| | 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 | As evidenced in the Annual Governance Statement |
|--|--|-----------|---|
| | The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time | | Board reporting cycle and seminars allow new guidance to be brought to the Boards attention as required |
| | 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. | | Governance framework in place with effective governance structure from "Floor to Board". Accountability framework developed and action plan in place to embed. Annual review of committee structure and effectiveness in place and revisions made if review highlights any requirements. |

- 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 receive internal and where appropriate external assurance on such plans and their delivery; and
 - (h) To ensure compliance with all applicable legal requirements.

Confirmed

Annual Governance Statement, Quality account along with Annual Report document compliance with regulatory requirements and the Trust's governance and risk framework.

Robust external and internal audit processes in place with escalation of any concerns on key internal controls and processes.

Regular board and sub-committee meetings includeoversight of performance information, financial information, the corporate risk register and workforce.

Challenges in meeting some NHS Constitutional requirements, particulary A&E 4 hour standard and 62 day cancer requirement. Actions in place to support improvement and monitored through Board Committee structure and Board.

CQC inspection demonstrated significant improvement and Trust rated "Good" overall. Trust removed from both Special Measures for Quality and Finance.