West Suffolk NHS
NHS Foundation Trust

Annual Report and Accounts 2012/13

Putting you first

University of Cambridge Associate Teaching Hospital

West Suffolk NHS Foundation Trust

Annual Report and Accounts 2012/13

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Throughout this document the organisation West Suffolk NHS Foundation Trust is referred to as WSFT and West Suffolk Hospital as WSH.

1. A Message from the Chairman and Chief Executive

A desire to care for people is the main reason why most of us want to work in the NHS and providing the best possible care for our local communities is the number one priority for West Suffolk NHS Foundation Trust (WSFT).

During the year, the Board continued to stress the importance of our organisation-wide culture of openness, transparency and learning which is focused on Putting Patients First. All of us, whether we are in patient-facing roles, or provide supporting services, have a part to play in providing high quality care.

Back in 2009 we held a listening event where we asked over 800 patients and staff what quality meant to them. Both patients and staff agreed that our patients should always feel safe, feel cared for and feel confident in their treatment. Out of this work came our 10 *Patient First Standards* which help all of us to focus on providing this experience to our patients.

For the last three years we have canvassed our Foundation Trust members on a range of quality priorities, asking them to rank each indicator according to what was most important. We are very grateful to all our members for completing the surveys which help set our quality goals.

In February 2013 publication of Robert Francis QC's Report, which looked at the failings of care within the Mid Staffordshire NHS Foundation Trust between 2005 and 2009, was a stark reminder of the importance of remaining connected with your patients and staff. The story it tells is of appalling suffering of many patients where the fundamentals of care were missing. We all need to understand what went wrong to ensure that such systemic failings can never happen in the West Suffolk Hospital. We will not shy away from making change where we feel change is needed. However, there is a lot that we are doing that we are proud of, including:

- **Intentional rounding** – this is a check of the basic care needs of every patient every one to two hours. This includes help with going to the toilet, checking the need for a drink and ensuring availability of the call bell. Timely response to call bells has been a challenge at times and members of the Trust's Patient Experience Committee are undertaking a project with the Patients Association to look at how this can be improved
- **The Safety Thermometer** – this is a measurement of 'harm-free' care which is defined as the proportion of patients without a pressure ulcer (category 2 – 4), harm from a fall, a urinary tract infection or new VTE (venous thromboembolysm). Our performance data for March 2013 is 93.91% - the national amalgamated figure in March for all organisations is 92.4%. This information allows us to gauge how safe our environment is and take appropriate action. WSH has consistently achieved at least 95% in new harm-free care and has always reported lower harm than the national average
- **Quality Walkabouts** – along with the Medical Director, Chief Nurse, a Non-executive Director and a Governor (public representative), the Chief Executive completes a weekly walkabout. Open and honest conversations take place with staff about our quality priorities and it provides an opportunity for staff to highlight any concerns and for patients to talk about their experience of care. Action is taken should any issues arise
- **External peer reviews** – we carry out assurance audits which are based on the Care Quality Commission (CQC) standards and every quarter these are carried out by a group that includes staff from other trusts, commissioners and representatives from patient groups including LINks (Suffolk Local Involvement Network)
- **Waiting times -** we continue to be one of the top performing Trusts in the country with regard to achieving the 18 week referral to treatment time target and we know that shorter waiting times continue to be important to our patients.

But there are areas where we performed less well and these are receiving our attention:

- In common with many other trusts we missed the national A&E waiting time target. During 2012/13 there was a 7% increase in the number of A&E attendances and a 1% increase in the number of emergency admissions. We are looking innovatively at new ways of working across the hospital to improve the flow of patients and availability of beds and stop any long waits in A&E
- Hospital Acquired Infection – We recorded a higher than expected level of *C. difficile* and despite a number of external reviews no common cause has been found and the majority were deemed to be unavoidable. With a limited number of single rooms in the hospital provision of facilities for patients with *C. difficile* and other infections who require isolation continues to be a challenge. Alternatives for the provision of isolation facilities are planned for implementation during 2013/14 including conversion of an existing ward and installation of doors to bays in some clinical areas. We will also re-instate a decant ward to allow cleaning on a ward by ward basis.

Winter is a very challenging time for the NHS and for WSFT as we deal with increasing demands for emergency services with the added problem of Norovirus, (winter vomiting virus) and an increase in unplanned staff sickness. A shortage of registered nurses coming through the system meant that we were depending more and more on bank and agency nurses to fill vacancies and open additional beds, which was compromising quality of care. In response we decided to recruit additional nurses from abroad. Following a successful campaign in Portugal 39 qualified Portuguese nurses with excellent clinical and communication skills joined the Trust to work alongside our own newly qualified student nurses providing consistent high quality care.

We recognise and celebrate the skills, hard work and dedication of our staff – we are very proud of all their achievements which are the basis of WSFT's successes. We are also very grateful for the support of our local community through our membership and the Council of Governors. The work of our Governors continues to make a positive impact on services.

Added to this is the work of our volunteers and Friends of West Suffolk Hospital who have again surpassed themselves in their loyalty to the hospital and efforts to help patients and raise money. We are, as ever, indebted to them too.

We strengthened our partnership working with the new West Suffolk Clinical Commissioning Group, GPs, primary, community and social care colleagues. We will continue to develop more integrated services which will help patients have a smoother journey through the health and social care system.

We will continue to listen and respond to our patients and staff. We will not always get it right but we will be open about our mistakes and ensure that we learn from them. If we make sure that we get it right for the individual patient we will get it right for the organisation. Improving quality can help us to reduce costs too, by getting it right first time, and avoiding harm to patients. At WSFT everyone is encouraged to see it as their job to continuously improve the services we provide to patients and offer the very highest quality of care.

Roger Quince
Chairman

Stephen Graves
Chief Executive

2. Directors' Report

2.1 About our Trust – a summary

WSFT provides hospital and some community health care services to people mainly in the west of Suffolk and is an associate teaching hospital of the University of Cambridge.

WSFT serves a predominantly rural geographical area of roughly 600 square miles with a population of around 280,000. The main catchment area for the Trust extends to Thetford in the north, Sudbury in the south, Newmarket to the west and Stowmarket to the east. Whilst mainly serving the population of Suffolk, WSFT also provides care for parts of the neighbouring counties of Essex, Cambridgeshire and Norfolk.

Our aims and values

Our aim at WSFT is to offer the highest quality service for patients and this is encapsulated in our core values – to be 'first for patients and the community'.

Values are important to WSFT as they describe the way in which we work and are at the heart of all that we do. WSFT has worked hard to engage with its staff and those who use its services to develop our values:

First for patients and the community
Integrated team working
Respect and courtesy
Supporting and valuing staff
Two-way open communications

Our sites

WSFT manages West Suffolk Hospital (WSH), a busy District General Hospital (DGH) which provides a range of acute core services with associated inpatient and outpatient facilities. There is a purpose-built Macmillan Unit for the care of people with cancer, a dedicated Eye Treatment Centre and a Day Surgery Unit where children and adults are treated and go home on the same day. WSH has around 450 beds and 14 operating theatres, including three in day surgery and two in the Eye Treatment Centre. Access to specialist services is offered to local residents by WSFT networking with tertiary (specialist) centres.

Our staff

WSFT is one of the largest employers in Suffolk, employing 2,495 whole time equivalent staff in March 2013.

WSFT firmly believes in the benefits of working in partnership with staff and the Trade Unions, and this is highlighted during 2012/13 with the following activities:

- Working in partnership with the Trade Unions the following policy changes were discussed and agreed:
    - First day – Certificate for Sickness
    - Minimum hours contract for new employees
    - Where possible employing new administrative and clerical staff on a 35 hour per week contract
    - All new staff to pay for Criminal Records Bureau checks
- Our Staff Governors hold quarterly Staff Conversations to discuss challenges and achievements

- As part of the Trust's Health & Wellbeing programme and in partnership with staff a Book Club, Gardening Club and Hospital Choir, which were set up in 2011, continued to thrive. A successful It's a Bury Knockout competition was held in July 2012 in partnership with Suffolk County Council and West Suffolk College.
- We have continued to support the Trade Union Convenor role and a local steward to sit on the National Executive Committee
- We have completed a review of the terms and conditions that determine the pay arrangements for on-call activities in partnership with our local Trade Union stewards, and agreed new pay arrangements with effect from 1st April 2013
- Trade Unions have contributed to the Trust's Equality Delivery Objectives
- The Executive Director of Workforce and Communications is the Management-side Chair of the Regional Social Partnership Forum
- We continue to develop our partnership working through the following committees:

  – Trust Council
  – Trust Negotiating Committee (General Staff)
  – Trust Negotiating Committee (Medical and Dental)
  – Policy Development Group
  – Travel Plan Steering Group
  – Health & Wellbeing Forum

Further detail is included in Section 9 (Other disclosures) on the work we are doing regarding the employment of the disabled.

Our partners

WSFT works closely with other public, private and voluntary stakeholders. These include West Suffolk Clinical Commissioning Group (CCG), Suffolk County Council and Cambridge University as well as other local NHS providers, CCGs, Care UK and Serco (which manages Community Services).

2.2 Principal activities and achievements

Care Quality Commission (CQC) registration

In August 2012 the CQC made an unannounced inspection visit to the WSH to carry out a review of services provided. The focus of the visit was dignity and nutrition and they reviewed five of the outcomes for which the Trust is registered:

- Outcome 1: Respecting and involving people who use services
- Outcome 5: Meeting nutritional needs
- Outcome 7: Safeguarding people who use services from abuse
- Outcome 13: Staffing to keep people safe and meet their health and welfare needs
- Outcome 21: Records.

The inspection team included four CQC inspectors joined by a practising professional who was an experienced nurse manager. The team visited six wards; three medical wards with a high proportion of older people and three surgical wards. The CQC found the Trust to be meeting all the standards reviewed and made a large number of positive comments along with some suggestions for improvement.

Regulatory ratings

WSFT achieved its financial plan of a risk rating of 3 throughout the year and has detailed plans in place to maintain this risk rating throughout 2013/14. There are two issues contributing to the WSFT's

variance from its forecast governance rating. These relate to performance on A&E – 4 hours from arrival to admission, discharge or transfer and the number of cases of *C. difficile*. Further information is provided in Section 8 (Regulatory ratings).

Our services

WSFT provides a range of patient services:

Indicators	2012/13	2011/12	2010/11	2009/10	2008/09
Inpatient Planned	**4,002**	4,794	4,770	5,038	5,195
Inpatient Non Planned	**25,443**	25,142	26,749	27,051	25,241
Day Cases	**21,997**	19,848	19,442	20,486	19,021
Outpatient Attendances (inc. Ward Attenders)	**158,167**	162,990	157,592	156,574	187,371
Outpatient Procedures	**67,481**	60,404	57,735	46,884	14,120
A&E Attendances	**59,303**	55,627	51,936	48,115	47,638

Procedures which were traditionally carried out as a day case or inpatient procedure are now being undertaken in an outpatient setting, which is more efficient for WSFT and more convenient for patients.

The time patients stay in hospital (length of stay) has reduced across directorates and specialties. The WSFT continues to improve length of stay with the redesign of patient care pathways as part of its transformation programme. In achieving this reduction in length of stay, we continuously monitor the number of patients readmitted to hospital following discharge.

Activity continues to increase, particularly for emergencies. The Trust continues to work with West Suffolk CCG and primary care practitioners to manage this activity through a locally agreed QIPP plan (Quality, Innovation, Productivity and Prevention). Action is also being undertaken to modernise emergency care services during 2013/14 to help accommodate this additional demand.

Further detail of performance against local and national targets is provided in Section 6 (Quality Report).

Our financial performance

WSFT achieved a surplus of £1,512k for the year 2012/13. Total income was £167.0m which was an increase of 4.7% over that for 2011/12.

	2012/13 £000	2011/12 £000	2010/11 £000
Operating income	**166,988**	159,501	155,432
Operating costs	**(158,627)**	(152,015)	(148,669)
EBITDA* surplus	**8,361**	7,486	6,763
Depreciation, dividend and other costs	**(6,827)**	(6,816)	(6,728)
Fixed asset impairments**	**(22)**	(51)	(63)
Retained earnings	**1,512**	619	(28)

* EBITDA – measurement of Earnings Before Interest, Taxes, Depreciation and Amortisation
** Fixed asset impairments – these occur when the value of individual fixed assets reduces as a result of damage or obsolescence

Awards and accolades

- For the third year running WSH was a finalist in the 'quality of care' category in the Top Hospital Awards 2013, run by independent healthcare intelligence company CHKS. WSH has won the award in the previous two years.

- WSFT was presented with a national safety award in recognition of excellent performance in preventing deep vein thrombosis (blood clots) among at risk patients. The hospital received the Lifeblood VTE (venous thromboembolism) 2013 award in the category of best performing trust for its Commissioning for Quality and Innovation (CQUIN) results for 2011/12, and was described as providing "exemplary leadership in VTE prevention"

- The Macmillan Unit at WSH was awarded the Macmillan Quality Environment Mark (MQEM). The award is given to units which are welcoming and accessible, respect privacy and dignity, support patients' comfort and wellbeing, provide choice and give patients, families and carers the chance to feed back their views for ways to further improve care

- An innovative project to replace hard copy patient safety risk assessments with a new electronic version was presented at the *Leading Outcomes Framework for Patient Safety Conference* in January 2013*.* The new computer-based risk assessment, which is the first of its kind in the country will reduce paperwork and free up more time for nurses to spend caring for patients

- Patient Environment Action Team (PEAT) assessors rated the food at WSH as "excellent" and its standards of cleanliness and patient privacy and dignity as "good" for the second year running

- WSFT received a 'staying healthy at work' (SHaW) accreditation from NHS East of England. The award comes following the introduction of a wide variety of initiatives to boost health and wellbeing among the hospital's 2,500-strong workforce. The award came three months after the Trust was short listed in the 'health at work' category of the prestigious Personnel Today Awards 2012

- WSH has become one of the country's first hospitals to sign up to a new scheme to recycle waste cooking oil into electricity. All oil from the Trust's kitchens is now being used to run renewable energy facilities which feed directly into the national grid. The hospital will receive a small payment in return.

National accreditation

- Following a successful Year Two assessment the radiology department team maintained accreditation for ISAS, (Imaging Services Accreditation Scheme). The assessing team were very complimentary about the service, including the level of organisation and the way in which all staff, including first year students, discharge their duties reliably, courteously, and in line with the written protocols. The hospital was one of the first in the country to achieve this accreditation.

Recognition of best practice

- Ophthalmic photographer Hayley Coates picked up a hat-trick of awards in the space of just four months. She was given a bronze in the Institute of Medical Illustrators 2012 awards, awarded the best case study at the Ophthalmic Imaging Association's annual conference and she was presented with first place in the angiography category at the Yorkshire Retina Society's annual conference

- West Suffolk became one of only a handful of hospitals in the eastern region to pioneer a completely new nursing role after bringing the first fully-trained assistant practitioners to its wards to help further improve patient care. Nineteen assistant practitioners took up posts across 14

different clinical areas after completing two years of training, which included a foundation degree in healthcare practice at University Campus Suffolk. They are now qualified to take on extra nursing and clinical duties, and will lead teams of nursing assistants to make sure that patients' personal needs are met

- Dr Jon Cardy was named as clinical leader of the year in the BMJ Group Improving Health Awards 2012. He was nominated for the award after driving through improvements within the A&E department. Dr Cardy said that the award was a testament to the hard work and determination of both the A&E team and many staff across the rest of the hospital.

Major investments

- State of the art scanners, worth £718,000 were installed at WSH to provide clinicians with faster access to top quality images aiding diagnosis. The 64-slice CT scanners produce a 40% lower dose of radiation and are also around double the speed of the machines they replaced

- Ophthalmology equipment has been replaced with three ultra-modern machines which allow cataract surgery to be carried out with only a tiny incision, which heals more rapidly. The machines, which are together worth £125,000, are the first of their kind in a hospital in the UK and are considered to be the 'gold standard' for cataract surgery as they use the very latest technology.

2.3 Future business plans

Monitor, the independent regulator of NHS Foundation Trusts, authorised West Suffolk NHS Foundation Trust on 1 December 2011. On authorisation, and in line with the requirements set out by Monitor, the Trust reviewed its mission statement and strategic objectives as part of a comprehensive strategic review.

The Board of Directors in consultation with staff and Governors, agreed the following revised mission statement:

> **'Excellence in Healthcare – We will provide high quality, safe and caring services; and promote wellbeing'**

The mission statement is underpinned by a set of strategic objectives:

- To be the healthcare provider of first choice by providing excellent quality, safe, effective and caring services
- To work with partners to develop integrated healthcare services to ensure that patients receive the right care, at the right time, and in the right place
- To be the provider of urgent and emergency care services for the local population
- To continuously improve service quality and effectiveness through innovation, productivity and promoting wellbeing in patients and staff
- To continue to secure, motivate, train and develop an engaged workforce which will be able to provide high quality patient focused services
- To deliver and demonstrate rigorous and transparent corporate and quality governance
- To provide value for money for the taxpayer and to maintain a financially sound organisation.

WSFT's strategic objectives reflect our focus on strong governance arrangements. This is recognised as critical to delivery of our substantial transformation programme to take the WSFT successfully through challenging economic times.

WSFT's Project Management Office (PMO) which was set up in June 2011, is now referred to and known as the Trust's *Programme* Management Office, which aligns to industry best practice. From April 2013 the PMO will have three functions:

- **Planning:** including likelihood of programmes to succeed (via advice to decision-making groups on business cases, risks, project performance and Return on Investment (ROI))
- **Delivery:** ensuring programmes are delivered collaboratively and successfully with staff who have the right operational, business and programme management skills
- **Centre of expertise:** offering a range of services such as consultancy, advisory and governance and ensuring programmes conform to agreed standards and best practice.

The PMO will be led by a dedicated and experienced PMO manager. There will be up to four full time dedicated posts covering programme management, analysis, facilitation and expert methodology.

Clinical and managerial engagement is critical to the success of the PMO and the Trust's evolving programmes of service changes. To achieve and maintain the highest levels of engagement, a clinical 'senate' will be established to oversee and advise on programme delivery. This will be drawn from clinicians at all levels from across the organisation. Additionally, but proportionally, each project will have a Project Board which will include a sponsoring clinician and Executive Director, lead manager, patient representation (as appropriate) and a dedicated project manager.

Strategic position

WSFT provides a range of secondary healthcare services that meet the needs of its population.

With regard to community health services, a tendering exercise has awarded community health services to an independent sector provider (Serco). As a result, from October 2012, WSFT no longer provided specialised community Chronic Obstructive Pulmonary Disease (COPD) services in Suffolk. The Trust works closely with Serco and West Suffolk CCG to ensure seamless services are provided for patients, and that opportunities to improve the quality of services, through integration of all aspects of clinical care, are not lost.

A range of strategic options have been considered that will help to ensure that WSFT remains a sustainable provider of safe, high quality patient care. Working closely with the Council of Governors, Senior Managers and Clinical Directors, the Board of Directors has agreed that WSFT should remain an independent, standalone Foundation Trust and that further work, including financial modelling, is required on the following options:

- **Standalone FT underpinned by sharing of back office functions:** Consider sharing information, IT, finance, estates and HR with one or more NHS organisations

- **Standalone FT underpinned by integration of some clinical services:** Where clinical or productivity benefits are evident, clinical services may be shared with another NHS organisation. This may range from sharing cover arrangements for smaller specialties to operating a specialised service in collaboration with a regional provider

- **Standalone FT underpinned by critical appraisal and maximising of capital assets:** Consider developing WSFT assets in commercial partnerships. For instance with a housing association to replace the current staff accommodation which is in poor repair and generates little income

- **Standalone FT underpinned by charitable funds:** Building on the excellent support WSFT receives from local communities a more professional approach to charitable donation and legacies will be considered and the money used to help improve the environment for patients.

The four options above are all possible within WSFT's existing structure and are not mutually exclusive and we are progressing all of them.

The Trust was asked by Monitor to undertake a second stage Annual Plan Review in the summer of 2012. This work was undertaken by McKinsey on behalf of Monitor. Further work by McKinsey provided a framework which the Trust has used to review its services.

In addition WSFT has discussed with West Suffolk CCG its strategy for acute services, and has considered the strategic review of Stroke led by the Region and the reviews and views of the Royal Colleges.

WSFT has therefore focussed on the following areas

- **Paediatrics and Obstetrics** – WSFT has reviewed its services in line with the work by the two Royal Colleges. Both reviews identified that, at present, WSFT meets all their key criteria based on activity and staffing levels and performance standards

- **Emergency and Urgent Care** – as part of this work we would consider how hospitals cover a 24/7 rota with a team of 3/4 consultants and whether a partnership arrangement with another hospital would improve the service

- **Stroke** – West Suffolk CCG has confirmed its wants hyper acute stroke services to remain at the Trust. WSFT is therefore recruiting a third Stroke consultant and is improving access stimes to the ward and diagnostics. It is also working with partners to further develop arrangements for consultant cover at weekends, and to develop an Early Supported Discharge Service.

- **Cardiology** - WSFT commissioned an external review of Cardiology services so that we could consider how best to develop the service. This was undertaken by Papworth Hospital.

- **Pathology** - In the future clinical support services are likely to be further integrated across providers. The Midlands and East Strategic Health Authority-led process to market test GP pathology services has led to a major planned change to the organisation of pathology services. The consortium that WSFT is a member of has gone further and taken the opportunity to review hospital requested services alongside GP pathology. A contractual joint venture is being created to provide pathology services across eight different providers with a turnover of more than £80m.

- **Planned Care** - The CCG plan shows a number of areas that it wants to review and change the service model. WSFT is supporting the CCG in all relevant services. For example, the pain services review will provide clarity for the service users, providers and commissioners on the type of service that is available. Dermatology service reviews are featuring across a number of CCGs, the goal is for more elements of this service to be provided outside hospital by nurses and trained GPs. Our review of theatre performance and the efficiency of our systems has led to increased usage of main theatres by extending the day and plans for a greater use of our day theatre capacity are in development. The Board has also supported the development of a new sterile services department which, for the first time, will be on-site.

- **Clinical Information Technology** - A key support to improving the quality of care we provide to patients and ensuring their safety is the clinical information systems available to our clinical and support staff. The hospital system is based on a 20 year old Patient Administration System (PAS). A variety of clinical systems have been developed and purchased to enhance this. The Trust has reviewed its future options and has concluded that it should procure an integrated Electronic Patient Record (EPR) system and this procurement will start in this financial year with implementation in 2014/15.

The physical infrastructure of WSH is now in excess of 40 years old and, whilst it is well maintained, it is increasingly difficult to provide the environment that patients expect. It is for that reason that we will be exploring more innovative options on our current site and continuing discussion with the local authority about an identified alternative site. The Trust recognises the need to provide a high quality environment which meets patients' more demanding expectations.

2.4 Principal risks and uncertainties

WSFT is able to demonstrate compliance with the corporate governance principle that the Board of Directors maintains a sound system of internal control to safeguard public and private investment, the WSFT's assets, patient safety and service quality through its Board Assurance Framework (BAF).

Board Assurance Framework

The BAF was kept up-to-date in 2012/13 to ensure that it provided an adequate evidence base to support the effective and focused management of the principal risks to meeting our strategic objectives. The BAF illustrates the escalation processes to the Board of Directors and its sub-committees when risk, financial and performance issues arise which require corrective action.

The Executive Director with delegated responsibility for managing and monitoring each risk is clearly identified in the BAF. The BAF identifies the key controls in place to manage each of the principal risks and explains how the Board of Directors is assured that those controls are in place and operating effectively.

The principal risks identified in the 2012/13 BAF as reviewed by the Board of Directors are summarised below.

Board Assurance Framework summary

Category of risk	Description of risk	Potential impacts
Quality	Reputation damage due to quality/service failure leads to reduced activity	Loss of public and GP confidence that leads to reduced referrals as a consequence of public choice. Reduction in income. Restricted authorisation / licensing by regulators. Reduced income and contractual penalties
Urgent care	Changes to the provision of services in light of national or regional recommendations, including paediatrics, stroke and smaller service specialties (cardiology, urology, and dermatology).	Potential loss of inpatient services regarding required standards for surgery and anaesthesia. Breakdown of on call arrangements due to (small) size of rota, eg cardiology, ophthalmology and urology. Potential change to cardiology service provision. Potential loss of stroke (hyper acute) services.
	Increasing emergency activity.	Potential patient safety risk due to demand and capacity. Cumulative impact of contract penalties: A&E targets, stroke targets and ambulance turnaround.
Environment & effectiveness	Implementation of Estates Strategy to provide a building environment suitable for patient care and adequately maintained with regard to backlog maintenance.	Unknown financial impact of reputational consequences. Risk of improvement notices if the Trust fails to effectively maintain building(s). Potential reputation risk of disposal strategy.

Category of risk	Description of risk	Potential impacts
	Failure to identify and deliver the level of CIPs (cost improvement plans) to secure the long term viability of the Trust.	Capital plan would need to be reduced to reflect the reduced level of surplus. Financial Risk Rating would be adversely affected with associated impact upon service quality and potential enforcement action. Could lead to short term initiatives to reduce expenditure with potential impact upon service quality and reputational damage. Working with other organisations if local plans are insufficient to secure long term sustainability of Trust.
	Material re-organisation of pathology services across the Midlands and East of England. Proposal to move to Hub and Spoke Model.	Potential impact of GP pathology testing being removed from Trust and Trust's ability to remove fixed cost. Efficiency of remaining activity once GP pathology testing commissioned elsewhere. Staff implications, possible redundancies, lack of clarity on transitional costs and impact on WSFT's financial position. The transition phase may impact upon the Trust's ability to continue to provide a pathology service. Different IT systems across the seven partners within the TPP consortium may cause inefficiency and reduce information available to clinicians.
Workforce	Ability to meet Workforce Plan linked to the Trust's long term financial model (LTFM).	Reduction of staff costs and whole time equivalents as part of existing CIP plans. Quality and safety and impact on reputation. Adverse employee relations and staff motivation.
	Staff responsiveness to current economic/environmental challenges.	Impact of changes upon staff morale and responsiveness including resistance may lead to impact upon current discretionary efforts of staff.
Governance	Non-compliance with legislation, regulations and good practice guidelines, including failure to comply with internal policy and procedure.	Poor care and treatment of patients (impact also links to choice for local patients and GPs). Qualified registration with Regulators. Fines and civil awards. Loss of confidence. Insufficient capacity to deal with regulatory reviews (including Monitor). Potential fines and legal costs.
	Local income level at risk through changes to the tariff and/or reduced activity levels. West Suffolk CCG application of penalties through contract management and external influences/financial pressure upon NHS.	Loss of activity/income due to changes in commissioning decisions, which include: referral practices; patients' choice; and new entrants to market. Local management of relationships through contract management. Changes to local provision of services (increased use of private sector). Application of penalties risk, including *C. difficile* performance penalty (£0.75M).

Incident reporting

The Board of Directors has monitored the Trust's incident reporting rate which historically has been lower than expected when compared with our peer group. A new electronic incident reporting system (Datix) was introduced in April 2012 and the Trust has seen sustained increases in incident reporting rate throughout the year. The most recent data indicates that the Trust will move to be one of the

higher reporters within the peer group. The increased level of incident reporting has been welcomed by the Board.

Significantly, both before and after implementation of Datix, benchmarking within the national staff survey shows that the incident reporting system is viewed positively by our staff.

All incidents categorised as “red” undergo detailed investigation to establish the root causes of the incident. These are summarised in a formal report with an action plan to address identified concerns.

Effective risk and performance management

WSFT has a robust risk management strategy which ensures effective clinical governance and monitoring of compliance with best practice. The Board has also introduced a framework which ensures timely escalation of risk to the Board by committees and specialist groups.

The Programme Management Office (PMO) draws together the talents of key members of staff from across the hospital to ensure delivery of quality and performance standards. A new PMO Lead has been recruited to support the work of the Office and delivery of the challenging cost improvement programme.

WSFT is compliant with the NHS Litigation Authority’s Clinical Negligence Scheme for Trusts (NHSLA CNST) Level 1 for Maternity Services and the NHSLA Risk Management Standards Level 2 for Acute Services.

Mandatory service risk

WSFT’s Board of Directors was satisfied that:

- all assets needed for the provision of mandatory goods and services were protected from disposal
- plans were in place to maintain and improve existing performance
- the Trust had adopted organisational objectives and managed and measured performance in line with these objectives
- the Trust was investing in change and capital estate programmes which would improve clinical processes, efficiency and, where required, release additional capacity to ensure we could meet the needs of patients.

A review of the risks associated with mandatory service provision was undertaken and no significant risks were identified.

Risk of any other non-compliance with terms of authorisation

The Board of Directors ensured that WSFT remained compliant with relevant legislation. Executive Directors undertook formal risk assessments against each of the conditions in the terms of authorisation. No significant risks were identified.

2.5 Quality governance framework

Quality, which encompasses patient safety, clinically effective outcomes and patient experience, is at the heart of the Board and organisation’s agenda. In times of financial constraints the challenge for WSFT is making sure that every pound spent brings maximum benefit and quality of care to patients. Improving quality can help to reduce costs by getting it right first time and avoiding harm to patients.

Details of improvements which we have made in patient safety are given elsewhere in this report and in Section 6 (Quality Report) which provides information on external reviews and audits. The Annual

Governance Statement also describes the arrangements the Board of Directors has put in place to monitor and delivery quality.

The Board of Directors reviews the arrangements in place to delivery Monitor's quality governance framework on a quarterly basis; this includes a review of relevant assurances. Through this process the Board is able to make its quality declaration as part of its quarterly self-assessment submission to Monitor.

2.6 Additional statements and disclosures

Contractors and suppliers

WSFT is committed to sourcing, ordering and delivering a complete range of healthcare products, services and infrastructure, whilst maintaining value for money. A strategic purchasing group has been established to ensure the delivery of WSFT's procurement strategy and we are a committed member of the East of England Procurement Hub. This network, together with our local team, allows WSFT to keep up with developing markets, benchmark products and services, and build close relationships with suppliers.

All purchasing falls in line with European Directive for Procurement in addition to WSFT's Standing Financial Instructions and Orders.

Statement as to disclosure to auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Additional disclosures required by the Financial Reporting Manual (FReM)

Accounts have been prepared under direction issued by Monitor:

- Chief Executives responsibilities certificate (attached)
- Accounting policy note 1 (part of accounts)

The accounting policies for pensions and other retirement benefits are set out in note 1 to the accounts and details of senior employees' remuneration can be found in Section 5 (Remuneration report).

Going concern

After making reasonable enquiries the Directors have a reasonable expectation that WSFT has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

3. Council of Governors

3.1 Responsibilities

The Council of Governors is a key part of the WSFT's governance arrangements. It works effectively with the Board of Directors and represents the views of the population of the Trust's catchment area and its staff when considering WSFT's future strategy.

The Council of Governors holds the Board of Directors collectively to account for the performance of the WSFT, including ensuring that the Board of Directors acts so the Trust does not breach the terms of its authorisation.

3.2 Composition

The Council of Governors is composed of 14 elected Public Governors, 5 elected Staff Governors and 8 Partner Nominated Governors. The term of office for all Governors is three years.

Public Governors – representing and elected by the public members of WSFT

Mr Roy Banks
Mr David Beaven
Mr David Bevan
Mrs June Carpenter (Lead Governor)
Mr Peter Clifford
Mrs Justine Corney
Dr David Frape*
Mrs Jayne Gilbert
Mr Rodney Knight
Dr Alan Lower
Mrs Helen Smith
Mrs Jane Upward
Mrs Adrienne Wakeling
Mr Stuart Woodhead

* In November 2012 Kathy Finney resigned her position as a Public Governor and, in accordance with the Constitution the vacancy was filled by David Frape in December 2012.

