

**Trust Board of Directors
Report Summary**

Date of Meeting: 7 May 2026	
Title of Document: Provider Licence Self-Certification	
To be presented by: Anthony May, Interim Trust Secretary / Associate Director of Governance	Author: Anthony May, Interim Trust Secretary / Associate Director of Governance
1. Status: For <u>Approval</u> /Discussion/Assurance/Noting/Information	
2. Purpose:	
Relates to:	
Strategic Objective	<p>Include the relevant objective/all –</p> <ul style="list-style-type: none"> • Improving health: not just treating illness, moving from treatment to prevention. • Joined up care: integration and community-based delivery. • Excellent care: improved outcomes, increasing personalisation and co-production. • Developing staff: supporting our teams and building for the future. • Using technology to improve care: digital, technology and innovation – shifting from analogue to digital care.
Operational performance	Report identifies how performance is overseen through the Performance and Finance Committee reporting to the Board
Quality and equality impact	Report identifies those elements within the remit of the Quality and Patient Safety Committee
Legal/Regulatory/Audit	Compliance with the requirements of the Licence, received on authorisation as ESNEFT, as revised in 2023.
Finance	Oversight through the Performance and Finance Committee
Governance	The Trust is required to meet the terms of its licence and this report proposes the evidence available to support the Board's assessment. The evidence was presented to the Audit and Risk Committee and the Quality and Patient Safety Committee prior to consideration by the Board
NHS policy/public consultation	The Provider Licence sets out the legal conditions providers must meet, and the NOF monitors compliance with those conditions as part of ongoing oversight.
Accreditation/inspection	n/a
Anchor institutions	n/a
ICS/ICB/Alliance	n/a
Board Assurance Framework (BAF) Risk	All
Other	n/a

3. Summary:

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. The licence was modified and re-published in March 2023. License compliance is monitored through the oversight framework.

Under Section 6 of the licence – continuity of services CoS7 availability of resources – the Board is required to self-certify one of three statements no later than two months after the end of each financial year.

The evidence provided against the statements was considered by the Audit and Risk Committee on 10 March, and the Quality and Patient Safety Committee on 23 April 2026.

Based on the assessment undertaken, it is proposed that statement (a) is confirmed:

- a) 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.

4. Recommendations / Actions

The Board is invited to consider the assessment undertaken and to confirm the outcome.

Extract: CoS 7: Availability of resources

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.
2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.
3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS England a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:
 - a) "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."
 - b) "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 which may cast doubt on the ability of the Licensee to have access to the required resources".
 - c) "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".
4. The Licensee shall submit to NHS England with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.
5. The statement submitted to NHS England in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.
6. The Licensee shall inform NHS England immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.
7. The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.
8. In this Condition:

"distribution" includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital;

"Financial Year" means the period of twelve months over which the Licensee normally prepares its accounts;

"Required Resources" means such:

- a) management resources including clinical leadership,
- b) appropriate and accurate information pertinent to the governance of quality
- c) financial resources and financial facilities,
- d) personnel,
- e) physical and other assets including rights, licences and consents relating to their use,
- f) subcontracts , and
- g) working capital as reasonably would be regarded as sufficient for a Hard to Replace Provider and/or to enable the Licensee at all times to provide the Commissioner Requested Services.

