



Annual Self-Certification with the NHS Provider Licence

Introduction:

NHS foundation Trusts and Trusts must self-certify that they can meet the obligations set out in the NHS Provider licence. The licence includes requirements to comply with NHS acts and constitution, and with governance requirements. The annual self-certification thus provides assurance that NHS providers are compliant with the conditions of their NHS Provider licence as this is routinely monitored through the Single Oversight Framework.

Providers are required to self-certify annually that they have: -

- effective systems to ensure compliance with the conditions of the NHS Provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G5);
- complied with governance arrangements (condition NHS2);
- for NHS FTs only, required resources available if providing commissioner requested services (CRS) (condition CoS7).

Three declarations will underpin this self-certification: -

Declaration 1: This relates to the NHS Provider Licence General Condition 5 – Systems of compliance with licence conditions (FTs & NHS Trusts). FTs that are providers of designated Commissioner Requested Services are required to make an extra declaration on their Continuity of Services condition 7 – Availability of Resources.

Declaration 2: This relates to the NHS Provider Licence General Condition 3 – Fit and proper persons as Governors and Directors.

Declaration 3: This relates to the Training for Governors.

Declaration 1 – 1 & 2 General Condition 5 - Systems of compliance with licence conditions (FTs & NHS Trusts)		
1	Following a review for the purpose of paragraph 2(b) of licence condition G5, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed

3. Continuity of Services condition 7– Availability of Resources (FTs designated CRS only).		
3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed
Or 3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in	Not Confirmed



	particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.	
Or 3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.	Not Confirmed

Declaration 3: Certification of Training of Governors in 2024/25.		
1	The Board is satisfied that during the financial year 2024/25, the licensee has provided the necessary trainings to its Governors, as required in s151(5) of the Health and Care Act 2022, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed

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

The main drivers which have been considered by the Board of Directors in making the above declaration are:-

- the above licence conditions have been reviewed.
- the BSMHFT's Financial Plan which sets out details of resource requirements and efficiencies.
- key risks to financial, clinical and operational sustainability have been identified and are being effectively monitored, mitigated and managed with appropriate escalation in place and regularly subjected to robust review, scrutiny and oversight via appropriate governance arrangements.
- risks to the delivery of the Trust's strategic goals are appropriately mitigated and managed through the Board Assurance Framework;
- delivery against key performance metrics is reported to the Board of Directors monthly through a Performance dashboard and
- the Annual Accounts have been prepared on a going-concern basis.
- Governors Development and Training Programme in place that includes induction and external trainings provided by NHS Providers.

On the basis that BSMHFT is compliant with its provider licence, is not subject to any imposed requirements under the NHS Acts, has regard to the NHS Constitution in delivering NHS services and has received positive assurance on its processes and systems from internal auditors, it is reasonable for the Trust to confirm it is compliance with Condition G5(2) in its self-certification this year.

Signed on behalf of the Board of Directors:

Signature:

(signed copy available from the Corporate Governance office)

Name: Phil Gayle

Capacity: Chair

Date: 17 December 2025

Signature:



(signed copy available from the Corporate Governance office)

Name: Roisin Fallon-Williams

Capacity: Chief Executive Officer

Date: 17 December 2025