Principles for assessing and managing risks across integrated care systems NHS England » Principles for assessing and managing risks across integrated care systems
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.	CEO	Noted – please see comments below.
	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.	CEO	Strategic focus on delivery of the triple aim through Patient First. In relation to “ <i>more sustainable and efficient use of resources by NHS bodies</i> ”, the Trust has an efficiency improvement programme. Monthly reporting for assurance provided to Finance and Performance Committee which provides assurance to the Board.
	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.	CEO	Noted – please see comment above.
	4. In this condition, “the triple aim” refers to the aim of achieving: <ul style="list-style-type: none"> 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 63A of the 2006 Act.	CEO	The Board has noted this condition and will comply.
WS3	Digital Transformation		
	1. This condition shall apply if the Licensee is an NHS trust, NHS foundation trust or controlled provider of healthcare services for the purposes of the NHS.	Chief Digital Officer (CDO)	Noted – please see comments below.
	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	CDO	1. Identification of needs: the trust has process’ in place to assess and identify patients’ services users’, carers and parents’ information and communication needs , where they relate to a

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	Aim condition (WS2).		<p>disability impairment or sensory loss, for example use of written interpreters, images, written word, digital programmes.</p> <p>2. Recording of needs: Routine documentation for patients and electronic records flag service users, carers, and parents, information and communication needs.</p> <p>3. Flagging of needs: The trust has an electronic flag system in place which is developing further to include alerting staff to patients with specific needs such as a learning disability. The system is in on-going development as currently only flags those with a known learning disability or added to the system by staff.</p> <p>4. Sharing of Needs: The Trust shares patient / service user information including communication needs, with partner organisations via a variety of mediums including paper / digital format.</p> <p>5. Meeting of needs: Information is available in a variety of accessible formats, with patient information available in different languages and font size. The Trust uses google translate and offers interpretation services including BSL and macadon.</p>
	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).	CDO	UHD is working together with other provider Trusts in Dorset and has a new agreed Dorset Digital Strategy, a key element of which is a new Electronic Health Record (EHR) system, 'HealthSet'. The EHR is being implemented in partnership with Somerset and will be in place by 2028. The Dorset Digital Strategy contains a digital maturity assessment and the target level for improvement.

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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	CEO	The Board is aware that NHS England may specify its requirements at appropriate times. The Trust will respond in accordance with the provisions of the guidance.

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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.	CEO	The Board has noted this condition and will comply.
3. The Licensee shall take all reasonable steps to ensure that information is: <ul style="list-style-type: none"> a. in the case of information of 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. 	CEO	The Board has noted this condition and will comply.
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. 5.	CEO	The Board has noted this condition and will comply.
G2		
Publication of information		
1. The Licensee shall comply with any instruction by NHS England, issued for any 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.	CEO	The Board is aware that NHS England may direct its requirements at appropriate times. The Trust will respond in accordance with the provisions of the Act.
3. 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.	CEO	The Board has noted this condition and will comply.
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: <ul style="list-style-type: none"> 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 	Company secretary (CS)	This is enshrined within the Trust’s Constitution. This is identified through the nomination and election process upon governors joining and review of applications. Self-certification by Governors is required annually related to fit and proper persons requirements.

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<p>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.</p>		
<p>2. The Licensee must not appoint or have in place a person as a Director of the Licensee who is not fit and proper.</p>	<p>Company secretary (CS) CPO</p>	<p>This is enshrined within the Trust's Constitution (and within contractual arrangements). The Trust follows NHS England's fit and proper persons framework. Annual checks are completed for each Board member and the Chair completes an annual assessment each year based on evidence which is submitted to the NHS England regional director. Board members are required to complete a self-attestation annually in line with the framework/</p>
<p>3. For the purposes of paragraph 2, a person is not fit and proper if that person is:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 	<p>Company secretary (CS) CPO</p>	<p>Please see G3 (2) above.</p>

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	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.	Company secretary (CS) CPO	Noted – please see comments above.
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.	CEO	The Board has noted this condition and will comply.
	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.	CEO	Any such decision would be noted, and NHS England would be informed.