Staff Governors – representing and elected by the staff members of WSFT

Mrs Jane Chilvers
Mrs Tanya Clark
Mr Nick Finch
Mr Carl Kwiatkowski
Mr Barry Moult

Partner Governors – nominated by partner organisations of WSFT

Mrs Judy Cory	Friends of West Suffolk Hospital
Mrs Sheila Childerhouse	NHS Norfolk
Dr Mark Gurnell	University of Cambridge
Mr David Howell	West Suffolk College also representing University Campus Suffolk
Mr Alastair McWhirter	NHS Suffolk
Councillor Jane Midwood	Suffolk County Council
Mr Mick Smith	West Suffolk Consortium for Voluntary Organisations
Vacant	Forest Heath District Council, St Edmundsbury Borough Council, Mid Suffolk District Council and Babergh District Council

Governor attendance at Council of Governors meetings 2012/13

There were five formal meetings of the Council of Governors: 16 May 2012, 15 August 2012, 17 September 2012 (AGM), 14 November 2012, 12 February 2013 with the following Governor attendance:

Name	Title	Attendance (of 5 meetings)
Mr Roy Banks	Public Governor	4
Mr David Beaven	Public Governor	3
Mr David Bevan	Public Governor	3
Mrs June Carpenter	Public Governor	5
Mrs Sheila Childerhouse	Partner Governor	3
Mrs Jane Chilvers	Staff Governor	5
Mrs Tanya Clark	Staff Governor	3
Mr Peter Clifford	Public Governor	4
Mrs Justine Corney	Public Governor	4
Mrs Judy Cory	Partner Governor	4
Mr Nick Finch	Staff Governor	4
Mrs Kathy Finney*	Public Governor	3 (of 4) *
Dr David Frape**	Public Governor	1 (of 1) **
Mrs Jayne Gilbert	Public Governor	3
Dr Mark Gurnell	Partner Governor	1
Mr David Howells	Partner Governor	3
Mr Rodney Knight	Public Governor	3
Mr Carl Kwiatkowski	Staff Governor	3
Dr Alan Lower	Public Governor	3
Mr Alastair McWhirter	Partner Governor	0
Cllr Jane Midwood	Partner Governor	1
Mr Barry Moult	Staff Governor	4
Mr Roger Quince	Chairman	5
Mrs Helen Smith	Public Governor	3
Mr Mick Smith	Partner Governor	4
Mrs Jane Upward	Public Governor	3
Mrs Adrienne Wakeling	Public Governor	2
Mr Stuart Woodhead	Public Governor	4

In attendance at these meetings were: Dr John Benson, Non-executive Director (1); Mr Craig Black, Executive Director of Resources (1); Mrs Jan Bloomfield, Executive Director of Workforce & Communications (1); Mr Andy Graham, Executive Director of Major Projects / Interim Chief Operating Officer*** (5); Mr Stephen Graves, Chief Executive (5); Ms Gwen Nuttall, Chief Operating Officer*** (2); Mr Graham Simons, Non-executive Director (5); Mr Brian Stewart, Non-executive Director (2); Mrs Rosie Varley, Non-executive Director (2).

* Mrs Kathy Finney resigned as a Governor in November 2012
** Dr David Frape was appointed as a Governor in December 2012
*** Ms Gwen Nuttall resigned from the Trust 7 September 2012; Mr Andy Graham was appointed as Interim Chief Operating Officer in September 2012

3.3 Register of Interests

All Governors are asked to declare any interests on the register of Governors' interests at the time of their appointment or election. This register is reviewed and maintained by the Trust Secretary. The register is available for inspection by members of the public. Anyone who wishes to see the register should contact the Trust Secretary at the following address:

Trust Secretary, Foundation Trust Office, West Suffolk NHS Foundation Trust, West Suffolk Hospital, Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ.

3.4 Governors and Directors working together

Governors and Directors are developing a good working relationship, on both a formal and informal basis. A number of Governors attend/observe the monthly Board of Directors meetings on a regular basis. This gives them a greater insight into and understanding of the performance of the Trust, particularly from a quality and finance point of view and also a better knowledge of the role and performance of the Non-executive Directors (NEDs).

The Deputy Chair presents the finance report at the Council of Governors meetings; an approach that has been welcomed by Governors.

The Senior Independent Director has attended two Council of Governors meetings in the past year and Governors are aware that they should discuss any matters with him that they do not feel can be addressed through the Chairman.

A Council of Governors workshop was held in April 2012 to present the draft Annual Plan and consider the next stage of the strategic review. This was also attended by members of the Board of Directors who acted as facilitators for the working groups.

A joint Council of Governors and Non-executive Directors workshop was held in September 2012, at which Governor and Non-executive Director roles and responsibilities were reviewed. How Non-executive Directors hold the Executive Directors to account and how the Council of Governors hold the Trust Board to account was also considered.

A joint Council of Governors and Trust Board workshop was held in March 2013, attended by all members of the Board and the majority of the Governors. An update on the Trust's strategic review and developments was given. The attendees then divided into four workshops, facilitated by Non-executive Directors, to consider a range of potential strategic developments. The feedback from this will be taken into account as part of the Annual Plan Review.

A further joint workshop to consider the Annual Plan Review and Robert Francis QC's report into the care provided by Mid Staffordshire NHS Foundation Trust, took place on 9 May 2013.

The Lead Governor holds informal meetings with Governors and Non-executive Directors which provide a useful opportunity for discussion and feedback. It is planned to hold these on a six monthly basis.

Governors are also asked to contribute to and act as readers for the Trust's Quality Report, Annual Report and Annual Plan Review.

Governors continue to take part in the weekly 'Quality Walkabouts,' undertaken by the Chief Executive, who is also accompanied by a Director or Non-executive Director on each occasion. This gives Governors a greater understanding of issues within all areas of the organisation, as well as providing an opportunity for them to interact with Directors, staff and patients.

The Executive Director of Workforce & Communications also includes Governors in the Trust's monthly 'Environmental Walkabouts'. These consider the overall impression of the main public areas of the WSH and identify any improvements that can be made.

In response to the Health & Social Care Act 2012, a working group was set up to review and revise the Trust's constitution. The membership of this group consisted of the Chairman, Executive Director of Workforce & Communications, two Non-executive Directors, Trust Secretary and four Governors (the lead Governor, a public Governor, a Staff Governor and a partner Governor). The group therefore had strong Governor representation and was chaired by the public Governor.

Two Governors (one public and one staff) were invited to sit on the evaluation panel which was established to oversee and agree the process for the appointment of External Auditors. The panel of eight members also included two Non-executive Directors and the Executive Director of Resources. As a result of this evaluation a recommendation for appointment of an External Auditor was made to the Council of Governors.

The Membership Committee, which is a sub-committee of the Council of Governors, meets on a quarterly basis. Governors feedback key issues that they have encountered when engaging with the public to the Trust's Patient Experience Committee, which is attended by Directors and Non-executive Directors.

The Trust's Patient Advisory Panel is chaired by one of the Governors who reports back to the Membership Committee on key issues.

3.5 Membership

The membership of WSFT is split into two constituencies: public and staff.

Public membership

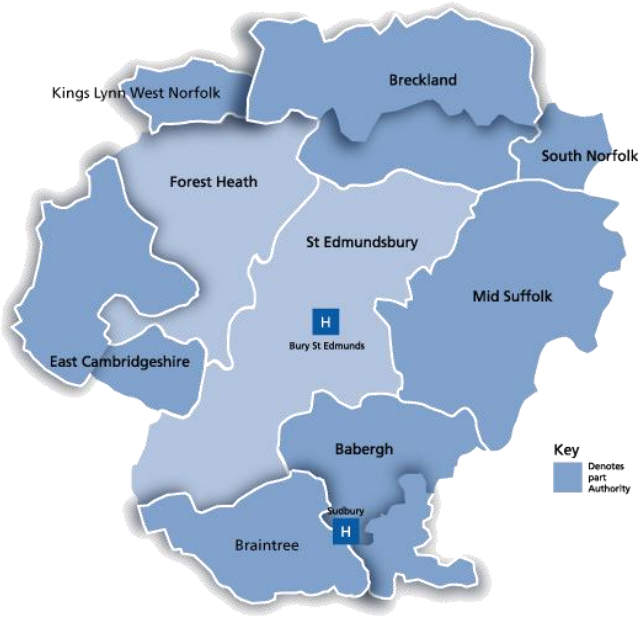
Any person aged 16 or over who lives within the membership area is eligible to be a public member. Public members are recruited on an opt-in basis.

Patients and members of the public who reside in the following areas are eligible to join our public constituency:

- **Babergh** (selected wards):- Boxford, Brett Vale, Bures St Mary, Chadacre, Glemsford and Stanstead, Great Cornard North, Great Cornard South, Hadleigh North, Lavenham, Leavenheath, Long Melford, North Cosford, South Cosford, Sudbury East, Sudbury North, Sudbury South and Waldingfield.
- **Braintree** (selected wards):- Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne and Yeldham.
- **Breckland** (selected wards):- Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting and West Guiltcross.
- **East Cambridgeshire** (selected wards):- Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South and The Swaffhams.
- **Forest Heath** (all wards):- Saints, Brandon East, Brandon West, Eriswell and The Rows, Exning, Great Heath, Iceni, Lakenheath, Manor, Market, Red Lodge, Severals, South and St Mary's.
- **King's Lynn and West Norfolk** (selected ward):- Denton.
- **Mid Suffolk** (selected wards):- Bacton and Old Newton, Badwell Ash, Elmswell and Norton, Eye, Gislingham, Haughley and Wetherden, Mendlesham, Needham Market, Onehouse, Palgrave, Rattlesden, Rickinghall and Walsham, Ringshall, Stowmarket Central, Stowmarket North, Stowmarket South, Stowupland, The Stonhams, Thurston and Hessett, Wetheringsett and Woolpit.

- **South Norfolk** (selected wards):- Bressingham and Burston, Diss and Roydon.
- **St Edmundsbury** (all wards):- Abbeygate, Bardwell, Barningham, Barrow, Cavendish, Chedburgh, Clare, Eastgate, Fornham, Great Barton, Haverhill East, Haverhill North, Haverhill South, Haverhill West, Horringer and Whelnetham, Hundon, Ixworth, Kedington, Minden, Moreton Hall, Northgate, Pakenham, Risby, Risbygate, Rougham, Southgate, St Olaves, Stanton, Westgate, Wickhambrook and Withersfield.

Map of Membership Area



Staff membership

All WSFT staff who are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months or have been continuously employed by the Trust under a contract of employment for at least 12 months are eligible to become staff members unless they choose to opt out.

In addition, staff who exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months are also eligible to become staff members unless they choose to opt out.

For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis unless they are a registered Trust volunteer.

Membership numbers

As at 1 March 2013 there were 8,638 members; 5,209 public and 3,429 staff (including volunteers).

Membership strategy

WSFT's membership strategy is reviewed on an annual basis by the Membership Committee for consideration by the Council of Governors and approval by the Board of Directors.

We aim to maintain and, where possible, increase our public membership and to ensure that staff membership is maintained at an appropriately high level. As part of the recruitment plan experience

has shown that engaging with the public is a very effective way of recruiting new members and gaining their views on WSFT.

Governors continue to use a short questionnaire to engage with members of the public during recruitment campaigns. As well as recruiting new members this has provided valuable feedback from patients and the public on their experiences/views of WSFT.

The Council of Governors' Membership Committee meets quarterly and reviews the membership numbers and the targets set in the membership strategy to ensure that it is representative and consider ways of increasing members in areas where numbers are low. The Chair of this Committee provides a report to the Council of Governors.

Criteria	Target (Mar 2013)	Actual (Mar 2013)	Target (Mar '15)
1. Achievement of the recruitment target:			
a. Total number of Public members	5,200	5,209	5,400
b. Staff opting out of membership	<1%	0%	<1%
2. A balanced representation in our membership that reflects the population we serve. Based on review the following have been identified for action:			
a. Age – targeted recruitment for under 50s	1,100	931	1,100
b. Increase representation from King's Lynn & West Norfolk and South Norfolk	110	96	110
3. Number of members standing for election:			
a. Public	30	N/A*	30
b. Staff	10	N/A*	10
4. Election turnout rate:			
a. Public	53%	N/A*	50%
b. Staff	35%	N/A*	35%
5. An engaged membership measured by:			
a. number of member events held	6	7	6
b. member event attendance	500	957 **	500
c. Annual General Meeting (AGM) attendance	50	347	100
d. survey and consultation response	20%	6.5%***	5%
6. The minimum percentage of patients using the Trust's services that are within the public membership area	90%	95%	90%

* No elections held during reporting period

** Includes people attending AGM. Numbers for these events were deliberately limited to support interaction

*** One questionnaire/survey undertaken since March 2011 – 343 responses

During the past year the Trust has held three 'special interest' events on individual services provided by WSFT. These have proved extremely popular with a total of more than 500 people attending the three events. These events have also been used to provide feedback on the services provided by WSFT and what the public consider to be the key quality priorities.

Staff Governors report 2012/13

Staff Governors have held quarterly 'Staff Conversations' with approximately 25-30 members of staff attending at each session. This includes a cross section of departments, including clinical and non-clinical staff. Staff responded well with ideas and suggestions, some with local department resolution, and others for consideration by the Executive Directors. An action plan from these events is accessible for all staff on the Trust's Intranet.

Individual Staff Governors have met with the departments allocated to them, to discuss issues raised by their staff. This has been fruitful in reassuring the staff on the Trust's strategy for the future.

A number of issues have been raised by staff with individual Governors; these have been reported directly to Executive Directors. The Governors have supported and commended the Board on their proactive recruitment of nurses from Portugal along with 10 newly qualified nurses who have trained at the Trust.

Following the publication of Robert Francis QC's report on Mid Staffordshire NHS Foundation Trust, Staff Governors have sought the views of staff about the issues raised in the report and its recommendations. Governors have listened to these views and included this in their feedback to the Executive Directors. At a recent Corporate Managers meeting, following the Robert Francis QC report, the Chief Executive encouraged managers to use the Governors to raise and discuss concerns about patient care. The Governors have been asked to be 'advisors' for staff wishing to raise concerns using the Trust's Whistle Blowing Policy.

The Staff Governors continue to have an open door to any of the Directors to discuss issues raised by staff.

Meetings with Non-executive Directors have helped Staff Governors to appreciate the different roles they play in the life and work of the Trust, and look to support each other.

Contact procedures for members

WSFT's website provides information on our Link Governors who represent the five main geographical areas of the public constituency and how they can be contacted. Contact details for the FT office are also given on the website and queries/comments will be directed to the appropriate Governors/Directors.

A newsletter is sent to all members at least three times a year, which also gives details of how to contact the Trust.

3.6 Nominations Committee

The Governors' Nominations, Appointments & Remuneration Committee is responsible for making recommendations to the Council of Governors on the appointment of the Chairman and other Non-executive Directors. The Committee also makes recommendations for Non-executive Director remuneration and terms and conditions.

The Committee is chaired by the Trust Chairman, except when considering the appointment, remuneration and terms and conditions of the Trust Chairman, when it is chaired by the Lead Governor.

Attendance at Nominations Committee meetings 2012/13

Name	Title	Attendance (of 3 meetings)
Roger Quince (Chair)	Chairman	3
June Carpenter	Public Governor / Lead Governor	3
Justine Corney	Public Governor	3
Jayne Gilbert	Public Governor	2
David Howells	Partner Governor	2
Barry Moult	Staff Governor	3
Stuart Woodhead	Public Governor	1

Meeting dates: 11 July 2012; 24 January 2013; and 8 March 2013

4. Board of Directors

4.1 Responsibilities

The Board of Directors functions as a unitary corporate decision-making body. Non-executive Directors and Executive Directors are full and equal members. The role of the Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions in accordance with the constitution.

The Board of Directors comprises both Executive Directors and part-time Non-executive Directors; the latter chosen because of their experience and skills relevant to the organisation's needs. The role of the Board is to set the strategic aims, vision, values and standards of conduct for the Trust and to be responsible for ensuring that management delivers the Trust's strategy and operations against that framework.

The description below demonstrates the balance, completeness and relevance of the skills, knowledge and expertise that each of the Directors brings to the WSFT.

4.2 Composition

(a) Non-executive Directors

Mr Roger Quince – Non-executive Director and Chairman
(1 January 2008 - 31 December 2011; reappointed: 1 November 2011 - 31 December 2015*
**Reappointment made by Appointments Commission on 20 July 2011*)

Areas of special interest/responsibility: Chair of Quality & Risk Committee; member of Scrutiny Committee, Remuneration Committee and Chair of the Governors' Nominations, Appointments & Remuneration Committee.

Roger is Chairman of the Board of Directors and Council of Governors of WSFT and an advisor to the Council of Governors of Cambridge University Hospitals NHS Foundation Trust Board.

Roger was previously a director of MEPC Ltd (a large property company) and served on various government bodies, including Review of UK Atomic Energy Authority. His earlier career was in staff and line management roles in Dalgety Ltd and he was CEO of a public policy consultancy.

Independent director – Yes (satisfies criteria of Code of Governance A.3.1)

Dr John Benson – Non-executive Director
(19 April 2007 – 18 April 2011; reappointed 19 April 2011 to 18 April 2015)

Areas of special interest/responsibility: lead Non-executive Director for the Clinical Safety & Effectiveness Committee; member of the Remuneration Committee, Audit Committee and Quality & Risk Committee; Non-executive Director link to medical director.

John was appointed to the Board through Cambridge University, bringing a range of experience from primary care, education and non-commercial organisations. He is a General Practitioner, a senior lecturer in General Practice and Director of the GP Education Group in the Primary Care Unit at the University of Cambridge.

Independent director – No (appointed representative of Cambridge University)

Mr Graham Simons – Non-executive Director and Deputy Chair
(1 November 2006 – 31 October 2010; reappointed 1 November 2010 – 31 October 2014)

Areas of special interest/responsibility: Chair of Charitable Funds Committee; lead Non-executive Director for Corporate Risk Committee; member of Remuneration Committee, Audit Committee and Quality & Risk Committee. Non-executive Director link for security. Special interest in HR issues.

Graham is Deputy Chair of the Board of Directors and Council of Governors. He is currently finance director of a leisure company and is an Associate of the Chartered Institute of Bankers with over 30 years banking experience gained within Midland Bank and HSBC. After leaving the banking industry he spent some time working for Center Parcs as their Head of Sports and Activities before setting up his own finance and leisure consultancy in 2006.

Independent director – Yes (satisfies criteria of Code of Governance A.3.1)

Mr Brian Stewart – Non-executive Director and Senior Independent Director
(1 August 2009 – 31 July 2013)

Areas of special interest/responsibility: Chair of Scrutiny Committee and Remuneration Committee; second lead Non-executive Director for Charitable Funds Committee and Corporate Risk Committee. Non-executive Director responsibilities for Sustainability and Carbon Reduction, and Whistleblowing.

A Chartered Town Planner, Brian has significant local government and public sector experience in organisational change, planning and development. He is a portfolio Non-executive Director and consultant and is a member of the main Board of the Circle Housing Group as well as the Chair of the Board of one of its subsidiary partners Wherry Housing Association. Brian is also the Chair of the Sizewell C Community Forum, and he also undertakes some bespoke consultancy work on planning and international development work for a range of private and public sector clients.

Brian was awarded an OBE in June 2010 for services to local government.

Independent director – Yes (satisfies criteria of Code of Governance A.3.1). Note: Brian Stewart was employed by the Trust from June 2008 until July 2009 in an advisory capacity, prior to being appointed as a Non-executive Director. The nature of this advisory role was, in effect, that of a Non-executive Director.

Mr Steven Turpie – Non-executive Director
(1 March 2010 - 28 February 2014)

Areas of special interest/responsibility: Chair of the Audit Committee and member of Remuneration Committee. Non-executive Director link to Executive Director of Resources.

Steven is a qualified accountant with substantial experience in large commercial enterprises. He is currently Group Head of Sourcing and Procurement for Zurich Insurance Group.

Steven previously held senior finance positions with Aviva, Cable and Wireless and Barclaycard.

Independent director – Yes (satisfies criteria of Code of Governance A.3.1)

Mrs Rosie Varley – Non-executive Director
(1 April 2011 – 31 March 2015)

Areas of special interest/responsibility: Non-executive Director lead for Patient Experience Committee; second lead for Clinical Safety and Effectiveness Committee; member of Scrutiny Committee, Quality & Risk Committee and Remuneration Committee.

Rosie brings wide-ranging experience in health, social care, education and regulation. She is an OCPA Public Appointments' Assessor. Until October 2012 Rosie was Chair of the General Social Care Council (the professional regulator for social workers), and of the Public Guardian Board (an advisory body in the Ministry of Justice which oversees the implementation of the Mental Capacity Act). She was Chair of the General Optical Council from 1997 to 2007 and acting Chair of the Council for Healthcare Regulatory Excellence from 2006 to 2008. She is a former NHS Trust and Regional Chair, and NHS Appointments Commissioner.

Rosie has a particular interest in mental health and learning disabilities. She is a specialist member of the Mental Health Review Tribunal and of the Disability Living Allowance Tribunal, and is actively involved in a number of voluntary organisations in this field.

Rosie is a Governor of two local schools – The Priory Special School Academy and St Benedict's RC Upper School.

She has recently been appointed as an Independent Public Appointments Assessor.

Rosie was awarded an OBE for services to the NHS and healthcare in 2007 and an honorary doctorate from the University of East Anglia and University of Essex in 2009.

Independent director – Yes (satisfies criteria of Code of Governance A.3.1)

(b) Executive Directors

Mr Stephen Graves – Chief Executive

Areas of responsibility: Stephen is responsible for meeting all the statutory requirements of WSFT in addition to being the Trust's chief accounting officer to Parliament.

He chairs the Programme Management Board of the Transforming Pathology Partnership, a partnership of seven Trusts developing a business with a turnover of over £70m.

Stephen joined the Trust as Chief Executive in May 2010 from Cambridge University Hospitals NHS Foundation Trust, where he was Director of Corporate Development and also a Partner Governor for Cambridge & Peterborough NHS Foundation Trust and a Director of the Greater Cambridge Partnership. His key responsibilities at CUH were strategy, 2020 vision, service planning and service change, University liaison including R&D and medical education and business development.

Stephen's previous experience was as a senior civil servant, Regional Office of the Department of Health and a manager for the District Audit Service of the Audit Commission. He continues to run his family farming business.

Stephen is a Governor of a school in Cambridge.

Mr Craig Black – Executive Director of Resources

Areas of responsibility: finance, capital investment, commissioning, IT, information and performance, estates and environment.

Craig joined WSFT in April 2011 from Cambridge University Hospitals NHS Foundation Trust, where he was Director of Commissioning.

Previously Craig was Deputy Director of Finance at Ipswich Hospital NHS Trust

Mrs Nichole Day – Executive Chief Nurse
Areas of responsibility: professional leadership, nursing strategy and nurse management, professional education, clinical governance and quality improvement, risk management; integrated governance, complaints & litigation, chaplaincy and volunteers.

Nichole has over 26 years experience of working within the NHS spanning both clinical and managerial positions. She joined the Trust in September 1994 from Addenbrookes NHS Trust and has been a Director of Nursing for 19 years.

Mr Dermot O'Riordan – Executive Medical Director

Areas of responsibility: joint operational responsibility with the Chief Operating Officer for the operational management and delivery of all clinical services. Also responsible for clinical governance; clinical networks; clinical research; GP liaison; post-graduate education. He is the responsible officer for medical revalidation.

Dermot was appointed as Executive Medical Director in June 2009, having previously been Deputy Medical Director and a Clinical Director at the Trust. Since 2001 he has been a consultant general laparoscopic surgeon at the Trust. Dermot is an elected member of Council and Trustee, Royal College of Surgeons of England and was a Health Foundation Leadership Fellow from 2003-05. He was a member of the NHS Future Forum and is a member of the National NHS Stakeholders' Forum of the Department of Health.

Dermot trained in medicine at Barts, University of London. His specialist training in surgery was on the North East Thames rotation.

Mrs Jan Bloomfield – Executive Director of Workforce and Communications*

Areas of responsibility: oversees all areas of the Trust's workforce, including leadership, management development and organisational development; education and training; welfare and wellbeing including occupational health; equality and diversity, pay and reward; employee relations and workforce planning. In addition she is Executive lead for communications (including public relations), Patient First standards, car parking, sustainability and fundraising.

Jan joined the Trust in February 1991 and was previously Deputy Personnel Manager at University College Hospital, London. She is a Board Governor at West Suffolk College and Management-side Chairman of the Regional Social Partnership Board.

Jan has a wide experience of human resources within the NHS and has held a number of posts in this area. She is a Fellow of the Chartered Institute of Personnel and Development.

Mr Andy Graham – Interim Executive Chief Operating Officer Executive and Director of Major Projects*

Areas of responsibility: strategic development; business planning; project direction including contract priorities, CIP and Commissioning for Quality & Innovation (CQUIN) schemes.

From September 2012, Andy has been acting as Interim Executive Chief Operating Officer, following the departure of Ms Gwen Nuttall, with joint operational responsibility with the Executive Medical Director for the operational management and delivery of all clinical services. Andy joined the Trust in June 2011 having formerly been Head of Performance at NHS East of England.

He joined the NHS as a student nurse in 1986 and has since worked in a number of general management posts in Primary Care and Mental Health. He worked as a Commissioning Manager at Barnet Health Authority and was also Head of Health at HMP Pentonville.

* Non-voting directors

Ms Gwen Nuttall – Chief Operating Officer / Deputy Chief Executive left the WSFT on 7 September 2012.

4.3 Register of Interests

All Directors are required to declare any interests on the Register of Directors' Interests at the time of their appointment. This register is reviewed and maintained by the Trust Secretary. The register is available for inspection by members of the public. Anyone who wishes to see the register should contact the Trust Secretary at the following address:

Trust Secretary, Foundation Trust Office, West Suffolk NHS Foundation Trust, West Suffolk Hospital, Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ.

4.4 Appointment of Chairman and Non-executive Directors

The Council of Governors has the responsibility for appointing the Chairman and Non-executive Directors in accordance with the WSFT's constitution and in accordance with paragraph 19(2) and 19(3) respectively of Schedule 7 of the National Health Service Act 2006.

The Nomination, Appointments and Remuneration Committee of the Council of Governors makes a recommendation for appointment for a Non-executive Director to the Council of Governors. This Committee comprises the Chair of WSFT, four Public Governors (including the Lead Governor) one Staff Governor and one Partner Governor. The Committee is chaired by the Trust Chairman, except when considering the appointment, remuneration and terms and conditions of the Trust Chairman, when it is chaired by the Lead Governor.

Non-executive Directors appointments are for a term of three years. Following this term, and subject to satisfactory appraisal, a Non-executive Director is eligible for consideration by the Council of Governors for a further term of office. Vacant Non-executive Directors positions will be subject to an openly contested process with appointment by the Council of Governors.

The removal of a Non-executive Director requires the approval of three-quarters of the members of the Council of Governors. Details of the criteria for disqualification from holding the office of a Director can be found in paragraph 31 of the WSFT's constitution.

Disclosures of the remuneration paid to the Chairman, Non-executive Directors and senior managers are given in the accounts.

4.5 Evaluation of the Board of Directors' performance

Attendance at Board of Directors Meetings 2012/13 (Open and Closed Meetings)

Name	Title	Attendance (out of 11)
Roger Quince	Chairman	11
John Benson	Non-executive Director	7
Craig Black	Executive Director of Resources	11
Jan Bloomfield *	Executive Director Workforce & Communications	9
Nichole Day	Executive Chief Nurse	11
Andy Graham *	Executive Director of Major Projects	10
Stephen Graves	Chief Executive	11
Gwen Nuttall	Chief Operating Officer *(left WSFT 7 September 2012)*	4
Dermot O'Riordan	Executive Medical Director	10
Graham Simons	Non-executive Director	10
Brian Stewart	Non-executive Director	11
Steven Turpie	Non-executive Director	11
Rosie Varley	Non-executive Director	11

* Non-voting directors

Meeting dates
27 April 2012, 25 May 2012, 29 June 2012, 27 July 2012, 28 September 2012, 26 October 2012, 30 November 2012, 4 January 2013, 25 January 2013, 1 March 2013 and 28 March 2013.

Drawing on best practice from the commercial sector, the Board of Directors undertook a review of the governance structure. The revised model was largely based on the Trust's existing structures and accountabilities, modifying these to mitigate the potential for duplication between the then Patient First Programme Board and the Board's governance committee structure.

The revised structure is now implemented: reports are received by the Board through a dedicated Board committee with oversight for quality and risk (the Quality & Risk Committee). The minutes of each meeting of the Quality & Risk Committee are received by the Board. The separation of this accountability and reporting line from the Audit Committee is fully consistent with good practice, allowing the Audit Committee to provide a truly independent and objective view of the Trust's internal control environment.

The Board reviewed the escalation arrangements within the governance structure and put in place a robust escalation framework. This ensures timely and effective escalation from directorates and specialist committees to the Board via the Trust Executive Group. The Board is currently undertaking a planned annual review of the governance arrangements. This will reflect on changes made previously as well as considering any areas that require further development.

Committees of the Board of Directors report on their activities through minutes and reports. These provide assurance to the Board on its committees' activities and effectiveness.

The Chairman and Trust Secretary have worked with the Council of Governors to develop an appropriate appraisal process for the Chairman and Non-executive Directors. The Chairman is formally appraised by the Lead Governor and Senior Independent Director. Appraisal of Non-executive Directors is carried out by the Chairman. Governors and Executive Directors contribute to these appraisals through 360 degree feedback.

The Chief Executive is subject to annual formal appraisal by the Chairman. Executive Directors are subject to annual appraisal by the Chief Executive which informs development plans. Where appropriate 360 degree appraisal is used. Evidence of performance against objectives is monitored by the Board of Directors through the Remuneration Committee, performance management arrangements and the Board Assurance Framework.

The Board of Directors has reviewed its skill set and will use this to agree a development programme for Board members (including mandatory training and themes from Directors' Personal Development Plans; future developments (informed by NHS strategy and the Annual Plan Review); and how effectively the Board operates. Appropriate external expertise will be used to support delivery of this programme.

4.6 Committees of the Board of Directors

Audit Committee

Membership of this Committee is made up of Non-executive Directors and it is chaired by Steven Turpie. The Committee has overarching responsibility for monitoring specific elements of the systems and processes relating to governance, including financial systems, records and controls; financial information; compliance with law, guidance and codes of conduct; independence of internal and external audit; and the control environment (including measures to prevent and detect fraud). The Committee is responsible for providing an opinion as to the adequacy of the integrated governance arrangements and Board Assurance Framework.

The Directors are responsible for preparation of the accounts under direction by Monitor in exercise of powers conferred on it by paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

On 28 March 2013, PKF (UK) LLP merged its business into BDO LLP and the Trust has novated the contract for the supply of statutory audit services to the merged firm. Accordingly, the auditor's report is in the name of the merged firm.

BDO, WSFT's external auditors, report to the Council of Governors through the Audit Committee. BDO's accompanying report on the financial statement is based on its examination conducted in accordance with the Audit Code for NHS Foundation Trusts, as issued by Monitor, independent regulator of Foundation Trusts. Their work includes a review of our internal control structure for the purposes of designing their audit procedures.

Non-audit work may be performed by the external auditors where the work is clearly audit related and the external auditors are best placed to do that work. For all such assignments the Audit Committee will be advised, which will ensure that objectivity and independence is safeguarded.

Attendance at Audit Committee Meetings 2012/13

Name	Title	Attendance (out of 5)
John Benson	Non-executive Director	2
Graham Simons	Non-executive Director	5
Steven Turpie	Non-executive Director (Chair)	5
Rosie Varley	Non-executive Director	5

Meeting dates: 26 April 2012, 25 May 2012, 27 July 2012. 26 October 2012, 25 January 2013.

