

NHS PROVIDER LICENCE SELF-CERTIFICATION 2021-2022

General Condition 6, Continuity of Service 7 and Condition FT4

The Board of Directors at its meeting on 28 July 2022 reviewed and agreed the NHS Provider Licence Self-Certification statements for 2021-2022 as set out below.

1 General Condition 6: Systems for Compliance with Licence Conditions

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 believes that the best service improvements are those where our service users, the wider public and key stakeholders work together to coproduce services based on the health and care needs of our local population. Strong integrated governance arrangements are therefore paramount as we work in a much more integrated way to improve care for our residents, population and service users
- The Trust's capacity to manage risk has been tested during the year with the ongoing impact of the pandemic and processes in place have enabled an appropriate response to the emerging risks. The Trust established effective operational and corporate governance arrangements to respond to the continued challenges associated with Covid. The Trust continued with the Gold, Silver and Bronze Command structure to support the ongoing response, to provide leadership in managing the situation, monitoring progress and identifying 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. During the year there was a specific focus on the impact of the pandemic, and the controls and actions were updated to reflect the Trust's response to the crisis. An additional risk was added to the BAF in July 2021 to reflect the Trust's commissioning and lead provider responsibilities and the impact of not effectively managing these on the quality and experience of care for our service users and patients. Assurance continued to be provided to the NEDs via Audit Committee, FBIC, QAC and Board meetings
- The annual governance statement in the Trust's annual report for 2021-2022 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 both in response to the pandemic and in returning to 'business as usual'
- 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 2021-2022. The Trust continues to account for the conditions of both in the delivery of its healthcare services

- 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"*
- 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 CQC standards and regulatory requirements. The Trust was rated as 'Outstanding' overall for a third consecutive time by the CQC following a comprehensive well-led inspection in 2021 as well as for being 'well-led': *"the leadership, governance and culture (at the Trust) were used to drive and improve the delivery of high-quality person-centred care"*. The Trust has continued with the CQC preparedness programme and the monitoring of action plans in response to inspections

2 Continuity of Service Condition 7: Availability of Resources

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 finance and performance reports provide 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 and quality 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, quality and compliance report to the Trust's Service Delivery Board
- The Executive team, the Board and its standing committees continued to meet during the year in line with their forward plans, 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 is unable to sign off the annual accounts for 2021-2022 in line with the June submission deadline due to a few late queries from the external auditor, assurance has been provided 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 2022 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 to NHSE by 9 September 2022 deadline
- For the financial year ending 31 March 2022, the financial funding mechanisms designed by NHSE continued to provide funding for the Covid response and a level of operational income to achieve at least a financial break-even position as in the previous

financial year. 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 the Trust met its key financial target reporting a £1.8m surplus (on an adjusted control account basis) as part of the North East London ICS.

3 Condition FT4: Corporate Governance Statement

3.1 **The Board of Directors confirmed compliance with Condition FT4: Corporate Governance Statement for 2021-2022 as set out in the table below**

3.2 *The table includes potential risks to not meeting the requirements as well as the mitigating actions*

Corporate Governance Statement	Response, Potential 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 • 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 2021-2022 • The Board gains assurance through regular scrutiny of its effectiveness through its committees and particularly the Audit Committee • CQC rated the Trust 'Outstanding' overall following a comprehensive well-led inspection as well as for the well-led domain • An independent well-led external review undertaken by Deloitte during 2021 which confirmed the Trust exhibits several characteristics of an 'Outstanding' Trust and is an exemplar in areas including people participation, QI, Governor engagement and is seen as a strong system player. The Board displays many traits associated with a unitary Board and has an innovate committee structure and use of the BAF at both Board and committees <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 ongoing to ensure it remains fit for purpose reflecting the changes to the Trust service provision and in preparation for ICSs • Governance development plan being developed to bring together a range of actions from both internal and external inspections and assessments or are identified as being required to support/enhance the systems and processes to ensure effective governance arrangements at the Trust • Annual review of compliance with NHSE/I Code of Governance (best practice in corporate governance)