Trust Evidence for the Board Self Certification Report 2025/26

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
1. This Condition shall apply if the Licensee is an NHS trust or NHS foundation trust, without prejudice to the generality of the other conditions in this License.				
A&R/ QPS	NHS2:2	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>Trust's Care Quality Commission (CQC) Certificate of Registration identifies all locations where services are provided. Any updated Nominated Individual (at the point of change in the Chief Nurse post) provided to CQC.</p> <p>Full CQC licence registration. Updates to CQC action planning included within six monthly External Visits reporting to Quality and Patient Safety Committee (QPS), August/February. CQC statement of purpose reviewed and updated annually. Most recent update approved at QPS on 26 February 2026.</p> <p>CQC unannounced inspections of medical and UEC at Colchester Hospital (April 2025) rated the Trust 'requires improvement', and two enforcement notices were received.</p> <p>CQC unannounced inspections of medical and UEC at Ipswich Hospital (September 2025) rated the Trust 'requires improvement', and an additional two enforcement notices were received.</p> <p>Awaiting formal rating following announced CQC Well-led inspection carried out in November 2025. Written summary referenced improvement areas including freedom to speak up and culture, which the Trust was aware of and is taking action to address. No further enforcement notices were received,</p> <p>Standing Financial Instructions and Scheme of Delegation, including Board and Council Standing Orders, reviewed and approved annually, by Audit and Risk Committee (A&R), most recently 10 March 2026.</p> <p>Trust Constitution reviewed and approved by Council of Governors 27 March 2025 and the Board on 3 April 2025.</p> <p>Standards of Business Conduct Policy most recently approved at A&R 18 March 2025.</p> <p>An early draft Head of Internal Audit Opinion 2025/26 was received by A&R 15 January 2026, with five reports remaining outstanding. Final reports due to be</p>	the Trust has established a Fundamentals of Care Board (FoCB), chaired by the Chief Nurse, to drive and oversee improvements in the quality of care and ensure a timely response to the findings. The FoCB has clinical Divisional Management Team representation from both Colchester and Ipswich medicine divisions, and has workstreams covering: infection prevent and control (IPC); environment and estates; mental health and support for vulnerable people; and workforce.

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			considered by Audit and Risk Committee 5 May 2026.	
A&R	NHS2: 3a	The Licensee shall have regard to such guidance on good corporate governance as may be issued by NHS England from time to time.	<p>The Trust's Constitution includes the requirements to meet the 2006 Act, as amended by the 2012 Act.</p> <p>Board provided with relevant briefings at Board and Board Committee meetings by Lead Executive Directors or governance team.</p> <p>Self-assessment completed in relation to Code of Governance 2022 and reported for the first time in the Annual Report 2023/24 on a comply or explain basis. Implemented additional Council of Governors reporting in private from September 2024 in relation to Board meetings held in private.</p> <p>NHS England Fit and Proper Person Test Framework published 2 August 2023 for implementation from 30 September.</p> <ul style="list-style-type: none"> • All checks have been undertaken by the Trust Secretary and the Chair reviewed the evidence that this has been completed on 27 June 2025. • Self-attestation forms were completed by individuals and reviewed and signed by the Trust Chair by 26 June 2025. The Senior Independent Director has confirmed the assessment for the Trust Chair. • The Electronic Staff Record for each member is currently being updated. • The reporting template will be completed and submitted to NHS England by the 30 June 2025 deadline. • All those in scope are judged to be fit and proper persons <p>Council of Governors extension Clinical NED Hussein Khatib for 12 months to April 2026 challenges NED independence, exceeding the six years advised for the role, Code of Governance. B-2.6.</p> <p>Annual Report and Quality Account prepared in line with relevant NHS</p>	ICB/NHS England approval gained prior to Council approval of NED extensions to ensure sufficient capacity at Board level during the recruitment process for an Associate NED, NED, Trust Chair.