Remuneration Committee

Membership of the Committee includes all the Non-executive Directors and is chaired by Brian Stewart. At the discretion of the Chair, the Chief Executive and the Executive Director of Workforce & Communications may be present to give advice. The role of the Committee is to make appropriate recommendations to the Board on the Trust's remuneration policy and the specific remuneration and terms of service of the Chief Executive and Executive Directors of the Trust, together with other staff members as determined by the Board. It is responsible for establishing the objectives of the Chief Executive and reviewing performance against these targets, together with approving the objectives of the Executive Directors and reviewing performance reports prepared by the Chief Executive.

It is also responsible for determining targets for any performance-related pay scheme contained within the Remuneration Policy and reviewing the recommendations of the Clinical Excellence Awards Committee.

Attendance at Remuneration Committee Meetings 2012/13

Name	Title	Attendance (out of 2)
John Benson	Non-executive Director	1
Roger Quince	Non-executive Director	2
Graham Simons	Non-executive Director	1
Brian Stewart	Non-executive Director (Chair)	2
Steven Turpie	Non-executive Director	1
Rosie Varley	Non-executive Director	2

Meeting dates: 1 June 2012, 30 November 2012.

4.7 Statement of accounting officer's responsibilities

Statement of the chief executive's responsibilities as the accounting officer of West Suffolk NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

Under the NHS Act 2006, Monitor has directed West Suffolk NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of West Suffolk NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum.*

Stephen Graves
Chief Executive

28 May 2013

4.8 Annual Governance Statement

West Suffolk NHS Foundation Trust Annual Governance Statement – 1 April 2012 to 31 March 2013

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of WSFT, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in WSFT for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The system of internal control is underpinned by compliance with the Trust's terms of authorisation and the requirements of regulatory bodies relevant to FTs. The Trust has a risk management strategy and risk management policy which make it clear that managing risk is a key responsibility for the Trust and all staff employed by it.

The Board of Directors and Council of Governors receive regular reports that detail financial and performance risk, financial and performance issues and, where required, the action being taken to reduce identified high-level risks.

The Audit Committee has primary responsibility for financial governance, for overseeing the Trust's governance and assurance process and in particular for independently reviewing the effectiveness of risk management systems and ensuring that all significant risks are properly considered and communicated to the Board of Directors. It reviews implementation of the Board Assurance Framework at each meeting to assure itself that risks are being appropriately identified and managed and appropriate assurance obtained.

The Quality & Risk Committee has primary responsibility for assuring the Board of Directors on matters of clinical governance, quality and risk in the Trust, specifically clinical safety, patient experience and corporate risk. The Committee also oversees the management of information governance, research governance and health and safety.

The Board of Directors retains responsibility for reviewing financial and operational performance reports addressing, as required, emerging areas of financial and operational risk, gaps in control, gaps in assurance and actions being undertaken to address these issues.

The Scrutiny Committee supports the Board of Directors by reviewing and advising on key developments to support the business objectives. This includes overseeing the processes for the Trust's strategy review and site development plan.

The Nursing & Governance Directorate coordinates and supports risk activity across the Trust. Full details of this work are contained in the Trust's risk management policy.

The principles of risk management are included as part of the mandatory corporate induction programme and cover both clinical and non-clinical risk, an explanation of the Trust's approach to managing risk and how individual staff can assist in minimising risk.

Guidance and training are also provided to staff through the refresher programmes, specific risk management training, wider management training, policies and procedures, information on the Trust's Intranet and feedback from audits, inspections and incidents. Included within all of this is sharing of good practice and learning from incidents.

The risk and control framework

The risk management strategy and policy sets out the key responsibilities for managing risk within the organisation, including the ways in which risk is identified, evaluated and controlled.

Risk is assessed at all levels in the organisation from the Board of Directors to individual wards and departments. This ensures that both strategic and operational risks are identified and addressed. Risk assessment information is held in an organisation-wide risk register.

The Trust has in place a Board Assurance Framework which sets out the principal risks to delivery of the Trust's strategic corporate objectives. The Executive Director with delegated responsibility for managing and monitoring each risk is clearly identified. The Board Assurance Framework identifies the key controls in place to manage each of the principal risks and explains how the Board of Directors is assured that that those controls are in place and operating effectively. These include:

- Performance management framework
- Monthly quality & performance reports and performance dashboard. These include the Trust's priorities for improvement in the Quality Report, analysis of patient experience, incidents and complaints, review of serious incidents, and ward level quality performance
- Monthly financial performance reports
- Quarterly self-certification against the compliance framework
- Quarterly peer review against delivery of the CQC requirements
- Quarterly quality & performance reports by directorates to the Quality & Risk Committee
- Quarterly quality and performance reports to the Council of Governors. This provides information which is similar to that reviewed by the Board of Directors on a monthly basis
- Assurances provided through the work of the Clinical Safety & Effectiveness Committee, Corporate Risk Committee and Patient Experience Committee
- Minutes of the Quality & Risk Committee, Scrutiny Committee and the Audit Committee
- Assurances provided through the work of internal and external audit, the Care Quality Commission, Monitor, the NHS Litigation Authority, Patient Environment and Action Team inspections, and accountability to the Council of Governors
- The work of clinical audit, whose scope includes national audits, audits arising from national guidance such as NICE, confidential enquiries and other risk and patient safety related topics
- Weekly quality walkabouts, including Executive Directors, Non-executive Directors and Governors
- Risk assessments and analysis of the risk register and Board Assurance Framework
- Benchmarking for clinical indicators using Dr Foster

- External regulatory and assessment body inspections and reviews, including Royal Colleges, Post Graduate Dean reports, accreditation inspections and Health and Safety Executive (HSE) reports.

WSFT is registered as fully compliant with the requirements of the CQC. Work continues to address minor concerns identified at registration regarding the management of medicines.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

WSFT has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives has been reviewed. My review is also informed by:

- WSFT's compliance with the NHS Litigation Authority's Clinical Negligence Scheme for Trusts (NHSLA CNST) Level 1 for Maternity Services and the NHSLA Risk Management Standards Level 2 for Acute Services.
- The Trust's Information Governance Assessment Report overall score for 2012/13 was 81% (Green), an increase from the 79% recorded in 2011/12
- The Trust's evaluation of compliance with the CQC standards. Following an evaluation of compliance against all of the standards and at each location, the Trust made a declaration of compliance as part of the registration process with the CQC. The Trust was registered in March 2010 with no compliance conditions
- Three unannounced visits from the CQC. The first visit took place in October 2011 and reviewed compliance with seven outcomes. All seven outcomes were judged to be compliant with a small number of minor concerns identified. Action to address these concerns has been completed. The second visit took place in March 2012, when the CQC reviewed the termination of pregnancy services. The Trust was judged to be compliant with the outcome reviewed and no concerns were raised. In August 2012, the CQC undertook an unannounced visit as part of their dignity and nutrition inspection (DANI) programme. The report from the visit was received in November 2012 and demonstrates compliance with the five outcomes reviewed.

The Board Assurance Framework was reviewed and updated routinely during 2012/13 to ensure the principal strategic risks to the Trust's objectives were identified, recorded and correctly evaluated for impact and likelihood. Analysis of key controls and assurances revealed that the Trust was managing its risks to a reasonable level, that the Board of Directors was adequately informed of the effectiveness of control measures and that, where possible, appropriate corrective action was being taken to reduce identified high level risks. This review identified that there were no major gaps in control or assurance, and Board reporting for areas with a high residual risk was sufficiently frequent.

Quality governance framework

WSFT places a high priority on quality of its clinical outcomes, patient safety and patient experience and abides by the principles outlined in Monitor's quality governance framework, as follows:

1. **Quality strategy**: Quality underpins WSFT's strategy. Quality key performance indicators are identified, monitored and reported to the Board of Directors on a regular basis. Both current and future risks to quality are listed in the BAF and in the operational risk register and used to inform decision priorities. Potential initiatives (e.g. cost improvement measures) and investments are assessed for the potential risks to quality. These risk assessments are reviewed by Executive Directors before proceeding, and the outcomes reported to the Board of Directors through the Trust Executive Group.

2. **Capabilities and culture**: the Board of Directors has identified its quality priorities through the quality reporting process. In defining these priorities the directors engaged with Governors and FT members. Both the Council of Governors and Board of Directors receive quarterly reports on patient safety and patient experience. The Trust has a mature reporting culture which is seen as effective by staff when benchmarked against other trusts.

3. **Structures and processes**: Quality is a standing item in all meetings of the Board of Directors and Council of Governors, and both boards receive reports routinely on complaints, patient and staff feedback surveys, incident reporting trends and any ongoing actions to address concerns identified. The Quality & Risk Committee has the delegated authority to review actions in hand to address quality performance issues. The Trust has engaged with its key stakeholders on quality through the quality reporting process, which has ensured input from its lead commissioner, the Suffolk Overview and Scrutiny Committee and Suffolk Local Involvement Network (LINk).

4. **Measurement**: the Board of Directors reviews its priority metrics on a monthly basis through the quality and performance reports. All metrics are reviewed on a quarterly basis. These metrics are linked to the Trust's strategic objectives, national priority indicators, Monitor governance ratings, CQUINs and local priorities.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare a Quality Report for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

Indicators relating to the Quality Report were identified following a process which included the Board of Directors, Clinical Directors and senior managers of the Trust and have been incorporated into the key performance indicators reported regularly to the Board of Directors as part of the performance monitoring arrangements.

Scrutiny of the information contained within these indicators and its implication as regards patient safety, clinical outcomes and patient experience takes place at the Quality & Risk Committee. There are a number of committees and executive groups with direct responsibility for key aspects of the quality agenda reporting to the Quality & Risk Committee. The Patient Experience Committee reviews the data from the patient experience surveys and provides feedback to the Quality & Risk Committee. The Clinical Safety & Effectiveness and Patient Experience Committees inform the Quality & Risk Committee on relevant performance relating to the Trust's quality strategy and quality improvement plan. This is underpinned by quality walkabouts and continuous monitoring of defined quality indicators.

The inter-relationship between the indicators in the quality report and other measures of the Trust's performance (financial and operational) is reviewed monthly by the Board of Directors. Reviews of data quality and the accuracy, validity and completeness of all Trust performance information, fall within the remit of the Audit Committee, which is informed by the reviews of internal and external audit and internal management assurances. This included an internal audit of our assessment against the information governance toolkit during 2013. The Board of Directors takes further assurance from the External Auditor's review of the Quality Report.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the WSFT who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality & Risk Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors' role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed. Strategic objectives, set out in Section 2.3 of the Annual Report, are derived from the priorities determined in the Trust's strategy.

During 2011 the Board of Directors reviewed the escalation arrangements within the governance structure and put in place a robust escalation framework. This ensures timely and effective escalation from directorates and specialist committees to the Board via the Trust Executive Group.

The Board of Directors completed a review of the governance committee arrangements in January 2012, taking into account the internal audit findings, and concluded that the arrangements were effective. Minor actions were acted upon and will be monitored by the Board. A process to undertake an annual review of the Trust's governance arrangements is now in place.

Executive Directors and their managers are responsible for maintaining effective systems of control on a day-to-day basis.

In accordance with the Internal Audit Standards for the National Health Service (April 2002), internal audit provides the Trust with an independent and objective opinion to the Accounting Officer, the Board of Directors and the Audit Committee on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives.

On an exception basis External Audit reports that the Annual Report and Accounts are true and fair as well as on the adequacy of the Trust's management arrangements to ensure economy, efficiency and effectiveness in its use of resources.

Significant control issues

The Health and Safety Executive (HSE) visited WSFT in October 2012 following a patient fall from an unrestricted window. As a result of this incident the Trust undertook immediate action to fit window restrictors to all windows at the WSH. The Trust also commissioned a detailed investigation of the incident, the recommendations of which have resulted in changes in its systems in order to prevent future, similar incidents. The Trust cooperated fully with the HSE in its investigation and pleaded guilty at the earliest opportunity in respect of the subsequent prosecution which resulted in a £10,000 fine.

The Trust continues to take the opportunity of Foundation Trust status to review its assurance arrangements. I am confident that the internal control systems are operating well and that the work we have done to maintain and develop our risk management systems will help us to consolidate this position in the future. The Trust is committed to the continuous improvement of processes of internal control and assurance.

Signed

Stephen Graves
Chief Executive

28 May 2013

5. Remuneration Report

The aim of the Remuneration Committee is to make appropriate recommendations to the Board on the Trust's remuneration policy and the specific remuneration and terms of service of the Chief Executive, Executive Directors, and other staff as determined by the Board.

The objectives of the Committee are to:

- Make recommendations to the Board of Directors on the remuneration and terms of service of the Chief Executive, the Executive Directors and other staff as determined by the Board
- Determine targets for any performance related pay scheme contained within the Policy
- Review performance and objectives, and agree a policy for the remuneration of the Chief Executive, Executive Directors and other staff as determined by the Board
- Ensure that contractual terms of termination are fair and adhered to
- Make recommendations to the Board of Directors on staff pay awards
- Make recommendations to the Board of Directors on the level of any additional payments contained within the Policy (review annually in the light of future National Directors Scheme)
- Ensure that remuneration packages enable high quality staff to be recruited, trained and motivated and are within levels of affordability and are publicly defensible and amenable to audit
- Ensure Terms of Reference of the Remuneration Committee are available which should set out the Committee's delegated responsibilities and be reviewed and updated annually
- Report the frequency and members of Remuneration Committee in the Annual Report.

The Committee comprises the Chairman and NEDs of the Board of Directors. The Committee is chaired by the Senior Independent Director, The Chief Executive and Executive Director of Workforce & Communications may be present to advise, but not for any discussions concerning their personal remuneration at the discretion of the Remuneration Committee's Chair.

A quorum will consist of the Committee's Chair (or nominated representative) and at least two NEDs. A nominated representative for the Chair must be a NED. The Committee acts with delegated authority from the Board of Directors.

The Committee meets as a minimum half yearly. Minutes are taken and a report submitted to the Board of Directors showing the basis for the recommendations.

Senior Managers' (Executive Directors') pay is annually reviewed by the Remuneration Committee. The Committee is presented with benchmarking information to demonstrate where each Executive Director's salary sits alongside similar posts in the NHS market. Decisions to uplift salaries are based on this information, internal equity, affordability, whether there has been a significant change in a Director's portfolio and thus responsibility. In addition, each Director can receive the NHS cost of living pay rise which is based on the national NHS pay award. In recent years the Department of Health has advised the Chairman on the expected level.

The Trust does not have a Performance Related Pay Scheme. The Committee, however, has the delegated authority to pay one-off discretionary payments in exceptional circumstances. The Chief Executive presents an annual report on Executive Directors' Performance (in the case of the Chief Executive this is presented by the Chairman) based on the outcome of their annual appraisal.

WSFT's Executive Directors hold substantive service contracts. Notice periods apply based on the early termination of their contract. The notice periods are as follows:

- Chief Executive – six months

- Executive Directors – three months

Prior to becoming a FT Non-executive Directors were paid in line with guidance issued by the Department of Health. Their terms and conditions of appointment were also in accordance with this guidance. Arrangements as a FT are described in Section 2.6.

In the financial year the Directors costs increased to £1,059k from £968k. This increase was due to the effects of changes in directors during the year.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

In relation to off payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012 there were two that fitted this criteria. One of these related to an arrangement that has come to an end and the other contract has been successfully negotiated to include contractual clauses allowing the Trust to seek assurance as to their tax obligations. Since 23 August 2012 there have been no new engagements for more than £220 per day that will last more than 6 months.

WSFT made contributions totalling £10,359,000 to the NHS Pensions Agency in the year. Note 1 to the Trust's accounts provides further details as to the nature of the pension scheme and accounting practice in relation to its associated liabilities.

During the year the governors were paid a combined total of £2,896 and the directors £4,205 in respect of expenses incurred as a necessary part of undertaking their duties at the Trust.

The median remuneration of all Trust staff is £26,640. The ratio of the midpoint of the banded remuneration of highest paid director to this figure is 7:1. This is calculated based on all staff employed as at 31 March 2013.

The following tables reflect the remuneration for the senior staff (Table A) and pension entitlements for the senior staff (Table B). The figures in these tables have been subject to External Audit. As NEDs do not receive pensionable remuneration, there will be no entries in respect of pensions for NEDs.

Stephen Graves
Chief Executive

Table A – Remuneration

Name and Title	Year to 31 March 2013			4 Months to 31 March 2012		
	Salary Paid (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind rounded to nearest £100	Salary Paid (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind rounded to nearest £100
	£000	£000	£	£000	£000	£
Mr R Quince – Chairman	35 – 40			5 – 10		
Dr J Benson – Non-executive Director	10 – 15			0 – 5		
Mr G Simons – Non-executive Director	10 – 15			0 – 5		
Mr B Stewart – Non-executive Director	10 – 15			0 – 5		
Mr S Turpie – Non-executive Director	10 – 15			0 – 5		
Mrs R Varley – Non-executive Director	10 – 15			0 – 5		
Mr S Graves – Chief Executive	145 – 150			45 – 50		
Ms G Nuttall – Chief Operating Officer / Deputy Chief Executive	40 – 45		200	30 – 35		200
Mr C Black – Executive Director of Resources	110 – 115		1,000	35 – 40		300
Mr D O'Riordan – Medical Director	20 - 25	170 – 175		5 – 10	55 - 60	
Mrs J Bloomfield – Executive Director of Workforce & Communications	95 – 100		2,500	25 – 30		800
Mrs N Day – Executive Director Chief Nurse	90 – 95		1,400	35 – 40		500
Mr A Graham – Director of Major Projects	100 – 105			30 – 35		

The benefits in kind noted in Table A relate to the provision of lease cars.

Table B – Pension Benefits to 31 March 2013

Name	Real increase / (decrease) in pension at age 60 (bands of £2,500)	Real increase / (decrease) in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real increase / (decrease) in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Mr S Graves	0 – 2.5	5.0 – 7.5	35 – 40	115 – 120	840	734	68
Mr C Black	0 – 2.5	0 – 2.5	25 – 30	75 – 80	354	317	20
Mr D O'Riordan	(0 – 2.5)	(0 – 2.5)	45 – 50	135 – 140	772	716	18
Mrs J Bloomfield	2.5 – 5.0	10.0 – 12.5	35 – 40	105 – 110	624	518	79
Mrs N Day	5.0 – 7.5	15.0 – 17.5	30 – 35	90 – 95	519	402	96
Mr A Graham	0 – 2.5	2.5 – 5.0	30 – 35	95 – 100	503	449	30

Note

1 Real increases reflect the increase after allowing for inflation of 5.2% as prescribed by the NHS Pensions Agency

Stephen Graves
Chief Executive

6. Quality Report

6.1 Chief Executive's statement

We encourage all our staff to provide every patient with a service that stays true to our "Putting You First Service Standards" of care and compassion.

For the third year running West Suffolk Hospital (WSH) was a finalist in the quality of care category in the Top Hospital Awards 2013, run by independent healthcare intelligence company CHKS. WSH has won the award in the previous two years.

The Board provides leadership in developing a culture of learning and continuous quality improvement. Whilst we recognise that in healthcare errors can and do happen, with the emphasis on strong clinical leadership our aspiration is to ensure that every single patient coming to the hospital receives the best possible safe care and has a positive experience during their stay.

We know that we do not always get things right and that we must listen to our patients, staff and Foundation Trust (FT) members, to learn lessons that will help us to identify ways to improve further. We must never become complacent.

The Board is reflecting on Robert Francis QC's report, published in February 2013 which shook the whole of the NHS. The inquiry he chaired looked at the failings of care within the Mid Staffordshire NHS Foundation Trust between 2005 and 2009. The story it told was of appalling suffering of many patients where the fundamentals of care were missing. We need to understand what went wrong and ensure that locally we learn from such failings. Robert Francis made it clear that the culture of the organisation is key and we are undertaking further work through a cultural survey to understand our position better. We will not shy away from making changes where we feel that change is needed.

At WSH a range of indicators of quality of care are measured at ward level which provide early warning of deterioration in performance and potential negative impact on quality. The indicators cover patient safety, patient experience and outcomes and include the number of falls, pressure ulcers, hospital acquired infections and assessments of nutrition and hydration, risk of blood clots and cleanliness.

During the year a specialist falls group, responding to an increase in the number of falls, found that a significant number occur in the toilet. By monitoring the facilities and learning from previous patient falls a number of simple changes and improvements were made on the ward including access to toilet aids and accompanying all patients at risk of falling and staying by the toilet door.

By carrying out detailed investigations into patient safety incidents and patient complaints lessons can be learnt and the necessary changes made to improve our services. Also along with the Medical Director, Chief Nurse, Non-executive Directors and Governors, I complete a weekly walkabout, during which we speak openly and honestly with patients and staff about our quality priorities. I also undertake a number of 'back to the floor' events where I accompany staff undertaking their work, and I gain an understanding of the challenges and opportunities through their eyes. These are opportunities for patients to talk about their experience of care and for staff to highlight any concerns.

We are indebted to the skill and dedication of our staff who rise to the challenge of providing responsive care by putting our patients first. We will continue to listen to patients, our FT members and partners. Thank you for completing the surveys and questionnaires and sending in your letters, which help to focus our work and set our quality goals.

In my view, the Quality Report 2012/13 provides an honest and balanced account of the quality of the services we deliver.

Stephen Graves
Chief Executive

6.2 Quality structure and accountabilities

The Quality Report highlights the action WSFT is taking to improve the quality of services we provide. We have structured our priorities and measures according to the three domains of quality defined in High Quality Care for All, published in June 2008:

1. **Patient safety** - doing no harm to patients
2. **Clinical effectiveness** - measured using survival rates, complication rates, measures of clinical improvement and patient-reported outcome measures
3. **Patient experience** - care should be characterised by compassion, dignity and respect.

The Board monitors quality through its performance management arrangements on a monthly basis. The Board also receives assurance regarding quality within the organisation from the Quality & Risk Committee and its three sub-committees which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. The sub-committees are:

(a) Clinical Safety & Effectiveness Committee – ensuring clinical procedures and practices are effective in protecting patients, visitors and staff, by ensuring compliance with national requirements, promoting best practice and effective identification and reduction of clinical risk

(b) Patient Experience Committee – ensuring exemplary customer and patient experience through the implementation of the Quality Improvement Strategy and Patients First initiative.

(c) Corporate Risk Committee – ensuring risk management, financial and workforce procedures are effective in promoting good business standards, protect the organisation, patients, visitors and staff, and comply with national standards and guidance

6.3 Priorities for improvement for 2013/14

The quality priorities for 2012/13 were reviewed along with other quality indicators reported to the Board and consideration given to quality issues arising nationally and locally.

During 2012 we canvassed FT members on a range of quality priorities and over 300 members ranked quality standards related to patient experience according to what was important to them.

Through the commissioning process the newly established West Suffolk Clinical Commissioning Group has identified performance targets for quality and innovation that have directly influenced the way in which we measure performance against our priorities.

Through these processes and discussions with our service users and public FT members, the quality priorities for 2013/14 have been agreed.

High Quality Care for all domains of quality	Patient safety		Patient experience	Clinical effectiveness
Our Patients First priorities	"I feel safe"		"I feel cared for"	"I feel confident"
Our quality goals 2011 - 2014	**To further reduce hospital associated infections**	**To achieve the highest levels of patient safety**	**To continuously improve the experience of patients**	**To achieve optimal outcomes and effectiveness**
Focus during 2013/14	Timely identification and management of patients at risk from infection.	Improved identification and management of risk to patient safety.	Improvements in communication, information and involvement – "No decision about me without me".	Ensuring patients receive specialist management and referral according to their individual needs.
Our 2013/14 priorities	To eliminate hospital associated MRSA bacteraemia between April 2013 and April 2014.	To ensure that all deteriorating patients are identified and managed appropriately.	To ensure patients receive a service that they would recommend to friends and family	To consistently achieve a HSMR that is below the expected rate.
	To reduce hospital associated *C. difficile* infection.	To consistently implement the Sepsis 6 pathway for patients who require the treatment.	To improve the experience of family carers when the patient they care for is admitted to hospital.	To ensure appropriate specialist care of hospital patients.

The specific measures for the 2013/14 priorities are described below.

Goal 1: To further reduce hospital associated infection

Our patients and public identified that reducing hospital acquired infection continues to be a main priority for them and an indicator of quality of care. The focus of our effort in 2013/14 will continue to be on the timely identification and management of patients at risk from infection as this is still felt to be the key for further improvement. A decision has been made to continue to measure our performance in relation to the reduction of hospital associated infection in terms of numbers of MRSA bacteraemia and *C. difficile* as these are understood by the public and are often seen as an overall indicator of general standards of infection prevention and control.

Priorities and measures

To eliminate hospital MRSA bacteraemia between April 2013 and April 2014

- No hospital associated MRSA bacteraemia between April 2013 and April 2014
- Ensure High Impact Intervention compliance is 100%
- Ensure hand hygiene compliance is 100%
- Ensure at least 90% of patients receive MRSA screening.

To reduce hospital associated *C. difficile* infection

- Reduce hospital associated *C. difficile* infection to no more than 19 cases between April 2013 and March 2014
- Ensure compliance with antibiotic policy is at least 98%
- Ensure 95% of infection control patient bed days are isolated through optimum use of side room facilities.

Goal 2: To achieve the highest levels of patient safety

Early recognition of patient deterioration and appropriate and timely intervention, using a structured systematic approach to assessment and treatment, helps to prevent admission to Intensive Care Unit (ICU) and reduces the incidence of cardiac arrest. Building on the root cause analyses findings from sudden cardiac arrests during 2012-13, WSH is focusing on improving the management of the deteriorating patient, specifically identifying and escalating these patients' condition to medical staff and outreach teams appropriately. Early identification and management of the septic patient using the Sepsis 6 pathway is also identified as an area of improvement. The area to be audited and improved is the one hour standard from sepsis identification to commencing initial antibiotic treatment.

A significant component of identifying the deteriorating patient is accurate fluid balance management. Monitoring a patient's fluid balance to prevent dehydration or over hydration is a relatively simple task but fluid balance recording is nationally notorious for being inadequately or inaccurately completed. Introducing a target fluid intake for every patient and revising escalation points for patients not achieving that target has led to an improvement in fluid management at WSH. However, it requires continued focus during 2013/14 to embed the process and ensure continued improvement.

A further aim for 2013/14 is to develop monitoring arrangements and targets for the World Health Organisation (WHO) checklist compliance. The WHO Safe Surgery Checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: before the induction of anaesthesia ("sign in"), before the incision of the skin ("time out") and before the patient leaves the operating room ("sign out"). In each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation. The goal of the WHO Safe Surgery Checklist is to improve the safety of surgical care by ensuring adherence to proven standards of care.

Priorities and measures

To ensure that all deteriorating patients are identified and managed appropriately

- Ensure accurate fluid balance management is achieved for at least 80% of patients
- Ensure that all deteriorating patients are escalated correctly following a Modified Early Warning Score (MEWS) trigger by March 2014.

To consistently implement the Sepsis 6 pathway for patients who require the treatment

- Ensure all patients receive antibiotic treatment within one hour of admission by March 2014.

Goal 3: To continuously improve the experience of patients

The focus of the patient experience priority during 2013/14 will be in two domains: the Friends and Family Test and carer experience.

The Friends and Family Test involves asking patients a simple question: whether they would recommend hospital wards and A&E departments to a friend or relative based on their treatment. They are invited to respond to the question by choosing one of five options, ranging from 'extremely likely' to 'extremely unlikely'. We have been using this question as part of our internal patient experience questionnaire during 2012/13 and during 2013/14 will be increasing the number of patients we ask and implementing the question in other areas, i.e. maternity.

This quality priority is also to improve family carer and patient experience through a multi agency approach. WSH will be implementing a range of strategies to improve involvement with carers. Focused experience questionnaires for all carers, including carers of patients with dementia, will be implemented and improvement plans developed to address concerns.

We are also responding to the feedback received from visitors about the availability of parking spaces and parking charges.

Priorities and measures

To ensure patients receive a service that they would recommend to friends and family:

- Implement timed monitoring of call bell responses on wards to allow targeted improvement against the maximum response time of two minutes
- Implementation of the Friends and Family Test for inpatients and A&E from April 2013 and maternity patients from October 2013.

To improve the experience of family carers when the patient they care for is admitted to hospital

- Introduce systems to identify family carers of patients admitted to hospital with dementia and ensure they receive appropriate information by March 2014
- Increase provision of car parking availability for patients at the rear of the hospital and review car parking payment tariffs.

Goal 4: To achieve optimal outcomes and effectiveness

The overarching measure of effectiveness and clinical outcome is a reduction in deaths in our population (mortality) by helping people live longer. The objective for 2013/14 is to maintain our performance against the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Indicator (SHMI) measures and to:

- Develop and implement a new, more sensitive MEWS to identify deteriorating patients at an even earlier stage. For the first time this score will include measures of oxygen saturation. Targeted monitoring of MEWS is described under the priority for deteriorating patients
- Extend and further develop seven day models of care, for investigations and senior review, with an ambition for daily consultant review of all appropriate patients over the weekend.

In addition, it has been identified that patients are treated more effectively and their outcomes are better if they are referred to, and managed by, specialist staff according to their individual needs. Our priorities for 2013/14 therefore focus on maintaining low mortality rates and monitoring care provided to groups of patients such as those suffering from dementia and diabetic patients.

Priorities and measures

To consistently achieve a HSMR and SHMI that is below the expected rate

- Implementation of a new MEWS to identify deteriorating patients at an earlier stage
- Extend and further develop seven day models of medical care.

To ensure appropriate specialist care of hospital patients

- To reduce five key high impact medication errors by 50% by March 2014
- Undertake dementia screening and assessment for 90% of patients over 75 years old (exclusions apply) with specialist referral as required.

Areas for further development during 2013/14

During 2013/14 we will develop monitoring arrangements and targets for the following areas of patient safety that WSFT is keen to focus on and improve performance against in 2013/14:

- WHO surgical safety checklist compliance
- Care and management of diabetes
- Patient moves at night for non-clinical reasons.

6.4 Statements about the quality of services

This section of the Quality Report is prescribed by regulation. It provides a series of mandated statements from the Board which directly relate to the drive for quality improvement.

The statements provide assurance in three key areas:

- Our performance against essential standards and the delivery of high quality care, for example our registration status with the Care Quality Commission (CQC)
- Measuring our clinical processes and performance, such as participation in national clinical audit
- Providing a wider perspective of how we improve quality, for instance through recruitment in clinical trials.

Review of services

During 2012/13 the WSFT provided and/or sub-contracted 54 NHS services.

The WSFT has reviewed all the data available on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2012/13 was £148.1M which represents 88.7% of the total income generated from the provision of NHS services by the WSFT for 2012/13.

Information about the quality of these services is obtained from a range of sources which address the three quality domains described earlier (safety, clinical effectiveness and experience). Key sources of intelligence are summarised in Table A. Many of these sources of information provide an indication of quality across more than one domain.

