

## Self-Certifications

### Corporate Governance Statement (FTs and NHS Trusts) - Financial Year 2024-25

#### Corporate Governance Statement

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

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

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

Signed on behalf of the board of directors, and having regard to the views of the governors

Signature



Name	Jude Chin
Capacity	Chair
Date	20 June 2025

Signature



Name	Dr Ewen Cameron
Capacity	Chief executive
Date	20 June 2025

## Certification on governance and training of governors

*The Board are required to respond "Confirmed" or "Not confirmed" to the following statement. Explanatory information should be provided where required.*

### 2 Training of Governors

The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

Signed on behalf of the Board of directors, and having regard to the views of the governors

Signature



Signature



<b>Name</b>	Jude Chin
<b>Capacity</b>	Chair
<b>Date</b>	20 June 2025

<b>Name</b>	Dr Ewen Cameron
<b>Capacity</b>	Chief executive
<b>Date</b>	20 June 2025

**B. Annex B General condition 6 and Continuity of Services condition 7 certificate- Systems for compliance with licence conditions and related obligations- Financial Year 2024-2025**

**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**

**3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)**

**EITHER:**

- 3a 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.

**Confirmed**

**OR**

- 3b 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 (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

**OR**

- 3c 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.

**Statement of main factors taken into account in making the above declaration**

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows: **(Annex 1)**

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** Jude Chin

**Capacity** Chair

**Date** 20 June 2025

**Signature**



**Name** Dr Ewen Cameron

**Capacity** Chief Executive

**Date** 20 June 2025

## Annex 1 Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

Financial risks considered by the Board included:

- Appropriate cash management and liquidity arrangements
- Cost improvement plan delivery risk
- Appropriate inflation funding, in particular for the staff pay award

Wider service delivery risks considered by the Board included:

- **Building structure**

The building structural challenges we face at West Suffolk Hospital are well known and we have long documented that, according to structural engineer experts, our building's 'shelf life' is documented to be estimated at 2030.

The Trust has faced estate challenges regarding its reinforced autoclaved aerated concrete (RAAC) roof for a number of years, and has put approved mitigations in place, such as reducing the weight on it and renewing the roofing membrane. These mitigations were recommended by structural engineers and have been well-managed and reported to our regulators as part of our planned estates works, the main works to the roof is now complete

The need for a new hospital has been nationally acknowledged and WSFT were delighted that the Trust was named and is now part of the Government's New Hospital Programme, the design of the new hospital is now well underway however whilst this news is very much welcome, any new facility will not be open for several years. We have a duty to ensure that the existing hospital is appropriately maintained and we are able to continue to provide high quality health services for our community.

- **Delivering patient access**

Each year, the NHS publishes a set of operational priorities. For 2024-25 there were 32 objectives, most of which were relevant to WSFT as a provider of acute, community and primary care services.

Many objectives represent a continuation of those from 2023-24, however not all were achieved in full last year. Therefore, additional activity and/or performance improvement was required to achieve them. The Trust has committed to meet the performance expectations by the required timescales.

The priorities for operational performance for WSFT in 2025-26 are:

- Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment a minimum 5% - for WSFT compared to a November 2024 baseline the target is 63.6%. Providers are also expected to deliver continued reductions in long waits, with no more than 1% of the total waiting list waiting more than 52 weeks by March 2026. For WSFT this equates to a target of 276 patients.
- Continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- Improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2

ambulance response times should average no more than 30 minutes across 2025/26 – to support this, WSFT will need to deliver timely ambulance handovers within the 'lost hours' fair shares quota. Providers should also deliver a reduction in the percentage of patients spending more than 12 hours in an emergency department.

- Improve access to general practice, evidenced through improved patient experience of access to general practice as measured by the ONS Health Insights Survey.
- **Financial control and sustainability**

The Trust recorded a total deficit of £33m in 2024/25, including an impairment of fixed assets of £7.4m. The reported adjusted deficit position was £25.3m. The Trust failed to achieve its planned deficit for the year by £10.1m, and in year implemented a significant financial turnaround programme to reduce the deficit by a number of cost control measures.

In September, the Trust approved a Financial Recovery plan, which delivered considerable reductions in temporary staffing, non-pay, and substantive vacancy controls. This has been monitored through the Financial Recovery Group, a weekly Chief Executive led Financial Recovery meeting. Additional 'Double Lock' controls have also been in place, whereby certain categories of Pay and Non-Pay spend have required approval by Suffolk and North East Essex ICB.

The Trust employed a Director of Financial Recovery, and also an Executive Director of Strategy and Transformation, and this has allowed the organisation to improve its focus and delivery of cost savings in year. This has resulted in significant improvement in the underlying 'run rate' of the organisation in the last 6 months of the 2024/25 financial year, mitigating the deficit to an extent.

However, the Trust remains in a significant deficit position going into 2025/26, and has set a £20.2m deficit plan for the year, and is aiming for a further 7% in efficiencies. While control measures will remain in place, the CIP programme for 2025/26 is focusing on a smaller number of strategic waste reductions including significant corporate transformation and a focus on clinical productivity. The Trust and wider system have developed a series of productivity metrics to drive improvement across clinical areas.

The system has undertaken a sustainability review, which outlines the clinical and financial direction of travel to enable the system, and West Suffolk NHS Foundation Trust, to become financially sustainable in the medium term by reducing and then eliminating the remaining deficit. This is in the context of a challenging period for the NHS, which will require a step change in the efficiency of the delivery of services.