
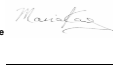


Worksheet "FT4 declaration"

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	Response	Risks and Mitigating actions	
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.	Confirmed	See Appendix A (1)	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	Guidance issued by NHS Improvement is routinely presented to and discussed by the Board.	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	The Board has confirmed compliance with these requirements in the Annual Governance Statement. There are effective Board and Committee structures in place with clear terms of reference. The Board is sighted on organisational and Committee structures and governance arrangements which provide a clear and effective reporting and accountability framework.	Please complete Risks and Mitigating actions
4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (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 review internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	The Board has received sufficient assurance to evidence that there are established and effective systems and processes to meet this requirement, underpinned by the Trust Committee structures and assurance reporting. Integrated Performance Reports, Patient & Quality Report, the Board Assurance Framework, risk management system, and other reporting arrangements. It recognises further work needs to be undertaken to embed risk escalation processes. In addition the compliance demands of the Single Oversight Framework are being embedded.	Please complete Risks and Mitigating actions
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: (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.	Confirmed	See Appendix A (5)	Please complete Risks and Mitigating actions
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 Appendix A (6)	Please complete Risks and Mitigating actions
Signed on behalf of the Trust of directors, and, in the case of Foundation Trusts, having regard to the views of the governors			
Signature 	Signature 		
Name <u>Dushy Armolowala</u>	Name <u>Maria Kaine</u>		
Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.			
A) The Trust Board has decided that it can confirm compliance with licence General Condition 6 for NHS Trusts in that the Trust has taken all precautions necessary to comply with the licence, NHS acts and NHS Constitution (Condition GC(3)). Like many other NHS Trusts, NIMLH is experiencing financial difficulties and is working closely with NHS Improvement, a regulator, to ensure that the Trust is financially sustainable in the long term.			OK