Table A: Key Sources of quality intelligence

Patient safety	Clinical effectiveness	Patient experience
• CQC self-assessment and intelligence regarding compliance (e.g. Quality & Risk Profile (QRP)) • Trust-wide compliance monitoring, including: - Hand hygiene - Infection control - Pressure ulcers - Falls - VTE • Incident and claims analysis and national benchmarking (e.g. NRLS) • External regulatory and assessment body inspections and reviews, such as peer reviews and NHS Litigation Authority • National safety alerts • Infection control, including high impact interventions • Quality walkabouts	• CQC self-assessment and intelligence regarding compliance (e.g. QRP) • Trust-wide compliance monitoring, including: - Stroke care - Mortality - Re-admission • Clinical benchmarking data from Dr Foster Intelligence • National and local clinical audits • Self-assessment against national standards and reports, for example NICE guidance • PROMs • NHS Outcomes Framework	• CQC self-assessment and intelligence regarding compliance (e.g. QRP) • Trust-wide compliance monitoring, including: - Patient environment - Patient experience - Same sex accommodation - Pain management - Nutrition • Complaints analysis • PALS themes • Patient and staff feedback, including local and national surveys and patient/staff forums and communication • “Back to the floor” visits by Board members and Governors • Feedback from FT members and Governors • “In your shoes” event • Community conversations

Quality improvement is connected from “Board to Ward” - this is achieved through two-way communication between the Board and operational areas (e.g. wards) across WSFT. The monthly

Quality Report to the Board provides both an organisational and ward-level dashboard. This information is underpinned and informed by review by directorates and wards with action planning at these levels. Delivery of improvement at an operational level is managed through directorate Quality & Performance Meetings but is also tested through observational visits by Board members and Governors as part of the weekly Quality Walkabouts. A programme of presentations relating to the quality priorities and quality developments has also been delivered to the Board.

Participation in clinical audits

During 2012/13, 32 national clinical audits and eight national confidential enquires covered relevant health services that WSFT provides.

During 2012/13 WSFT participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that WSFT was eligible to participate in during 2012/13 are listed in Annex A. Alongside the number of cases submitted for audits or enquiries for which data entry was completed during 2012/13, are listed each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 28 national clinical audits and 210 local clinical audits were reviewed by the provider in 2012/13 and the action WSFT intends to take to improve the quality of healthcare provided is listed in Annex A.

Research & Development

The number of patients receiving NHS services provided or sub-contracted by WSFT in 2012/13 that were recruited during that period to participate in research approved by a Research Ethics Committee was 537. This is a reduction in the high level of recruitment achieved in 2011/12 (1,230 patients recruited) due to the lack of high-recruiting studies for the Trust to join.

WSFT was involved in conducting 88 (open to recruitment) clinical research studies in 2012/13 of which 70% were National Institute for Health Research (NIHR) portfolio studies. 55 new studies were approved during 2012/13.

There were an additional four clinical staff participating in research approved by a Research Ethics Committee at the WSFT during 2012/13. These staff participated in research covering 11 medical specialties. The most research-active areas at WSH are (in descending order): Cancer, Diabetes, Women's and Children's Health and Musculoskeletal (including Rheumatology). In addition, the research activity in Stroke and Acute/Critical Care will be increasing in the forthcoming year.

In addition, during 2012/13 15 publications have resulted from our involvement in NIHR research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Goals agreed with commissioners

A proportion of WSFT's income in 2012/13 was conditional on achieving the quality improvement and innovation goals agreed between WSFT and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2012/13 WSFT had 8 goals containing 24 quality measures/targets covering the following topics:
:

1. Reducing avoidable death, disability and chronic ill health from venous thrombo-embolism (VTE)
2. Improve patient experience against national surveys and implement the net promoter score questions
3. Improve awareness and diagnosis of dementia, using risk assessment
4. Improve collection of data in relation to pressure ulcers, falls, VTE events and catheter-associated urinary tract infections
5. Using every opportunity to give health messages relating to prevention of illness (Making Every Contact Count)
6. Improve the quality of patient discharge summaries to give pertinent timely information enabling GPs to better manage their patients in the community
7. Improve patient pathways and experience of services
8. Improve patient experience of urgent and unplanned care pathways and improve their effectiveness.

WSFT has made good progress against all goals and met all targets except for integrated care which requires longer than one year to achieve all the targets and will be a CQUIN scheme in 2013/14.

In 2013/14 a greater percentage of the Trust's income will be conditional on achieving the CQUIN targets. This amounts to a total of £3.3M.

CQUIN goals have been finalised for 2013/14 with the Commissioners to reflect local and national priorities. These will cover:

1. Friends and Family Test (Recommender question)
2. NHS Safety Thermometer improvement goal
3. Dementia - find, assess, investigate and refer all appropriate patients
4. Dementia - named lead clinician for dementia and training
5. Ensuring carers of patients with dementia feel supported
6. VTE risk assessment of adult inpatient admissions
7. Root cause analysis for VTE events
8. End of life education - improving knowledge and skill in staff delivering end of life care
9. Increasing nursing e-forms to reduce paper documentation
10. Development and delivery of a comprehensive psychiatric liaison service (2 year CQUIN target)
11. Improve family carer experience
12. Increase initiation of breastfeeding
13. Paediatric consultant advice and guidance service to support clinical management in the community
14. Increase diagnostic availability – 7 day working.

What others say about us

The WSFT is required to register with the CQC and its current registration status is unconditional. The CQC has not taken enforcement action against the WSFT during 2012/13.

The WSFT has not participated in special reviews or investigations by the CQC during the reporting period.

In August 2012 the CQC made an unannounced visit to the WSH to carry out a review of services provided. The focus of the visit was dignity and nutrition and they reviewed five of the outcomes for which the Trust is registered:

- Outcome 1: Respecting and involving people who use services
- Outcome 5: Meeting nutritional needs
- Outcome 7: Safeguarding people who use services from abuse
- Outcome 13: Staffing to keep people safe and meet their health and welfare needs
- Outcome 21: Records.

The inspection team included four CQC inspectors joined by a practising professional who was an experienced nurse manager. The team visited six wards; three medical wards with a high proportion of older people and three surgical wards. The CQC found the Trust to be meeting all the standards reviewed and made a large number of positive comments along with some suggestions for improvement.

In 2012/13 the WSFT received three requests from the CQC to investigate concerns raised with them. Each concern has been fully investigated and feedback provided to the local CQC compliance inspector including any actions undertaken. The CQC have accepted the Trust response on each occasion as fully addressing all the concerns raised and have not made any amendments to registration status or enforcement action.

In 2012/13 the WSFT has strengthened and formalised an assurance framework to provide a method of monitoring CQC compliance through structured ward self-assessment and external peer review. The findings and any identified action is reported to the Quality & Risk Committee on a quarterly basis. This CQC assurance framework has been expanded to include the “15 steps challenge” observational tool which is a guided audit tool measuring the initial responses that visitors experience during the first 15 steps in a clinical area.

During 2012/13 the WSFT continued to provide a structured reporting framework for the review and response to the CQC Quality & Risk Profiles (QRPs). The QRP collates performance and intelligence information about an organisation which can be used to inform and drive quality improvement. The Quality & Risk Committee monitors the completion of actions taken to address any concerns identified in the WSFT’s QRP.

The Health and Safety Executive (HSE) visited WSFT in October 2012 following a patient fall from an unrestricted window. As a result of this incident the Trust undertook immediate action to fit window restrictors to windows at height in the WSH. The Trust also commissioned a detailed investigation of the incident, the recommendations of which have resulted in changes in its systems in order to prevent future, similar incidents. The Trust cooperated fully with the HSE in its investigation and pleaded guilty at the earliest opportunity in respect of the subsequent prosecution which resulted in a £10,000 fine. Ensuring that users of the WSH are safe is the Trust’s highest priority and the Trust remains committed to fulfilling all of its obligations in respect of patient, staff and visitor safety.

Awards and accolades

- For the third year running WSH was a finalist in the ‘quality of care’ category in the Top Hospital Awards 2013, run by independent healthcare intelligence company CHKS. WSH has won the award in the previous two years.

- WSFT was presented with a national safety award in recognition of excellent performance in preventing deep vein thrombosis (blood clots) among at risk patients. The hospital received the Lifeblood VTE (venous thromboembolism) 2013 award in the category of best performing trust for its Commissioning for Quality and Innovation (CQUIN) results for 2011/12, and was described as providing “exemplary leadership in VTE prevention”

- The Macmillan Unit at WSH was awarded the Macmillan Quality Environment Mark (MQEM). The award is given to units which are welcoming and accessible, respect privacy and dignity, support patients’ comfort and wellbeing, provide choice and give patients, families and carers the chance to feed back their views for ways to further improve care

- Patient Environment Action Team (PEAT) assessors rated the food at WSH as “excellent” and its standards of cleanliness and patient privacy and dignity as “good” for the second year running

- Following a successful Year Two assessment the radiology department team maintained accreditation for ISAS (Imaging Services Accreditation Scheme). The assessing team were very complimentary about the service, including the level of organisation and the way in which all staff, including first year students, discharge their duties reliably, courteously, and in line with the written protocols. The hospital was one of the first in the country to achieve this accreditation.

Data quality

WSFT submitted records during 2012/13 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number was:

Valid NHS number	WSFT	Regional	National
Admitted patient care	**99.6%**	99.7%	99.1%
Outpatient care	**99.8%**	99.5%	99.3%
Accident and emergency care	**98.5%**	98.2%	94.9%

(April 2012 to February 2013 inclusive)

WSFT’s Patient Administration System (PAS) is unable to automatically source NHS Numbers from the national spine (database), therefore this task is done manually.

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:

Valid General Medical Practice Code	WSFT	Regional	National
Admitted patient care	**100%**	100%	99.9%
Outpatient care	**100%**	100%	99.9%
Accident and emergency care	**100%**	100%	99.9%

(April 2012 to February 2013 inclusive)

WSFT’s Information Governance Assessment Report overall score for 2012/13 was 81% (Green). The Trust achieved a score of at least two for all requirements, within a range of zero to three.

WSFT will be taking the following actions to improve data quality:

- Continue to conduct data quality audits on WSFT data to ensure its completeness and accuracy, and feedback audit results to the clinicians involved in the recording of that data
- Continue to increase awareness of the importance of accurate data recording throughout WSFT
- Continue to work towards improving self assessment scores for Connecting for Health’s Information Governance Toolkit (IGT).

WSFT was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Data field	PbR audit error rate	Internal audit error rate
Primary Diagnosis	7.4	6%
Secondary Diagnosis	46.7	3.5%
Primary Procedure	1.1	8.5%
Secondary Procedure	32.3	3.2%

The audit sample was taken directly from the SUS and covers 150 Finished Consultant Episodes (FCEs), of which 25 from the trauma and orthopaedics specialty and 25 from the breast speciality concluded the surgical directorate audit. From women and children's directorate there were; 25 obstetrics and 25 paediatrics (inc. neonates) and finally, 25 dermatology and 25 general medicine made up the specialist medicine directorate.

The results of this audit should not be extrapolated further than the actual sample audited.

6.5 Performance against 2012/13 priorities

This section of the Quality Report provides a summary of performance against last year's priorities.

Patient Safety	**Priority 1**: To reduce hospital acquired infections in line with national and local targets
	Priority 2: To improve patient safety
Patient Experience	**Priority 3**: To continuously improve the experience of patients using our services
Clinical Effectiveness	**Priority 4**: To improve clinical outcomes and effectiveness

For each priority a summary is provided of the rationale for selection, current status, steps taken to improve performance and initiatives to be implemented in 2013/14. Unless otherwise stated the data provided is sourced from internal reporting arrangements.

Priority 1: Timely identification and management of patients at risk from infection.

Objectives:

(a) To maintain hospital MRSA bacteraemia at no more than 1 case between April 2012 and April 2013
(b) To reduce hospital associated *C. difficile* infection to no more than 27 cases between April 2012 and April 2013
(c) To improve the management of antibiotics as demonstrated by achieving 100% compliance with WSFT's antibiotic policy.

(a) To reduce hospital associated Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections in line with national and local targets

Description of the issue and rationale for selection
The minimisation of hospital associated MRSA blood stream infections continues to be a priority for the WSFT. MRSA bloodstream infections are potentially life threatening and therefore prevention is vital. Nationally, MRSA bloodstream infections are seen as one of the indicators of overall infection prevention and control performance and are also identified by the public as a priority issue. A target of no more than one hospital associated MRSA bloodstream infection was set for WSFT for 2012/13.

Additional action taken during 2012/13
- Audits to examine compliance with MRSA screening protocols and decolonisation procedures have been continued
- Encouraging improvements in compliance with decolonisation protocols and re-screening for MRSA
- Improved compliance in universal screening of patients for MRSA on admission to WSH
- Further roll out of training and assessment of aseptic non-touch technique when carrying out clinical procedures
- Introduction of blood culture procedure stickers to act as aide memoire and provide assurance that every clinician is taking blood cultures following best practice guidelines.

Current status
The WSFT has continued to monitor clinical practice to ensure compliance with best practice guidance in relation to infection prevention and control. Improved adherence to screening and decolonisation protocols has been achieved and continues to be the focus for WSFT.

The target for 2012/13 was to have no more than one hospital associated MRSA bloodstream infection. All MRSA bacteraemias are investigated as Serious Incidents Requiring Investigation (SIRIs). There was one case of MRSA bloodstream infection in June 2012 although this was felt to have occurred as a result of surgery in an external hospital and NHS Suffolk agreed it was not caused by any actions or omission by WSFT. There was another case in February 2013 which was deemed to be clinically significant but unavoidable.

Initiatives to be implemented in 2013/14
- Further action to facilitate improvements in compliance with decolonisation protocols and re-screening for MRSA.

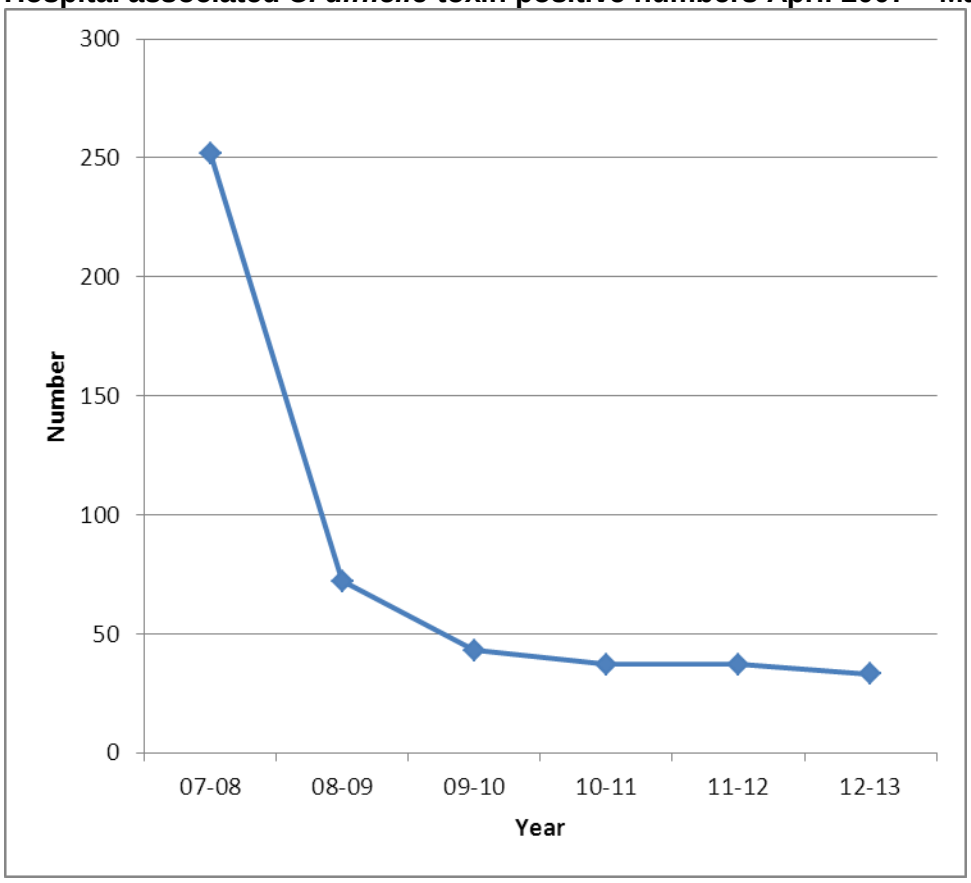
(b) To reduce hospital associated *C. difficile* infection in line with national and local targets

Description of the issue and rationale for selection
As with MRSA, the incidence of hospital associated *C. difficile* diarrhoea is monitored nationally and further reductions in incidence continue to be a priority. Dramatic reductions have been achieved over the last six years and a challenging ceiling of 27 cases was set for 2012/13.

Steps taken to improve during 2012/13
- Implementation of initiatives to improve antibiotic prescribing in line with the antibiotic policy
- Continuation of RCAs completed on all cases of C. *difficile* diarrhoea and identification of learning from these
- Implementation of new Department of Health guidance on the laboratory testing of *C. difficile* samples and impact assessment
- Introduction of an additional test to identify high risk carriers requiring isolation
- Additional education.

Current status

Hospital associated *C. difficile* toxin positive numbers April 2007 – March 2013



We recorded 33 cases of hospital associated C. *difficile* infection in 2012/13, 10 cases (32%) were detected in patients on wards closed with or recently closed with norovirus. RCAs were completed on all cases this year and concluded that the vast majority were unavoidable.
Provision of side room facilities for patients with *C. difficile* and other infections continues to be a challenge for the Trust. Alternatives for the provision of isolation facilities which would enable patients with a range of infectious conditions to be isolated from other patients to reduce cross infection are planned for implementation during 2013/14.

Initiatives to be implemented in 2013/14

- Implementation of plans for the provision of additional side room facilities through the conversion of an existing ward to provide appropriate isolation facilities
- Installation of doors to bays in some clinical areas to improve the ability to isolate patients
- Re-instatement of a decant ward to allow the deep cleaning programme to resume.

(c) To improve the management of antibiotics as demonstrated by achieving 100% compliance with WSFT's antibiotic policy

Description of the issue and rationale for selection

Inappropriate antibiotic use and the emergence of strains of bacteria that are resistant to antibiotics are now major global issues and a constant concern for public health. Patients in hospital, especially the critically ill, are at significant risk of infection with an expanding range of organisms that are resistant to most antibiotics including C. *difficile*.

A key factor in the reduction in C. *difficile* has been ongoing antibiotic prescribing surveillance and this is also important to limit the emergence of other resistant strains of bacteria. Adherence to local policy on the use of antibiotics is therefore important to ensure that they are used as effectively as possible. WSFT therefore identified this as a priority and has a robust audit programme to monitor the use of antibiotics.

Steps taken to improve during 2012/13

- The antibiotic audit programme has been strengthened and the number of criteria within the audit increased
- Improved feedback to wards and clinical teams on the results of the audit and action plans for improvement
- An antimicrobial "board round" is carried out weekly by the antimicrobial pharmacist
- An antibiotic review section has been added to the doctors' weekend review stickers so that compliance with prescribing can be assured 7 days a week
- Medical and nursing teaching/educational activities are ongoing – including an antibiotic flyer campaign aimed at assuring best practice by those who are prescribing antibiotics in the WSFT.

Current status

An ambitious target of 95% compliance with WSFT antibiotic policy was set for 2012/13. Monthly compliance has been between 93% and 96% during the year. Actions to address compliance with specific elements of the policy have been implemented including further education and training initiatives.

Initiatives to be implemented in 2013/14

- Updated antibiotic policy to be launched
- 'Dr to review' small coloured cards to be clipped to the front of the drug charts by the antibiotic audit nurse/antimicrobial pharmacists to alert prescribers to the fact an element needs reviewing at the earliest opportunity
- Two sided, easy to read summaries of the revised edition of the Trust guidance attached to ward round trolleys / computers on wheels to ensure guidance is easily accessible to all prescribers.

Priority 2: Achieving at least 95% harm free care

Objectives:

(a) To implement the "Safety Thermometer" to measure our performance in relation to pressure ulcers, VTE, falls and catheter care with the aim of achieving at least 95% harm-free care by April 2013
(b) To consistently identify those patients at risk of dehydration and take action to address this.
(c)

(a) To implement the "Safety Thermometer" to measure our performance in relation to pressure ulcers, VTE, falls and catheter care with the aim of achieving at least 95% harm-free care by April 2014

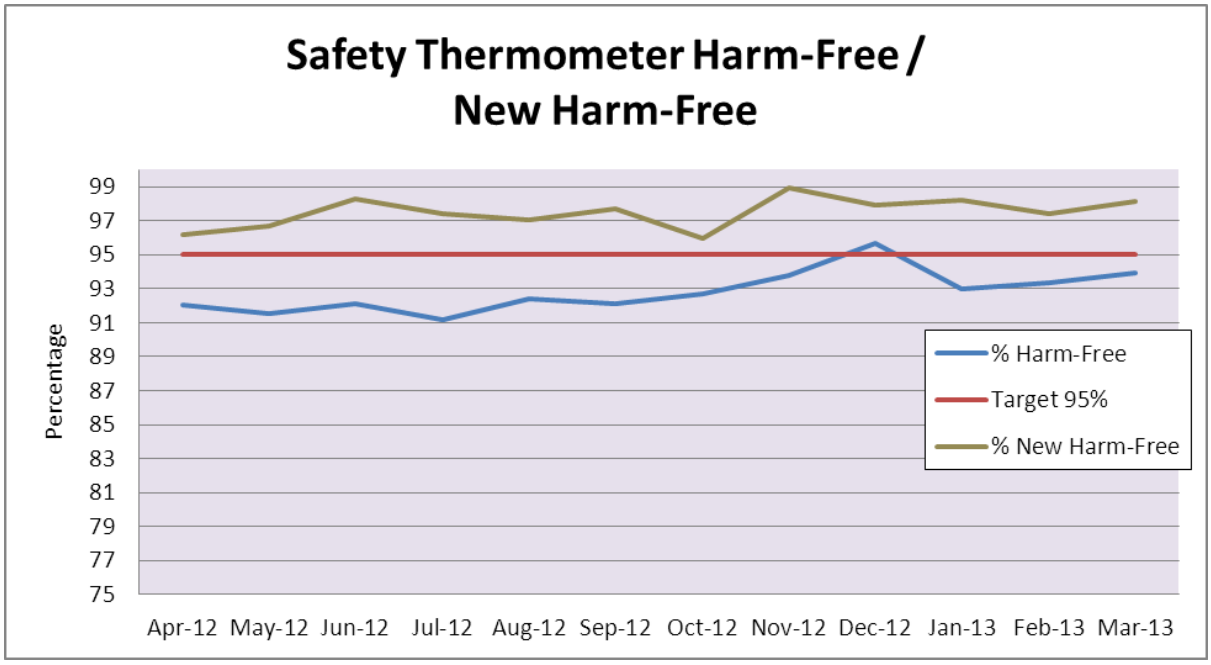
Description of the issue and rationale for selection
Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to monitor local and system progress. It allows teams to measure harm and the proportion of patients that are 'harm free' once a month, following a national timetable of measurement to ensure a reliable national outcome measurement.
All adult inpatients are reviewed on data collection day and the four harms measured are: pressure ulcers (new and old); falls with harm during the last 3 days; VTE events and catheter associated urine infections. The data is submitted to the NHS Information Centre (NHSIC) by a set date and national benchmarking information is held on the NHSIC website.

Steps taken to improve during 2012/13

- Ensure all clinical areas understood the rationale and methodology for the Safety Thermometer, including harm definitions
- Ensure all measurements take place on the same date to avoid double counting of "harms"
- Develop a data scrutiny and review system prior to submission
- Feedback data to clinical teams.

Current status
The Safety Thermometer measures harm-free care and new harm-free care. The harm-free care percentage reports the four harms and specifically all pressure ulcers regardless of where the patient developed the harm. New harm-free care measures the four harms but only includes patients' pressure ulcers that have originated in the reporting provider organisation.

From the chart overleaf, WSH has consistently achieved at least 95% in new harm-free care and has always reported lower harm (both harm-free and new harm-free) than the national average.



Initiatives to be implemented in 2013/14

- Increased focus via specialist committees to reduce harms caused to patients
- Introduce use of Safety Cross to clinical areas to represent days of harm-free care achieved
- County-wide harm-free care steering group developed to drive reduction of patient harm across the health economy.

(b) To consistently identify those patients at risk of dehydration and take action to address this

Description of the issue and rationale for selection

Along with nutrition, adequate hydration maintains wellbeing, aids recovery, and helps to prevent complications. The indicator is measured by the use of the dehydration risk assessment tool and the implementation of a quality improvement action plan. This complements the work previously carried out in the Trust to improve the nutritional care of patients.

Steps taken to improve in 2012/13

- Multi-disciplinary fluid management steering group established and project plan developed
- Fluid management policy revised
- Fluid balance charts revised to incorporate improved measurement, escalation and evaluation
- Audit plan commenced.

Current status

The proportion of patients with appropriate fluid balance management improved significantly during 2012/13; from 24% in August 2012 to 60% in March 2013. This improvement has been achieved by reviewing the measurement and escalation processes and providing feedback to the clinical teams of audit results.

Initiatives to be implemented in 2013/14

- This area of patient care will continue to be an important focus for WSFT during 2013/14 driven through the deteriorating patient quality priority.

Priority 3: Improvements in communication, information and involvement - “No decision about me without me”.

Objectives:

(a) Patients would recommend the service to their family and friends (Recommender score of at least 50)
(b) To ensure that all patients with learning disabilities and their carers have their needs assessed and reasonable adjustments made to enable a positive patient experience
(c) To assess the experience of elderly patients and those with dementia against the dignity in care recommendations.

(a) Patients would recommend the service to their family and friends (Recommender score of at least 50)

Description of the issue and rationale for selection
Patients are at the centre of everything we do and delivering the best possible experience for every one of our patients is a key priority for WSFT. Our Patients First programme focuses on this and sets out the standards we are committed to delivering consistently. In order to evaluate our success and ensure that we address areas of concern for patients, it is important that we obtain regular feedback from patients themselves. The Friends and Family Test was introduced by the Midlands & East Strategic Health Authority (SHA) at the beginning of 2012/13 to act as a barometer of overall satisfaction with the care during an inpatient stay. It uses a scoring system used in industry (the net promoter score) to provide a score that could range between -100 and +100) and is able to be benchmarked with other organisations.

Current status
We have a comprehensive system of ongoing patient experience surveys for patients on all our inpatient wards and in short stay areas such as the Day Surgery Unit, Eye Treatment Centre, A&E Department, Outpatients Department and Pre-admissions Clinic. We have standardised our approach to obtaining feedback and invested in an electronic system that utilises touch screen technology. This is now the primary way we obtain routine ongoing patient feedback. In addition to the questions we ask relating to specific aspects of care from the national patient surveys, we introduced the standard wording for the Friends and Family Test in April 2012. This asks whether the person would recommend the service to their family and friends. The wording of the question and the response set (a scale of 0 - 10) were set by the Midlands & East SHA and formed part of CQUIN for 2012/13.

The score achieved for the Friends and Family Test has been consistently above 80 every month since April 2012, placing the Trust within the upper quartile within the Midlands & East SHA. There was also a requirement to obtain responses from at least 10% of inpatients prior to discharge. This was achieved with the percentage response rate varying between 12% and 19%. There was a high level of satisfaction with other elements of care that were included in the survey and the overall satisfaction rate increased as compared with 2011/12 rising from an average of 85% in 2011/12 to over 90% in 2012/13.

The survey results for other departments such as A&E, Day Surgery Unit, and the Outpatients Department also remain high and there have been improvements seen in the provision of information about waiting times/delays to being seen. The score for the Friends and Family Test has also remained high but there is more variability in the score for this question.

Initiatives to be implemented in 2013/14

- Implementation of the national changes to the Friends and Family Test and increases in the responses gained
- Review of the survey to include a question on care and compassion.

National Patient Surveys

Each year WSFT participates in a number of national patient surveys. A national A&E survey and a national inpatient survey were carried out during 2012. WSFT receives a benchmark report that compares the results with those of other trusts.

The results for the A&E survey identified that the Trust scored "about the same as other trusts" in all sections of the survey. The scores for 3 questions fell in the "better than most trusts" category, these were related to the length of the visit, the provision of necessary information to the GP and the fact that doctors and nurses did not talk in front of patients as if they weren't there. There were no scores in the survey that fell into the "worse than other trusts" category and therefore the actions for improvement have focused on the areas in which our Trust along with others, generally scored low. These were:

- Privacy when discussing your condition at reception
- Being told the danger signals to watch for after going home
- Being told who to contact if worried about your condition after discharge
- Posters and leaflets explaining how to complain about the care received.

The national inpatient survey was undertaken during 2012 and results were published in April 2013. Overall there has been a small improvement in the scores compared to last year with increases in 22 questions, three of which were considered to be significant and decreases in 11, one of which was considered to be significant.

The Trust scored significantly "better" than other trusts in one question relating to whether a member of staff answered their questions about the operation or procedure and significantly worse than other trusts in one question – "Did you ever use the same bathroom or shower area as patients of the opposite sex". Currently, two wards (where there is only one shower) are undergoing conversion of a bathroom to a wet room to increase flexibility for patients.
The scores for all other questions were within the amber range and therefore approximately the same as other trusts.

One of the national CQUIN Goals relates to improvements in five questions within the survey grouped under the heading "responsiveness to personal needs" Targets are set for improvements in the composite score for these questions and improvements in the lowest scoring question, in our case information given about the side effects of medication.

Q32 Were you involved as much as you wanted to be in decisions about your care and treatment?
Q34 Did you find someone on the hospital staff to talk to about your worries and fears?
Q36 Were you given enough privacy when discussing your condition or treatment?
Q56 Did a member of staff tell you about medication side effects to watch for when you went home?
Q62 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The table below provides the Trust's year on year changes in the scores for these questions.

Year	Q32	Q34	Q36	Q56	Q62	CQUIN
2012	77.5	62.1	85.8	53.7	73	70.4
2011	73.7	61	82.3	46.7	78.2	68.4
2010	70.7	62.2	80.6	40.5	73.3	65.5

(b) To ensure that all patients with learning disabilities and their carers have their needs assessed and reasonable adjustments made to enable a positive patient experience

Description of the issue and rationale for selection
A number of national reports produced over the last five years have identified that people with learning disabilities have "higher levels of unmet need and receive less effective treatment" despite a clear legislative framework to ensure equality of treatment. There is also national evidence that people with learning disabilities have died unnecessarily as a result of poor healthcare. The Trust has taken action to improve access to treatment and the provision of care for people with a learning disability but recognises that there is still potential for further improvement.

Steps taken to improve in 2012/13
- Completion of a Midlands & East SHA Self Assessment Framework and development of associated action plan to identify and prioritise improvement actions
- Development of and recruitment to a Learning Disability and Autism Liaison Nurse post
- Standardisation of the use and full implementation of a health passport for people with a learning disability admitted to hospital
- Implementation of an alert system on the Patient Administration System to identify people with a learning disability who may need adjustments to be made to the way in which services are provided
- Provision of education and training to staff.

Current status
Good progress has been made in the implementation of the Learning Disabilities Improvement Plan. The recruitment of a specialist nurse has provided a dedicated resource who can support a patient with learning disability throughout their admission and provide advice and support to staff in the care of the patient as required. The specialist nurse has developed strong links with external agencies and voluntary organisations in the community and also acts as a point of contact for patients pre-admission. As the post becomes more established it is possible to look at and improve care pathways for patients. An area of focus for the future will be the emergency care pathway and the provision of care in the A&E Department and Emergency Assessment Unit.

Actions for 2013/14
- Review of the Improvement Plan and identification of further priorities for improvement
- Review of the care and management of patients entering the WSH through an emergency care pathway and implementation of improvements
- Development of further collaboration with community services.

(c) To assess the experience of elderly patients and those with dementia against the dignity in care recommendations

Description of the issue and rationale for selection
There are increasing numbers of people with dementia and/or delirium who require admission to hospital.

"The number of people living in Suffolk affected by dementia is set to rise by 65% for those aged 65 and over – from 9,870 people in 2008 to an expected 16,327 people in 2025... Over the same time, there will be a rise from 199 to 232 of those people aged between 30 and 64 diagnosed with dementia."
(Living Well with Dementia – Suffolk Dementia Strategy 2009)

Dementia is a condition that predominantly affects older people, therefore there is a greater than average risk that a person with dementia will become physically ill and require acute hospital treatment.