G5	Systems for compliance with licence conditions and related obligations		
	<p>1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:</p> <ol style="list-style-type: none"> 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. 	CEO	<p>Description of Assurance (for complying with the conditions of this licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS) will be via:</p> <ul style="list-style-type: none"> • the Annual Governance Statement; • the Trust’s risk and performance management reporting frameworks; • the mandatory in-year and annual reporting as required by NHS England; • external governance reviews; and • the reviewing of this register annually by the Audit Committee.
	<p>2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:</p> <ol style="list-style-type: none"> 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. 	CNO	<p>The Trust has a comprehensive approach to risk management which is outline in the Risk Management Strategy and toolkit. The Risk Management Strategy was approved by the Board in March 2026 and identifies the Trust’s risk appetite. The strategy supports delivery of the Trust’s corporate objectives and describes the Trust’s approach to the identification, assessment and management of risk.</p> <p>As part of the Trust’s implementation of Patient First, the Trust has reviewed and updated its strategic themes, strategic goals, breakthrough objectives and enabling programmes. The Board Assurance Framework document has been enhanced including to reframe the approach to the identification, assessment and mitigation of the risks that could hinder the Trust in achieving its strategic goals. The document gives a clear picture of the risks relating to each of the strategic objectives, including the controls, any gaps in control or assurance and actions being taken. The document is subject to review at meetings of the applicable monitoring Committee and quarterly by the Audit Committee. It is also presented to the Board for six monthly reviews.</p> <p>The Head of Internal Audit’s opinion for 2025/2026 is generally satisfactory with improvements required in some areas.</p>
G6	Registration with the Care Quality Commission		
	<p>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.</p>	CNO	<p>The Trust is and has been consistently registered with the Care Quality Commission for all the regulated activities it undertakes. The Trust’s provider is R0D.</p>
	<p>2. The Licensee shall notify NHS England promptly of:</p> <ol style="list-style-type: none"> a. any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or 	CNO	<p>The Board approves all applications for registration or deregistration. The Board is notified of all Care Quality Commission actions in relation to the Trust.</p>

	b. the cancellation by the Care Quality Commission for any reason of its registration by that Commission.		There have been no proposals by the Trust to cancel its registration and no notice of cancellation by the CQC to the Trust. The requirement to notify NHS England is noted.
	3. A notification given by the Licensee for the purposes of paragraph 2 shall: <ul style="list-style-type: none"> a. be made within 7 days of: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i. the making of an application in the case of paragraph (a), or ii. the cancellation in the case of paragraph (b). 	CNO	Noted – please see comment above.
G7	Patient eligibility and selection criteria		
	1. The Licensee shall: <ul style="list-style-type: none"> 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. 	COO	All Trust access policies and procedures comply with national guidance in support of e-referral, Referral to Treatment (RTT), Emergency Department pilot standard, access to diagnostics (DMo1) and screening and cancer pathways including the Department of Health cancer waiting times guide. Trust Patient Access policy and procedures align to national waiting time standards, the NHS Constitution and the Policy and Guidance for the Management of Planned Care for Dorset.
	2. “Eligibility and selection criteria” means criteria for determining: <ul style="list-style-type: none"> 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. 	COO	The Board has noted this condition and will comply.

G8	Application of section 6 (Continuity of Services)		
	<p>1. The Conditions in Section 6 shall apply:</p> <ul style="list-style-type: none"> 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. 	CFO	Noted – please see comments below.
	<p>2. A service is a Commissioner Requested Service if:</p> <ul style="list-style-type: none"> 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. 	CFO	Noted – please see comments below.
	<p>3. A notice in accordance with this paragraph is a notice:</p> <ul style="list-style-type: none"> 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. 	CFO	<p>The Head of Contracting and Commissioning maintains a register of Commissioner Requested Services and will ensure compliance with relevant conditions, reporting any potential breaches to the Chief Finance Officer.</p> <p>There have been no breaches reported for 2025/26.</p> <p>The Head of Contracting and Commissioning acts as the single point of contact for all information on Commissioner Requested Services and</p>

			ensures compliance with Licence conditions, maintaining necessary records as required.
	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.	CFO	Noted – please see comments above.
	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.	CFO	The Head of Contracting and Commissioning provides a single point of contact for contractual arrangements with commissioners and ensures that all changes in Commissioner Requested Services contracts are recorded and brought to the attention of the responsible Chief Officer. The Chief Finance Officer will ensure that NHS England is notified.
	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: <ul style="list-style-type: none"> 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 an instruction. 	CFO	The Head of Contracting and Commissioning provides a single point of contact for contractual arrangements with commissioners and ensures that all changes in Commissioner Requested Services contracts are recorded and brought to the attention of the responsible Chief Officer. The Chief Finance Officer will ensure that all Commissioner Requested Services are maintained until appropriate agreement with NHS England.
	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.	CFO	The Head of Contracting and Commissioning acts as the single point of contact for all information on Commissioner Requested Services and ensures compliance with Licence conditions, maintaining necessary records as required.
	8. A service shall cease to be a Commissioner Requested Service if: <ul style="list-style-type: none"> 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. 	CFO	Noted – please see comments above.