	<ul style="list-style-type: none"> 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 2021-2022, guidance related to NHS response to Covid was managed through the Gold and local command structure Regular updates provided by internal auditors at Audit Committee Membership of NHS Providers and NHS Confederation <p>Risk: If Board Directors are unaware of guidance in a timely manner this could affect 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, MHA, finance, corporate governance, etc) to identify any actions required; updates will be provided to the relevant committees/Board as appropriate Director of Corporate Governance and other Trust teams undertake horizon scans and are included on relevant review groups and circulation lists including NHSE/I and NHS Providers, to ensure early notification Annual review of compliance with NHSE/I <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> <ol style="list-style-type: none"> Effective Board and committee structures Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees Clear reporting lines and accountabilities throughout its organisation 	<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 work of the Committees are reported to the Board via regular assurance reports 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 (SFIs), Scheme of Reservation & Delegation (SoRD), etc set out in detail the accountabilities across the Trust On the outset of Covid the Trust embedded a Gold Command structure, agendas and discussions at Committee meetings were adapted to reflect the management and assurance of operations during the pandemic. The Board Assurance Framework (BAF) continued to reflect the impact of Covid and the risks in achieving the Trust's strategic priorities, and the mitigating actions and controls that have been put in place The quality governance framework has been critical to the Trust's safe and effective response to the demands of 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 ICSs • Review Trust's SoRD and SFIs • Developing organisational structure charts to provide clarity on areas of responsibility and reporting lines • 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 • 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>Response: CONFIRMED</p>
<ul style="list-style-type: none"> • To ensure compliance with the duty to operate efficiently, economically and effectively 	<ul style="list-style-type: none"> • Point 3 above applies • The Trust's system of internal control is based on ongoing processes designed to identify and prioritise the risks to the achievement of the Trust's strategy and strategic priorities, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically • Executive team has responsibility for overseeing the day to day operations of the Trust and for ensuring that resources are being used economically, efficiently and effectively
<ul style="list-style-type: none"> • For timely and effective scrutiny and oversight by the Board of the Trust's operations 	<ul style="list-style-type: none"> • The Board and its committees meets on a bi-monthly basis and holds extraordinary meetings where time sensitive items are considered. The meetings receive reports, information and data relating to finance, performance and quality, allowing time for scrutiny and challenge • Board Committees have a programme of deep dives scrutinising risks and mitigations within their areas of responsibility • The Trust has a BAF and Corporate Risk Register (CRR) as part of its Risk Management Framework which set 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
<ul style="list-style-type: none"> • To ensure compliance with health care standards binding on the Trust including but not restricted to standards specified by the Secretary of State, CQC, NHS Commissioning Board and statutory regulators of health care professions 	<ul style="list-style-type: none"> • The Trust was awarded an 'outstanding' rating following the CQC inspection in October 2021. The Trust continues to hold regular meetings with CQC • Trust has a clinical governance structure in place to manage health standards compliance • Health care provision is underpinned by policies, procedures and clinical guidelines based on NICE and best practice guidance • The Trust's quality assurance team leads on understanding the quality of care that we provide and aspire to, identifying gaps

	<p>and work towards addressing these, e.g. through service user led accreditation, clinical audits, Board walkrounds</p> <ul style="list-style-type: none"> Trust has a range of subject matter experts who provide guidance and advice in their professional areas Trust staff are members of relevant networks and work collaboratively with system partners Professional registration for clinical staff is closely monitored and revalidation carried out in line with regulations for health care professionals
<ul style="list-style-type: none"> For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Trust's ability to continue as a going concern) 	<ul style="list-style-type: none"> The Trust has a finance function underpinned by policies and procedures overseen by the Chief Finance Officer Board dedicates time to strategy, including financial strategy, at its Board development sessions and seminars The Board's Finance, Business and Investment Committee meets bi-monthly to review financial performance, contracts, the capital programme, financial viability, etc Appropriate finance controls and governance have been maintained during 2021-2022 and in continued response to the pandemic The Trust's SoRD and SFIs provide clear limits on financial decision making including when Board approval is required for significant financial decisions During 2021-2022, all decisions continued to be in line with the Trust's SoRD and SFIs Trust has an internal audit programme aligned to key areas of potential financial and operational risk overseen by both the Quality Assurance and Audit Committees Trust's constitution requires the Council to approve any significant transactions as defined in the constitution A briefing session on the accounts for Governors is led by the Audit Committee chair and the Chief Finance Officer The Trust met its control total in 2021-2022 (subject to audit)
<ul style="list-style-type: none"> To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making 	<ul style="list-style-type: none"> The Trust has an informatics and business analysis function which links into all data systems to provide comprehensive reporting to the Board and its committees The Trust has other systems in place such as patient electronic systems, incident reporting system, etc which allows other data to be presented to the Board and its committees The Trust recognises the importance of having timely and effective monitoring reports using data as a fundamental requirement to support the delivery of safe and high quality care
<ul style="list-style-type: none"> To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence 	<ul style="list-style-type: none"> The Trust's Risk Management Framework (which includes the BAF, CRR and Directorate Risk Register) enables informed management decisions in the identification, assessment, treatment and monitoring of risk The Trust's BAF provides a structure for the effective and focused management of the principal risks in meeting the Trust's strategic priorities. It enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks. Each risk on the BAF is allocated to an executive lead and to a relevant Board committee. The lead committee reviews the relevant entries on the BAF at each meeting Review of compliance with licence conditions included as part of governance development plan