The National Dementia Strategy (2009) and the Suffolk Dementia Strategy: 'Living Well with Dementia' (2009), makes clear the outcomes required to meet the needs of patients and their families and carers. The Trust has participated in the annual national audit of dementia since 2010 and this has demonstrated the importance of the introduction of further developments in the care of patients with dementia. The national dignity in care recommendations are basic standards to ensure that patients are treated with dignity and respect.

Following publication of the first National Audit of Dementia (2010), a two year work plan has been developed through the Trust's Dementia Strategy Steering Group which identifies priorities for actions.

Steps taken to improve during 2012/13

- Continuation of a workforce development and training project for staff in relation to the care and management of patients with delirium and/or dementia
- Introduction of a Lead Nurse to lead the implementation of the Dementia Strategy
- Improvement in the provision of activities available within the ward environment for patients with dementia including reminiscence boxes
- Trust-wide implementation of a dementia pathway for acute admission encompassing admission → treatment → care → discharge / end of life care
- Use of 'This is me' to document individual patient information
- Development of Dementia Champions in wards and departments
- Carer satisfaction feedback.

Current status

The training and development programme has been produced and delivered, resulting in improvements in the knowledge of staff, their insight into the lived experience of people with dementia and also in their ability to adapt their communication and behaviour to benefit people with dementia. With the introduction of Dementia Champions it has enabled key staff to further extend and develop their skills and knowledge in this area and pass this on to other staff in the workplace.

In order to help the Trust to gain feedback about the experience for patients with dementia in WSH, a questionnaire survey has been used since July 2011 to be completed by family carers / relatives of patients with dementia.

Across Quarter 1, 2 and 3 consistent scores of 80% or above were achieved for the following:

- 80-95% on rating care as 'excellent' or 'very good'
- 90-100% for carers feeling that staff communicated in an appropriate manner with the patient
- 90-95% felt patients were treated with dignity and respect
- 80-95% rate hospital as 'excellent' or 'very good' (with the remaining rating good).

The large majority of comments were positive, reflecting the satisfaction of carers for patients with dementia on a range of aspects of care and communication.

Positive comments indicated that staff were very responsive to individual needs; staff were kind / caring / friendly / professional; providing excellent care; and carers appreciated being asked their opinions and to be able to come in and help if they wished.

Areas for improvement focused on communication, with the following issues identified: it was noted that staff do not always approach relatives about how much they would like to be involved in the patient's care, staff have not always asked about the patient's routine/likes and dislikes and difficulty in speaking to a doctor.

Actions for 2013/14

- A group has been set up to identify and implement improvements to the carer experience. This includes identification of the carer, information for carers, a proforma to identify the patient's routines and likes and dislikes
- The Carer Involvement Policy will be reviewed based on the outcomes from the family carers involvement group.

Priority 4: To ensure patients receive specialist management and referral according to their individual needs

Objectives:

(a) To consistently achieve a Hospital Standardised Mortality Ratio (HSMR) that is below the expected rate
(b) To improve the care and management of people following a stroke in line with national targets and indicators
(c) To improve the effectiveness of midwifery input in encouraging breast feeding amongst new mothers through staff training and provision of information to mothers
(d) To carry out dementia screening and assessment for patients over 75 years and ensure specialist referral.

(a) To consistently achieve a Hospital Standardised Mortality Ratio (HSMR) that is below the expected rate

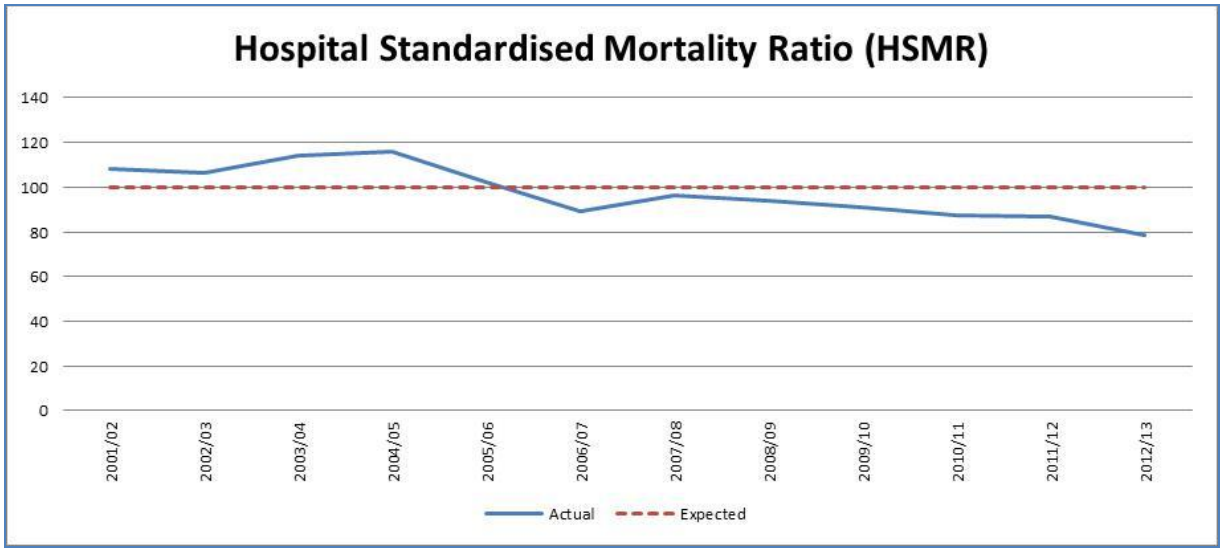
Description of the issue and rationale for selection

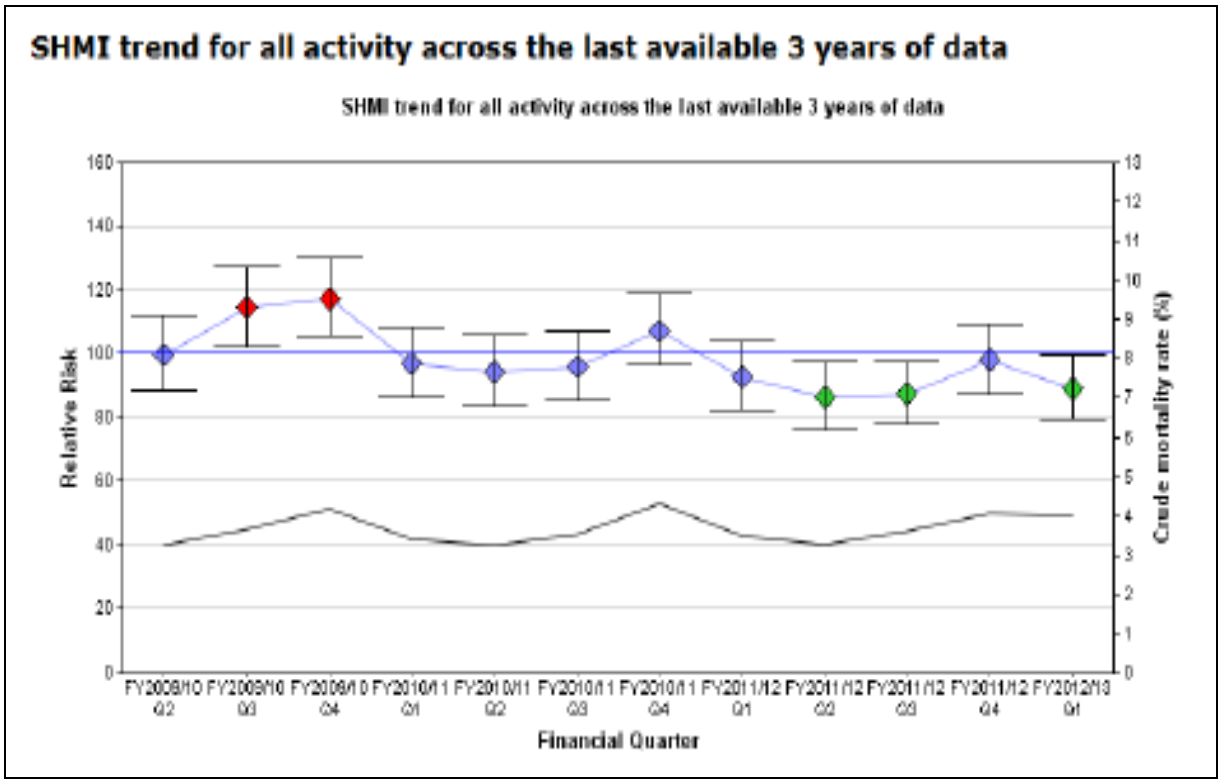
HSMR and SHMI are key mortality measures which are also considered to be indicators of system-wide safety and quality. The HSMR compares the number of patient deaths with the expected number taking into account patient factors such as age, diagnosis, and other medical conditions. An HSMR of 100 indicates that the expected number of patients died. If the HSMR is above 100, more patients died than expected, whilst an HSMR of below 100 means that fewer patients died than expected. The dataset used to calculate the SHMI includes all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital. The expected number of deaths is also based on 100 which takes into account age, gender, admission method and co-morbidity.

Steps taken to improve in 2012/13

- Benchmarking our performance against peers for a wide range of clinical outcomes
- 7 day a week working to provide enhanced senior medical staff cover at weekends
- Continued focus on the diagnoses and procedures that are the most common cause of death.

Current status





The HSMR is continuing its downward trend over the years, as can be seen in the graph. Whilst the SHMI in quarters 3 & 4 of 2009/10 had a higher than expected rate, from there we have achieved the expected position over the quarters. Both the HSMR and the SHMI rates are reported to the Trust Board monthly along with a breakdown of mortality rates for the five Dr Foster - How Safe is Your Hospital indicators. These indicate that WSFT is performing well in regard to reducing mortality.

Initiatives to be implemented during 2013/14

- Develop and implement a new, more sensitive MEWS to identify deteriorating patients at an even earlier stage. For the first time this score will include measures of oxygen saturation
- Extend and further develop seven day models of care, for investigations and senior review, with an ambition for daily consultant review of all appropriate patients over the weekend
- Refining our processes for the routine review of deaths.

(b) To improve the care and management of people following a stroke in line with national targets and indicators

Description of the issue and rationale for inclusion

Stroke is the main cause of adult disability in England and is responsible for a large proportion of deaths. Improving the care and management of patients following strokes can have a significant impact on patient outcomes. This is a national priority and every trust reports on a number of performance indicators on a monthly basis.

Steps taken to improve during 2012/13

- Continuation of 24 hour, seven day a week thrombolysis (clot busting) service to enable initial treatment to be provided at WSFT
- Further reduction in the number of non-stroke patients admitted onto the stroke unit
- Recruitment of additional senior nursing staff to provide high level stroke expertise out of hours
- Agreement by WSFT Board to support recruitment of 24/7 Emergency Stroke Outreach Team (ESOT) specialist nurses and a third stroke consultant
- Continued support for early supported discharge development alongside NHS Suffolk, allowing patients to return home as soon as possible to continue their rehabilitation

- Further increase in the number of stroke patients that have a CT brain scan within one hour of arrival at WSH
- WSFT representation at the newly formed Suffolk Stroke Network in light of the regional stroke review by NHS Midlands and East SHA
- Continued participation in the thrombolysis partnership in the region to support 24/7 thrombolysis.

Current status
During the year a number of initiatives have been implemented to improve the care and management of stroke patients. Significant work has taken place within the stroke services to develop plans to meet the service specification for stroke as published by NHS Midlands and East with full Board support. As the timeframe for thrombolysis has increased from 3 hours to 4.5 hours, this has allowed an increased number of patients to be thrombolysed at WSH. Subsequently, the number of patients admitted with stroke has increased this year and this has caused some challenges for WSFT. Whilst we have not achieved all of the targets set, during the year our performance when compared to other trusts in the region remained good.

Initiatives to be implemented in 2013/14
- Further development of stroke rehabilitation programmes to allow early supported discharge with the relevant stakeholders
- Continued recruitment and training to establish 24/7 cover by ESOT specialist nurses
- Recruitment of a third stroke consultant
- Continue to provide ongoing knowledge & skills training for registered and non registered staff across WSFT to support service delivery out of hours
- Continue to promote the stroke strategy
- Introduction of SSNAP (a quality and data monitoring tool)
- Reduce length of stay for stroke patients.

(c) To improve the effectiveness of midwifery input in encouraging breast feeding amongst new mothers through staff training and provision of information to mothers

Description of the issue and rationale for inclusion
Feeding is a crucial element in the development of the newborn. A decision to breastfeed, especially if sustained for the first 6 months, can make a major contribution to an infant's heath and development. Research indicates that cancers, coronary heart disease and childhood obesity can be positively affected by increasing breastfeeding rates. Additionally, if mothers are adequately supported with breastfeeding their baby, future problems and readmission to hospital can be prevented. Increasing breastfeeding initiation rates and supporting mothers up to 8 weeks in the community is a national priority and every trust reports on a number of performance indicators on a monthly basis.

Steps taken to improve during 2012/13
- Directorate received Certificate of Commitment for supporting the UNICEF Baby Friendly Initiative (BFI) working towards Level 1 accreditation
- All staff within the Womens and Children's Directorate received UNICEF BFI training including all grades of Paediatric staff. This is two full days of training plus assessments via a workbook which is audited, totalling 18 hours of breastfeeding training. Staff who had previously been trained received a 4 hour refresher plus assessment via a workbook
- Newborn feeding policy updated
- All women are offered a 'Give it a go' breastfeeding folder which includes localised leaflets and contact numbers and a 'Grandmothers Scrapbook' at booking
- All women receive a 'Give it a go' breastfeeding scan holder at 12 and 20 weeks gestation
- Breastfeeding workshops are held by community teams in the local Children's Centre
- The breastfeeding workshops are supported by peer supporters from the Breastfeeding Network (BFN)
- Breastfeeding information displays on Ward F11 and in the Parent Education Room

- At discharge from the hospital the women who have chosen to breastfeed are given the DoH leaflet 'Off to the Best Start'
- BFN volunteers attend Ward F11 to give breastfeeding support on a daily basis
- Helplines, both local and national are given to women on discharge from the hospital and in the community. This includes local Children's Centres and Breastfeeding Cafés
- Recruitment of three Maternity Support Workers in the community teams to support breastfeeding mothers.

Current status
During this year a number of initiatives have been implemented to support women to breastfeed their babies. By receiving the certificate of commitment to the BFI we have increased the annual 30 minute mandatory breastfeeding training to 18 hours. In total we have had 244 members of staff trained. Following assessment by UNICEF we are currently awaiting confirmation that we have reached Level 1 BFI accreditation.

The social marketing pack 'Give It A Go' has given information to women and their mothers/partners from as early as 8 weeks gestation about the importance of breastfeeding and where they can access local support. In 2012/13, 97.6% of women received the pack.
Breastfeeding initiation is currently 77% against a national rate of 74%. With the implementation of a breastfeeding co-ordinator and new home visiting service we aim to reach a target of 80%.

Initiatives to be implemented in 2013/14
- Recruitment of a Breastfeeding Co-ordinator to attain UNICEF Level 2 accreditation
- Development of a home visiting service for new breastfeeding mothers following discharge from the hospital to support them with feeding their baby up to 8 weeks after delivery. The aim of this new model is to reduce the drop off from breastfeeding following discharge from midwifery care
- Introduction of a Fathers Guide to Breastfeeding leaflet to be distributed in the acute and community setting
- Development of a breastfeeding APP for mobile phones including local venues that are breastfeeding friendly in collaboration with Suffolk County Council
- Map venues that are breastfeeding friendly and provide stickers for shop windows
- Increase initiation rate to 80%.

(d) To carry out dementia screening and assessment for patients over 75 years and ensure specialist referral

Description of the issue and rationale for selection
As described in the dementia patient experience indicator, the number of people living with dementia is increasing and improvement in the early identification and management of dementia is important to improve the quality of life and enable the provision of effective care and treatment. Many people with dementia do not have a formal diagnosis and nationally it is recognised that this delays access to care and treatment. As a result a national CQUIN target was put into place in 2012/13. The number of people admitted to WSH with dementia and/or delirium is high and therefore this is an important issue for the WSFT.

Improvement actions in 2012/13
- Introduction of the screening question and assessment tool for identification of patients at risk of dementia within the medical admission assessment documentation
- Measures to facilitate compliance with the completion of screening and assessment, including direct feedback to staff who have not completed the assessment
- Introduction of a mandatory field within the electronic discharge summary to identify the results of the assessment and request that the GP considers specialist referral.

Current status
Implementation of the screening and assessment questions within the admission assessment documentation was completed early in 2012/13 thus ensuring that patients at risk of dementia were identified. Changes to the electronic discharge system were made and further testing and amendments were undertaken during the summer and autumn. From December 2012 the Trust was able to be confident that the data captured was accurate. Targets for the achievement of 90% compliance over three months was achieved in the last quarter of 2012/13 with compliance of 96% in January and February 2013 and 95% in March 2013 with the screening question and 100% compliance with risk assessment and onward referral for specialist diagnosis.

Additional action for 2013/14

- Continued monitoring of compliance with screening, risk assessment and onward referral
- Implementation of dementia friendly ward environment recommendations
- Further implementation of the dementia improvement plan
- Assessment of performance in the National Audit of Dementia and identification of priorities for improvement.

6.6 Other quality indicators

A range of nationally mandated quality indicators are reported in Annex B.

WSFT has a comprehensive quality reporting framework that includes an array of quality indicators that are monitored and reported on a monthly basis. These include priorities identified by patients and staff, issues arising from national guidance and research, and other stakeholders such as NHS Suffolk. Performance against these can be found within the Trust Board reports.

National targets and benchmark indicators

Effectiveness Measures	2012/13	2011/12	2010/11	2009/10	2008/09	National Avg.	Peer group Avg. (as at 2/12)
Hospital Standardised Mortality Rate (HSMR) [1]	**78.2**	86.8	89.6	90.5	95.7	100	90.3
Length of Stay - Relative Risk [1]	**90.6**	88.9	78.7	81.6	84.6	100	93.1
Readmissions - Relative Risk [1]	**92.6**	98.5	102.9	104.8	97.3	100	93.2
Death in Low-Risk Diagnosis Groups [2]	**0.41**	0.60	0.49	0.57	N/A	0.78	N/A

Source: Dr Foster Intelligence
[1] Reporting period for 2012/13 data – Apr '12 to Jan '13
[2] Reporting period for 2012/13 data – Feb '12 to Jan '13

The Trust has performed well against the effectiveness measures. The review processes put in place to share the lessons learned from re-admissions has helped to improve performance in this indicator. Although the Length of Stay indicator has risen when compared to 2011/12 the performance is still below the national benchmark of 100 (which denotes average performance) and also below the peer group average.

National Targets	2012/13 Target	2012/13 Actual	2011/12 Actual	2010/11 Actual	2009/10 Actual	2008/09 Actual
C. difficile - Hospital associated	**27**	**33**	23 *	37	44	72
MRSA bloodstream infections	**1**	**2**	1	0	9	11
31 Day Diagnosis to Treatment Wait for First Treatment: All Cancers	**96%**	**100%**	100%	100%	100% (Q4 only)	100% (Q4 only)
18-week maximum wait from point of referral to treatment (admitted patients)	**90%**	**99.96%**	99.94%	99.90%	99%	95%
18-week maximum wait from point of referral to treatment (non-admitted patients)	**95%**	**100%**	100%	100%	99%	98%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	**95%**	**91.84%**	98.13%	96.86%	96.88%	97.10%
A&E Unplanned re-attendance rate	**<5%**	**1.64%**	1.39%	N/A	N/A	N/A
Total time spent in A & E (95th percentile)	**< 4 hours**	**04:28**	03:59	N/A	N/A	N/A

National Targets	2012/13 Target	2012/13 Actual	2011/12 Actual	2010/11 Actual	2009/10 Actual	2008/09 Actual
A&E Left department without being seen	**<5%**	**1.50%**	1.49%	N/A	N/A	N/A
A&E Time to initial assessment (95th percentile)	**<15 minutes**	**01:18**	00:45	N/A	N/A	N/A
Time to treatment in department (median) - CDM	**<60 minutes**	**00:52**	00:46	N/A	N/A	N/A
62 Day - Urgent GP Referral to Treatment Wait for First Treatment: All Cancers	**85%**	**88.72%**	88.00%	89.14%	89%	97% (Q1-3) , 87% (Q4)
31 Day Wait for Second/Subsequent Treatment: Anti Cancer Drug Treatments	**98%**	**100%**	100%	100%	100%	N/A
31 Day Wait for Second/Subsequent Treatment: Surgery	**94%**	**99.41%**	100%	100%	100%	N/A
All Cancer Two Week Wait	**93%**	**94.97%**	94.43%	93.72%	95%	99% (Q1-3), 93% (Q4)

* In 2011-12 trusts were only required to report the clinically significant C. *difficile* cases which totalled 23 (although we had a total of 37 toxin positive results).

The Trust has maintained performance or met the national target in 2012/13, except for A&E and *C.difficile*. A detailed action plan designed to tackle the performance issues highlighted by the A&E performance will be implemented in the first half of 2013/14. Each *C.difficile* case is subject to a Root Cause Analysis investigation and any lessons learnt or changes in practice highlighted from the review are applied.

National Targets	2012/13 Target	2012/13 Actual	2011/12 Actual	2010/11 Actual
65% of patients with low risk transient ischaemic attacks (TIAs) have access to MRI or carotid scan within 7 days of the onset of symptoms (seen, investigated and treated)	**65%**	**63.83%**	71%	57%
Patients with suspected stroke, who are eligible for an urgent brain scan (as defined by NICE criteria) to have access to a scan in the next slot within usual working hours or less than 60 minutes out of hours as defined from time to time by the Anglia Stroke & Heart Network	**100%**	**84.42%**	82%	45%
80% of stroke patients spending at least 90% of their stay on a stroke unit	**80%**	**81.50%**	86%	67%
>60% people who have a TIA and are high risk are scanned and treated within 24 hours of 1st contact but not admitted	**60%**	**66.75%**	73%	55%
Stroke - Proportion of patients admitted to an acute stroke unit within 4 hours of hospital arrival	**90%**	**75.16%**	N/A	N/A
Proportion of patients in Atrial Fibrillation,	**60%**	**73.67%**	N/A	N/A

presenting with stroke and where clinically indicated will receive anti-coagulation.				
Stroke - % of stroke patients with access to brain scan within 24 hours	**100%**	**95.92%**	N/A	N/A
Stroke - All stroke patients scanned within 60 minutes of arrival	**50%**	**64.30%**	N/A	N/A
Stroke - Proportion of stroke patients and carers with a joint health and social care plan on discharge	**85%**	**75.25%**	N/A	N/A
Stroke - 65% of patients with low risk TIA have access to MRI or carotid scan within 7 days (seen, investigated and treated) from referral	**65%**	**97.80%**	N/A	N/A
% of patients eligible for Thrombolysis, thrombolysed within 4.5 hours	**100%**	**100%**	N/A	N/A

Four stroke metrics have not been achieved in 2012/13. The pathway for stroke patients in hospital has been reviewed and additional specialist out of hours support will be provided to facilitate faster diagnosis and therefore quicker transfer of patients to the stroke unit during 2013/14.

Incident reporting and learning

Reporting and learning from incidents within WSFT is recognised as critical to maintaining and improving quality. The investigation of incidents is undertaken to ensure effective learning takes place within the area in which the incident occurred and more widely across the organisation. As part of this learning, themes have been identified and prioritised during 2012/13. These have informed service improvements in for example the management of the deteriorating patient, ensuring compliance with the Sepsis 6 initiative, the management of patients at risk of venothrombo-embolism and blood transfusion.

Action to address these themes is developed through specialist groups, monitored by the Clinical Safety and Effectiveness Committee, reported to the Board and reflected in WSFT's priorities for quality improvement.

In October 2012, the WSFT reported a "never event" involving wrong site surgery. As a result of this event two groups were formed made up of clinicians across the surgical wards and theatres to implement the actions that were identified from the internal and external (independent) investigations. The Safer Surgery Implementation Group has developed a new strategy document, reviewed the Safer Surgery Policy and is currently developing training packages to ensure compliance with the Policy across the patient pathway. The Safer Surgery Assurance Committee which is chaired by a Non-executive Director ensures a degree of independent scrutiny and that the work streams are progressing within appropriate time scales. The Medical Director has presented to staff regarding the incident and encouraged all staff to report incidents and identify learning from them. A Safer Surgery event was held on 9 May 2013 to embed learning within the organisation. Led by eminent national speakers the event was attended by more than 100 members of staff.

WSFT has conducted weekly Quality Walkabouts to different clinical and non-clinical areas specifically focused on the themes identified or linked to serious incidents. These have included, for example, a focus on the Hospital at Night team (in order to determine the rationale for transferring patients out of hours); documentation (to assure that conversations with GPs are recorded and handed over appropriately); and diabetes management (to provide assurance that the service is fully supported in its delivery).

WSFT has continued to build and strengthen the arrangements for managing Serious Incidents Requiring Investigation (SIRIs). The Board takes the lead on this process and reviews the

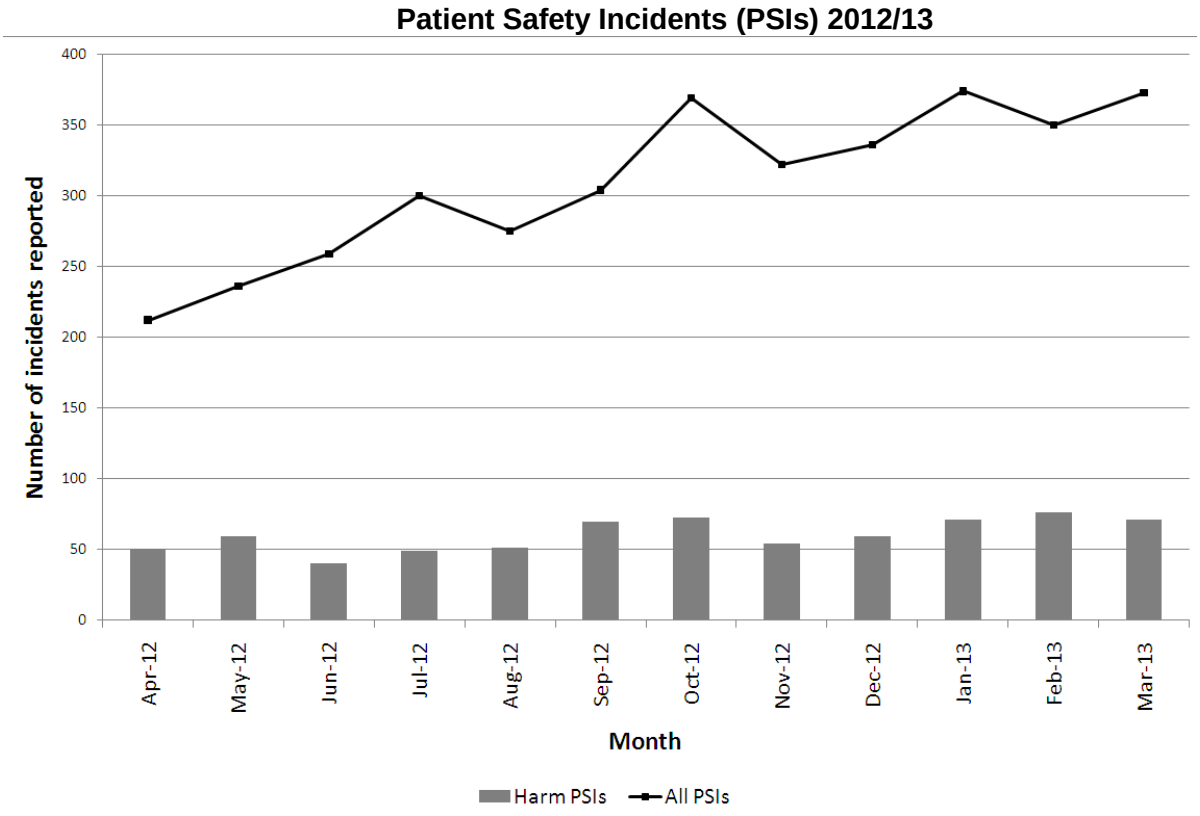
management, investigation and learning from SIRIs on a monthly basis. The total number of SIRIs reported during 2012/13 was 76. These can be broken down into incidents which cross a number of themes including:

- pressure ulcers
- falls
- infection prevention
- delay in diagnosis / investigation / treatment
- escalation / deteriorating patients (including cardiac arrest).

The Trust proactively encourages staff at all levels to engage with the investigation of SIRIs and significant learning continues to take place. Many of the issues identified within each of the SIRI investigations are fed back to specialist working groups where there is ongoing emphasis on, for example:

- preventing pressure ulcers through accessing equipment, assessing pressure ulcers and grading of pressure ulcers
- preventing falls by ensuring patients are given appropriate footwear and are looked after on a one to one basis where required
- preventing transmission of infectious disease through appropriate isolation facilities
- ensuring that appropriate processes have been put into place to assess, document and, where needed, escalate care of the deteriorating patient.

In April 2012 the Trust implemented a new web-based electronic incident reporting system, Datix. This has supported a considerable increase in incident reporting, in particular in the areas of near miss, no harm and minor harm incidents. Increased reporting of these 'green' incidents is seen as a key driver for identification and management of risks to prevent more serious harm incidents and this increased reporting has been welcomed by the Board.



Complaints Management

WSFT is committed to providing an accessible, fair and effective means of communication for those persons who wish to express their concerns with regard to the care, treatment or service provided by the Trust.

In responding to and reviewing complaints WSFT adheres to the six principles for remedy as published in October 2007 by the Parliamentary and Health Service Ombudsman.

Complaints are reviewed with Service Managers and Matrons to ensure that learning takes place, issues are addressed and trends identified. Examples of learning are detailed below. Themes and trends are also reviewed by the Patient Experience Committee.

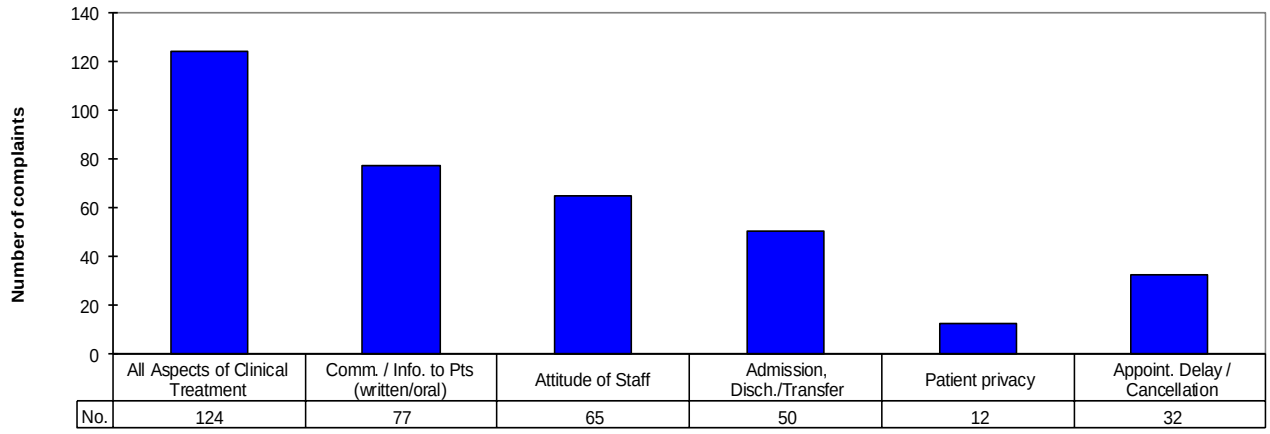
WSFT received 278 formal complaints during 2012/13, a reduction of two from 2011/12. The Board of Directors monitors complaints and learning on a monthly basis as part of the quality reporting arrangements.