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			<p>guidance.</p> <p>This self-assessment supports Committee and Board review of the evidence to support approval of the corporate governance statement, required annually.</p>	
A&R	NHS2: 3b	<p>Have regard to such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health</p>	<p>The Board has approved the Green Plan Strategy 2024 – 2027, our second green plan. The plan sets out the approach to take us towards Net Zero whilst also recognising opportunities to maximise environmental benefit, improve health outcomes, reduce costs and ultimately make our Trust an exemplar for sustainable healthcare, making it an attractive place to work and receive treatment.</p> <p>There are firm aspirations to achieve carbon emission reductions in the Green Plan and strategy, and a range of Trust-wide initiatives including:</p> <ul style="list-style-type: none"> • promotion of car sharing • park and ride and bus services • 100% renewable electricity is purchased for all sites owned or wholly operated by ESNEFT • meat free days in the canteens • virtual ward implementation • The provision of A&G, virtual consultations and car delivered closer to/at home (such as remote monitoring), contributing to driving down the need for travel and reducing emissions • sustainable procurement • recycling • IT systems that promote energy saving • The implementation of Epic has already resulted in significant reductions 	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			<p>in printing and use of paper</p> <ul style="list-style-type: none"> • Desflurane, a potent greenhouse gas, removed from all anaesthetic machines at Colchester and Ipswich Hospitals, with safer lower carbon depleting anaesthetic agents now in use. • Piped nitrous oxide has been removed from all theatre suites at Colchester Hospital (2024) and Ipswich Hospital (2025). 	
A&R/ QPS	NHS2: 3c	Have corporate and/or governance systems and processes in place to meet any guidance issued by NHS England on digital maturity	<p>Digital, Data and Technology Strategy approved by Board 5 October 2023. Cyber Security Strategy in place and due for review in 2026. Reporting to A&R three times pa.</p> <p>The Epic Electronic Patient Record (EPR) went live as planned in October 2025. Oversight at Executive Management Committee and BAF strategic risk 8 on Board Assurance Framework aligned to QPS, with benefits reporting to PFC.</p> <p>BAF risk 10 regarding Digital Resilience, risk lead: managing director; assurance committee: A&R committee. Reports as part of the BAF to each committee meeting. Reports 3x per year to Trust Board.</p>	
	NHS2: 3d	Comply with the following paragraphs of this condition	N/A	
A&R	NHS2: 4a	The Licensee shall establish and implement: effective Board and Committee structures	<p>ESNEFT decision tree in place and updated as structures change. This includes links to ICB Committees to ensure that reporting is aligned and reflecting the new divisional structure from April 2025. Last updated December 2025. Regular discussions with divisions at Divisional Accountability Meetings supporting them to make improvements to decision-making mechanisms/structures. Divisional governance is incorporated into internal audit plan for the coming year and feedback will enable further improvements.</p> <p>Annual Committee effectiveness e-surveys undertaken in April to July 2025 for</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			<p>reporting to Committees and supporting revisions to Terms of Reference, approved by Board in September 2025. A&R considering report 10 March 2026 to schedule time within committee meetings for completion. Outcome to be considered by the Board in September 2026.</p> <p>Board committees each have an annual work programme which include major topics for review to meet the Terms of Reference and to underpin agenda planning, whilst flexibility is maintained to provide additional assurance as required. This is cross-referenced with the Board Assurance Framework (BAF) to ensure this drives agenda setting. Committee/Board review of programme six monthly. Chair's Key Issues reporting in place to Board Committees and the Board to ensure appropriate alert and escalation, as contained in the Board and Committee Management Standard Operating Procedure, approved by EMC.</p>	
A&R	NHS2: 4b	Clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board and those Committees; and	<p>Standing Orders for the Board of Directors and Council of Governors in place within Trust Constitution.</p> <p>Standing Financial Instructions which includes Scheme of Delegation and Reservation of Powers, reviewed at least annually at A&R, most recently reviewed by A&R 10/03/2026, with recommendation to Board for approval 7 May 2026. 3/4/25.</p>	
A&R	NHS2: 4c	Clear reporting lines and accountabilities throughout its organisation	<p>As NHS2: 4a (above).</p> <p>Accountability Framework (AF) Policy approved by EMC October 2025 and reviewed by PFC for assurance. Divisional Accountability Meetings, reporting through monthly AF to EMC and PFC for assurance. AF includes metrics divided by CQC domains safe, effective, caring, responsive, well-led, and use of resources.</p> <p>Risk Management Policy in place, approved by Board December 2024, which reflects the risk appetite approach to the escalation of risk as agreed by the Board and the full risk appetite statements. Risk appetite considered by A&R committee May 2025 with recommendation to Board to remain unchanged.</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
The Licensee shall establish and effectively implement systems and/or processes:				
A&R	NHS2: 5a	To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively	<p>A&R review of internal audit programme including annual audit on financial management.</p> <p>Operational and financial performance and risks reported at PFC with key issues reporting to Board, alongside integrated performance report.</p> <p>AF as NHS2: 4c.</p> <p>PFC receives updates from the ICB Finance Committee, with Executive and Non-Executive attendance.</p> <p>Financial framework and business plan revised annually to meet national operational planning guidance and priorities, for consideration at Committee prior to Board approval. Internal Business Plans recommended for approval to PFC 18 March 2026.</p> <p>Requirements of Annual Governance Statement reviewed by A&R and the external auditors as part of the Annual Report and Accounts submission.</p> <p>Productivity standing agenda item at PFC.</p> <p>The Trust's year end revenue deficit was £4.1m, approximately 0.3% of revenue.</p>	
A&R/ QPS	NHS2: 5b	For timely and effective scrutiny and oversight by the Board of the Licensee's operations; and	<p>As NHS2: 4a, work programme in place.</p> <p>Key Issues reporting from Committees to Board to next available meeting, re-presenting reports to meetings in public to demonstrate appropriate public accountability.</p> <p>All external regulatory inspections and visits throughout 2025/26 were presented to QPS in a six-monthly report, most recently received 26 February 2026. This includes all CQC visits, and the detail is included in the Annual Governance Statement.</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
QPS/ A&R	NHS2: 5c	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, NHS England and statutory regulators of health care professions;	<p>CQC registration. CQC inspection report, as NHS2: 2.</p> <p>Integrated Patient Safety and Experience Report (IPSE) to each meeting of QPS, revised in year with a different focus for each report.</p> <p>Accrediting Care at ESNEFT (ACE) commenced 2024, reporting to QPS. ACE provides the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care, as relevant to the Trust and to our patients. Areas of improvement and future work taking account of existing data, as set out in the IPSE report, including priority fundamentals of care focus and the assessment of services by standard, working towards bronze, bronze, silver and gold.</p> <p>Integrated Performance Report to the Board in public/private including a summary of the Accountability Framework and performance trends, quality trends, hotspots and spotlight reports, mortality data and learning from deaths, clinical outcomes and Getting It Right First Time (GIRFT), quality improvement projects, patient experience data and learning. Metrics revised annually to meet national priorities and operational planning guidance, approved by EMC.</p> <p>Clinical Standards report to QPS six monthly, June/December.</p> <p>QPS bi-monthly deep dive programme during 2025/26 continuing into 2026/27.</p> <p>All information relating to Infection Prevention and Control (including Covid and other transmissible infections) reported to the Infection Control Committee, with escalation to QPS. IPC data included in the Integrated Performance Report reviewed by the Board of Directors. IPC Annual report presented to QPS August and Board November 2025.</p> <p>A programme of clinical presentations to the Board in place.</p> <p>Six monthly reports on external visits to QPS, see NHS2:2, also through Patient Experience and Clinical Effectiveness Group (PSCEG), with Key Issues Report to QPS.</p> <p>Clinical Outcomes (clinical audit) reporting to QPS three times a year. A&R receives reports by consent to meet oversight role described in its Terms of</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			<p>Reference. Most recently received January 2026.</p> <p>Quality Improvement and Clinical Outcome reporting three times pa, April, August, October.</p> <p>NICE Guidance reviewed by relevant clinical teams, with oversight by Patient Outcomes Team, who provide a report to the Clinical Effectiveness Group. Horizon scanning report to QPS.</p> <p>Safer staffing reporting/nursing and midwifery skill mix review scheduled six monthly to POD and public Board to ensure workforce plan remains appropriate. Reported to November 2025 Board, with update to be reported to May 2026 Board.</p> <p>Workforce safeguards reporting to POD and Board, and forms part of Annual Governance Statement requirements within Annual Report. POD considered detailed report November 2025.</p> <p>Maternity and neonatal workforce forms part of CNST requirements. Achieved 10 standards, approved by Board 5 February 2026.</p> <p>Quality priorities approved at QPS; final Quality Account considered and recommended to the Board for approval. Reporting quarterly on quality programme and priorities.</p> <p>Annual report to meet Regulation 15, premises and equipment; annual report on complaints to QPS and Board, Regulation 16;</p>	
A&R	NHS2: 5d	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>Standing Financial Instructions which include Scheme of Delegation and Reservation of Powers.</p> <p>Regular reports to PFC and Board on financial performance and risk.</p> <p>A&R agrees internal audit plan, informed by the BAF in addition to statutory requirements, following review at Executive Leadership Team and EMC which includes audits of financial decision-making and controls.</p> <p>Standards of Business Conduct policy identifies decision makers required to make an annual declaration of interests. Reports to A&R at every meeting.</p> <p>Internal Audit provide Head of Internal Audit opinion to the A&R Committee.</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			<p>Assessment of going concern included within Annual Reporting requirements, confirmed for 2025/26; approval arrangements scheduled to consider 2025/26 annual accounts and reports for approval during June 2026.</p> <p>Responsibility for clinical coding, contract management and the treasury management policy remains with A&R committee. Most recent update received January 2026.</p>	
A&R/ QPS	NHS2: 5e	To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	<p>Cycle of business/work programmes in place for Board and Committees. Report scheduled for Board 8 May on its work programme and proposed development seminars for 2026/27 – led by new Chair.</p> <p>Committee Key Issues reporting to Board following each meeting.</p> <p>Quality Account to QPS, date May 2026, for recommendation to the Board June 2026, enabling publication on Trust website by 30 June deadline.</p> <p>The quality and reliability of data is regularly reviewed and validated by management, overseen by A&R, supported by internal audit and external audit service reviews.</p> <p>A&R oversees arrangements for coding/ensuring coding quality, most recent report January 2026.</p>	
A&R	NHS2: 5f	To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	<p>BAF and the strategic risks reviewed by relevant Committees at each meeting and at the Board three times per year. A&R receives full BAF at every meeting including evidence of Committee discussions, and an extract of the Corporate Risk Register.</p> <p>EMC receives an overview of the Risk Oversight Committee meeting, the Trust risk profile, those risks above the Board risk appetite which have been added to the Corporate Risk Register, and the key controls report.</p> <p>A&R exception reporting to the Board following each meeting through the Key Issues Report or executive reports as required.</p> <p>See AF NHS2: 4c.</p> <p>Regulatory inspections compliance and action plans in relation to quality of care monitored through QPS and its sub-groups.</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
A&R	NHS2: 5g	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>Board virtual seminar scheduled annually for detailed discussion of published NHS operating framework and draft Trust plans, during 2025/26 the Board held NED briefing discussions to support the development of the Medium Term Plan.</p> <p>Financial framework/plans approved by Board, and performance against plan reported through PFC to Board.</p> <p>Business plan updates considered at PFC quarterly.</p> <p>Quarterly update to Board on delivery of strategic plan; monthly strategic reporting to Board in private.</p>	
QPS	NHS2: 5h	To ensure compliance with all applicable legal requirements	<p>Legal Services reports to Director of Governance, and service managed by a qualified solicitor. Legal Services reporting six monthly to QPS following NHS Resolution annual scorecard publication to provide quality/patient safety perspective and impact, learning and changes in practice/thematic analysis.</p> <p>Workforce legal matters handled by the Director of People and Organisational Development and POD in private meeting - scheduled bi-monthly. External legal advice secured as appropriate.</p>	
6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:				

