

**A Corporate Governance Statement (FTs and NHS Trusts) - Financial Year 2021-2022**

**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 Improvement 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:

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

**Signature**



**Name** Jude Chin

**Signature**



**Name** Craig Black

# 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>	14/9/22

<b>Name</b>	Craig Black
<b>Capacity</b>	Interim Chief Executive
<b>Date</b>	14/9/22

**B. General condition 6 and Continuity of Services condition 7 certificate-  
Systems for compliance with licence conditions and related obligations- Financial  
Year 2021-2022**

**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

Please Respond

**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

Please Respond

**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.

Please Respond

**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 **14/9/22**

Signature



Name **Craig Black**

Capacity **Interim Chief Executive**

Date **14/9/22**

## 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 two years of some of the greatest challenges and extraordinary pressures of the pandemic, and the urgent need to recover from it, the Trust has ever faced, our strategy reflects what we have learned from our experiences, our staff and those who need our care
- To maintain patient care during COVID-19 meant we had to adapt many of our services and working practices, enhance our infection control measures, and respond as waves of the virus changed the levels of infection in the population. Ensuring our integrated community services and acute hospital teams work closely together to meet individual place-based needs; and developing the relationships with our alliance partners throughout Suffolk has been a vital part of maintaining services
- 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
- Technology and digital solutions have continued to be a key element, with online and phone contacts mixed with face-to-face care. In our community services, telehealth and the use of virtual wards have enabled us to safely look after patients where they live, preventing admission or readmission. We have been proactive in promoting and supporting self-care, recovery, and the "stay well" for surgery or treatment initiative led by Suffolk and North East Essex integrated care system (SNEE).
- The joining of community health and social care services into integrated neighbourhood teams, and a multi-disciplinary way of working across the system is improving the quality and efficiency of care the Trust can offer our patients and will be further developed this year
- The External Review into whistleblowing commissioned by NHS England/Improvement was published in December. The Trust Board accepts full responsibility for the failings that led to the review, and apologised wholeheartedly for the distress caused. The findings from the review have informed work already under way to improve our culture, especially in ensuring our staff feel confident to speak up about matters that concern them. Our new Freedom to Speak Up (FTSU) guardians and network of FTSU champions throughout the Trust are working with the Board to help drive the culture change we need and want to see
- We have also improved how we handle investigations to take a more supportive and compassionate approach; and developed our Patient Safety and Quality Improvement (QI) team and patient safety initiatives across the Trust. In February we marked the first anniversary of becoming a pilot organisation in the national Patient Safety Incidence Response Framework, which has given us many valuable insights into how better to learn from incidents
- In addition, the Trust has a borrowing arrangement in place with the Department of Health and Social Care (DHSC) to support its liquidity position. If the Trust no longer existed, health services funded by the DHSC would still be provided and ultimately all liabilities are underwritten by DHSC
- The Trust has invested more than £500,00 in staff support psychology team; and committed

further investment to a partnership with Abbeycroft Leisure to provide free gym membership for all staff, which has proved hugely successful. Free parking, hot drinks and other benefits have been welcomed, as well as a bi-annual wellbeing week called 'Love Yourself' which is run by our communications team. As well as supporting the work of the Trust, the Trust's hard-working My WiSH charity team have also done incredible work to support staff wellbeing, such as providing and equipping breakout areas

- One of the greatest achievements made during the pandemic has been the development of vaccines to protect against the transmission and effects of coronavirus. We successfully rolled out first, second and booster vaccines to our staff with an excellent take-up rate. Our vaccination taskforce continues to work with system partners throughout our community delivering vaccine in areas of low take-up and in settings such as supermarket car parks, village halls and colleges. They are also offering the vaccine to some of the most vulnerable and isolated people in west Suffolk
- Beyond caring for patients and staff, the WSFT is committed to playing a leading role in securing a healthy and sustainable Suffolk, and we have recently published our Green Plan 2021-2025. A truly sustainable health system is defined as working within available resources, to protect and improve health, now and for future generations
- The Council of Governors attended seminars, both internal and external to support learning and development which included a joint training session with NEDs held virtually through MS Teams. Informal meetings of Governors were arranged to ensure effective working relationships and preparations for meetings
- An externally facilitated programme for the Council of Governors was commissioned to review and support effective working and governance. The final report is expected later in the year
- Visits to clinical and non-clinical areas have been suspended during the pandemic. We have now been able to put in place plans to restart these visits in line with the national 15 steps challenge approach. 'Environmental Reviews' were suspended due to Covid restrictions. 'Area Observations' have been suspended due to Covid restrictions
- The Governors have been engaged and supported the Trust in the Future System development to meet the future health requirements of the local population, in particular, the creation of a new hospital facility. We will continue to support this important work, including lobbying at national level for the funding
- Our community services have increasingly used telehealth to offer enhanced care to patients where they live, allowing them to have the clinical oversight and support they need to stay out of hospital. Through our integrated care networks and multi-disciplinary way of working, we are expanding our virtual ward beds which means people can receive the individual care they need at home
- We are active members of the West Suffolk Alliance, and are committed to an "alliance way of working" with our partners across the system. In July, Clement Mawoyo was appointed director of integrated community health and adult social care, as part of the work driving further integration with our social care and other alliance colleagues.
- Our Mildenhall integrated neighbourhood team is now based at the new Mildenhall Hub, co-located not only with social care, but also a school, leisure centre and other public services. The Brandon team is based at the town's health and leisure hub, and all our teams are able to refer patients directly to trained Abbeycroft Leisure instructors working at local Abbeycroft leisure centres and gyms.

- A network of integrated neighbourhood team co-ordinators has been established, who with our hospital-based locality liaison co-ordinator, support community teams and wards to facilitate admission and discharge. We are also working with partners to improve waiting times and ensure equity in access to treatment
- Working with the Suffolk and North East Essex integrated care system (SNEE) we have established a WSFT vaccine taskforce. After our successful vaccine rollout to our staff and colleagues from key partner organisations, the taskforce joined the campaign to vaccinate as many people as possible at the heart of their community. Giving people expert advice, taking time to answer questions and allay fears, the team has helped thousands to access the vaccines, including some of the most vulnerable
- The Trust recently marked the first anniversary of becoming an early adopter of the Patient Safety Incident Response Framework, a national initiative aimed at identifying risks and learning from incidents to improve quality and safety. Our Patient Safety and Quality Improvement (QI) team has been expanded and developed, and is undertaking projects across the Trust, embedding QI in all aspects of our work
- Improvements in our maternity services were noted by the Care Quality Commission after an unannounced inspection, which reported on progress being made, but also raised concerns which are being dealt with
- With our alliance partners East Suffolk and North Essex NHS Foundation Trust (ESNEFT) we have taken over the Early Supported Discharge service for stroke patients in the county, with the staff also transferred to the trusts
- The Trust continues to perform well on the National Hip Fracture Database, where the data puts us at the top of all hospitals in England, Wales and Northern Ireland for meeting best practice criteria when assessing patients with a hip fracture
- Our cancer care teams have extended the hours for people to access routine screening or referral appointments; and innovative screening tools using artificial intelligence are helping us to increase the numbers of patients we see and reduce waiting times
- The Macmillan Unit based at the hospital was recently awarded the Macmillan Quality Environment Mark for the third time. The award champions cancer environments that go above and beyond to create welcoming and friendly spaces for patients.