

Self-Certifications

Corporate Governance Statement (FTs and NHS Trusts) - Financial Year 2023-24

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	Action being taken in response to the PA Consulting and AuditOne well led reports.
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	Director of strategy and transformation appointed and started in June 2024.
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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.

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
Capacity	Chair
Date	25 June 2024

Signature



Name	Dr Ewen Cameron
Capacity	Chief executive
Date	25 June 2024

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.

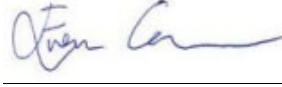
Confirmed

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

Signature



Signature



Name	Jude Chin
Capacity	Chair
Date	25 June 2024

Name	Dr Ewen Cameron
Capacity	Chief executive
Date	25 June 2024

B. Annex B General condition 6 and Continuity of Services condition 7 certificate- Systems for compliance with licence conditions and related obligations- Financial Year 2023-2024

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

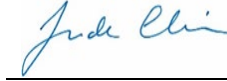
- 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

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 25 June 2024

Signature



Name Dr Ewen Cameron

Capacity Chief Executive

Date 25 June 2024

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:

- Cost improvement plan delivery risk
- Appropriate inflation funding, in particular for the staff pay award
- Earning elective recovery fund (ERF)

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 unlikely to extend beyond 2030.

The Trust has faced estate challenges regarding its roof for a number of years, and has put approved mitigations in place, such as reducing the weight on it. These mitigations are: recommended by structural engineers, well-managed, and reported to our regulators as part of our planned estates works.

The need for a new hospital has been nationally acknowledged and WSFT, and the rest of the West Suffolk health system, were delighted that the Trust was named as one of 40 to benefit from the Government's New Hospital Programme. However, whilst this news is very much welcome, any new facility will not be open for several years and 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 are 32 objectives, most of which are 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 will be required to achieve them. The Trust has committed to meet the performance expectations by the required timescales. While our absolute elective activity targets are not forecast to achieve the required 108.09% of 2019-20 levels this is mitigated when the value-weighted activity calculation is applied, as some units of activity (operations or procedures) have a higher value than others.

- **Financial control and sustainability**

The Trust recorded a deficit of £6.3m in 2023-24, after benefitting from non-recurring support of £15m. As a result, the Trust faces a significant underlying deficit in 2024-25 and has a challenging cost improvement programme (CIP) of £16.5m (4%) to meet its planned deficit of £15.2m in 2024-25.

Furthermore, the Trust aims to break even in 2026-27 and therefore requires recurring CIPs of £38m over these three years in order to achieve that.

To address our underlying deficit the Trust established a financial resource group in August 2023, chaired by the chief executive officer. This group meets fortnightly and focuses on our CIP and underlying run rate. Its role is to ensure cost savings are delivered at pace with Trust ownership; and that the savings are recurring through permanent culture change Our Workforce Resource Group which focuses on staffing efficiencies reports to FRG.

The SNEE ICB commissioned PA Consulting (PAC) to review the Trust's financial position and their report has highlighted opportunities for efficiencies. PAC used benchmarking to identify corporate opportunities and highlighted where controls could be improved. This has helped to shape our plans to break even in 2026-27.

We have also reviewed executive director responsibilities to ensure capability and capacity is applied to strategic plans as part of the CIP.

Our financial governance has been strengthened through the financial accountability committee (FAC) which meets each month. This includes a broad agenda of finance related matters, with a focus on ensuring budgets are set appropriately and CIP is clearly allocated. Financial performance is monitored against plan and reported to insight committee of the Board. This committee provides Board-level challenge to the financial position and assurance to the Board of directors.