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
BoD	NHS2: 6a	That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided	<p>The Board's Remuneration and Nomination Committee, consisting of NEDs, is responsible for executive appointments and succession planning.</p> <p>Although there has been turnover at Board level and within the leadership of the Trust, there remains a highly experienced Executive Team in place to ensure continuity, supported by newly appointed, highly experienced NEDs who bring fresh perspectives to an already strong group. A Managing Director, Interim Deputy Chief Executive, and Director of Estates and Facilities were appointed during the year. The experienced Director of Finance was appointed Interim Chief Executive following the retirement of the substantive post holder.</p> <p>The Chief Nurse provides strategic leadership to nurses, midwives and alongside AHP colleagues and with the Chief Medical Officer leads quality governance and supports colleagues to enhance the care provided for the people we serve. The executive directors are supported by deputies and clinical and nursing leads within the DMTs.</p> <p>The Council of Governors' Appointments and Performance Committee, which consists of the Chair and Governors, reviews the balance of the Board as part of the NED reappointment process, led by the Trust Chair.</p> <p>New Trust Chair commenced 9 March 2026.</p> <p>Experienced interim Chief Executive in place following retirement of substantive post-holder. New CEO recruitment process concluded with successful appointment; new CEO commences July 2026.</p>	
QPS	NHS2: 6b	That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations	<p>As above</p> <p>The Board's quality risk appetite: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong.</p> <p>Board Assurance Framework and strategic risks.</p> <p>Board and QPS minutes and Key Issues Reports; reporting to each EMC.</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
			<p>Annual Quality Account</p> <p>Head of Internal Audit opinion</p> <p>Patient surveys</p> <p>Safe staffing reports</p> <p>Business planning process includes a review of cost improvement programme proposals including a quality impact assessment. To take account of national priorities and operational planning guidance Board and Committee SOP report enhanced for 2025/26 to meet requirement for provider and ICB boards to embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans)</p> <p>Co-production and Carers' Council (PECC) in place, reporting to QPS.</p> <p>The format of business cases considered by EMC and the Board include the link to Trust objectives, case for change, external factors, supporting strategies (including quality), consultation, the options appraisal, the desired future position and benefits to be achieved. Risks to delivery are also included and how these would be mitigated.</p>	
QPS	NHS2: 6c	The collection of accurate, comprehensive, timely and up to date information on quality of care	<p>See NHS2: 5c.</p> <p>Annual Quality Account and reporting to QPS on quality programme and priorities.</p> <p>Integrated Patient Safety and Experience (IPSE) report to QPS and Key Issues reporting to Board.</p> <p>Outcome of national patient surveys</p> <p>Mortality reviews and Learning from Deaths reporting to QPS; annual report presented to QPS and Board.</p> <p>Nursing standards dashboard being embedded within Epic supporting availability of real-time clinical information.</p>	

