

NHS PROVIDER LICENCE SELF-CERTIFICATION 2020-2021

General Condition 6, Continuity of Service 7 and Condition FT4

The Board of Directors at its meeting on 22 July 2021 reviewed and agreed the NHS Provider Licence Self-Certification statements for 2020-2021 as set out below.

1 General Condition 6: Systems for Compliance with Licence Conditions (FTs and NHS Trusts)

1.1 ***Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution.***

1.2 In making the above declaration, the main factors which have been taken into consideration include:

- The Trust's capacity to manage risk has been tested during the COVID-19 pandemic and processes in place have enabled an appropriate response to the emerging risks. In response to the crisis, the Trust established a Gold, Silver and Bronze Command structure to support the initial response, to provide leadership in managing the situation, monitoring progress and identify solutions to problems with a focus on service users, service impacts, staff, risks and recovery. The Command structure ensured strategic, tactical and operational risks were identified, and individual risks on the Board Assurance Framework were regularly reviewed by the lead Executive Director and updates provided at each lead Board committee meeting. A clinical guidance workstream was established to triage new and revised guidance published during the pandemic period to ensure timeliness of review and dissemination. Four other workstreams were established led by an Executive who reports to Gold Command. Clinical and corporate services adjusted to the lockdown and social distancing by reviewing delivery of services with services being reduced or adapted from face to face to virtual. Assurance continued to be provided to the Non-Executive Directors via Audit Committee, Finance, Business & Investment Committee, Quality Assurance Committee and Board meetings which were not stood down
- The annual governance statement in the Trust's annual report for 2020-2021 describes the Trust's system of internal control and the processes in place to identify, evaluate and manage operational risks and risks to the achievement of the Trust's strategic objectives. Key elements of this system include the Trust's Risk Management Framework and approach to Board assurance; the Board committee structure and the committees' role in risk management; the approach to quality assurance and quality improvement; and the Trust's performance management framework. The annual governance statement also describes the steps taken to adapt the Trust's governance structures to respond to the COVID-19 pandemic and manage the associated risks through Gold Command (see above)
- The Trust has received the Head of Internal Audit opinion on the effectiveness of the Trust's system of internal control, including its approach to risk management. The overall opinion was that "*the Trust has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective*"
- No significant internal control issues, or risks to compliance with the provider licence or the requirements imposed under the NHS Acts, have been identified during 2020-2021.

The Trust continues to account for the conditions of both in the delivery of its healthcare services

- The Trust has regard to the provisions contained within the NHS Constitution, and the rights of patients, service users and staff, through the formulation and adoption of Trust policies and procedures, its approach to service delivery and its governance structures
- The Trust's approach to ensuring continued compliance with the Care Quality Commission standards and regulatory requirements, include the CQC preparedness programme and the monitoring of action plans in response to inspections
- Annual review of compliance with the terms of the provider licence undertaken, reviewed by the Audit Committee and approved by the Board

2 **Continuity of Service Condition 7: Availability of Resources (FTs designated CRS only)**

2.1 ***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.***

2.2 In making the above declaration, the main factors which have been taken into consideration include:

- The Board discusses and approves the Trust's strategic and annual plans (and budgets) taking into account the views of the Council of Governors
- 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 through routine performance reporting to the Board and its committees, with scrutiny and oversight by the Executive Team and through local structures
- The Board's integrated performance report provides assurance to the Board on the delivery of the Trust's strategy and Trust-wide performance, finance and compliance matters, and seeks to demonstrate how the Trust is improving the quality of life for all we serve
- Performance review meetings assess each directorate's performance across a full range of financial and quality metrics that, in turn, forms the basis of the monthly performance and compliance report to the Trust's Service Delivery Board
- The Executive team, the Board and its standing committees continued to meet during the COVID-19 crisis, maintaining control of decision-making and oversight of risk and performance
- The Trust continues to embed a value and financial sustainability programme
- Although the Board was unable to sign off the annual accounts for 2020-2021 due to AQR requirement for additional assurance on material balances (specifically the pension payments for staff who remain part of the Local Government Pension Scheme) as local government year-end does not correspond with that of the NHS, was assured that there is nothing material that would affect the Trust as a going concern. The Board therefore has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. The view is supported by a cash balance at as 31 March 2021 of £143m. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts. It is expected that the annual report and accounts will be submitted by 20 September 2021 deadline
- For the financial year ending 31 March 2021, the financial funding mechanisms designed by NHS England/NHS Improvement provided funding for the COVID-19 response and a level of operational income to achieve at least a financial break-even position. The Finance and Use of Resources metrics were temporarily replaced by a requirement for providers and systems to meet their financial targets. In addition, there was a requirement for Integrated Care Systems to deliver financial balance. The financial performance of the Trust was therefore an integral part of ensuring this requirement could be met and at year end reported a surplus of £4.3m.

