

**Trust Board of Directors Meeting
Report Summary**

Date of Meeting: 7 September 2023	
Title of Document: Self-Certification	
To be presented by: George Chalkias, Director of Governance	Author: George Chalkias, Director of Governance Ann Filby, Trust Secretary
1. Status: For <u>Approval</u> /Discussion/Noting/Information	
2. Purpose:	
Relates to:	
Strategic Objective	x
Operational performance	x
Quality	x
Legal/Regulatory/Audit	x
Finance	x
Governance	x
NHS policy/public consultation	x
Accreditation/inspection	x
Anchor institutions	
ICS/ICB/Alliance	x
Board Assurance Framework (BAF) Risk	x
Other	
3. Summary:	
<p>The NHS provider licence forms part of the oversight arrangements for the NHS. It sets out conditions that providers of NHS-funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future. All NHS foundation trusts and NHS trusts are required to hold a licence.</p> <p>The licence has now been modified following a statutory consultation to bring it up to date to reflect current statutory and policy requirements. These modifications also merge the NHS provider licence and the NHS controlled provider licence. The new licence was published in March 2023. On behalf of the Board, the Audit and Risk Committee (A&R), the Quality and Patient Safety Committee (QPS) and Performance and Finance Committee (P&F) have reviewed the evidence provided below against the statements for presentation to the Board. There is no longer a requirement to submit, whilst there was the potential for NHS England spot checks.</p>	
4. Recommendations / Actions	
The Board is asked to consider and approve the self-certification.	

Trust Evidence for the Board Self Certification Report 2023/24

To be reviewed by	No.	Statement	Evidence
A&R/ QPS	1.	The Board is satisfied that the East Suffolk & North Essex NHS Foundation 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>New locations added to the Trust's CQC Certificate of Registration. Any updated names of the Nominated Individual (at the point of change in the Chief Nurse post) to CQC.</p> <p>Full CQC licence registration.</p> <p>CQC 'Good' Well Led rating. Following inspection carried out in June/July 2019, report published 8 January 2020.</p> <p>Deloitte Well Led review held in second half of 2022, results report discussed and Trust implementation plan approved at Board in May 2023.</p> <p>Standing Financial Instructions and Scheme of Delegation, including Board and Council Standing Orders, reviewed and approved by A&R Committee 16 March 2023.</p> <p>Trust Constitution reviewed and approved by Council of Governors October 2020 and Board 3 December 2020.</p> <p>Standards of Business Conduct Policy approved by the A&R Committee 25 May 2023.</p>
QPS/ A&R	2.	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	<p>Board provided with relevant briefings at Board meetings and Board Committee meetings.</p> <p>Annual Declarations of Interest and Fit and Proper Person Test.</p> <p>Self-assessment underway in relation to Code of Governance 2022.</p> <p>Annual Report and Quality Account prepared in line with relevant NHS guidance.</p>
The Board is satisfied that the Trust implements:			
QPS/ A&R	3.	a) effective Board and Committee structures	<p>The Board monitors financial and quality risk ratings, mitigating actions and notes key decisions/actions needed to be taken. Internal and External Audit assurance.</p> <p>Terms of Reference for Board Committees reviewed and ratified by the Board September 2022. Annual review agreed and underway July 2023. Board committees are timetabled with an annual plan including major topics agreed in advance for review, with Committee review of programme on a six monthly basis.</p> <p>Board and Board Committee annual self-assessment.</p>