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QPS/ A&R	NHS2: 6d	That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care	As above.	
QPS	NHS2: 6e	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	<p>As above.</p> <p>Board receives the experiences of patients and staff at each of its meetings.</p> <p>Clinical presentation to every Board meeting.</p> <p>Committee and Board review of Friends and Family Test results as part of the integrated patient safety and patient experience report.</p> <p>PECC Key Issues Report to QPS. Patient experience, carers and co-production strategy 2023-2027 approved by QPS 21 June 2023. As NHS2: 6b.</p> <p>15 steps programme previously in place involving NEDs and governors. Became part of ACE from March 2025 with requests made for NEDs and governors to get involved.</p> <p>Council of Governors includes elected representatives of Staff, the Public membership and appointed organisation to meet the requirements of the Trust Constitution. NED attendance at Council of Governors and informal meetings to gather their views on behalf of patients, staff and other relevant stakeholders. Membership engagement plan being refreshed for 2026/27 following appointment of new Governors. Discussed at quarterly Council Membership and Engagement Working Group and reported to Council in public.</p> <p>Two governor observers at QPS provide verbal feedback at end of meeting and report observations to Council of Governors.</p> <p>Programme of NED visits developed, requires reinvigorating. Executive engagement log also in place.</p> <p>Engagement between Exec and frontline point of care significant during Epic go-</p>	