3 Condition FT4: Corporate Governance Statement (FTs and NHS Trusts)

3.1 The Board of Directors confirmed compliance with Condition FT4: Corporate Governance Statement for 2020-2021 as set out in the table below:

Corporate Governance Statement	Response, Risks and Mitigating Actions
<p>1. The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS</p>	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> • The Trust has in place effective corporate governance systems and controls • The Board gains assurance through regular scrutiny of its effectiveness through its committees and particularly the Audit Committee • A detailed explanation about the Trust's corporate governance systems is set out in the Trust's annual governance statement and in other parts of the Trust's annual report 2020-2021 <p>Risk: If the governance framework and supporting structures are not fit for purpose adversely affecting good corporate governance and decision making</p> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • A review of Board committee structure, the terms of reference and information flow to and between committees and the Board being undertaken to ensure it remains fit for purpose reflecting the changes to the Trust service provision and in preparation for Integrated Care Systems • Governance development plan being reviewed and strengthened to bring together a range of actions that are in place or are identified as being required to support/enhance the systems and processes to ensure effective governance arrangements at the Trust. Plan includes review of the Trust's Scheme of Reservation and Delegation • Plans for well-led internal and external assessments in progress; completion by autumn 2021 • Annual review of compliance with NHS England/NHS Improvement <i>Code of Governance</i> (best practice in corporate governance) • Trust's internal audit function which reports to Audit Committee on the effectiveness of internal controls and provides recommendations for improvements
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> • Board is fully briefed as guidance becomes available • During 2020-2021, new guidance related to NHS response to COVID-19 was managed through the Gold and local command structure <p>Risk: Board Directors are aware of guidance in a timely manner affecting the Trust's compliance status</p> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • On the release of new guidance a review will be undertaken by relevant teams (e.g. Legal, Mental Health Act, Finance, Corporate Governance, etc) to identify any actions required;

	<p>updates will be provided to the relevant committees/Board as appropriate</p> <ul style="list-style-type: none"> • Director of Corporate Governance and other Trust teams undertake horizon scans and are included on relevant circulation lists including NHS England/NHS Improvement and NHS Providers, to ensure early notification • Annual review of compliance with the <i>Code of Governance</i> (best practice in corporate governance) in preparation for annual report disclosures
<p>3. The Board is satisfied that the Trust has established and implements:</p> <p>(a) Effective Board and committee structures</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation</p>	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> • The Trust has an effective governance structure in place which is reviewed annually alongside the terms of reference of committees which set out the roles and responsibilities of the committees as delegated by the Board • The Trust works within a framework that devolves responsibility and accountability throughout the organisation through robust service delivery arrangements. There are clear structures with clear responsibility and accountability below Director level • Job descriptions and other key governance documents, such as the Standing Financial Instructions, Scheme of Reservation & Delegation, etc set out in detail the accountabilities across the Trust • On the outset of COVID-19 the Trust embedded a Gold Command Structure, agendas and discussions at Committee meetings have been adapted to reflect the management and assurance of operations during the pandemic. The Board Assurance Framework (BAF) has also been updated to reflect the impact of the pandemic and the risks in achieving the Trust's strategic priorities, and the mitigating actions and controls that have been put in place. Emergency Standing Financial Instructions were approved. The quality governance framework has been critical to the Trust's safe and effective response to the demands of the pandemic • Annual governance statement in the annual report outlines the steps taken to adapt the Trust's governance arrangements to maintain business continuity and facilitate the Trust's response to the pandemic <p>Risk: If the Trust's governance framework and supporting structures are not fit for purpose and/or responsive will adversely affect good corporate governance and decision making</p> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • A review of Board committee structure, the terms of reference and information flow to and between committees and the Board being undertaken to ensure it remains fit for purpose reflecting the changes to the Trust service provision and in preparation for Integrated Care Systems • Governance development plan being reviewed and strengthened to bring together a range of actions that are in place or are identified as being required to support/enhance the systems and processes to ensure effective governance arrangements at the Trust. Plan includes review of the Trust's Scheme of Reservation & Delegation