	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.	CFO	The Head of Contracting and Commissioning provides a single point of contact for contractual arrangements with commissioners and ensures that a record is maintained of all designated Commissioner Requested Services. A schedule of such services can be provided on request.
	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.	CFO	The Head of Contracting and Commissioning will ensure that all changes 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, are notified to NHS England in accordance with Licence conditions.
	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.	CFO	The Board has noted this condition and will comply.
	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.	CFO	The Board has noted this condition and will comply.
	13. In this Condition "NHS contract" has the meaning given to that term in Section 9 of the 2006 Act.	CFO	The Board has noted this condition and will comply.

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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.	CEO	The Board has noted this condition and will comply.
	2. The Licensee shall make available to NHS England written and electronic copies of the following documents: <ul style="list-style-type: none"> a. the current version of the 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		These documents are logged with NHS England and processes are in place to ensure compliance.

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	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.	CEO	Noted. The Trust has submitted documents required for the purpose of the NHS foundation trust register.
	4. The obligation in paragraph 3 shall not apply to: <ul style="list-style-type: none"> 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. 	CEO	Noted – please see comment above.
	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.	CEO	The Board has noted this condition and will comply.
	6. When submitting a document to NHS England for the purposes of the 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.	CEO	Noted and the Trust has complied with this requirement for documents submitted for this purpose.
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 of this Licence.	CEO	The Board has noted this condition and will comply.
	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.	CEO	<p>The Annual Governance Statement in the Trust's Annual Report describes the Trust's capacity to manage risk, the system of internal control, the processes in place to identify, evaluate and manage operational risks and risks to the achievement of the Trust's strategic objectives.</p> <p>Key elements of this system include:</p> <ul style="list-style-type: none"> • Risk Management Strategy and approach to Board assurance • The accountability framework which was developed during 2025/26 • Board committee structure and the committees' role in risk management

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		<ul style="list-style-type: none"> • Operational governance structure which was reviewed and developed during 2025/26 • The approach to quality assurance and quality improvement – including the Trust’s implementation of Patient First • The performance management framework. <p>The Board receives regular reports including the Integrated Performance Report at each meeting in public. Individual reports address elements of risk, such as reports on safe staffing levels. This enables the Board to have clear oversight over the Trust’s performance. The Board also receives regular assurance reports from the Chairs of its standing committees following each committee meeting.</p> <p>The reporting lines and accountabilities throughout the organisation continue to be reviewed to ensure quality and performance reporting requirements are from Board to ward.</p> <p>The Trust has a comprehensive programme of internal audit in place aligned to key areas of potential financial and operational risk.</p> <p>The Board discusses and approves the Trust’s strategic and annual plans (and budgets), with views from the Council of Governors.</p> <p>The Trust sets its budget on an annual basis and actively manages and monitors its financial position, resource levels, quality and performance on a regular basis during the year including through routine performance reporting to the Board and its committees, with scrutiny by the Executive team and through local structures.</p> <p>Care Groups are held accountable through Strategy Deployment Reviews, which are led by the Executive Team.</p> <p>The Trust seek to comply with all provisions of the Code of governance for NHS provider trusts. The Trust will ‘explain’ in its Annual report any departure from the code in line with requirements. The Trust maintains a working register of the principles and provisions from Code of governance for NHS provider trusts. The register is reviewed annually by the Audit Committee and by the Board of Directors.</p>

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<p>3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:</p> <ul style="list-style-type: none"> 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. 	CEO	<p>The Board has noted this condition and shall comply.</p> <p>The Trust has regard to the principles of corporate governance, the Code of Governance for NHS provider trusts (evidenced through its annual register of compliance – please see comments above) and its Constitution which was developed in line with the model constitution for NHS foundation trusts and is updated from time to time.</p> <p>The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.</p> <p>The monitoring Committee for digital maturity is the Finance and Performance Committee.</p>
<p>4. The Licensee shall establish and implement:</p> <ul style="list-style-type: none"> 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. 	CEO	Please see section NHS2 (2) above.
<p>5. The Licensee shall establish and effectively implement systems and/or processes:</p> <ul style="list-style-type: none"> 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); 	CEO	<p>The Board is responsible for ensuring the economy, efficiency and effectiveness of the Trust's use of resources. This is supported by robust systems of internal control designed to ensure that resources are applied appropriately and effectively. The Trust operates within an established framework of key financial policies, supported by a Scheme of delegation and Standing financial instructions that define financial authority and accountability. Effective systems are overseen via the Board and its committees.</p> <p>Timely and effective scrutiny and oversight is achieved by means of approved Board and committee governance cycles, with the agility for changes to agenda items, as appropriate.</p> <p>Compliance and exceptions to compliance on all health care standards relevant to the Trust are presented to the Board.</p> <p>The Head of Internal Audit's opinion for 2025/2026 is generally satisfactory with improvements required in some areas.</p>

