

## East Suffolk and North Essex NHS Foundation Trust

Provider Licence conditions declarations, 2022

Declaration	Recommendation	Positives	Negatives
<p>GC6</p> <p>Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.</p>	YES	Evidence (IA) of compliance with NHS Act compliance The Trust has regard to the NHS Constitution in discharging its functions No other possible breaches of the Provider Licences have been identified.	
<p>Continuity of Services 7</p> <p>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.</p> <p>OR</p> <p>After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.</p> <p>OR</p> <p>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.</p>	<p>YES</p> <p>N/A</p> <p>N/A</p>	<p>Financial plan has been indicated as acceptable by NHS England. Plans are within the system requirements Efficiency plans have been put in place for almost all of the savings required</p>	<p>The financial plan is predicated on delivery of a substantial efficiency saving in full, without which the Trust and system plans will not meet the break-even requirement from NHS England.</p>
<p>FT4- Foundation Trust Governance</p> <p>The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	YES	Assurance from Internal Audit reviews of control systems	
<p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	YES	Trust has regard to the <i>Code of Governance</i> and to the <i>Well-Led</i> guidance	
<p>The Board is satisfied that the Licensee 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; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	YES	<p>Committee structure reviewed and revised during the year. Internal Audit assurances on effectiveness of control systems. Clear reporting lines in place to Executive Directors</p>	
<p>The Board is satisfied that the Licensee 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 and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	YES	<p>Internal Audit assurance on the effectiveness of control systems. Business planning for the year completed within the timescale Board systematically reviews performance information at each meeting; Committees review in detail No significant legal breaches identified in the year</p>	<p>Continuing development work on the risk management structure including the Board Assurance Framework. Last CQC rating (Inspection summer 2019) recorded 'Requires Improvement'.</p>

Bd outline

<p>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 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</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>YES</p>	<p>Qualified and experienced individuals at Exec Director level</p> <p>Quality of Care issues regularly reviewed by Board and Committees.</p> <p>Planning decisions subject to quality review sign-off</p> <p>Regular reporting of data to Board and Committees (and EMT)</p> <p>Detailed quality review work at Quality and Patient Safety Committee.</p> <p><i>Freedom 2 Speak Up</i> process, including access to NED</p>
<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>YES</p>	<p>Agreed reporting structure leading to Board</p> <p>Staffing reviewed (at a strategic level) by People and Organisational Development Committee</p> <p>Effective <i>Freedom 2 Speak Up</i> process and reporting</p> <p>Recruitment challenges in some specialist areas (national challenges)</p>
<p><u>Skills and Experience of Governors</u></p> <p>The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</p>	<p>YES</p>	<p>Delivery of informal seminars</p> <p>Ability to attend national training events, paid for by Trust</p> <p>Lack of defined programme in year</p> <p>Lack of gap analysis of the skills and knowledge required and available</p>

FT4- Risks and Mitigations

East Suffolk and North Essex NHS Foundation Trust

Provider Licence conditions declarations, 2022  
FT4- Risks and mitigations

Declaration	Risk	Mitigation
The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Failure of control systems	Internal Audit reviews Clinical Audit reviews Learning from incidents External sources of learning
	Management over-ride of controls	Separation of authorisation/ levels of delegation LCFS hot-line
	System inadequacies	Internal Audit reviews Clinical Audit reviews Learning from incidents External sources of learning
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Updated guidance is not appreciated/ noted	Secretary regular review of NHSE web-site for updates
The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Board and Committee structures ineffective	Board review of reporting structures Review to support Annual Governance Statement Standardised reporting requirements Annual calendar of expected business for Board and Committees
	Lack of clarity on responsibilities Reporting lines fail to function to escalate/ hold accountable	Raising Concerns/ <i>Freedom 2 Speak Up</i> process Council of Governors raising concerns with Board
The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:  (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Board and Committee scrutiny is ineffective	Detailed written Terms of Reference Forward planning of future business Annual Committee effectiveness evaluation Committee Key Indicators laid before Board Well-Led developmental review in 2022
	Health care standards not met	Clinical Audit process Learning from Deaths process Learning from incidents/ complaints processes External reviews Regulatory engagement
	Failure to be a Going Concern	Agreed financial plan and efficiency programme External Audit review Effective control systems Effective efficiency programme
	Financial decision-making is ineffective	Agreed financial plan and efficiency programme Management structures to review spend and requests SFI controls on authorisation Monthly reporting to Finance Committee Reporting to regular Board meetings Recovery architecture available if needed
	Risk management systems are ineffective	Adopted nationally-recognised approach to risk management Annual IA review of controls/ systems Regular Board and Committee monitoring of risks and mitigations Senior management regular reviews of operational risks
Business plans are not delivered	Close monitoring by management and Board Identified individuals responsible for delivery of schemes Expenditure control systems Board willingness to activate recovery processes	

FT4- Risks and Mitigations

<p>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>Change in Board level clinical leadership</p>	<p>Structures supporting Board-level clinical leadership to cover (Associate MD's, Deputy Director of Nursing) Additional clinical experience at Board outside formal clinical Directors Sucession planning</p>
<p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Quality of Care information is not fully reliable Lack of Board engagement with quality of care as a priority issue</p>	<p>Internal Audit review Data systems reviews Regular reporting of quality issues to the Board Agenda planning to give quality of care prominence Director/ Governor engagement with local patient groups Public Governor feedback to Board (concerns of public) Staff consultative Groups &gt; People &amp; Organisational Development Committee Staff Governor feedback Formal engagement mechanisms with Local Authorities through ICS Council of Governors raising issues with Board as part of accountability/ representation process <i>Freedom to Speak Up</i> process is in place- Guardian has direct access to Board</p>
<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Escalation process for quality of care issues are ineffective</p>	<p>Council of Governors raising issues with Board as part of accountability/ representation process <i>Freedom to Speak Up</i> process is in place- Guardian has direct access to Board</p>
<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Concentrated turnover of Board or near-Board staff</p>	<p>Sucession planning Sufficient support staff to provide temporary cover Access to interims if required</p>
<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Lack of supply of suitably-qualified staff</p>	<p>Recruitment and Retention strategy for challenging groups</p>