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			<p>live. Regular visits to frontline points of care by Interim Chief Executive and Interim Deputy Chief Executive / Chief Nurse.</p> <p>Our Staff Partnership Forum held monthly includes our Chief Executive, Chief People Officer and other executive and senior leaders</p> <p>Patient stories presented to each public Board.</p> <p>Through initiatives such as Every Bay Every Day, MADE events, Fundamentals of Care Board and transformation programmes leaders are actively working on ensuring their visibility across the organisation.</p> <p>Online all staff briefings (which include Q&A functionality, with questions answered live), online leadership briefings (again with Q&A), and annual in-person senior leadership events.</p>	
QPS/ A&R	NHS2: 6f	That there is clear accountability for quality of care throughout the Licensee's organisation 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. NHS2:6a.</p> <p>Annual Quality Account.</p> <p>Risk management process.</p> <p>Safety data – national reporting.</p> <p>Quality assurance reviews.</p> <p>Mortality reviews and Medical Examiner role (scrutiny of inpatient deaths).</p> <p>Board risk appetite and risk methodology, reviewed annually by A&R Committee with recommendation to Board. Risk Oversight Committee and divisional governance processes, risk reporting to EMC and A&R.</p> <p>Board Assurance Framework and oversight of strategic risks.</p>	

A&R/ QPS reviewed	Licence Number	Licence condition NHS2: Governance arrangements	Evidence	Mitigating actions (as applicable)
QPS	NHS2: 7	<p>The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence</p>	<p>As NHS2: 5c and 6a.</p> <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 monitored to ensure this is considered well before the end of terms of office, using executive search as required.</p> <p>The Board's Remuneration and Nomination Committee leads on executive appointments with use of executive search for vacancies in addition to open advertising.</p> <p>Performance regarding Trust-wide recruitment processes reported to POD via detailed workforce report and summary report from PFC to Board. Talent management process and My Career Matters in place.</p> <p>The Fit and Proper Person Framework sets out processes for recruitment to Board, qualification checking, ongoing review/annual updates and checks including professional registration required of individual members. Evidence of pertinent qualifications included on individual's personal file. Completion of Board induction programme and annual performance and development reviews, and annual compliance with the framework and Chair's confirmation.</p> <p>Leadership charter.</p> <p>Accuity Review reporting through QPS and Board.</p>	