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<ul style="list-style-type: none"> 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>Material risks to delivery of the Trust's strategic objectives shall be identified and managed as part of the Board Assurance Framework, as overseen by the Board and its committees. The Board shall receive and approve an annual plan.</p> <p>The Board receives regular Integrated Performance Reporting/Board Assurance and risk reports.</p>
<p>6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:</p> <ul style="list-style-type: none"> 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. 	<p>CEO, CNO, CMO, CS</p>	<p>Evaluation of the Board of Directors includes consideration of its composition, diversity and how effectively members work together to achieve objectives. Board Development Sessions contribute to supporting this. There is a Board development programme in place for 2026/27 following a key recommendation within the well led review.</p> <p>The Board and the Quality Committee consider quality indicators in decision making.</p> <p>The Board uses its audit functions as appropriate to scrutinise and report on data quality of the quality indicators.</p> <p>The Board holds public meetings, hears patient stories, has listening events and offers a number of patient/public forums/groups. The output from these is used to improve its services. Further work is in progress to enhance patient engagement and further consideration will be given in light of plans to remove the requirement for foundation trusts to have governors.</p> <p>The accountability for quality is clearly articulated in the Trust's structures, philosophy and reporting as well as the Trust's accountability framework which was developed during 2025/26.</p>
<p>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.</p>	<p>CEO (CPO)</p>	<p>The Board has noted this condition and shall comply.</p> <p>The composition of the Board and, consistent with NHS England's Code of Governance, its effectiveness will be reviewed during 2026/27.</p>

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Section 5 NHS Controlled Providers Conditions		
CP1	Governance arrangements for NHS-controlled providers	This section is not applicable

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Section 6 Continuity of Services			
CoS1	Continuing provision of Commission 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.	CFO	The Head of Contracting and Commissioning maintains a register of Commissioner Requested Services and will ensure compliance with relevant conditions, reporting any potential breaches to the Chief Finance Officer. No services have been ceased or materially altered without commissioner approval in advance.
	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.	CFO	The Head of Contracting and Commissioning maintains a register of Commissioner Requested Services and will ensure compliance with relevant conditions, reporting any potential breaches to the Chief Finance Officer.
	3. The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except: <ul style="list-style-type: none"> 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 8(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. 	CFO	The Head of Contracting and Commissioning maintains a register of Commissioner Requested Services and will ensure compliance with relevant conditions, reporting any potential breaches to the Chief Finance Officer. No services have been ceased or materially altered without commissioner approval in advance.
	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.	CFO	The Head of Contracting and Commissioning acts as the single point of contact for all information on Commissioner Requested Services and will ensure compliance with Licence conditions, maintaining necessary records as required.
	5. For the purposes of this Condition an alteration to the specification or means of provision of any Commissioner Requested Service is	CFO	The Head of Contracting and Commissioning acts as the single point of contact for all information on Commissioner Requested Services and will

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	<p>material if it involves the delivery or provision of that service in a manner which differs from the manner specified and described in:</p> <ol style="list-style-type: none"> 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 8(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. 		ensure compliance with Licence conditions, maintaining necessary records as required.
CoS2	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")	CFO	The Board has noted this condition. The Chief Finance Officer is accountable to the Board for maintaining information systems which comply with the requirements of the Trust, NHS England and other key external stakeholders.
	2. The Asset Register shall list every relevant asset used by the Licensee for the provision of Commissioner Requested Services.	CFO	The Trust maintains an Asset Register which is continuously updated. It records the required information for all assets including those required for the provision of Commissioner Requested Services. The quality of this register is assured by Chief Officers, internal audit and external audit.
	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.	CFO	
	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.	CFO	The Board has noted this condition and shall comply. The ability of the Trust to continue as a Going Concern is reviewed annually by the Audit Committee, Finance and Performance Committee and by the Board. The Board will inform its external auditors and NHS England if it was concerned about its ability to do so. The annual accounts are prepared on a going concern basis. In its annual report 2025/26, the Trust has confirmed that the Board has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of the approval of the financial statements.
	5. The Licensee shall not dispose of, or relinquish control over, any relevant asset except: <ol style="list-style-type: none"> a. with the consent in writing of NHS England, and 	CFO	If the Board were concerned about the Trust's ability to continue as a Going Concern it would seek advice and consent from NHS England even if a

