

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.

Confirmed  OK

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

Signature

*Eileen Fairhurst*

Name: PROF. E. FAIRHURST

Capacity: [job title here] CHAIRMAN

Date: 13.9.2017

Signature

*K.P. McSee*

Name: KEVIN MCSEE

Capacity: [job title here] CHIEF EXECUTIVE

Date: 13.9.2017

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

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Worksheet "FT4 declaration"

Corporate Governance Statement (FTs and NHS trusts)

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

1 Corporate Governance Statement

1 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.

Response

Risks and Mitigating actions

Confirmed  
Embedded Board and Committee structures, continuous effectiveness review, ongoing Board development supported by Good Governance Institute

Please complete Risks and Mitigating actions

2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

Confirmed  
As above; risk strategy reviewed; annual review of risk strategy as part of the Annual Governance Statement; regular review of the BAF and CRR at Board and

Please complete Risks and Mitigating actions

3 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.

Confirmed  
As response under statement 1 and effective operational structures; recent review of the divisional accountability framework; ODB acts as a senior operational decision body, annual self-assessment of the Committees' effectiveness and summary reporting and escalation of matters to the Board

Please complete Risks and Mitigating actions

4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:

Confirmed  
Oversight of each of the matters under this statement is overseen by the Trust Board and where appropriate delegated to the relevant risk committee. Where matters require escalation then the Board has final oversight and decision making authority on further mitigation and residual risks.

Please complete Risks and Mitigating actions

- (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.

5 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:

Confirmed  
Board composition reviewed as part of the Board development work with GGI that has commenced over 2 years ago. All Executive positions are held by full time employees of ELHT and the vacancies for NED positions are filled in a timely manner working with NHSI. 2 new NED appointments made in the last 12 months and 2 Executive directors (non-voting Board members). The Quality Committee which is a sub-committee of the Board meets bi-monthly and receives report from various risk committees in relation to patient care and quality of services and send summary reports to the Board. The Trust received the overall rating of "good" by the CQC following a well-led review in September 2018.

Please complete Risks and Mitigating actions

- (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.

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.

Confirmed

See response for statement 5 in relation to the Board composition; the Board members undertake an annual FPPT check and the Company Secretary reports annually to the Remuneration Committee on the outcome of the same. The appraisal process for all employees includes further personal and professional development. MEDs undertake personal development and this is recorded in their annual...

Please complete Risks and Mitigating actions

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

Signature *Eileen Kirkhurst*

Signature *K.P. McFee*

Name PROF. E. PITCHURST

Name KEVIN MCFEE

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

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

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