

**Annex A -Self-Certifications**

**Corporate Governance Statement (FTs and NHS Trusts) - Financial Year 2025-26**

**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*

<b>1 Corporate Governance Statement</b>	<b>Response</b>	<b>Risks and mitigating actions</b>
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.	<b>Confirmed</b>	
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS England from time to time	<b>Confirmed</b>	
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.	<b>Confirmed</b>	
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.	<b>Confirmed</b>	

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.

<b>Confirmed</b>	
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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.

<b>Confirmed</b>	
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Signed on behalf of the board of directors, and having regard to the views of the governors

**Signature**

<b>Name</b>	Jude Chin
<b>Capacity</b>	Chair
<b>Date</b>	23 June 2026

**Signature**

<b>Name</b>	Dr Ewen Cameron
<b>Capacity</b>	Chief executive
<b>Date</b>	23 June 2026

## 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>	23 June 2026

<b>Name</b>	Dr Ewen Cameron
<b>Capacity</b>	Chief executive
<b>Date</b>	23 June 2026

**B. Annex B General condition 6 and Continuity of Services condition 7 certificate- Systems for compliance with licence conditions and related obligations- Financial Year 2025-2026**

**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.	<div style="border: 1px dashed black; background-color: #ffff00; padding: 5px; width: 100%;">Confirmed</div>
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**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.	<div style="border: 1px dashed black; background-color: #ffff00; padding: 5px; width: 100%;">Confirmed</div>
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**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.	<div style="border: 1px dashed black; background-color: #ffff00; padding: 5px; width: 100%; height: 100px;"></div>
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**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.	<div style="border: 1px dashed black; background-color: #ffff00; padding: 5px; width: 100%; height: 40px;"></div>
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**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** 23 June 2026

**Signature**

**Name** Dr Ewen Cameron

**Capacity** Chief Executive

**Date** 23 June 2026

## 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**

In 2019 an additional, specific structural risk was identified about RAAC planks, which were used in the original build of West Suffolk Hospital and the front residences in the 1970s. The building structural challenges we face at West Suffolk Hospital, as a result of this are well known and we have long documented that. We have previously reported that our buildings 'shelf life' was estimated to last until 2030. However, in 2025-26, WSFT received a further independent RAAC 7 report undertaken by Mott MacDonalds. This report sets out recommendations for extending the life of the existing estate until the planned opening date for the new hospital.

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. Since receiving the alert, they have mapped every plank across the organisation, and implemented an assessment programme using sophisticated radar equipment and other approved tests to check all planks for signs of stress. The teams carried out remedial repairs across the estate as part of this as well as carrying out a full failsafe programme to help reduce the risks to the roof RAAC planks. This failsafe programme was completed in February 2025.

RAAC load bearing walls were also highlighted as a potential risk to the Trust so extensive works have been carried out to reduce that risk by externally installing anodes to protect the reinforcement bars, and by applying a breathable waterproof membrane to protect the RAAC, the intention being to prolong the life of the RAAC walls until we have our new hospital.

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. As discussed elsewhere in the report, the design of the new hospital is now well underway however while 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 that we are able to continue to provide high quality health services for our community.

In addition to the RAAC risk, the ageing estate the Trust has a backlog of estates related maintenance issues which have the potential to affect the operational and day to day function of the hospital estate. As discussed earlier in the report, 2026-27 is the first year that NHS England have provided additional public dividend capital specifically to address the backlog of estates

related works. This is under the Estates Safety Fund (ESF). The backlog programme is prioritised on an annual basis using a risk-based methodology assessed by a range of disciplines (electrical, mechanical, architectural, etc.). The backlog programme has also been informed by the independent RAAC 7 report.

The Trust continues to engage with experienced structural engineers and experts to support future inspection work. All planks will be continually assessed in a rolling programme of routine estates work until we move to a new hospital site. In addition, proactive programmes of precautionary maintenance work will continue around the hospital to further ensure the safety of our patients, visitors, and staff.

We are not complacent - this has and will continue to have our absolute attention and focus. Staff, patient and visitor safety matters to us above all else.

This issue has not been caused by a failing of the Trust, which has managed its estates repairs well within the means available, but by the ageing of a product in our roof that cannot be replaced. We want to be transparent about our challenges and to reassure our patients, staff and community.

#### • Delivering patient access

Each year, the NHS publishes a set of operational priorities. For 2025-26 a more rationalised approach was taken than in previous years, consolidating the 32 objectives into two headline statements to reduce the time people wait for elective care and improve A&E waiting times and ambulance response times, alongside an expectation for systems to deliver financial balance and main focus on the quality and safety of services.