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b. in accordance with the paragraphs 6 to 8 of this Condition.		formal notice had not been issued and would ensure that the organisation complied with conditions 6-8.
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.	CFO	The Board has noted this condition and shall comply.
7. Where consent by NHS England for the purpose of paragraph 5(a) is subject to conditions, the Licensee shall comply with those conditions.	CFO	The Board has noted this condition and shall comply.
8. Paragraph 5(a) of this Condition shall not prevent the Licensee from disposing of, or relinquishing control over, any relevant asset where: <ul style="list-style-type: none"> a. NHS England has issued a general consent for the purposes of this Condition (whether or not subject to conditions) in relation to: <ul style="list-style-type: none"> 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. 	CFO	The Board has noted this condition and shall comply.
9. In this Condition: <p>“disposal” means any of the following:</p> <ul style="list-style-type: none"> (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 (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 (c) the grant, whether legal or equitable, of any mortgage, charge, or other form of security over that asset; or (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; 	CFO	The Board has noted this condition.

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<p>“relevant asset” 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” 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>		
<p>10. The Licensee shall have regard to such guidance as may be issued from time to time by NHS England regarding:</p> <ol style="list-style-type: none"> 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. 	CFO	<p>The Board has noted this condition.</p> <p>The Chief Finance Officer is accountable to the Board for maintaining information systems which comply with the requirements of the Trust, NHS England and other key external stakeholders.</p>
<p>CoS3 Standards of corporate governance, financial management and quality governance</p>		
<p>1. The Licensee shall at times adopt and apply systems and standards of corporate governance, quality governance and of financial management which reasonably would be regarded as:</p> <ol style="list-style-type: none"> 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. 	CFO/CEO	<p>The Board has noted this condition and shall comply.</p> <p>The Trust will ensure governance and reporting arrangements are in place to maintain the capacity to deliver the Commissioner Requested Services. The Trust will give assurance over its status as a Going Concern through its monthly reporting and annual report.</p> <p>The Board has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the Going Concern basis in preparing the accounts.</p> <p>Assurance is via the Trust’s performance management reporting framework, the mandatory in year and annual reporting as required by NHS England, the Board certification process and through external governance review.</p>
<p>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:</p>	CFO/CNO	<p>The Board has noted this condition and shall comply.</p> <p>The Trust has regard to principles of corporate governance, the Code of governance for NHS provider trusts and its Constitution. The Trust will have</p>

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	<ul style="list-style-type: none"> 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. 		regard to any new guidance or code of practice issued by NHS England as appropriate.
CoS4	Undertaking from the ultimate controller		
	<p>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"):</p> <ul style="list-style-type: none"> 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. 	CFO	<p>The Board has noted this condition and shall comply.</p> <p>The Trust will ensure via the Chief Finance Officer that this requirement is built into standard contracts/agreements with an ultimate controller.</p>
	<p>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.</p>	CFO	<p>The Board has noted this condition and shall comply.</p> <p>The Trust will ensure via the Chief Finance Officer that this requirement is built into standard contracts/agreements with an ultimate controller.</p>
	<p>3. The Licensee shall:</p> <ul style="list-style-type: none"> 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 	CFO	<p>The Board has noted this condition and shall comply.</p> <p>The Trust will ensure via the Chief Finance Officer that NHS England is informed.</p>

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	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: <ul style="list-style-type: none"> 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. 	CFO	The Board has noted this condition.
	5. A person is not an ultimate controller if they are: <ul style="list-style-type: none"> a. a health service body, with 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. 	CFO	The Board has noted this condition.
CoS5	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.	CFO	The Board has noted this condition shall comply with any requirements imposed by NHS England in accordance with the legislation.
	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.	CFO	The Board has noted this condition shall comply with any requirements imposed by NHS England in accordance with the legislation.
CoS6	Cooperation in the event of financial or quality stress		
	1. The obligation in paragraph 2 shall apply if NHS England has given notice in writing to the Licensee that it is concerned about: <ul style="list-style-type: none"> 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. 	CFO	The Board has noted this condition and shall comply.