	<ul style="list-style-type: none"> • Plans for well-led internal and external assessments in progress; completion by autumn 2021 • Trust's internal audit function which reports to Audit Committee on the effectiveness of internal controls and provides recommendations for improvements
<p>4. The Board is satisfied that the Trust has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions</p> <p>(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)</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p> <p>(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</p>	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> • Points 1-3 above apply • Appropriate finance controls and governance were maintained during 2020-2021 and in response to the COVID-19 pandemic • The Trust was awarded an 'outstanding' rating following the CQC inspection in April 2018. Due to COVID-19 the expected CQC well-led review has been postponed in line with national guidance. However, the Trust has been holding regular bi-weekly meetings with CQC • Review of compliance with licence conditions included as part of governance development plan • Financial performance is discussed at each Board meeting. In addition, the Board has an established Finance, Business and Investment Committee which meets bi-monthly to review financial performance, contracts, the capital programme, financial viability, etc • Strategic priorities established and supporting frameworks developed • The Board dedicates time to strategy, including financial strategy, at its Board development sessions • The Board Committees have a programme of deep dives scrutinising risks and mitigations within their areas of responsibility • The Trust has a Board Assurance Framework and Corporate Risk Register (as part of its Risk Management Framework) which sets out the high level risks facing the organisation, and the ways in which these are identified, monitored and mitigated. These were updated to reflect the impact of pandemic on the Trust's ability to achieve its strategic objectives and the mitigating actions and controls which have been put in place • During 2020-2021, all decisions continued to be in line with the Trust's Scheme of Reservation & Delegation and Standing Financial Instructions • The Trust has an annual planning process that ensures future plans are developed and supported by appropriate engagement and approvals • The governance, risk and control processes in place ensure that the Trust remains compliant with all legal requirements <p>Risk: If the Trust does not have effective governance (both corporate and clinical) arrangements in place, this may lead to poor oversight at Board level of risks and challenges; strategic objectives not being established or structures not in place to achieve those objectives; or appropriate structures and processes not in place to maintain the Trust's reputation and accountability to its stakeholders</p> <p>Mitigating Actions:</p>

<p>and their delivery (h) To ensure compliance with all applicable legal requirements</p>	<ul style="list-style-type: none"> • A review of Board committee structure, the terms of reference and information flow to and between committees and the Board being undertaken to ensure it remains fit for purpose reflecting the changes to the Trust service provision and in preparation for Integrated Care Systems • Governance development plan being reviewed and strengthened to bring together a range of actions that are in place or are identified as being required to support/enhance the systems and processes to ensure effective governance arrangements at the Trust. Plan includes review of the Trust's Scheme of Reservation & Delegation and Board Assurance Framework • Risk in respect of failure to maintain essential standards of quality and safety resulting in the provision of sub-optimal care and increases the risk of harm, is included on the Board Assurance Framework with the Chief Nurse as the lead Executive. Regular updates on mitigating actions are presented to the Quality Assurance Committee
<p>5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care</p> <p>(e) That the Trust, 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</p>	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> • Recruitment during 2020-2021 of Chair, Chief Executive, Chief Operating Office and three Non-Executive Directors • Annual performance reviews for Executive and Non-Executive Directors including the Chair and Chief Executive • Annual succession planning discussions at Board's Appointments & Remuneration Committee • The Board has overview of the quality and safety of care provided across the Trust. Detailed reports are discussed at each Board meeting. The Board also receives presentations at each meeting on Quality Improvement initiatives and patient stories • Quality Improvement and coproduction remain an integral part of the Trust's strategy • The Board's Quality Assurance Committee meets bi-monthly and provides overview and scrutiny of quality and safety within each directorate and across the Trust, reporting to the Board on assurances gained and any gaps. It also reviews clinical risks at each meeting • Trust's Quality Report provides a summary of the Trust's quality achievements and challenges, demonstrating how it meets its statutory and regulatory requirements as well as how it meets the expectations of its service users, carers, stakeholders, members and the public. During 2020-2021 efforts focused on the pandemic emergency response • Consideration was given to the Trust's approach to assurance regarding the quality of care and to utilising quality improvement to help test, learn and adapt through the pandemic. Many of our quality assurance processes were adapted to virtual methods, such as the service user-led accreditation programme. Others were necessarily scaled down or postponed at the height of the pandemic, such as clinical audit. By the final quarter of 2020-2021, all quality assurance activities were operating as normal • Whilst face to face activities were restricted during 2020-2021 the Board has remained engaged with the Council and members to take account of views from outside of the Trust