The access standards themselves remained the same as in 2025-26 but with an increase in target thresholds and in the case of elective care, a shift in focus from long waits to delivery of the 18 week referral to treatment standard.

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

- reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 63.6% (later increased to 64.2%)
- 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 emergency department (ED) waiting times, with a minimum of 78% of patients seen within 4 hours in March 2026.

We achieved all of these requirements, as well as making significant progress on diagnostic waiting times and maintaining access standards for our community based services.

#### **Elective access, including referral to treatment (RTT), diagnostics and cancer**

Delivery against elective access standards in 2025-26 has demonstrated continued and sustained improvement. The number of patients waiting over 52 weeks reduced significantly to 422 by year end, compared to 1,223 at the start of the year. This represents 1.4% of the total waiting list, a notable reduction from 3.4% in March 2025, and progress towards the 1% target. The number of patients waiting over 65 weeks has been maintained at a low level, with 15 patients recorded at year end, sustaining the gains achieved during 2024-25. Performance against the 18-week referral to treatment standard has also improved, with 66.0% of patients waiting less than 18 weeks as of March 2026. This exceeds the Trust's internal target of 64.2%, reflecting continued progress in improving timely access to care.

Similar improvement must be made in 2026-27, continuing to reduce waits of 52 weeks or more to zero whilst delivering a 7% increase in the number of patients waiting less than 18 weeks by March 2027. Key to this will be delivery of our agreed activity plan across outpatients, day case and inpatient procedures, developed as part of annual business planning. As we move away from a

block contract arrangement delivery of activity is also directly linked to clinical income and WSFT's overall financial position.

Whilst there was no national standard for diagnostics in 2025-26, significant progress has been made in reducing waiting times and improving performance against the DM01 standard; the percentage of patients waiting less than 6 weeks improved from a low of 42.33% to 86.28% in March 2026. Areas of focus for delivery of additional activity in 2026-27 are DEXA (bone density scan), endoscopy, non-obstetric ultrasound (NOUS) and audiology, aiming to improve on the March 2026 position.

Cancer performance standards were met in March 2026, for both the 28-day faster diagnosis and 62-day referral to treatment standards. This followed variable performance throughout the year, owing to challenged pathways particularly in breast, But with additional activity in Q4 supporting the recovery and maintenance of waiting times below 28 days for patients to attend and receive the results from their one-stop clinic.

With the national standards increasing again in both these areas for 2026-27 sustained improvements will be needed to respond to increases in demand across high volume pathways in breast, skin and gynaecology cancers, with working groups building on improvements and transformation work.

### **Urgent and emergency care**

Having reintroduced the 4-hour standard for the emergency department (ED) in May 2023, WSFT has demonstrated continuously improved performance throughout 2025-26 with significant progress again in March, ending the year at 78.3% against the standard of 78%.

The headline metric for urgent and emergency care (UEC) will continue to be the 4-hour standard, which will increase to 82% to March 2027. Additional indicators of average ambulance handover times will need to be maintained below 30 minutes and the number of patients waiting 12 hours or more in the emergency department (ED) will need to be further reduced from current levels towards an ambition of fewer than 2% of attendances.

Delivery of these objectives will be underpinned by the continued implementation and consolidation of workstreams within the UEC Delivery Group plan. This will build on progress already made to reduce delays and improve patient flow across the integrated organisation. Key initiatives include embedding the ED Same Day Emergency Care (EDSDEC) model, exploring the development of a Community Same Day Emergency Care (CSDEC) offer, strengthening the use of criteria-led discharge, and reducing overall length of stay.

- **Financial control and sustainability**

The Trust recorded a total deficit of £5.7m in 2025-26, including the reversal of an impairment of fixed assets of £7.9m and the donation of a surgical robot from MyWish. Before these adjustments we would report a deficit of £14.5m. This is in line with the Trust's adjusted control total for 2025-26 which includes the benefit of central deficit support funding. This financial position represents a significant improvement and is due to the significant financial turnaround programme that began in 2024-25. As a result, the underlying 'run rate' of the organisation has continued to fall, by around £600k per month over the course of 2025-26. This reduction is largely as a result of reduced staffing levels, which have dropped by around 160 WTEs (3.2%) over the course of the year.

However, the Trust remains in a significant deficit position going into 2026-27 and has set a £12.8m deficit plan for the year, which will be matched by deficit support funding, meaning we plan to break even with this support. In order to achieve this, we have a further 6.8% in efficiencies. While control measures will remain in place, the cost improvement programme for 2026-27 is focusing on clinical income in order to reduce waiting times (RTT) and associated clinical productivity.