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<p>2. When this paragraph applies the Licensee shall:</p> <ul style="list-style-type: none"> 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. 	CEO	The Board has noted this condition and shall comply.
CoS7 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.	CEO (CFO)	The Board has noted this condition and has governance processes in place to ensure compliance.
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.	CEO (CFO)	The Board has noted this condition and shall comply.
<p>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:</p> <ul style="list-style-type: none"> 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”. 	CFO	The Board approved its certificate about the availability of required resources at its public meeting in May 2026. The certificate confirmed, upon recommendation by the Chief Finance Officer, that statement B applies to the Trust. The factors taken into account included the Trust’s significant pressures and high demand for urgent and emergency care services, the Trust’s balanced financial plan for 2026/27 and the risks associated with delivery of the plan and future industrial action. This certificate will be submitted to NHSE.

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	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.	CFO	Please see CoS7 (3) above.
	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.	CFO	Please see CoS7 (3) above.
	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.	CFO	The Board has noted this condition and will comply. The Trust will inform NHS England of any change in their expectations/forecasts.
	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.	CFO	The certificate is available on the Trust's website within the papers for the public board meeting.
	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.	CFO	The Board has noted this condition and will comply.

CONDITIONS		LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
Section 7 Costing Conditions			
C1	Submission of costing information		

CONDITIONS	LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
<p>1. Whereby NHS England, and only in relation to periods from the date of that requirement, the Licensee shall:</p> <ol style="list-style-type: none"> 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. 	CFO	The Trust has a costing system and the relevant expertise to obtain, record and maintain sufficient information to meet the requirements of the Licence.
<p>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.</p>	CFO	When reporting requirements are published by NHS England, the Chief Finance Officer shall be responsible for ensuring that costs and other relevant information are recorded.
<p>3. If the Licensee uses sub-contractors in the provision of health care services for the purposes of the NHS, to the extent that is required to do so in writing by NHS England the Licensee shall procure that each of those sub-contractors:</p> <ol style="list-style-type: none"> 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. 	CFO	<p>Sub-contractors are used in service delivery and to support referral to treatment and diagnostic standards, these are all recognised providers of NHS services and will therefore be used to and able to comply with costing requirements. Sub-contractors are also required to meet the conditions precedent of the main commissioner contract, which are:</p> <ul style="list-style-type: none"> • Evidence of CQC registration for the Trust and all its sub-contractors (permitted and mandatory) • Evidence of NHS England's Licence [where required] for the Trust and all its sub-contractors (permitted and mandatory) • Copy of all contracts with sub-contractors (permitted and mandatory) signed, dated and in a form approved by the Coordinating Commissioner • Evidence of appropriate indemnity arrangements <p>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 Deputy Chief Finance Officer and the Head of Contracting and Commissioning shall ensure that such information is provided as required.</p>
<p>4. Records required to be maintained by this Condition shall be kept for not less than six years.</p>	CFO	The Board has noted this condition and the Chief Finance Officer will ensure that required records are maintained.

CONDITIONS	LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
<p>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.</p>	CFO	The Board has noted this condition.
C2 Provision of costing and costing related information		
<p>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.</p>	CFO	The Board has noted this condition and has established the functions and resources in the Information Department to enable compliance with these 4 conditions.
<p>2. In furnishing information documents and reports pursuant to paragraph 1 the Licensee shall take all reasonable steps to ensure that:</p> <ol style="list-style-type: none"> 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; 	CFO	The Board has noted this condition and has established the functions and resources in the Information Department to enable compliance with these 4 conditions.
<p>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.</p>	CFO	The Board has noted this condition and has established the functions and resources in the Information Department to enable compliance with these 4 conditions.
C3 Assuring the accuracy of pricing and costing information		
<p>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.</p>	CFO	The Board has noted this condition and will comply.
<p>2. This may include but is not limited to</p> <ol style="list-style-type: none"> 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. 	CFO	The Board has noted this condition and will comply.

CONDITIONS		LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
	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.		

CONDITIONS		LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
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.	CFO	<p>The Board has noted this condition and has previously informed NHS England of the agreement of contracts with its local commissioners which include historically agreed transitional funding in addition to the income calculated in accordance with national tariffs.</p> <p>The Chief Finance Officer is responsible for maintaining records of income which enables this analysis to be provided both to the Board and to NHS England.</p>