<p>sources (f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate</p>	<ul style="list-style-type: none"> • The Trust has established a People Participation Committee where service users and carers are involved in strategic decision making. Service users and carers, as well as the public and members' views are also represented by the Council of Governors • Clear accountability for quality of care through the Chief Medical Officer, Chief Nurse and Chief Quality Officer • Opportunity for staff to raise concerns through Freedom To Speak Up processes has remained throughout the Trust's response to COVID-19 <p>Risk 1: If the Board does not have sustained capability or expertise to lead the quality of care delivery in current climate</p> <p>Mitigating Action 1: Board composition and succession planning regularly reviewed by the Chair and the Appointments & Remuneration Committee to ensure skill mix and experience is appropriate and balanced</p> <p>Risk 2: If the Trust does not maintain essential standards of quality and safety, this may result in the provision of sub-optimal care and increases the risk of harm</p> <p>Mitigating Action 2: Developing patient safety framework that will provide an integrated approach to safety spanning the whole Trust, building on existing assets, culture and infrastructure to provide reliability and resilience, embed a 'just' culture and a culture of learning and safety management</p>
<p>6. The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence</p>	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> • Board has a wide range of skills and experience with the majority of members having a medical, nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in health, primary care, finance, audit and regulation, business and organisational development, HR, global commercial, local government and third sector • Annual succession planning review to assess mix of skills and experience on the Board to ensure balance is maintained, and to ensure effective operation as a unitary Board • Rigorous and transparent recruitment process for new Board Directors includes testing against the values of the Trust and stakeholder panels including Governors, service users and carers, and external stakeholders • All current Board Directors comply with the requirements of the Fit and Proper Persons Regulation and are appropriately qualified to discharge their functions effectively • All Board Directors and senior decision makers complete declarations of interest • Annual appraisal process supports effective succession planning through talent conversations • People plan priority areas include capacity and capability, leadership, collaborative working and staff engagement • Regular appraisals include discussions on staff's development and career aspirations

	<ul style="list-style-type: none"> • Continuous professional development of clinical staff, including medical staff, supports the delivery of high quality clinical services. The Trust has processes in place to ensure all medical practitioners providing care on behalf of the Trust have met the relevant registration and re-validation requirements • Trust as various leadership and management development pathways in place • Trust recognises that providing high-quality inpatient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce. • Given the national staffing challenges, it is even more important to recognise the link between positive staff experiences and the impact on patient care and is committed to ensuring that every member of staff feels valued and is able to contribute to the best of their ability • Pandemic particularly highlighted importance of the Trust's support and wellbeing offer for staff – covering emotional, physical and social wellbeing • People plan includes actions to mitigate Board Assurance Framework risk if the Trust does not effectively attract, retain and look after staff wellbeing, there will be an impact on the Trust's ability to deliver the Trust's strategy <p>Risk: If the Trust does not have systems and processes to ensure Board Directors, managers, clinicians and staff are sufficient in number and qualified affecting quality and decision making</p> <p>Mitigating Action: Robust review of the Trust's management of Fit and Proper Persons Regulations requirements undertaken following enquiries by the BBC Look East into qualification claims by a Board Director; learning identified, and actions either in place or in the course of being implemented to strengthen the systems of internal control, to minimise potential errors and provide additional assurance</p>
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4 Training of Governors

4.1 ***The Board of Directors confirmed that, during the financial year most recently ended (2020-2021), it had provided the necessary training to its Governors as required under s151(5) of the Health and Social Care Act. This is to ensure that Governors are equipped with the skills and knowledge needed to undertake their role.***

Signed on behalf of the Board of Directors:



Mark Lam
Chair
23 July 2021



Paul Calaminus
Chief Executive
23 July 2021