85% of complaints received during 2012/13 were resolved with the first response. There were 11 meetings arranged between staff and complainants during 2012/13 to assist with resolving concerns, either prior to any written response or following an initial written response.

Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the Parliamentary and Health Service Ombudsman (PHSO) for an independent review. During 2012/13, eight complaints have been referred to the PHSO. None of these have been accepted for a further independent review by the PHSO. However, advice has been received on three of the complaints to assist the Trust in completing local resolution. This indicates that, although the PHSO was satisfied with the Trust's management of the complaint, more robust apologies from individual staff and greater evidence of factual detail was encouraged to satisfy the complainant.

The main themes and trends are described below.

Category of complaint



Note: the numbers identified in the chart above do not total the numbers of complaints received as many complaints have more than one category.

As well as responding and learning from individual complaints WSFT identifies themes and trends from local complaints and national publications, such as the Parliamentary and Health Service Ombudsman. Learning from complaints has supported WSFT's quality priorities and other service improvements including:

- Changes in the referral process for GPs referring suspected DVTs

- Eye Treatment Centre has reviewed and re-written its doctors' handbook in relation to referring patients for scans
- Staff given training in how to manage patients displaying challenging behaviour
- Training for staff to increase knowledge and skills in dementia care
- Review of bedside toileting practice to reduce this to a minimum
- Greater sharing of complaints feedback with staff to encourage organisational and individual learning.

Managing compliments

A total of 487 compliments have been formally received by WSFT. This figure does not include letters/cards complimenting staff that are received on the ward and not shared with the Complaints Office.

There were many general letters of thanks for the care received, support given, empathy, professionalism and dedication. Themes also included excellent staff attitude and skills and excellent communication skills.

A quote from one such letter states:

.... "I am writing to express my gratitude for the very efficient and caring service I received whilst being treated at this hospital, and all delivered with a calm and cheerful attitude" ….

NHS Litigation Authority assessment

The NHS Litigation Authority (NHSLA) provides insurance for NHS organisations. As part of this scheme a series of standards are defined and trusts assessed against them to demonstrate compliance and good practice in relation to governance, safety and clinical care. There are two sets of standards relevant to WSFT covering acute and maternity services.

During 2012/13 the WSFT maintained Level 2 compliance with the acute standards and Level 1 compliance with the maternity standards.

National staff survey 2012

Overall WSFT has achieved the following, when compared to other acute trusts:

Best 20% for	10 key factors
Better than average for	8 key factors
Average for	3 key factors
Below average for	5 key factors
Worst 20% for	2 key factors

The figure below shows how WSFT compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.83 was in the highest (best) 20% when compared with trusts of a similar type.

	Trust Score 2011	Trust Score 2012	National average 2012
Overall staff engagement	3.79	**3.83** #	3.69

Highest (Best) 20% - possible scores range from 1 to 5

Further detail is provided in WSFT's Annual Report 2012/13.

6.7 Development of the Quality Report

WSFT has continued its commitment to listening to the views of our service users and FT members in developing the priorities set out in the Quality Report and its format and content.

During 2012/13 we have built on our understanding of the views of FT members' and users' quality priorities through FT membership engagement events and questionnaires. The results of this feedback are reflected in the format and content of this Quality Report.

In preparing the Quality Report we also sought the views of:

- West Suffolk Clinical Commissioning Group (NHS Suffolk during 2012/13)
- Suffolk Health Scrutiny Committee
- Healthwatch Suffolk (Suffolk Local Improvement Network during 2012/13)
- Our Governors.

Commentary from these organisations is detailed in Annex C. As a result of the feedback received, changes were made to simplify the language used in the document and provide appropriate explanation of abbreviations or phrases.

Annex A: Participation in clinical audit

This Annex provides detailed information to support the Clinical Audit section of the Quality Report.

Table A: National Clinical Audits

Category	Name of audit / Clinical Outcome Review Programme	Number	%
Acute	Adult community acquired pneumonia (British Thoracic Society)	60	100
	Adult critical care (Case Mix Programme – ICNARC CMP)	424	100
	Emergency use of oxygen (British Thoracic Society)	36	100
	National Joint Registry (NJR)	757	100
	Non-invasive ventilation - adults (British Thoracic Society)	14	93
	Renal colic (College of Emergency Medicine)	50	100
	Severe trauma (Trauma Audit & Research Network, TARN)	54	36
Blood and Transplant	National Comparative Audit of Blood Transfusion programme	34	100
	Potential donor audit (NHS Blood & Transplant)	70	100
Cancer	Bowel cancer (NBOCAP)	175	100
	Lung cancer (NLCA)	108	100
	Oesophago-gastric cancer (NAOGC)	45	100
Heart	Acute coronary syndrome or acute myocardial infarction (MINAP)	261	100
	Heart failure (HF)	240	100
	National Cardiac Arrest Audit (NCAA)	123	100
	National Vascular Registry	2	100
Long Term Conditions	Adult asthma (British Thoracic Society)	9	100
	Bronchiectasis (British Thoracic Society)	10	100
	Diabetes (Adult) ND(A) & National Diabetes Inpatient Audit (NADIA)	2,034	100
	Diabetes (Paediatric) (NPDA)	98	100
	Inflammatory bowel disease (IBD) includes: Paediatric IBD	20	100
	Pain database	40	80
Older People	Fractured neck of femur	50	100
	Hip fracture database (NHFD)	285	100
	National audit of dementia (NAD)	45	100
	Parkinson's disease (National Parkinson's Audit)	0 *	-
	Stroke National Audit Programme (SSNAP) (started Jan ’13)	54	100
Women’s & Children’s Health	Epilepsy 12 audit (Childhood Epilepsy)	12	100
	Neonatal intensive and special care (NNAP)	423	100
	Paediatric asthma (British Thoracic Society)	17	100
	Paediatric fever (College of Emergency Medicine)	50	100
	Paediatric pneumonia (British Thoracic Society)	23	100

* WSFT registered for audit and have agreed submission of neurology data every two years with the national audit coordinators. Next submission due 2013/14.

Table B: National Confidential Enquires

Category	Name of National Confidential enquiry	Number	%
Acute	Subarachnoid haemorrhage 2012 (NCEPOD)	2	100
	Bariatric surgery (NCEPOD) organisational survey completed	0 *	-
	Alcohol related liver disease (NCEPOD)	3	100
	Cardiac arrest procedures (NCEPOD)	2	100
Women's & Children's Health	Child health programme (CHR-UK)	0 *	-
	Maternal, infant and newborn programme (MBRRACE-UK)	13	100
Long Term Conditions	National Review of Asthma Deaths (NRAD)	0 *	-
Other	Elective surgery (National PROMs Programme)	1,014	N/A

* WSFT registered with enquiries but no eligible cases for submission identified during 2012/13

Table C: Action from national audits to improve the quality

Audit Title	Summary of actions taken
National Heart Failure Audit	As a result of our new cardiologist appointment a stronger heart failure pathway re-design is now in progress.
National Colorectal Cancer Audit (NBOCAP)	Of the 112 cases of major surgery undertaken, there was continued good compliance, with mortality and other outcomes all below national averages. Therefore there were no specific actions required.
Resuscitation Council / ICNARC NCAA Cardiac Arrest	There have been a number of valuable developments in the area of resuscitation and cardiac arrest during the last year including a new DNAR process and form to capture all the relevant information and monitor escalation. All cardiac arrests are now reviewed for learning purposes and the outcomes reported and discussed across the Trust to capture all the relevant information and monitor escalation.
NHS Blood & Transplant: Potential Donor Audit	WSH audit data showed four organs being transplanted - an increase in past numbers.
National Joint Registry	WSH is not an outlier for hip or knee replacement. The higher failure rate we previously identified in relation to the use of metal on metal resurfacing hips resulted in an alternative being implemented which has culminated in an improvement in patient outcome, both locally and nationally.
Trauma Audit and Research Network (TARN) Audit	The audit results have been used as part of a process to review how head injuries are managed in A&E and has resulted in change to local guidelines. Action is being taken to improve timely data submission to the audit.
National Hip Fracture Database	WSH continues to be 100% compliant and a positive lead for one or two aspects of the Hip Fracture Database.
Neonatal Intensive and Special Care (NNAP) (formerly National Neonatal Audit Programme)	In the past year there has been a growing recognition that the NNAP data will be used increasingly to compare practices at different neonatal units, therefore it has become increasingly important to record the data accurately. Since this was flagged up we have made some changes to the way the retinopathy screening is collected, with one of the ward clerks checking weekly that it has been entered. We have decided to shift the task of the daily updates from the doctors to the nurses. At present we still require the doctors to record the admission and discharge data, and are providing additional training for new doctors at induction.
ICNARC CMPD Adult Critical Care	An ongoing audit - WSH has participated since April 2011. In 2012-13 we had 424 admissions eligible for the audit, all submitted to ICNARC. Local data is used for Critical Care and M&M sessions. Until ICNARC sign off on the returns, there is no further information available on outcomes.

Audit Title	Summary of actions taken
National Elective Surgery PROMs: four operations	Local actions arising as a result of work on this national audit during 2012/13 are: 1) The PROMs results are discussed at the Surgical Directorate Performance Reviews and within the specialty teams. 2) We are currently trialling a different anaesthetic technique for knee replacements which enables the patient to start mobilisation early post operatively and go home the next day. 3) For veins we have recently introduced the VNUS procedure so the majority are undertaken under local anaesthetic.
National Lung Cancer Audit (NLCA)	2012/13: Key achievements at the WSH: New pathway established for patients with pleural effusion, incorporating ward based ultrasound at WSH and medical thoracoscopy at Addenbrookes. - Further increase in chemotherapy rate in patients with small cell lung cancer to 80%. - Effective system in place to identify patients requiring testing for EGFR mutation - Further improvement in proportion of patients seeing a specialist nurse and having a specialist nurse present at diagnosis. - Well-established acute oncology team led by Dr Daniel Patterson, leading to improved oncology input to local MDT, and improved in-patient pathways. - New comprehensive patient information leaflet for new patients at the rapid access clinic, outlining possible investigations, etc. - Patient / carer satisfaction survey completed - Network audit completed.
Myocardial Ischaemia (MINAP)	The MINAP study has informed updates to the pathways for chest pain of recent onset and ACS local guidelines.
National Vascular Database: peripheral vascular surgery	During 2012-13 there were two amputations carried out at the WSH relevant to this audit. Data on both cases was submitted to the National Vascular Database.
National Paediatric Diabetes Audit (NPDA)	Data was submitted by the WSH for 98 patients (all of the patients who were eligible).
Parkinson's UK: National Parkinson's Audit 2012-13	Following participation in the Parkinson's National Audit last year, the WSH has been implementing the proposals from last year's audit and will take part again during 2013/14.
BTS Adult Community Acquired Pneumonia 2011-12	Nationally the areas of patient care found to be requiring attention were 1) Time to CXR 2) Time to antibiotics 3) Appropriate antibiotics. The WSFT was above average for Chest X Ray done before admission and within the first two hours, however fewer than average patients received antibiotics in the first four hours. This is now being addressed locally.
BTS Non-invasive Ventilation 2012 (NIV)	WSH contributed data on 14 cases to the British Thoracic Society Non-Invasive Ventilation audit 2012. This audit identified a number of areas where simple changes could potentially improve the delivery of care and patient outcomes; more spirometry, more careful consideration of the hypercapnic patient with consolidation, more rigorous decision-making in the event of NIV failure, more IPAP (perhaps), and more follow-up on discharge.
BTS Adult Asthma 2012-13	Data on nine cases has been submitted by the WSH to the British Thoracic Society Adult Asthma 2012 audit.
BTS Adult Bronchiectasis 2012-13	Data on 10 cases has been submitted to the British Thoracic Society National Audit
BTS Emergency Use of Oxygen 2012	We need to ensure that oxygen is prescribed, administered and recorded correctly. The audit results have been presented at the Medical Clinical Governance Afternoon meeting and circulated as appropriate. All members of staff have been encouraged to follow the Trust guideline. Local areas for development have been identified. Every patient requires a prescription for oxygen on admission. Nurses must sign three times a day for any oxygen given. Continue to monitor patients appropriately but act on results.
Audit of Blood Sampling and Labelling 2012 (National Comparative Audit of Blood Transfusion)	Proposed actions from the Audit of Blood Sampling and Labelling 2012 - A robust system for competency assessment of medical staff. Local ownership. Designated lead. 2/3 assessors. Clarify the consequence for non-compliance. The results are to be presented at an HTC meeting. Sample mislabelling to be highlighted to relevant clinical groups. The policy and procedure is to be reviewed.

Audit Title	Summary of actions taken
CEM Feverish Children 2012	Findings for the 2012 audit included - the vital signs: respiratory rate, oxygen saturation, pulse, BP, and temperature. WSH has shown a major improvement in recording and measuring of vital signs as a part of the routine assessment. The Trust's Safety Net Policy will be updated.
CEM Fractured Neck of Femur	The 2012 audit resulted in the following local findings: 1) The most significant improvement has been in the recording of pain scores, from *32%* in 2004 to 67% in 2012. 2) Availability of the ambulance record increased from *70%* in 2008 to 79% in 2012. 3) Re-evaluation of pain has risen from *28%* in 2009 to 35% in 2012 4) X-ray within 60 minutes has risen from *41%* in 2008 to 45% in 2012 5) There has been a dramatic improvement in surgery within two days of admission from *79%* in 2008 to 90% in 2012.
BTS Paediatric Asthma 2012-13	The audit demonstrated that the demographics of the patients seen at WSH are similar to the rest of the country. During the audit process it was noted that we needed to improve documentation to record that an asthma plan had been given and inhaler technique checked (the asthma plan records this but it is given to the patient and not yet on EPRO). However on comparing the results between the WSH and nationally we are considerably better at recording that we have given an asthma plan and checked inhaler technique and that we have instructed patients to arrange follow up at the GP surgery and also hospital follow-up. We were also better at starting preventer medication and altering preventer medication. We are following the BTS guidelines for asthma and the result of the audit demonstrates we are documenting this better than the national average. We still have room to improve documentation further and document that the long-term treatment for asthma has been reviewed on discharge.
BTS Paediatric Pneumonia 2012-13	Data on 23 cases has been submitted by the WSH to the British Thoracic Society Paediatric Pneumonia 2012-13 audit. During the audit process it was noted that 1 or 2 patients may have asthma leading to recurrent hospital attendances rather than pneumonia. Demographically our patients were similar to the national picture and treatment similar. The management of pneumonia is within guidelines.
CEM Renal Colic 2012	Analgesia was re-evaluated in 47% of patients, a clear improvement from 28% in the previous Renal Colic audit. This is encouraging and a clear demonstration of progress that needs to be maintained.
National Audit of Dementia 2012/13	A report detailing national and site level data has been received. This has enabled the Trust to identify areas of good practice and areas for development. To prioritise themes / actions and to allocate to work streams and to incorporate into WSFT Dementia Strategy work plan or other Trust groups as appropriate. Specific actions identified as a result of the audit include a) updating the protocol for managing challenging behaviours b) completing and rolling out the Trust dementia care pathway c) consider the use of a standardised assessment tool and increase use of the mental status test d) to develop a Liaison Psychiatry Service e) include Doctors in mandatory dementia training f) to amend discharge information to aid families/carers and identify a named person to co-ordinate the discharge plan g) improve discharge assessments to include a home safety assessment and an assessment of 'informally' provided support h) reviewing information reported to the Trust Board.

Audit Title	Summary of actions taken
National Diabetes Audit (NDA) 2012	Diabetes Inpatient Audit / Adult Diabetes Audit: Foot care assessment **-** Consultants to take lead responsibility to action medical foot assessments for patients with diabetes as part of the documented clerking process on EAU/F8. At a walkabout, non availability of Podiatrist Hours was discussed at a high level and it was agreed that the Trust would support a business case for a full time podiatrist. Medication Error Management – A lead consultant has established a Trust Diabetes Safety Group. A Diabetes Prescription Chart is to be trialled. Attendance of surgical staff at all educational opportunities is to be encouraged and a business case for a surgically based DISN to reduce clinical incidences within surgery is being considered. Severe hypoglycaemias - The formalisation of a Diabetes Drug Chart will incorporate treatment for hypoglycaemia and will be advantageous as not always boarded on admission or when a drug chart is re-written.

Annex B: Nationally Mandated Quality indicators

This section sets out the data made available to WSFT by the Health and Social Care Information Centre (HSCIC) for a range of nationally mandated quality indicators.

(a) Preventing people dying and enhancing quality of life for people with long term conditions

Summary Hospital-level Mortality Indicator (SHMI)

	Oct 11 - Sep 12
WSFT	88.24 (Confidence Intervals - 83.3 to 93.39)
National average	100
Highest NHS trust	121.1
Lowest NHS trust	68.49

Source: HSCIC

There is only one reporting period for SHMI as this is a new indicator.

The WSFT considers that this data is as described as both the HSMR and the SHMI rates are reported to the Trust Board monthly along with a breakdown of mortality rate for the five Dr Foster - How Safe is Your Hospital indicators. These indicate that WSFT is performing well in regard to reducing mortality and we are below the expected level for both HSMR and SHMI.

Patient deaths with palliative care coded at either diagnosis or specialty level

	Oct 11 - Sep 12
WSFT	1%
National average	18.9%

Source: HSCIC

The WSFT considers that this data is as described as WSFT does not code palliative care as this is a clinical support service provided to the surgeons and physicians. Therefore, patients are coded to the specialty of the consultant who is responsible for their care and the palliative care service provides expert advice and support to the consultant teams.

The WSFT intends to take and has taken a range of actions to improve the rate, and so the quality of its services. These are described in Section 5 of this report under Priority 4.

(b) Patient reported outcome measures scores

Groin hernia surgery	Apr – Jun 2012/13	Jul -Sep 2012/13
WSFT (EQ-5D Index)	0.786	0.891
National average (EQ-5D Index)	0.789	0.874
Varicose vein surgery	Apr – Jun 2012/13	Jul -Sep 2012/13
WSFT (EQ-5D Index)	0.794	0.87
National average (EQ-5D Index)	0.764	0.855
Hip replacement surgery	Apr – Jun 2012/13	Jul -Sep 2012/13
WSFT (EQ-5D Index)	0.42	0.788
National average (EQ-5D Index)	0.357	0.762

Knee replacement surgery	Apr – Jun 2012/13	Jul -Sep 2012/13
WSFT (EQ-5D Index)	0.477	0.744
National average (EQ-5D Index)	0.406	0.705

Source: HSCIC

The WSFT considers that this data is as described as PROMS data is issued quarterly and results are discussed at the Surgical Directorate Performance Reviews and within the specialty teams. This review consistently shows the WSH is performing well on this indicator.

The WSFT intends to take and has taken the following actions to improve the rate, and so the quality of its services:

- Recent introduction of the minimally invasive varicose vein surgery (VNUS procedure) so the majority of patients can have surgery under local anaesthetic
- Trialling a different anaesthetic technique for knee replacements which enables the patient to start mobilisation early post operatively and go home the next day.

(c) Patients readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust

	2011/12	2012/13
Aged 0 to 14	9.28%	9.54%
Aged 15 or over	13.13%	13.85%

Source: WSFT Patient Administration System (PAS)

The WSFT considers that this data is as described.

The WSFT has taken the following actions to improve this percentage, and so the quality of its services, by the review processes put in place to share the lessons learned from re-admissions. The review process used as part of the 2012/13 contract negotiations is being developed to provide appropriate clinical review of themes arising from re-admission information. This work will focus on improvements in patient pathways across the health system.

(d) Responsiveness to the personal needs of its patients

	Previous period 2010/11	Current period 2011/12
WSFT	65.5	68.4
National average	67.3	67.4
Highest NHS trust	82.6	85.0
Lowest NHS trust	56.7	56.5

Source: HSCIC

The WSFT considers that this data is as described as each year WSFT participates in a number of national patient surveys including a national A&E survey and a national inpatient survey during 2012. WSFT receives a benchmark report that compares the results with those of other trusts. The “responsiveness to personal needs” score is a composite score based on five questions within the survey grouped under this heading. Review of this data shows that the WSFT has improved over the last year and is performing better than the national average.

The WSFT intends to take the following actions to improve this score, and so the quality of its services, by implementing an action plan to address the areas of lower performance in both surveys

and thus improve the overall patient experience which is intended to have a positive impact on further improving this indicator. These are further described in section 5 of this report under priority 3.

(e) Staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.

	Previous period 2011	Current period 2012
WSFT	79%	79%
Median (Acute and Specialist Trusts)	63%	63%
Highest NHS trust (Acute and Specialist Trusts)	96%	94%
Lowest NHS trust (Acute and Specialist Trusts)	33%	35%

Source: HSCIC

The WSFT considers that this data is as described as the Trust consistently achieves top 20% scores for this indicator and has shown a year on year improvement in the score since 2009.

The WSFT intends to take the following actions to improve this score and so the quality of its services, by implementing an action plan to address the areas of lower performance in the staff survey and therefore improve the overall satisfaction of its staff. This is expected to have a positive impact by further improving this indicator. The staff survey is considered in more detail in Section 6 of the Trust's Annual Report.

(f) Patients who were admitted to hospital and who were risk assessed for venous thromboembolism

	Previous period 2011/12	Current period 2012/13
WSFT	98.86%	98.12%
National average	91.60%	93.77% (to Q3 only)

Source: NHS England

The WSFT considers that this data is as described as the WSFT measures this data monthly and it is reported in the Board Quality dashboard and the Ward Quality dashboards. This measure is reported externally each month as part of a national dataset and to the local commissioners. This measure is also part of a quarterly ward based VTE audit carried out by the ward medical teams which covers all aspects of VTE NICE guidance.

The WSFT was presented with a national safety award in recognition of excellent performance in preventing deep vein thrombosis (blood clots) among at risk patients. The hospital received the Lifeblood VTE (venous thromboembolism) 2013 award in the category of best performing trust for its Commissioning for Quality and Innovation (CQUIN) results for 2011/12, and was described as providing "exemplary leadership in VTE prevention".

The WSFT has taken a range of actions to improve this score and so the quality of its services and we intend to sustain this performance by maintaining rigorous communication and performance monitoring processes.

(g) Rate per 100,000 bed days of cases of *C.difficile* infection reported within the trust amongst patients aged 2 or over

	Previous period 2011/12	Current period 2012/13
WSFT	19.16	26.61
National average	21.80	Not yet published

Source: Health Protection Agency (HPA)

The WSFT considers that this data is as described as the as *C. difficile* infection rate is consistent with the data reported to the Board on a monthly basis and described in Section 5 of this report under Priority 1 of the Quality Report.

WSFT's adverse performance in this area was the subject of external scrutiny during 2012/13 and a remedial action plan agreed with NHS Suffolk.

The WSFT intends to take and has taken a range of actions to improve the infection rate, and so the quality of its services. These are described in Section 5 of this report under Priority 1.

(h) Number and, where available, rate of patient safety incidents reported within the trust, and the number and percentage of such patient safety incidents that resulted in severe harm or death

Patient safety incidents (total)

	WSFT Number and Rate/100 admissions	Median (all small acute trusts) Rate/100 admissions	Comparison to peer group
Oct '11 – Mar '12	1352 (5.0 / 100 admissions)	7.2 / 100 admissions	Lowest 25% of trusts
Apr '12 – Sept '12	1522 (5.7 / 100 admissions)	6.5 / 100 admissions	Middle 50% of trusts
Oct '12 – Mar '13	2,138 * (Not yet published)	Not yet published	Not yet published

Data sources: NRLS and * Local incident system

Patient safety incidents resulting in severe harm or death

	WSFT Number and % of total reported	Average (all small acute trusts) % of total reported
Oct '10 – Mar '11	18 = 1.5%	1.1%
Apr '11 – Sept '11	24 = 1.6%	1.2%
Oct '11 – Mar '12	4 = 0.2%	1.0%
Apr '12 – Sept '12	20 = 1.3%	0.9%

Data source: NRLS

The WSFT considers that this data is as described as the increase in reporting rates is consistent with the data reported to the Board on a monthly basis and described in section 6 of this report within the summary on *Incident reporting and learning*.

An anomaly is apparent in the data above for patient safety incidents resulting in severe harm or death for Oct 2011 – Mar 2012. This was a result of late reporting of local incidents to the National Reporting and Learning System (NRLS) for that period, not a reduction in reported incidents.

The WSFT intends to take and has taken a range of actions to improve the rate and percentage for these indicators, and so the quality of its services. These are described in Section 6 of this report within the summary on *Incident reporting and learning*. Specifically we plan to continue improving timely reporting of incidents and completed investigation to NRLS. To support this we will benchmark WSFT with local trusts to identify best practice to support timely external reporting.

Annex C: Comments from third parties

Council of Governors

The Council of Governors, with support from the hospital management, is embracing its role to represent the concerns and aspirations of the local population and to influence the WSFT's strategic plans.

The Governors fully support Stephen Graves and the Board of Directors commitment to improving the already high standard of care for our patients.

During 2012/13 we have strengthened our work through:

- Regular contact with patients and their supporters
- Regular contact with Directors
- Capturing patients' feedback and sharing this with hospital management
- Taking part in 'Quality walkabouts' and 'Environmental walkabouts'
- Regular attendance at workshops organised locally by the Trust and nationally by the Foundation Trust Governors Association
- Encouraging the public to join as members of the Foundation trust and engaging with these members to take an interest in the hospital
- Support regular clinical talks for Foundation Trust members and the public, including information on orthopaedics, eye problems and stroke avoidance and care.

Governors and Directors have worked together on a number of initiatives this year, for example revising the WSFT's constitution and the evaluation of external audit tenders. The regular contact between Governors and Directors for these initiatives as well as other activities has allowed Governors to work more closely with Directors and helped to improve the understanding of their respective roles.

We look forward to reporting on the progress and continuing improvements in next year's report and would like to take this opportunity to thank all the staff and volunteers for their considerable dedication and hard work which has made the West Suffolk Foundation Trust the respected and valued institution that it is.

NHS Suffolk West Suffolk Clinical Commissioning Group

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, as the commissioning organisations for West Suffolk NHS Foundation Trust confirm that the Trust has consulted and invited comment regarding the Quality Account for 2012/2013. This has occurred within the agreed timeframe and the CCGs' are satisfied that the Quality Account incorporates all the mandated elements required.

The CCGs' have reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities.

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, are currently working with clinicians and manager from the Trust and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and good patient/care experience is delivered across the organisation.

This Quality Account demonstrates the commitment of the Trust to improve services. The Clinical Commissioning Groups endorse the publication of this account.

Healthwatch Suffolk

This is a well presented logical report in a format that can easily be followed and understood by its readers. Issues are highlighted and outcomes addressed.

Areas of special significance are set out simply commencing with the introduction by the CEO. The priorities for 2013/2014 follow logically from the report on the 2012/2013 year. To achieve this clear pathways of improvement have been identified and expectations set

It is clear that the Trust has made good progress in all goals set except integrated care which must be of concern to the improving of overall patient care. It has though been identified as one of the CQUIN targets for 2013/2014.

It was pleasing to see that CQC and HSE reports and outcomes are all heeded, addressed and presented to readers.

Suffolk Health Scrutiny Committee

Due to the County Council elections this year, the Suffolk Health Scrutiny Committee was unable to meet to discuss the content of this year's Quality Accounts during the timescales set by the Department of Health. In previous years, the Committee has not commented individually on providers Quality Accounts, as it has taken the view that it would be appropriate for Suffolk LINk to consider the documents and comment accordingly. The Committee is aware that the dedicated Quality Accounts Working Group established by Suffolk LINk has continued its work on Quality Accounts for 2012/13 and will be providing its views to the Healthwatch Board for formal ratification and submission to Suffolk providers.

The Committee has, in the main, been happy with the engagement of local healthcare providers in the work of the Committee over the past year, and is keen that these relationships continue to develop to ensure the best possible health services for the people of Suffolk. Consideration will be given to discussions with providers about how they are performing against their agreed targets, and potential scrutiny issues raised, when the Committee reconvenes in summer 2013.

Annex D: Statement of Directors' responsibilities in respect of the Quality Report

The directors are required under the *Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010* to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual* 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2012 to June 2013
    - papers relating to quality reported to the Board over the period April 2012 to June 2013
    - feedback from the commissioners dated 23/05/2013
    - feedback from governors dated 16/05/2013
    - feedback from Local Healthwatch organisations dated 17/05/2013
    - Feedback from the Suffolk Health Scrutiny Committee dated 7/05/2013
    - the Trust's complaints report published under regulation 18 of the *Local Authority Social Services and NHS Complaints Regulations 2009*, dated 17/05/2013
    - the [latest] national patient survey 16/04/2013
    - the [latest] national staff survey 2/2013
    - the head of internal audit's annual opinion over the Trust's control environment dated 26/04/2013
    - CQC quality and risk profiles dated 31/03/2013
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Roger Quince
Chairman
28 May 2013

Stephen Graves
Chief Executive

Annex E: Independent Auditor's Report to the Council of Governors of West Suffolk NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of West Suffolk NHS Foundation Trust to perform an independent assurance engagement in respect of West Suffolk NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
- 28 day readmission rates.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in list below and;
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for our report if we became aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the list of documents below:

- Board minutes for the period April 2012 to May 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to May 2013;
- Feedback from the Commissioners dated 23/5/2013;
- Feedback from local Healthwatch organisations dated 17/05/2013;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 17/5/2013
- The [latest] national patient survey dated 16/04/2013
- The [latest] national staff survey dated 2/2013
- Care Quality Commission quality and risk profiles dated 31/03/2013
- The Head of Internal Audit's annual opinion over the trust's control environment dated 26/04/2013; and
- Any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of West Suffolk NHS Foundation Trust as a body, to assist the Council of Governors in reporting West Suffolk NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate that is has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and West Suffolk NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – “Assurance Engagements other than Audits or Reviews of Historical Financial Information“ issued by the International Auditing and Assurance Standards Board (“ISAE 3000“). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the list above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

David Eagles (Senior statutory auditor)
Partner, for and on behalf of BDO LLP
Ipswich, UK

29 May 2013

Annex F: Glossary

C. difficile	*C. difficile* is a spore-forming bacterium which is present as one of the normal bacteria in the gut of up to 3% of healthy adults. People over the age of 65 are more susceptible to developing illness due to these bacteria. *C. difficile* diarrhoea occurs when the normal gut flora is altered, allowing *C. difficile* bacteria to flourish and produce a toxin that causes a watery diarrhoea. Procedures such as enemas and gut surgery, and drugs such as antibiotics and laxatives cause disruption of the normal gut bacteria in this way and therefore increase the risk of developing *C. difficile* diarrhoea.
CQC self-assessment	The Trust has established a process of self-assessment against the CQC outcome standards in order to provide internal assurance that the outcomes are being met consistently across the WSFT. The assessment is designed to provide feedback to the wards on compliance while provides a greater practical understanding of the requirements of the Essential Standards of Quality and Safety. The process runs quarterly throughout the year with self-assessment by the clinical area in the first month; internal peer assessment in the second month; and external peer review in the third month.
CQUIN	Commissioning for Quality and Innovation (CQUIN) payment framework enables our commissioner, NHS Suffolk, to reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.
Dr Foster Intelligence	Dr Foster Intelligence provides comparative information on health and social care services.
EAU	The Emergency Admissions Unit (EAU) is a short-stay ward which enables staff to assess the condition of patients admitted as an emergency before deciding on the most appropriate care and treatment that they should receive.
EQ-5D	EQ-5D is a standardised instrument for use as a measure of health outcome. The EQ-5D system used in PROMs provides a measure of general pre- and post-operative health,
Global Trigger Tool	The Institute for Healthcare Improvement's (IHI) Global Trigger Tool for measuring adverse events provides a useful method for identifying adverse events and measuring the rate over time. The trigger tool methodology uses a retrospective review of randomly-selected patient records using triggers (or clues) to detect adverse events.