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Strategy refreshed during 2021, strategic priorities established and supporting frameworks developed The Trust has an annual planning process that ensures future plans are developed and supported by appropriate engagement and approvals Trust participates in system-wide working arrangements and collaborative working. Any plans developed as part of this process are scrutinised internally via the Executive team and Board's integrated Care & Commissioning Committee, as well as by external partners
<ul style="list-style-type: none"> To ensure compliance with all applicable legal requirements 	<ul style="list-style-type: none"> The governance, risk and control processes in place ensure that the Trust remains compliant with all legal requirements Executive oversight of legal requirements supported by relevant teams including finance, MHA, legal and corporate governance teams Legal advice is sought when required
	<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> <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 ICSs 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 SoRD and the BAF 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 BAF with the Chief Nurse as the lead Executive. Regular updates on mitigating actions are presented to the QAC
<p>5. The Board is satisfied that the systems and/or processes referred to in para 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <ol style="list-style-type: none"> That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided That the Board's planning and decision-making processes take 	<p>Response: CONFIRMED</p> <ul style="list-style-type: none"> Decision taken during 2021-2022 to recruit to a Joint Chair with NELFT Annual performance reviews for Executive and Non-Executive Directors including the Chair and CEO – focusing on both individual objectives and contributions as well as those as a unitary Board Annual succession planning discussions at Board's Appointments & Remuneration Committee (RemCo) and Council's Nominations & Conduct Committee (NomCo) Trust commitment to quality and involving people who use our services to help us improve is core to the way the Trust works 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

<p>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 sources</p> <p>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>	<p>meeting on quality improvement initiatives, people participation and patient stories</p> <ul style="list-style-type: none"> • Quality assurance, quality improvement and co-production are an integral part of the Trust's strategy • The Board's QAC 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 • 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. By the final quarter of 2020-2021, all quality assurance activities were operating as normal • Service users and carers, as well as the public and members' views are also represented by the Council of Governors. Whilst face to face activities were partially restricted during 2021-2022 the Board has remained engaged with the Council and members to take account of views from outside of the Trust • People participation structure to ensure that service users, carers and our local communities are actively involved in the planning, development, effective delivery and evaluation of all Trust services so that we can offer a better service for all • The Trust has established a People Participation Committee where service users and carers are involved in strategic decision making • Clear accountability for quality of care through the Chief Medical Officer, Chief Nurse and Chief Quality Officer • Trust actively works with its providers, voluntary and third sector through formal and informal mechanisms to foster and enable integrated care • Opportunity for staff to raise concerns through Freedom To Speak Up processes <p>Risk 1: If the Board does not have sustained capability or expertise, this could impact on its ability to lead on the quality of care in the current climate</p> <p>Mitigating Action 1: Board composition and succession planning regularly reviewed by the Chair and RemCo 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: Patient Safety Director appointed to take forward the development of the patient safety framework that will provide an integrated approach to safety spanning the whole Trust, building on existing assets, culture and infrastructure to provide</p>
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	<p>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"> • Trust recognises that providing high-quality inpatient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce • 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 • The Board's RemCo and Council's NomCo oversee the recruitment processes for Executive and Non-Executive Directors respectively • 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 inclusion of stakeholder panels comprising of Governors, service users and carers, and external stakeholders • All 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 annual 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 • 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 has various leadership and management development pathways in place • 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 <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, this could affect the quality of service provision and decision making</p>

	Mitigating Action: People plan includes actions to mitigate BAF 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
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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:



Eileen Taylor
Acting Chair
28 July 2022



Paul Calaminus
Chief Executive
28 July 2022