To be reviewed by	No.	Statement	Evidence
QPS/ A&R	4.	b) clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board and those Committees; and	Standing Orders for the Board of Directors and Council of Governors. Standing Financial Instructions which includes Scheme of Delegation and Reservation of Powers.
QPS/ A&R	5.	c) clear reporting lines and accountabilities throughout its organisation	See above Risk Management Policy in place Organisational Structure Charts, considered by A&R May 2023.
The Board is satisfied that the East Suffolk & North Essex NHS Foundation Trust effectively implements systems and/or processes:			
A&R/ QPS	6.	a) to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively	A&R review of internal audit programme including financial management. Financial performance and risks reported at Board's Performance and Finance Committee (P&F) and Board meetings. Financial framework and business plan revised annually for consideration at Committee and Board approval.
A&R/ QPS	7.	b) for timely and effective scrutiny and oversight by the Board of the Licence holder's operations; and	All external regulatory inspections throughout 2022/23 were presented to QPS and the Board, Internal and External Audit. Six monthly report on external visits scheduled August, February. There were the following CQC inspections in 2022/23, the findings of which and related action plans were reported to QPS/Board: Medical Care, including older people's care, Colchester, 3 November 2022 Maternity Services, Colchester, 7 March 2023.

To be reviewed by	No.	Statement	Evidence
QPS	8.	c) to ensure compliance with health care standards binding on the Licence holder 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>CQC registration. CQC inspection report (as above).</p> <p>Accreditation is managed through Divisions, as are Quality Reviews. All accreditations, improvement plans and future visits included within six monthly report (August/ February) to QPS on external visits, also reported through the Clinical Effectiveness Group, with Key Issues Report to QPS from each meeting.</p> <p>Care Accreditation programme to commence shortly.</p> <p>QI training is delivered Trust wide. Projects are developed and staff assigned a QI coach through to completion. Currently 79 live QI projects. QI progress is reported to Clinical Effectiveness, Patient Safety and Patient Experience Groups.</p> <p>A separate Quality Improvement Programme is continuing with focus on key areas of focus to include Sepsis, Nutrition, GIRFT and Falls.</p> <p>NICE Guidance is reviewed by the relevant clinical teams, with oversight provided by the Patient Outcomes Team, who provide a report to the Clinical Effectiveness Group</p> <p>Safer staffing reporting: six monthly to People and Organisational Development Committee (POD) and Board. Maternity six monthly workforce report from 2023/24, QPS 21 June and Board 6 July.</p> <p>Workforce safeguards reporting six monthly to POD and Board, and included within Annual Governance Statement in Annual Report 2022/23.</p>
A&R	9.	d) for effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern);	<p>Standing Financial Instructions which include Scheme of Delegation and Reservation of Powers.</p> <p>Regular financial reports to P&F and Board on financial performance and risk.</p> <p>A&R agrees internal audit plan which includes audits of financial decision-making and controls.</p> <p>Internal Audit provide Head of Internal Audit opinion to the A&R.</p>

To be reviewed by	No.	Statement	Evidence
A&R/ QPS/ P&F/ POD	10.	e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	<p>Quality Account presentation at QPS 21 June and approval at Board 27 June 2023.</p> <p>Cycle of business in place. Key Issues Reports received from Executive Led Committees.</p> <p>The quality and reliability of data is regularly reviewed and validated by management, overseen by A&R, supported by internal audit/external audit service reviews.</p> <p>P&F oversees arrangements for coding and ensuring coding quality.</p> <p>POD receives staff and patient experience surveys.</p> <p>Committee Key Issues reporting to Board following each meeting.</p>
QPS	11.	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>Regulatory inspections compliance and action plans monitored through QPS.</p> <p>Exception risks reported to the Board in a timely way.</p> <p>All information relating to Infection Prevention and Control (including Covid and other transmissible infections) are reported to the Infection Control Committee, with escalation to the Quality and Patient Safety Committee. IPC data is also included in the Integrated Performance Report reviewed by the Board of Directors.</p> <p>Board Assurance Framework is reviewed regularly by relevant Committees and the Board.</p>
P&F	12.	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.	<p>Financial plans signed off by Board, and performance against plan is reported to the Board and P&F Committee.</p>
QPS	13.	h) To ensure compliance with all applicable legal requirements	<p>Legal Services report to the Director of Governance. This is managed by a qualified solicitor, who is also the Associate Director of Legal & Governance Services. Reporting to be confirmed to QPS during 2023/24.</p> <p>Workforce legal matters are handled by the Director of People and Organisational Development.</p>