Health and Social Care Information Centre (HSCIC)	The Health and Social Care Information Centre is a data, information and technology resource for the health and care system, and plays a fundamental role in driving better care, better services and better outcomes for patients.
MRSA	MRSA (*Methicillin Resistant Staphylococcus Aureus*) is an antibiotic-resistant form of a common bacterium called Staphylococcus aureus. *Staphylococcus aureus* is found growing harmlessly on the skin in the nose in around one in three people in the UK.
NCEPOD	National Confidential Enquiry into Patient Outcome and Death (NCEPOD). This year NCEPOD celebrates 23 years of promoting improvements in health care. They have published 30 reports derived from a vast array of information about the practical management of patients.
Never Event	Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NIHR	The National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio is a database of high-quality clinical research studies that are eligible for support from the NIHR Clinical Research Network in England.
NRLS	The National Reporting & Learning System is a database administered by the National Patient Safety Agency (NPSA) who receive confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety.
PALS	Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters to: patients; their families; and their carers. PALS staff are available in all hospitals.
Patient Revolution	NHS Midlands and East's definition of the 'Patient Revolution' covers three core elements: engagement between the health professional / worker and the individual patient and carer; involvement of patients, carers and the public; and patient and Customer Experience
Productive Ward Programme	The Productive Ward (Releasing Time to Care) focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.
PROMs	Patient Reported Outcome Measures (PROMs) measure quality from the patient perspective. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre and post operative surveys.

Quality Walkabouts	A programme of weekly visits to wards and departments by Board members and Governors. These provide an opportunity to talk to staff about quality and test arrangements to deliver the WSFT's quality priorities.
QIPP	Quality, Innovation, Productivity & Prevention (QIPP) is a collection of evidence to support quality and productivity at a local level.
QRP	The Quality & Risk Profile (QRP) is a tool used by the CQC for gathering together key information about trusts to support how they monitor compliance with the essential standards of quality and safety. The QRP enables CQC compliance inspectors to assess where risks lie and may prompt further enquiries.
RCA	A Root Cause Analysis (RCA) is a structured investigation of an incident to ensure effective learning to prevent a similar event happening.
Safety Cross	The safety cross is a measurement tool used by the Productive Ward (Releasing Time To Care series) to record the number of days between falls and pressure ulcers occurring in clinical areas. The tool represents a calendar month and at the end of each day, the "day space" is coloured green or red to represent if a fall or pressure ulcer has occurred on that day. Wards have two safety crosses - one to record hospital acquired pressure ulcers and one to record falls with harm. The Safety Cross has a number of key aims and the data collected should be used to raise awareness of pressure ulcer and fall incidence, improve patient safety, promote good practice (i.e. look at how many days have gone by without a new pressure ulcer occurring), provide real time incidence data and link the data to clinical areas' improvement plans..
Safety Express	National safety initiative targeted towards high impact areas as part of the QIPP programme. The focus includes pressure ulcers, catheter care, VTE and falls.
Safety Thermometer	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and harm-free care. As well as recording pressure ulcers, falls, catheters with urinary tract infections (UTIs) and VTEs, additional local information can be recorded and analysed.
SIRI	A Serious Incident Requiring Investigation (SIRI) is an incident that occurred in relation to NHS-funded services and care that meets prescribed impact criteria. The incident and its investigation findings must be reported to the provider's lead commissioner.
VTE	Venous thrombo-emobolism or blood clots are a complication of immobility and surgery.

7. Staff Survey

The following report includes commentary on the National Staff Survey (2012). It contains detail on staff engagement and survey response rates, top and bottom rankings scores (key factors), links to the "Francis Report" and key areas for improvement and future priorities and target areas.

National staff survey and staff engagement 2012
Overall the Trust has achieved the following, when compared to other Acute Trusts:

Best 20% for	10 key factors
Better than average for	8 key factors
Average for	3 key factors
Below average for	5 key factors
Worst 20% for	2 key factors

The figure below shows how WSFT compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.83 was in the highest (best) 20% when compared with trusts of a similar type.

	Trust Score 2012	Trust Score 2011 *	National average 2012
Overall staff engagement	**3.83** #	3.79	3.69

Highest (Best) 20% - possible scores range from 1 to 5 2011 data is prior to FT authorisation

Approach to staff engagement
WSFT continues to place staff engagement as one of its top priorities in its Workforce Strategy. Motivated and involved staff are at the forefront of enabling the Trust to know what is working well and how we can better improve our services for the benefit of patients and the public. The Trust encourages open and honest communication throughout the organisation.

A number of methods have been developed to encourage all staff to feel that they can contribute:

- The core brief – monthly briefing cascade
- Monthly team briefings
- Monthly Medical Staff Bulletin for Consultants and Junior Doctors
- Staff conversation events – facilitated by Staff Governors
- The weekly staff newsletter, "The Greensheet"
- The Buzz – an electronic community area communication via the intranet
- InfoX – a confidential electronic channel to raise issues and concerns
- The Bright Ideas Scheme
- Staff awards – annual Shining Lights Awards, monthly "Putting you First" Award, and The Michael Williams Shield recognising the WSFT Porter of the Year.

Summary of Staff Survey response
The following summaries provide details on the response rates to the recent Staff Survey and how this compares to the previous year's results.

Overall staff survey response	No. eligible staff	Sample size	Returned	Trust response rate % and performance against previous survey	
2009	whole Trust	1798	712	40%	1% (deterioration)
2010 sample	2677	783	430	55%	15% (improvement)
2011 sample	2600	792	498	63%	8% (improvement)
2012 sample	**2818**	**798**	**430**	**54%**	**9% (deterioration)**

Indicators identified in the Francis Report

	2012		2011		Target trend	Improvement /Deterioration	Trust KF Result
	Trust	National Average	Trust	National Average	Up /Down	% since 2011	
KF1. Staff feeling satisfied with the quality of care they are able to deliver	**75%**	**78%**	78%	74%	-	-3%*	Average
KF14. Willingness to raise concerns - reporting errors, near misses or incidents	**89%**	**90%**	97%	96%	-	-8%#	Average
KF15. Fairness and effectiveness of incident reporting procedures	**3.60**	**3.50**	3.54	3.46		+0.06	Top 20%
KF24. Recommend the trust	**3.87**	**3.57**	3.83	3.50	+	+0.04	Top 20%
KF23. Staff job satisfaction	**3.67**	**3.58**	3.59	3.47	+	+0.08	Top 20%
KF4. Effective team working	**3.80**	**3.72**	3.74	3.72	+	+0.06	Top 20%
KF25. Staff motivation at work	**3.93**	**3.84**	3.94	3.82	+	-0.01	Top 20%

2011 data is prior to FT authorisation

*KF1 – National lead on NHS staff survey has advised that if you correlate this factor to the recommender factor KF 14, this should be interpreted in a positive light as staff are motivated to provide better care and this interpretation is supported by KF 25 – *Staff motivation and* KF23 *Staff job satisfaction* where the Trust sits in the Top 20%

#KF14 – The Trust incident reporting numbers have increased in 2012 which demonstrates more staff are reporting and willing to report - if added to KF15 – *Fairness and effectiveness of incident reporting* this is also critical to encourage more staff to report and be willing to report as they believe it is worthwhile to report

Top / Bottom Five Ranking Scores

The 2012 staff survey and report has 28 key factors, as opposed to 38 in the 2011 survey.

The top and bottom 5 key factors are compared against the 2011 survey and that of other trusts.

	2012		2011		Target trend	Improvement /Deterioration	Trust KF Result against other trusts
	Trust	National Average	Trust	National Average	Up /Down	% since 2011	
Top five ranking scores							
KF20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	**22%**	**29%**	21%	26%	+	+ 1%	Top 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment	**3.87**	**3.57**	3.82	3.50	+	+0.05	Top 20%
KF23. Staff job satisfaction	**3.67**	**3.58**	3.59	3.47	+	+0.08	Top 20%
KF4. Effective team working	**3.80**	**3.72**	3.74	3.72	+	+0.06	Top 20%
KF25. Staff motivation at work	**3.93**	**3.84**	3.94	3.82	+	-0.01	Top 20%

Bottom five ranking scores							
KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	**18%**	**15%**	11%	8%	+	+9%	Worst 20%
KF17. Percentage of staff experiencing physical violence from staff in last 12 months	**3%**	**3%**	1%	1%	+	+2%	Worst 20%
KF2. Percentage of staff agreeing that their role makes a difference to patients	**88%**	**89%**	90%	90%	-	-2%	Worse than average
KF8. Percentage of staff having well-structured appraisals in last 12 months	**32%**	**36%**	34%	34%	-	-2%	Worse than average
KF7. Percentage of staff appraised in last 12 months	**79%**	**84%**	69%	81%	+	+10%	Worse than average

2011 data is prior to FT authorisation

Action plan for areas of concern and future priorities

The 2012 staff survey reveals that the Trust could improve in 7 areas as identified in the Key Findings (KF) out of a possible 25. We also need to be mindful of three areas where we are in danger of falling below the average. The following action plan has been produced to address the issues raised.

Key factor	Result compared to other acute trusts	Proposed actions
KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	+9% Bottom (worst)20%	1. Greater focus is now being given to supporting front line staff in training and education, through Breakaway training, which is mandatory for all Nursing Assistants. 2. Compliance to be reported on a regular basis (monthly) 3. Support continuation of funding for training post - Suffolk Dementia Alliance are currently reviewing resources to support trusts, if resources are not forthcoming then the Trust is unlikely to improve.
KF17. Percentage of staff experiencing physical violence from staff in last 12 months	+2% Bottom (worst)20%	Extensive research has not identified all of the estimated 15 episodes which would represent the number of incidents experienced by staff. We have only been able to identify 3 separate reported incidents in the last 12 months, all of which have been addressed. As a result our proposed actions are as follows: 1. Encourage staff to record incidents, or report them to Staff Governors/bullying and harassment advisors 2. Work with other trusts in a similar position to identify best practice solutions.
KF2. Percentage of staff agreeing that their role makes a difference to patients	-2% average	1. The Trust is in the process of implementing the "Denison Culture Survey" to all clinical areas. This is a tool that will tell us why staff are feeling as they do, identifiable by ward area, and will help us to address how we can help staff to improve patient care.
KF8. Percentage of staff having well-structured appraisals in last 12 months **KF7.** Percentage of staff appraised in last 12 months	-2% average +10% average	1. Staff appraisal has improved by over 10% since last year. We will continue to vigorously report on this at all levels in the organisation. 2. National changes to Agenda for Change (AfC) will be a key driver, as appraisal completion will become linked to incremental progression. 3. We are in the process of reviewing the Appraisal Skills Training Programme (Skills+), which will emphasise the need for appraisal meetings to be well structured. 4. The appraisal paperwork will also be reviewed to ensure that it supports a well-structured process.

8. Regulatory ratings

Financial risk rating

WSFT achieved its financial plan of a Risk Rating of 3 throughout the year and has detailed plans in place to maintain this risk rating throughout 2013/14.

Governance risk rating

There are two issues contributing to the WSFT's variance from its forecast governance rating. These relate to performance on A&E – 4 hours from arrival to admission, discharge or transfer and the number of cases of *C. difficile*.

- **A&E**

  The Trust did not achieve the 95% target in Quarter 3 or Quarter 4 of 2012/13.

  Demand contributed significantly to this issue. Overall, the number of A&E attendances increased (by 6.6%) compared to the previous year (with 3,676 more attendances). There were also more GP expected patients attending the hospital (rise of 3.4%). The WSFT is working closely with the national Emergency Care Intensive Support Team to modernise emergency care services during 2013/14 to help accommodate this additional demand. Detailed plans include increasing the number of patients treated on an outpatient basis, changing the way in which the Emergency Department works, increasing the WSFT's focus on minimising the time that patients spend in hospital and ensuring that when patients have an extended length of stay in hospital that discharge arrangements are agreed speedily between the hospital and its community partners.

- ***C. difficile***

  The Trust had 33 cases of hospital associated *C. difficile*. This exceeded the target maximum level of 27 cases.

  An in depth analysis of every case has been undertaken and concluded that the vast majority were unavoidable i.e. appropriate action was undertaken in the hospital to prevent infection. We initiated an external review of *C. difficile* which NHS Suffolk led across the county. This did not provide any new initiatives but rather re-emphasised the importance of the work that the trusts are already undertaking to minimise infection.

  During 2013/14, the Trust and West Suffolk CCG will continue to work together to implement the action agreed to minimise *C. difficile* infection.

There were no regulatory interventions.

Governance ratings 2012/13

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Financial Risk Rating	3	3	3	3	3
Forecast Governance Risk Rating	Green	Green	Green	Green	Green
Actual Governance Risk Rating	Amber / Red	Green	Amber / Green	Amber / Red	Amber / Red

Governance ratings 2013/14

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Financial Risk Rating	3	3	3	3	3
Forecast Governance Risk Rating	Green	Green	Green	Amber / Green	Amber / Green

9. Other disclosures

9.1 Health and Safety report

WSFT's health and safety performance is reported to and monitored by the Health & Safety Committee who then escalate issues for information or of concern to the Corporate Risk Committee. These committees meet quarterly. Issues that cannot be resolved or which need to be escalated are reported up to the Trust Executive Group and the Board of Directors accordingly.

Risk assessment
The strategy for the management of risk within WSFT has continued to be developed and promoted Trust-wide. The Risk Register is a tool for capturing, prioritising and managing risk assessments and is integral to the WSFT's risk management arrangements. On 1 October 2012 the new Datix Trust-wide risk register went live. The new risk register allows all Directorates to manage, monitor and review their own risks. Datix risk register training for appropriate staff is being provided by the Risk Office.

During the period April 2012 to March 2013, 32 members of staff (including 19 who attended the H&S link person training) were trained in the fundamental principles of risk assessment and how to use the updated risk assessment template in accordance with the revised Risk Assessment Policy and Procedure. This has improved the quality and quantity of risk assessments undertaken across the Trust and has promoted the use of the Risk Register.

Reporting of Incidents, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR)
During the period April 2012 to March 2013 a total of 21 incidents were reported to the Health and Safety Executive as required under RIDDOR. During this period the RIDDOR Regulations were revised. The over 3 day reporting of work related injuries was extended to over 7 days; this may have contributed to the reduced number of incidents reported to the HSE.

RIDDOR description	2012/13	2011/12
Result of slip, trip or fall	**6**	1
Caused during the moving and handling of patients	**3**	10
Occurred during the moving and handling of objects	**5**	6
Occurred due to contact with moving, falling or flying objects	**0**	4
Contact with hot material or substance	**1**	0
Occurred due to contact with static object	**1**	1
Contact with sharp - material or object	**0**	1
Incidents falling into the category of dangerous occurrence and major injury	**5**	2
Total	**21**	25

An explanation of these categories can be found in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (copyright HMSO).

Incident Reporting System
The WSFT Datix incident reporting system is used to capture clinical and non-clinical incidents. Non-clinical incidents include reports of personal accident, violence, abuse and harassment, fire, and security breaches. All incidents are investigated and reported according to the Trust's policy and procedure. Actions taken as a result of investigations are communicated through the Directorate Clinical Governance Steering Groups. The Board of Directors are given regular reports summarising incident trends and action.

For the period April 2012 to March 2013 there were 152 violence, abuse and harassment incidents – a decrease of 17 from the previous year. These incidents take into account physical assaults, verbal abuse, harassment and physically threatening behaviour towards staff by patients. Of the 49 physical assaults reported, 32 were recorded as having a clinical cause. Clinical caused incidents are incidents whereby the patient is not aware or has no control of their actions towards staff. This can be postoperative due to having a general anaesthetic, or more commonly, the patient is suffering from dementia or is cognitively impaired.

There were 1,392 reported incidents of `personal accident/ill health' for 2012/2013. This figure includes staff, patients, visitors and others and is broken down into specific incident categories, which include: slips/trips/falls, contact with an object, contact with a sharp, lifting and handling, self-harm, exposure to a harmful substance, contact with electricity and a category of 'other'. The Trust's incident statistics are uploaded monthly to the National Reporting and Learning System (NRLS).

Health and Safety Executive (HSE)

On 30 September 2012 a patient fell from an unrestricted window on a ward at the WSH. This resulted in significant injuries and the patient being treated in Addenbrookes Hospital.

An immediate investigation identified that not all windows had appropriate restrictors in place. The Trust immediately undertook remedial work to install tamper proof window restrictors. The HSE visited the Trust on 17 October 2012 following the incident to carry out an initial investigation.

The HSE wrote to the Trust confirming that it was in breach of the Health and Safety at Work Act 1974, Section 3. The Trust pleaded guilty to the breach when the case was heard at Bury St Edmunds Magistrates court and was fined £10,000.

9.2 Occupational Health Report / Occupational Health & Wellbeing Service

The Occupational Health & Wellbeing Vision is to:

"Deliver a professional, quality Occupational Health & Wellbeing Service to the West Suffolk NHS Foundation Trust and become an essential component in the quality service delivered to the local community by taking a Public Health approach to Occupational Health and Wellbeing".

WSFT's Occupational Health & Wellbeing Service achieved the Occupational Health Service Standards for Accreditation (SEQOHS) in December 2012, meeting the requirements of the NHS document 'Healthy Staff, Better Care for Patients' (July 2011) and the Operating Framework for the NHS in England 2012/13.

The Occupational Health & Wellbeing Service continues to participate in National Audits for Occupational Health. The second round of the Management of Back Pain audit indicated improvement in the management of back pain compared to the first audit carried out in 2008. Improvements in the management were identified for the Occupational Health & Wellbeing Service to take forward.

WSFT signed up to several Public Health Responsibility Deal pledges and will be forwarding a report to the Department of Health regarding progress as follows:

- Chronic Conditions Guide

  The Occupational Health & Wellbeing Service and Human Resources have been working together to identify employees who have been absent for more than 4 months to ensure appropriate support and action has been identified.

The Occupational Health & Wellbeing Service has developed case management guidance which are triggered following two weeks absence. These identify any support or intervention to be initiated.

- Healthier staff restaurants

  Information on the nutritional content of meals is now available on the Health & Wellbeing site on the intranet. The information includes calories, salt, fats and sugar content. The daily menu also includes information on the healthy option of the day.

- Staff health checks

  The Occupational Health & Wellbeing Service has participated in Suffolk NHS Health Checks and where the employee did not fulfil the criteria the Service carried out a health check.

- Physical activity in the workplace

  To increase the level of physical activity undertaken by all employees of the WSFT and to raise awareness amongst staff of the health benefits of physical activity as well as facilitating departmental identity, team spirit and fun, a virtual journey around the world visiting cities was taken by converting hours of exercise into air miles. Following the success of WSFT's Tag Rugby World Cup held in 2011, it was repeated in May 2012.

May 2013 will see the implementation of the Council Directive on preventing sharp injuries in the hospital and healthcare sector. The Occupational Health & Wellbeing Service has been the facilitator of a Safety Sharps Group and has identified risks and appropriate control measures to be implemented.

9.3 Details of consultation

The stakeholder management processes associated with the disposal of the Trust's estate in Sudbury included a stakeholder forum event on 3 May 2012 at the Town Council in Sudbury. The Sudbury Town Council invited relevant local people/groups to attend the event, in addition to other key stakeholders identified by WSFT which included local councillors from Babergh District Council.

The event was an interactive process. Following an introduction, attendees were invited to look at the strategy boards for the Walnuttree and St Leonards sites with members of the Trust's consultant team located by each board to address any queries that were raised. Feedback was collected on the evening by way of questionnaires. This information will be used to inform the public consultation process for each site.

In addition to this, formal public consultation events will be held for each site prior to the submission of planning applications. Members of the public also have an opportunity to make representation as part of the planning application process. A communication strategy to support this consultation is in place.

Consultation with local groups and other public & patient involvement activities

Representatives from Suffolk LINks meet with the Trust's Chief Executive, and other members of the senior team on a regular basis and the Trust has responded to requests for information from LINKs. A representative from LINKs attends the Trust's Soft Intelligence Group (a forum that reviews information and feedback from service users). Suffolk LINks have made a positive contribution to the structure and content of the Trust's Quality Report. There is a commitment to continuing the collaborative working during the progression towards Healthwatch Suffolk. The Health Overview and Scrutiny Committee liaises directly with the Chief Executive and there is a positive working relationship.

WSFT has an active Patient Panel that meets regularly to discuss issues relating to the Trust and its services and provide feedback from a patient perspective. There is patient representation on Trust project groups and service development groups. Representatives from the Trust's Patient Advisory Panel and Governors are members of key committees and groups (e.g. Patient Experience Committee, Clinical Safety & Effectiveness Committee, Directorate Governance Steering Groups, Maternity Services Liaison Committee, Nutritional Steering Group, Diabetes Group and Blood Transfusion Committee). The Trust is working in collaboration with the Patients Association to improve specific aspects of patient experience. The Trust is embarking on a project with the West Suffolk CCG to further develop shared decision making and patient representation on these groups is planned.

WSFT engages with the public, in particular 'seldom heard groups', through attendance at meetings such as the Suffolk Disability Partnership Board and through the "Community Conversations". This annual process is undertaken in conjunction with other Suffolk Healthcare organisations and attended by the Chief Executive, an Executive Director and other senior managers. WSFT is a member of Ipswich and Suffolk Council for Racial Equality (ISCRE).

WSFT has a small number of user groups e.g. Cancer Services User Group and Cardiology Services User Group, which are supported by clinical staff and are involved in providing feedback on current services and service developments. Suffolk's Breath Easy Group helped staff to develop a special Suffolk COPD Services website to help patients with COPD. Individual departments also use a variety of mechanisms to obtain feedback from patients e.g. orthopaedic patient 'tea parties' and the breast care patient feedback survey.

9.4 Equality and diversity

WSFT is committed to the provision of high quality, safe care for all members of the communities we serve and to the further development of a culture where all people are valued and respected for their individual differences.

In 2011 we developed our Single Equality Scheme, in line with national legislation (2010 Equality Act and Public Sector Equality Duty (PSED)). Since 2012 however we have incorporated this into the DoH recommended NHS Equality Delivery System (EDS). The EDS allows us to identify specific local objectives, whilst also meeting the CQC essential standards and the NHS constitution.

The EDS focuses on a set of 18 outcomes, grouped into 4 goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

The in-depth analysis of the EDS goals and outcomes, as well as looking at the Trust's core business objectives, has enabled the development of 5 specific Trust objectives. These are:

1. To comply with the 2010 Equality Act, including the public sector duties, in respect of the three aims of the general duty and the Trust's obligations under the specific duties.
2. To improve information and data collected, in respect of protected characteristics, to ensure that the right services are delivered, and in order to improve patient experience and staff satisfaction for all. This will include:
    - Review of information gathered on the Electronic Staff Record (ESR) in respect of protected characteristics
    - Review of the current patient information system(s) – to look at ways to improve the recording and reporting of protected characteristics.

3. To focus on the patient experience and care of older age patients (including those with dementia), and those patients with learning disabilities, by:
    - Monitoring the experience of elderly patients and those with dementia against the dignity in care recommendations
    - Completing dementia screening and assessment for patients over 75 years of age and facilitating specialist referral as necessary
    - Completing an assessment of the Trust's position against the East of England Quality Assurance Framework for Learning Disabilities and implementation of the associated improvement plan.
4. To further engage with staff, particularly those with protected characteristics, by the setting up of a specific focus group made up of staff members covering all protected characteristics (where possible). The focus group will then inform the Trust Equality & Diversity (E&D) Technical Group as to E&D issues.
5. To review the Trust's "Patients First" standards to ensure that they encompass EDS objectives 3 & 4, and to ensure they contribute to an improved understanding of the standards and the management of those who are unable/unwilling to meet those standards.

All of the above will be achieved by April 2016, but will be reviewed on an annual basis by the Trust Board as part of the annual Equality Report. As a result the objectives may change over time.

The Equality & Diversity Technical Group review the Trust's performance against the above objectives, as well as reviewing equality impact assessment reports. The Board of Directors receives an annual Equality Report, which is published on the Trust website.

The data overleaf shows all current employees and public members broken down by certain protected characteristics.

Age	**Staff in post 2012/13**	**Staff in post 2011/12**	**Public Members 2012/13**	**Public Members 2011/12**
16	**0**	1	**2**	1
17-21	**67**	70	**59**	80
22+	**3,020**	2,879	**5,021**	4,934
Not Specified	**0**	0	**127**	118
Total	**3,087**	2,950	**5,209**	5,133
Ethnicity				
White	**2733**	2600	**5022**	4972
Mixed	**29**	28	**23**	18
Asian or Asian British	**194**	204	**57**	49
Black or Black British	**30**	24	**23**	20
Other Ethnic Group	**45**	46	**14**	13
Not Stated	**46**	48	**70**	61
Undefined	**10**	-	**-**	-
Total	**3,087**	2,950	**5,209**	5,133
Gender				
Female	**2453**	2373	**2348**	2386
Male	**634**	577	**2844**	2732
Undefined	**0**	0	**17**	15
Total	**3,087**	2,950	**5,209**	5,133
Disability				
No	**725**	597	**-**	-
Not declared	**76**	104	**-**	-
Undefined	**2,231**	2,199	**4,358**	4,250
Yes	**55**	50	**851**	883
Total	**3,087**	2,950	**5,209**	5,133

Employee data is sourced from the Electronic Staff Record (ESR) and membership data is sourced from the Trust's membership database. Data as at 01.03.2013.

Disability and Equal Opportunities policies

WSFT is committed to a policy of equal opportunities in employment and service delivery. Everyone who comes to the Trust, either as a patient or visitor, or who works in the Trust, or applies to work in the Trust, should be treated fairly and valued equally.

Our Trust policies and strategies; The Equality Delivery System, Recruitment and Retention of People with Disabilities and Equal Opportunities Policies all support this focus and full details can be found on the Trust's website.

9.5 Sustainability

SUSTAINABLE DEVELOPMENT MISSION STATEMENT

"West Suffolk NHS Foundation Trust will distinguish itself by making sustainability a part of all we do. In partnership with patients, staff and the local community, our strategy captures the social, environmental and economic impact of our actions"

As in the past this Trust will continue to strive towards a work ethic and culture which has 'Sustainable Development' and reduction of its 'Carbon Footprint' at its core.

This commitment can be seen in the work we have completed over the last year and monitored by the Board through the annual sustainability management plan.

- **Walk to work scheme -** Walk to Work Week is actively promoted. During 2013/14 new 'walking maps' are being launched and include images which highlight points of interest during the walks encouraging more people to adopt this activity. Additionally, the Trust is holding a photography competition for all staff to celebrate the places that we walk past every day to get to work

- **Staff Gardening Club -** 40 members of staff are embarking on a project to develop the garden within the Macmillan Centre. This Centre provides treatment for patients with cancer and terminal illnesses. This has been made possible with funding received from the Thetford Garden Centre

- **Phone recycling scheme –** staff and patients will be able to recycle old telephones and help to generate a small revenue for the Trust

- **Confidential and non confidential waste paper shredding –** of this is shredded and turned into hand towels and toilet rolls

- **Recycling of cardboard –** the Trust collects its cardboard and currently recycles this in partnership with St Edmundsbury Borough Council

- **Old batteries –** are recycled using an NHS Supply Chain framework agreement with Battery Back

- **Wood, pallets and scrap metals –** these are recycled by a local company and reduces the Trust's contribution to landfill. This generates a small revenue for the Trust

- **Cooking oil –** cooking oil from WSH's kitchens is collected by Bio Power and taken to their plant at Thetford where it is processed and then used to run a small power station which feeds into the National Grid. This generates a small amount of revenue for the Trust

- **Combined Heat & Power Unit (CHP) –** the Trust operates a CHP unit to generate electricity and heat from one fuel source onsite. The unit has been successful in reducing its carbon footprint by 1,800 tonnes of CO_2 and saving on average £150,000 in utility costs last year. The Trust received an award from East Anglia CIBSE for its Carbon Reduction achievement in 2012

- **Business miles policy –** this will focus on sustainable options such a low emission pool cars. Additionally we are working in partnership with Serco and Knowles to develop a programme for tracking mileage and carbon footprint

- **PC power savings –** the Trust has purchased the IE Power Management System for PCs. This is a programme to monitor PC usage and to shut down those computers which remain inactive for designated periods of time. Information suggests there could be a total reduction of 16.5 tonnes in our carbon footprint.

Other areas being examined include the following:

- Tin and drinks cans
- Old staff uniforms and fabrics
- The recycling of patient inhalers working with GlaxoSmithKline
- Identify an organisation to take out of date medical supplies to the third world.

9.6 Policies and procedures for fraud and corruption

WSFT is committed to the elimination of fraud and corruption. The Trust is determined to protect itself and the public from such unlawful activities, whether they are attempted from within the Trust, or by an outside individual, group or organisation.

The Trust is committed to ensuring that opportunities for fraud and corruption are reduced to the lowest possible level by creating an anti fraud culture that:

- Deters fraud
- Prevents fraud that cannot be deterred
- Detects fraud that cannot be prevented.

To achieve this WSFT will:

- Ensure that employees, contractors, suppliers and users of our services understand that fraud is unacceptable and that they are able to raise serious concerns easily
- Share information with other trusts and organisations to deal with fraud and corruption locally and nationally, working within the law
- Increase awareness of fraud and corruption through a programme of training and communication
- Investigate all allegations of fraud and corruption in a professional manner
- Apply appropriate sanctions such as disciplinary action, criminal proceedings and recovery of losses when necessary. Where appropriate, WSFT will publicise cases demonstrating the Trust's commitment to fighting fraud.

By creating an anti fraud culture the Trust will help ensure that money is not lost to the organisation that could have been invested in patient care. It will also provide an environment in which employees have the confidence to report any fraud concerns they may have.

To support this commitment the Trust has policies and procedures in respect of Fraud and Corruption as well as a Bribery Act policy. It also has a nominated Local Counter Fraud Specialist whose role is to provide support and advice on all matters relating to fraud and to be a point of contact for fraud reporting.

9.7 Pension liabilities for ill health retirement

WSFT has no additional pension liabilities in respect of ill health retirements during the year to 31 March 2013 or in the comparative period.

9.8 Sickness absence data

The Trust has systems and processes in place to manage both long and short term sickness absence, in accordance with best practice and legislative requirements.

The performance for the year is as follows;

Sickness during period (1 April 2012 to 31 March 2013)	
Calendar days lost (<28)	19,883
Calendar days lost (>28)	17,724
Total calendar days lost	37,607
No. episodes	5,763
Averages during period (1 April 2012 to 31 March 2013)	
Average total no. staff during period (headcount)	2,999
Average long term sickness (calendar days)	72.60
Average short term sickness (calendar days)	3.66
Average overall no. calendar days lost	6.50
Trust cumulative % absence rate (FTE)	4%

***** Figures from raw data on individual absence records (ESR), monthly staff headcount totals ESR/EWIN.

****** Cumulative absence rate taken from Absence Management Timeline Analysis report (Apr-12 to Mar-13) based on cumulative days absent (FTE) / cumulative days available (FTE).

Other sickness disclosures (1 April 2012 to 31 March 2013)	
Total staff employed in period (headcount)	3,469
Total staff employed in period with no absence (headcount)	1,330
Percentage staff with no sick leave	38.3%

9.9 Interest in land

The Board of Directors has determined that there is not a material difference between the market value of land and the carrying value in the accounts.

