Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

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 had regard to the NHS Constitution.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Name: Eileen Fairhurst
Capacity: CHAIRMAN
Date: 15/09/2014

Signature

Name:
Capacity: CHIEF EXECUTIVE
Date: 15/09/2014

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.
**Worksheet “FT4 declaration”**

**Corporate Governance Statement (FTs and NHS trusts)**

The Board is required to respond “Confirmed” or “Not confirmed” to the following statements, setting out any risks and mitigating actions planned for each one.

<table>
<thead>
<tr>
<th>Response</th>
<th>Risks and Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td>Embedded Board and Committee structures, continuous effectiveness review, independent third-party review supported by Good Governance Institute.</td>
</tr>
<tr>
<td>Confirmed</td>
<td>Assurance, risk strategy/monitoring, annual review of risk strategy as part of the Annual Governance Statement, regular review of the BAP and CFB at Board and Board Committee level.</td>
</tr>
<tr>
<td>Confirmed</td>
<td>In place: appropriate insurance and effective operational structures; record of the directors' accountability framework; OMB and the senior operational decision body, annual self-assessment of the Committee effectiveness and summary reporting and assurance of matters to the Board.</td>
</tr>
<tr>
<td>Confirmed</td>
<td>Oversight of all matters under the statement is exercised by the Trust Board and appropriate delegations to the relevant risk committee. Where matters require escalation then the Board has that oversight and decision making authority on further mitigation and residual risk.</td>
</tr>
<tr>
<td>Confirmed</td>
<td>Board demonstration reviewed in part of the Board development work with OGI that has commenced in the last 2 years. All Executive positions are held by full-time employees of EULH and the vacancies for two NEC posts are filled in a timely manner working with NHS England. Appointments made in the last 12 months, 2 Executive directors (non-voting Board members). The Quality Committee which is a sub-committee of the Board meets bi-monthly and issues regular reports from senior risk committees in relation to patient care and quality of services and sends summary reports to the Board. The Trust commission was given the rating of “good” by the CQC following a full inspection in September 2019.</td>
</tr>
</tbody>
</table>

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:

(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 licence, including the Board, actively engages in quality of care with patients, staff and other relevant stakeholders and takes into account appropriate views and information from these sources; and
(f) That there is clear accountability for quality of care throughout the licence including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
6 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.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature [Signature]
Name [Signature]

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

The Trust continues to monitor its risks and review action plans where performance of the national national standards requires improvement (e.g. 4 hour standard)