To be reviewed by	No.	Statement	Evidence
The Board is satisfied that the systems and/or processes referred to above should include but not be restricted to systems and/or processes to ensure:			
QPS	14.	a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided	The Appointments and Performance Committee, which consists of the Chair and Governors, review the balance of the Board as part of the NED reappointment process. The Remuneration and Nomination Committee, consisting of NEDs, is responsible for Executive appointments and succession planning.
QPS	15.	b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations	Board Assurance Framework and strategic risks Board and QPS minutes Annual Quality Account Internal Audit opinion Patient Surveys.
QPS	16.	c) The collection of accurate, comprehensive, timely and up to date information on quality of care	Annual Quality Account Accreditations held National patient surveys Mortality reviews and Learning from Deaths reporting Patient Safety Incident Investigations (formerly Serious Incidents) Integrated Patient Safety and Experience Report Key Performance Indicators on quality and the Annual Quality Account are agenda items for QPS and the Board.
QPS/ A&R	17.	d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care	As above.
QPS	18.	e) That The East Suffolk & North Essex NHS Foundation 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	As above. Board reviews relevant staff and patient survey results and receives the experiences of patients and staff at its meetings. Board review of Friends and Family Test results as part of the integrated patient safety and patient experience report. Patient Experience Group presents Key Issues

To be reviewed by	No.	Statement	Evidence
		sources	<p>Report to QPS. Patient experience, carers and co-production strategy 2023-2027 approved by QPS 21 June 2023.</p> <p>15 steps visits from late 2022 involving NEDs and governors. Two governors observe QPS.</p> <p>NED attendance at Council of Governors to gather their views on behalf of patients, staff and other relevant stakeholders. Membership engagement plan being developed for approval autumn 2023.</p>
QPS	19.	f) That there is clear accountability for quality of care throughout The East Suffolk & North Essex NHS Foundation 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>As above.</p> <p>Risk Management Assurance process. Safety data – National reporting.</p> <p>QAR Safety Series. Mortality reviews and Medical Examiner role (scrutiny of inpatient deaths).</p> <p>Integrated Governance and Risk Management Committee.</p> <p>Integrated Governance Monitoring Report.</p> <p>Annual Quality Account.</p> <p>Risk Appetite Statement and Risk Register.</p> <p>Board Assurance Framework.</p>
QPS	20.	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>Selection and appointment procedure for Non-Executive Directors approved by the Appointments and Performance Committee and Council of Governors, and checklist for appointments in place. Appointment dates and succession planning is monitored to ensure this is considered well before the end of terms of office. Plans in place to convene a meeting autumn 2023.</p> <p>The Board's Remuneration and Nomination Committee is in place for Executive appointments with use of executive search for all vacancies in addition to open advertising.</p> <p>Performance regarding Trust-wide recruitment processes reported through to People and Organisational Development (POD) and Performance and Finance Committees to Board. Talent management process presented and agreed by POD July 2023 for refresh annually.</p>
6. Training of Governors			
QPS/ A&R	21.	That the Board of the East Suffolk & North Essex NHS Foundation Trust is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors as required in s151(5) of the Health & Social Care	On appointment of full time Trust Secretary, full induction programme implemented post election, November 2022, including 1-1 meetings and face to face training for all governors December 2022. This included the key responsibilities of governors, the structure of the Council, how they raise issues. Membership of Committees and observing Board

To be reviewed by	No.	Statement	Evidence
		Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	<p>assurance committees confirmed. Briefing programme in place through either Council's formal or informal meetings including equality, diversity and inclusion, information governance, unconscious bias training for those involved in NED appointments.</p> <p>Governors attendance at NHS Providers events and feedback to Council on learning.</p> <p>Schedule of business in place underpinning agenda setting. Board proceedings report presented.</p> <p>Council of Governors self-assessment appraisal to be carried out late 2023.</p>