9.10 Cost allocation

WSFT has complied with the cost allocation and charging requirements as set out in HM Treasury and Office of Public Sector Information guidance.

9.11 Serious incidents involving data loss

No serious incidents involving data loss were reported to the Information Commissioner during 2012/13.

9.12 Better payment practice code

The Trust is a signatory to the Better Payment Practice Code. This requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust has not paid any interest under the Late Payment of Commercial Debts (Interest) Act 1998 in either the 4 months since becoming a FT nor in either of the comparative periods shown.

	2012-13		4 Months to 31-Mar-12		8 Months to 30-Nov-11	
	Number	**£000**	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	**42,025**	**44,823**	11,177	11,420	29,026	29,417
Total non-NHS trade invoices paid within target	**38,774**	**40,220**	10,210	9,940	27,276	26,871
Percentage of non-NHS trade invoices paid within target	**92%**	**90%**	91%	87%	94%	91%
Total NHS trade invoices paid in the year	**1,552**	**9,659**	428	2,857	1,072	7,618
Total NHS trade invoices paid within target	**1,397**	**8,449**	372	2,299	991	7,073
Percentage of NHS trade invoices paid within target	**90%**	**88%**	87%	80%	92%	93%

Section 10 – Accounts for 2012/13

West Suffolk NHS Foundation Trust

Accounts for the Period from 1April 2012 to 31 March 2013

Foreword to the Accounts

West Suffolk NHS Foundation Trust

West Suffolk NHS Foundation Trust ("the Trust") is required to "keep accounts in such form as Monitor may with the approval of Treasury direct" (paragraph 24(1), Schedule 7 of the National Health Services Act 2006 ("the 2006 Act"). The Trust is required to "prepare in respect of each financial year annual accounts in such form as Monitor may with the approval of Treasury direct" paragraph 25(1), Schedule 7 to the 2006 Act). In preparing their annual accounts, the Trust must comply with any directions given by Monitor, with the approval of Treasury, as to the methods and principles according to which the accounts are to be prepared and the information to be given in the accounts (paragraph 25(2), Schedule 7 to the 2006 Act).

In determining the form and content of the annual accounts Monitor must aim to ensure that the accounts present a true and fair view (paragraph 25(3), Schedule 7 to the 2006 Act).

Stephen Graves
Chief Executive

Date: 28 May 2013

Independent auditor's report to the Board of Governors of West Suffolk NHS Foundation Trust

We have audited the financial statements of West Suffolk NHS Foundation Trust for the year ended 31 March 2013 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

This report is made solely to the Board of Governors of West Suffolk NHS Foundation Trust, as a body, in accordance with paragraph 5.2 of Audit Code for NHS Foundation Trusts. Our audit work has been undertaken so that we might state to the Board of Governors of West Suffolk NHS Foundation Trust those matters we are required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the NHS Foundation Trust as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer, the Accounting Officer is responsible for the preparation of the financial statements which give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to West Suffolk NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of affairs of West Suffolk NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with NHS Foundation Trust Annual Reporting Manual 2012/13; and
- have been prepared in accordance with the National Health Service Act 2006.

Opinion on other matters on which we are required to report

In our opinion:

- the part of the directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13; and
- the information given in the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We have nothing to report in respect of the following other matters which the Audit Code for NHS Foundation Trusts requires us to report to you if we have been unable to satisfy ourselves that:

- proper practices have been observed in the compilation of the financial statements; or
- the annual governance statement meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with other information that is forthcoming from the audit; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- the Quality Report has been prepared in accordance with the detailed guidance issued by Monitor.

Unqualified certificate

We certify that we have completed the audit of the financial statements of West Suffolk NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

BDO LLP

David Eagles (senior statutory auditor)
for and on behalf of BDO LLP, statutory auditor
Ipswich, UK

29 May 2013

STATEMENT OF COMPREHENSIVE INCOME	Note	2012/13 £000	4 Months to 31 March 2012 £000
Operating Income from continuing operations	2	165,564	53,370
Operating Expenses of continuing operations	3	(161,989)	(52,380)
OPERATING SURPLUS / (DEFICIT)		**3,575**	**990**
FINANCE COSTS			
Finance income	6	71	18
Finance expense - financial liabilities	7	(56)	(34)
Finance expense - unwinding of discount on provisions		(6)	0
PDC Dividends payable		(2,072)	(452)
NET FINANCE COSTS		**(2,063)**	**(468)**
SURPLUS/(DEFICIT) FOR THE YEAR		**1,512**	**522**
Other comprehensive income			
Revaluations		(1,567)	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD		**(55)**	**522**
Prior period adjustments		0	0
TCS and merger adjustments		0	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**(55)**	**522**

Note: Allocation of Profits/(Losses) for the period:	2012/13 £000	4 Months to 31 March 2012 £000
(a) Surplus/(Deficit) for the period attributable to:		
(i) minority interest, and	0	0
(ii) owners of the parent.	1,512	522
TOTAL	**1,512**	**522**
(b) total comprehensive income/ (expense) for the period attributable to:		
(i) minority interest, and	0	0
(ii) owners of the parent.	(55)	522
TOTAL	**(55)**	**522**

The comparative figures for 2011/12 reflect the fact that West Suffolk NHS Foundation Trust only became a legal entity as from 1 December 2011.

The accounts for the period ended 31 March 2013 have been prepared in accordance with paragraph 24 and 25 of schedule 7 to the National Health Services Act 2006.

The notes on pages 123 to 147 form part of these accounts.

All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION	note	31 March 2013 £000	31 March 2012 £000
Non-current assets			
Property, plant and equipment	9	71,828	71,553
Trade and other receivables	22	489	543
Total non-current assets		72,317	72,096
Current assets			
Inventories	11	2,697	2,474
Trade and other receivables	12	7,301	4,580
Non-current assets for sale and assets in disposal groups	10	1,000	1,000
Cash and cash equivalents	14	8,076	10,539
Total current assets		19,074	18,593
Current liabilities			
Trade and other payables	15	(16,542)	(14,244)
Borrowings	16	(500)	(1,000)
Provisions	19	(77)	(70)
Other liabilities	18	(1,720)	(2,248)
Total current liabilities		(18,839)	(17,562)
Total assets less current liabilities		**72,552**	**73,127**
Non-current liabilities			
Borrowings	16	0	(500)
Provisions	19	(264)	(284)
Other liabilities		0	0
Total non-current liabilities		**(264)**	**(784)**
Total assets employed		**72,288**	**72,343**
Financed by (taxpayers' equity)			
Public Dividend Capital		58,250	58,250
Revaluation reserve	21	9,159	11,549
Income and expenditure reserve		4,879	2,544
Total taxpayers' equity		**72,288**	**72,343**

The financial statements on pages 119 to 147 were approved by the Board on 24 May 2013 and signed on its behalf by:

Signed ..... (Chief Executive) 28 May 2013

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2012	**72,343**	**58,250**	**11,549**	**2,544**
Surplus for the year	**1,512**	0	0	1,512
Transfers between reserves	**0**	0	(811)	811
Revaluations - property, plant and equipment	**(1,567)**	0	(1,567)	0
Asset disposals	**0**	0	(14)	14
Other reserve movements	**0**	0	2	(2)
Taxpayers' Equity at 31 March 2013	**72,288**	**58,250**	**9,159**	**4,879**

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 December 2011	**71,821**	**58,250**	**11,694**	**1,877**
Surplus for the period	**522**	0	0	522
Transfers between reserves	**0**	0	(145)	145
Taxpayers' Equity at 31 March 2012	**72,343**	**58,250**	**11,549**	**2,544**

STATEMENT OF CASH FLOWS	note	2012/13 £000	4 Months to 31 March 2012 £000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations		**3,575**	**990**
Operating surplus/(deficit) from discontinued operations		0	0
Operating surplus/(deficit)		**3,575**	**990**
Non-cash income and expense:			
Depreciation and amortisation		4,769	1,572
Impairments		69	51
Loss on disposal		30	0
Interest accrued and not paid		2	0
Dividends accrued and not paid or received		(105)	0
(Increase)/Decrease in Trade and Other Receivables		(2,667)	3,815
(Increase)/Decrease in Inventories		(223)	(88)
Increase/(Decrease) in Trade and Other Payables		2,178	1,959
Increase/(Decrease) in Other Liabilities		(528)	0
Increase/(Decrease) in Provisions		(13)	(42)
NET CASH GENERATED FROM/(USED IN) OPERATIONS		7,087	8,257
Cash flows from investing activities			
Interest received		69	18
Purchase of Property, Plant and Equipment		(6,686)	(1,906)
Sales of Property, Plant and Equipment		96	0
Net cash generated from/(used in) investing activities		(6,521)	(1,888)
Cash flows from financing activities			
Loans repaid to the Department of Health		(1,000)	(500)
Interest paid		(56)	(47)
PDC Dividend paid		(1,967)	(1,080)
Cash flows from / (used in) other financing activities		(6)	0
Net cash generated from/(used in) financing activities		(3,029)	(1,627)
Increase/(decrease) in cash and cash equivalents		(2,463)	4,742
Cash and Cash equivalents at 1 April 2012		**10,539**	5,797
Cash and Cash equivalents at 31 March 2013		**8,076**	**10,539**

NOTES TO THE ACCOUNTS

1. Accounting Policies

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequentially, the following financial statements have been prepared in accordance with the FT ARM 2012/13 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FREM to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.4 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is from commissioners for healthcare services. Revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

1.5 Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.6 Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

Further details are contained in note 4.4

1.7 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9 Depreciation, amortisation and impairments
Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Details of the useful lives used are shown on page 126. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Economic life of property, plant and equipment	Min Life Years	Max Life Years
Buildings excluding dwellings	10	35
Dwellings	10	35
Assets under Construction & POA	0	0
Plant & Machinery	5	15
Transport Equipment	7	7
Information Technology	5	8
Furniture & Fittings	7	10

Impairments are analysed between Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME) from 2011-12. This is necessary to comply with Treasury's budgeting guidance. DEL limits are set in the Spending Review and Departments may not exceed the limits that they have been set.
AME budgets are set by the Treasury and may be reviewed with departments in the run-up to the Budget. Departments need to monitor AME closely and inform Treasury if they expect AME spending to rise above forecast. Whilst Treasury accepts that in some areas of AME inherent volatility may mean departments do not have the ability to manage the spending within budgets in that financial year, any expected increases in AME require Treasury approval.

1.10 Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.11 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings. For donated and government-granted assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal account so that no profit or loss is recognised in income or expenses. The remaining surplus or deficit in the donated asset or government grant reserve is then transferred to retained

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

1.15 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.2% in real terms (2.8% for employee early departure obligations).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.16 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 19.3.

1.17 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.18 EU Emissions Trading Scheme

EU Emission Trading Scheme allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS body makes emissions, a provision is recognised with an offsetting transfer from deferred income. The provision is settled on surrender of the allowances. The asset, provision and deferred income amounts are valued at fair value at the end of the reporting period.

1.19 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.20 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets
Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.21 Financial liabilities
Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities
Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation.

- The amount of the obligation under the contract, as determined in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets.*

Financial liabilities at fair value through profit and loss
Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the Trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Other financial liabilities
After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.22 Value Added Tax
Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.23 Foreign currencies
The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.24 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 27 to the accounts.

1.25 Public Dividend Capital (PDC) and PDC dividend
Public dividend capital represents taxpayers' equity in the Trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities, except for donated assets and cash balances with the Office of the Paymaster General. The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

1.26 Losses and Special Payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.27 Subsidiaries

For the year to 31 March 2013 in accordance with the directed accounting policy from the Secretary of State, the Trust does not consolidate the NHS charitable funds for which it is the corporate Trustee.

1.28 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Operating Cost Statement on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.29 Accounting Standards that have been issued but have not yet been adopted

IFRS 9 Financial Instruments
Financial Assets:
Financial Liabilities:
IFRS 10 Consolidated Financial Statements
IFRS 11 Joint Arrangements
IFRS 12 Disclosure of Interests in Other Entities
IFRS 13 Fair Value Measurement
IAS 12 Income Taxes amendment
IAS 1 Presentation of financial statements, on other comprehensive income (OCI)
IAS 27 Separate Financial Statements
IAS 28 Associates and joint ventures.
IAS 19 (Revised 2011) Employee Benefits
IAS 32 Financial Instruments: Presentation – Offsetting financial assets and liabilities
IFRS 7 Financial Instruments: Disclosures – Offsetting financial assets and liabilities

It is anticipated that the implementation of the above accounting standards would not have a material impact on the Financial Statements.

2. Operating Income

Note 2.1 OPERATING INCOME (by classification)

Income from Activities	2012/13 Total £000	2012/13 Business with NHS FTs £000	4 Months to 31 March 2012 Total £000	4 Months to 31 March 2012 Business with NHS FTs £000
Acute Trusts				
Elective income	28,585	0	10,155	0
Non elective income	47,252	0	15,803	0
Outpatient income	30,199	0	10,202	0
A & E income	5,690	0	1,847	0
Other NHS clinical income	33,092	0	8,829	0
Mandatory income	144,818	0	46,836	0
PTS income	0	0	16	0
Private patient income	1,498	0	178	0
Other non-protected clinical income	396	0	167	0
Total income from activities	**146,712**	**0**	**47,197**	**0**

Other operating income	Total £000	Business with NHS FTs £000	Total £000	Business with NHS FTs £000
Research and development	**0**	0	**0**	0
Education and training	**6,300**	0	**2,137**	111
Receipt of donated assets	**295**	0	**155**	0
Charitable and other contributions to expenditure from NHS	**314**	0	**0**	0
Non-patient care services to other bodies	**7,609**	1,863	**2,828**	381
Other	**4,334**	760	**1,053**	60
Total other operating income	**18,852**	**2,623**	**6,173**	**552**
TOTAL OPERATING INCOME	**165,564**	**2,623**	**53,370**	**552**

All income from activities and the income in respect of education and training arise from the provision of mandatory services as set out in the Monitor terms of authorisation.

The other operating income, with the exception of education and training, relate to the provision of non protected services.

The Trust has complied with the requirement of section 43(2A) of the NHS act 2006 (As amended by the Health and Social Care Act 2012) in that income from the provision of goods and services from the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The levels of other income received by the Trust has had little or no impact upon the its provision of goods and services for the purposes of the health service in England.

Note 2.3 OPERATING INCOME (by type) Income from activities	2012/13 Total £000	4 Months to 31 March 2012 Total £000
Primary Care Trusts	144,818	46,807
Non NHS: Private patients	1,498	178
Non-NHS: Overseas patients (non-reciprocal)	0	5
NHS injury scheme (was RTA)	396	139
Non NHS: Other *	0	68
Total income from activities	146,712	47,197
Education and training	6,300	2,137
Receipt of donated assets	295	0
Charitable and other contributions to expenditure	314	155
Non-patient care services to other bodies	7,609	2,828
Other **	4,334	1,053
Total other operating income	18,852	6,173
TOTAL OPERATING INCOME	165,564	53,370

* Analysis of Income from activities: Non-NHS Other	2012/13 Total £000	4 Months to 31 March 2012 Total £000
Other government departments and agencies	0	68
Total	0	68

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

** Analysis of Other Operating Income: Other	2012/13 Total £000	4 Months to 31 March 2012 Total £000
Car parking	709	240
Estates recharges	316	197
Pharmacy sales	30	0
Staff accommodation rentals	389	120
Catering	1,160	386
Property rentals	8	32
Grossing up consortium arrangements	1,560	0
Other	162	78
Total	4,334	1,053

Note 3 OPERATING EXPENSES (by type)

	2012/13	4 Months to 31 March 2012
		Total
	Total	
	£000	£000
Purchase of healthcare from non NHS bodies	274	125
Employee Expenses - Executive directors	991	345
Employee Expenses - Non-executive directors	92	18
Employee Expenses - Staff	108,633	36,380
Drug costs	14,416	4,388
Supplies and services - clinical (excluding drug costs)	14,016	4,442
Supplies and services - general	2,706	896
Establishment	1,465	503
Transport	798	308
Premises	5,372	1,618
Increase / (decrease) in provision for impairment of receivables	22	(2)
Rentals under operating leases - minimum lease payments	1,257	315
Inventories write down	38	5
Depreciation on property, plant and equipment	4,769	1,572
Impairments of property, plant and equipment	69	51
Audit fees - statutory audit	56	40
Clinical negligence	3,486	915
Loss on disposal of other property, plant and equipment	30	0
Legal fees	89	17
Consultancy costs	241	308
Training, courses and conferences	383	127
Patient travel	28	14
Hospitality	56	0
Insurance	105	25
Other services, eg external payroll	117	67
Grossing up consortium arrangements	1,560	0
Other	920	(97)
TOTAL	**161,989**	**52,380**

Note 4.1 Employee Expenses

	2012/13 Total	2012/13 Permanently Employed	2012/13 Other	4 Months to 31 March 2012 Total	4 Months to 31 March 2012 Permanently Employed	4 Months to 31 March 2012 Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	90,570	90,570	0	29,811	29,811	0
Social security costs	6,813	6,813	0	2,245	2,245	0
Pension cost - defined contribution plans Employers contributions to NHS Pensions	10,359	10,359	0	3,422	3,422	0
Agency/contract staff	4,021	0	4,021	1,471	0	1,471
TOTAL GROSS STAFF COSTS	**111,763**	**107,742**	**4,021**	**36,949**	**35,478**	**1,471**
less income in respect of Salaries and wages charged to other organisations	(1,044)	(1,044)	0	(494)	(494)	0
less income in respect of Social security costs charged to other organisations	(79)	(79)	0	(37)	(37)	0
less income in respect of Pension costs charged to other organisations	(120)	(120)	0	(57)	(57)	0
TOTAL STAFF COSTS	**110,520**	**106,499**	**4,021**	**36,361**	**34,890**	**1,471**
of which						
Costs capitalised as part of assets	(896)	(896)	0	(234)	(234)	0
Total Employee benefits excl. capitalised costs	**109,624**	**105,603**	**4,021**	**36,127**	**34,656**	**1,471**

Note 4.2 Average number of employees (WTE basis)

	2012/13 Total	2012/13 Permanent	2012/13 Other	4 Months to 31 March 2012 Total	4 Months to 31 March 2012 Permanent	4 Months to 31 March 2012 Other
	Number	Number	Number	Number	Number	Number
Medical and dental	337	320	17	**319**	307	12
Administration and estates	583	548	35	**542**	531	11
Healthcare assistants and other support staff	525	508	17	**591**	591	0
Nursing, midwifery and health visiting staff	760	737	23	**749**	749	0
Nursing, midwifery and health visiting learners	0	0	0	**0**	0	0
Scientific, therapeutic and technical staff	374	366	8	**284**	283	1
Bank and agency staff	162	0	162	**0**		0
Total average numbers	**2,741**	**2,479**	**262**	**2,485**	**2,461**	**24**

Note 4.3 Employee benefits

	2012/13	4 Months to 31 March 2012
	£000	£000
TOTAL	**0**	**0**

During the period there were no early retirements from the Trust agreed on the grounds of ill health.

4.4 Pension costs
Pensions Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions
The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Note 5.1 Operating leases

	2012/13 Plant & Machinery	2012/13 Other	2012/13 Total	4 Months to 31 March 2012 Plant & Machinery	4 Months to 31 March 2012 Other	4 Months to 31 March 2012 Total
	£000	£000	£000	£000	£000	£000
Minimum lease payments	1,069	188	**1,257**	242	73	**315**
Contingent rents	0	0	**0**	0	0	**0**
Less sublease payments received	0	0	**0**	0	0	**0**
TOTAL	**1,069**	**188**	**1,257**	**242**	**73**	**315**

Note 5.2 Arrangements containing an operating lease

	31 March 2013 Plant & Machinery	31 March 2013 Other	31 March 2013 Total	31 March 2012 Plant & Machinery	31 March 2012 Other	31 March 2012 Total
	£000	£000	£000	£000	£000	£000
Future minimum lease payments due:						
- not later than one year;	807	141	**948**	634	177	**811**
- later than one year and not later than five years;	2,214	68	**2,282**	1,977	110	**2,087**
- later than five years.	110	0	**110**	218	0	**218**
TOTAL	**3,131**	**209**	**3,340**	**2,829**	**287**	**3,116**

Note 5.3 Limitation on auditor's liability

	31 March 2013	31 March 2012
	£000	£000
Limitation on auditor's liability	500	500

Note 5.4 The late payment of commercial debts (interest) Act 1998

	31 March 2013	4 Months to 31 March 2012
	£000	£000
Amounts included within other interest payable arising from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

Note 5.5 Auditors Remuneration

No remuneration was paid to the auditors for services other than fees paid for work undertaken in relation to statutory work.

Note 6 Finance income

	2012/13	4 Months to 31 March 2012
	£000	£000
Interest on bank accounts	71	18
TOTAL	**71**	**18**

Note 7 Finance costs - finance costs

	2012/13 Total	4 Months to 31 March 2012 Total
	£000	£000
Interest expense:		
Loans from the Department of Health	56	34
TOTAL	**56**	**34**

Note 8 Impairment of assets

	2012/13	4 Months to 31 March 2012
	£000	**£000**
Loss or damage from normal operations	0	51
Changes in market price	69	0
Total Impairments	**69**	**51**
of which		
Total Departmental Expenditure Limit	69	51
Total Annually Managed Expenditure	0	0

Note 9.1 Property, Plant and Equipment - 1 April 2012 - 31 March 2013

	Total	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2012	**95,881**	13,798	48,295	4,060	2,695	16,551	15	10,437	30
Additions - purchased	**6,512**	210	3,369	24	425	1,154	0	1,330	0
Additions - donated	**294**	0	112	0	0	123	0	19	40
Additions - government granted	**0**	0	0	0	0	0	0	0	0
Impairments	**(69)**	(69)	0	0	0	0	0	0	0
Reclassifications	**0**	154	1,640	0	(2,366)	0	0	572	0
Revaluations	**(11,217)**	(1,480)	(9,115)	(613)	0	(9)	0	0	0
Disposals	**(1,915)**	0	0	0	0	(1,490)	0	(425)	0
Valuation/Gross cost at 31 March 2013	**89,486**	**12,613**	**44,301**	**3,471**	**754**	**16,329**	**15**	**11,933**	**70**
Depreciation at 1 April 2012	**24,328**	0	6,567	232	0	10,823	14	6,684	8
Provided during the year	**4,769**	0	2,755	87	0	849	1	1,074	3
Revaluations	**(9,650)**	0	(9,322)	(319)	0	(9)	0	0	0
Disposals	**(1,789)**	0	0	0	0	(1,364)	0	(425)	0
Accumulated depreciation at 31 March 2013	**17,658**	**0**	**0**	**0**	**0**	**10,299**	**15**	**7,333**	**11**
Net book value at 31 March 2013	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned	**68,553**	12,613	41,456	3,471	754	5,660	0	4,580	19
Donated	**3,275**	0	2,845	0	0	370	0	20	40
NBV total at 31 March 2013	**71,828**	**12,613**	**44,301**	**3,471**	**754**	**6,030**	**0**	**4,600**	**59**

Note 9.2 Analysis of property, plant and equipment at 31 March 2013

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
Protected assets	**56,914**	12,613	44,301	0	0	0	0	0	0
Unprotected assets	**14,914**	0	0	3,471	754	6,030	0	4,600	59
Total	**71,828**	**12,613**	**44,301**	**3,471**	**754**	**6,030**	**0**	**4,600**	**59**

Property required for the provision of mandatory goods and services are protected.

Note 9.3 Analysis of revaluation reserve by type of asset as at 31 March 2013

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
as at 1 April 2012	**11,549**	6,459	4,430	401	0	259	0	0	0
movement in the year	**(2,390)**	**(1,479)**	**(587)**	**(270)**	**0**	**(54)**	**0**	**0**	**0**
as at 31 March 2013	**9,159**	**4,980**	**3,843**	**131**	**0**	**205**	**0**	**0**	**0**

As at 31 March 2013 an independent external valuer undertook a valuation of Trust property in accordance with the accounting policy set out in Note 1.9.

Note 10 Non-current assets for sale and assets in disposal groups

	Total	Property, Plant and Equipment
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2012	1,000	1,000
Movement in period	0	0
NBV of non-current assets for sale and assets in disposal groups at 31 March 2013	1,000	1,000

Note 11.1 Inventories

	31 March 2013	31 March 2012
	£000	£000
Drugs	1,046	867
Consumables	1,560	1,539
Energy	91	68
TOTAL Inventories	2,697	2,474

Note 11.2 Inventories recognised in expenses

	2012/13	4 Months to 31 March 2012
	£000	£000
Inventories recognised in expenses	26,535	8,104
Write-down of inventories recognised as an expense	38	5
TOTAL Inventories recognised in expenses	26,573	8,109

Note 12 Trade receivables and other receivables

	Total 2012/13	Total 31 March 2012
	£000	£000
Current		
NHS Receivables - Revenue	3,539	1,802
Receivables due from NHS charities	8	48
Provision for impaired receivables	(23)	(13)
Prepayments (Non-PFI)	1,410	930
Accrued income	315	555
Interest Receivable	2	0
PDC dividend receivable	88	193
VAT receivable	440	244
Trade and other receivables	1,522	821
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	7,301	4,580

	Total 2012/13	Total 31 March 2012
	£000	£000
Non Current		
Prepayments (Non-PFI)	105	0
Trade and other receivables	384	543
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	489	543

Note 13.1 Provision for impairment of receivables

	2012/13	4 Months to 31 March 2012
	£000	£000
At 1 April 2012	13	16
Increase in provision	24	0
Amounts utilised	(12)	0
Unused amounts reversed	(2)	(3)
At 31 March 2013	23	13

Note 13.2 Analysis of impaired receivables

	31 March 2013 £000	31 March 2013 £000	31 March 2012 £000	31 March 2012 £000
Ageing of impaired receivables	Trade Receivables	Other Receivables	Trade Receivables	Other Receivables
0 - 30 days	0	0	0	0
30-60 Days	0	0	0	0
60-90 days	0	0	0	0
90- 180 days	2	0	0	0
over 180 days	21	0	13	0
Total	**23**	**0**	**13**	0
Ageing of non-impaired receivables past their due date				
0 - 30 days	167	0	67	0
30-60 Days	125	0	23	0
60-90 days	27	0	1	0
90- 180 days	49	0	13	0
over 180 days	92	0	5	0
Total	**460**	**0**	**109**	**0**

Note 14 Cash and cash equivalents

	31 March 2013 £000	31 March 2012 £000
At 1 April 2012 / 1 December 2011	10,539	5,797
Net change in year / period	(2,463)	4,742
At 31 March	**8,076**	**10,539**
Broken down into:		
Cash at commercial banks and in hand	23	27
Cash with the Government Banking Service	8,053	10,512
Cash and cash equivalents as in SoFP	**8,076**	**10,539**

Note 15.1 Trade and other payables

	Total 31 March 2013 £000	Total 31 March 2012 £000
Current		
NHS payables - revenue	2,380	1,281
Other trade payables - capital	1,772	1,855
Other trade payables - revenue	5,725	4,701
Social Security costs	1,051	988
Other taxes payable	1,213	1,162
Other payables	3,026	2,292
Accruals	1,375	1,965
TOTAL CURRENT TRADE AND OTHER PAYABLES	**16,542**	**14,244**

An amount of £1,391,000 relating to outstanding pension contributions is included within Other Payables. This liability will be paid in April 2013.

Note 16 Borrowings

	31 March 2013 £000	31 March 2012 £000
Current		
Loans from Department of Health	**500**	1,000
TOTAL CURRENT BORROWINGS	**500**	**1,000**
Non-current		
Loans from Department of Health	0	500
TOTAL OTHER NON CURRENT LIABILITIES	**0**	**500**

Note 17 Prudential borrowing limit

	31 March 2013 £000	31 March 2012 £000
Total long term borrowing limit set by Monitor	23,500	23,500
Actual (contracted) working capital facility	12,300	12,300
Total Prudential Borrowing Limit	**35,800**	**35,800**
Borrowing as at 1 April 2012	1,500	2,000
Net actual repayment in period	(1,000)	(500)
Borrowing at 31 March 2013	**500**	**1,500**
Working capital borrowing at 1 April	0	0
Net actual borrowing/(repayment) in year - working capital	0	0
Working capital borrowing at 31 March 2013	**0**	**0**

Note 18 Other liabilities

	31 March 2013 £000	31 March 2012 £000
Current		
Other Deferred income	1,720	2,248
TOTAL OTHER CURRENT LIABILITIES	**1,720**	**2,248**
Non-current		
Other Deferred income	0	0
TOTAL OTHER NON CURRENT LIABILITIES	**0**	**0**

Note 19.1 Provisions for liabilities and charges	Current		Non-current		Total	
	31 March 2013	31 March 2012	31 March 2013	31 March 2012	31 March 2013	31 March 2012
Pensions relating to other staff	4	3	29	33	33	36
Other legal claims	61	54	0	0	61	54
Other	12	13	235	251	247	264
Total	**77**	**70**	**264**	**284**	**341**	**354**

Note 19.2 Provisions for liabilities and charges analysis

	Total	Pensions - other staff	Other legal claims	Other
	£000	£000	£000	£000
At 1 April 2012	**354**	36	54	264
Arising during the year	**58**	1	51	6
Utilised during the year	**(76)**	(5)	(43)	(28)
Reversed unused	**(1)**	0	(1)	0
Unwinding of discount	**6**	1	0	5
At 31 March 2013	**341**	**33**	**61**	**247**
Expected timing of cashflows:				
- not later than one year;	**77**	4	61	12
- later than one year and not later than five years;	**64**	14	0	50
- later than five years.	**200**	15	0	185
TOTAL	**341**	**33**	**61**	**247**

Pensions relating to other staff £33,000 - this comprises provisions for early retirements of staff calculated in line with Government guidelines. The timing of the cashflows is in line with information provided by the NHS Pensions Agency.

Legal claims - comprising staff/visitor personal injury claims. This is calculated in line with Department of Health Guidance and information supplied by NHS Litigation Authority. The amount provided for at the year-end represents the excess payments for which the Trust may become liable, as adjusted for the likelihood of the liability being incurred. The timing of the cashflows has been provided the NHS Litigation Authority

Other claims £247,000 comprising expected future pension costs relating to injury benefit. This, and the timing of the cashflows, is calculated on the basis of guidance originally provided by the NHS Pensions Agency.

Note 19.3 Clinical Negligence liabilities	Total
	£000
Amount included in provisions of the NHSLA at 31 March 2013 in respect of clinical negligence liabilities of West Suffolk NHS Foundation Trust	28,594

Note 20 Contingent Liabilities

	31 March 2013	31 March 2012
	£000	£000
Value of contingent liabilities		
Equal pay	0	25
Other	31	29
Gross value of contingent liabilities	31	54
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	**31**	**54**

Other contingencies comprise the Trust's potential liability in respect of personal injury claims, over and above that considered probable to be incurred. The contingency is calculated in line with information supplied by the NHS Litigation Authority. These liabilities are likely to crystallise and result in payment within the 2013/14 financial year. A further contingency in respect of pay claims has been included as a contingency as it is improbable that this will occur and the timing of any payment is unknown.

Note 21 Revaluation Reserve

	Total Revaluation Reserve	Revaluation Reserve - property, plant and equipment
	£000	£000
Revaluation reserve at 1 April 2012	**11,549**	11,549
Impairments	**0**	0
Revaluations	**(1,567)**	(1,567)
Transfers to other reserves	**(811)**	(811)
Asset disposals	**(14)**	(14)
Fair Value gains/(losses) on Available-for-sale financial investments	**0**	0
Recycling gains/(losses) on Available-for-sale financial investments	**0**	0
Other recognised gains and losses	**0**	0
Other reserve movements	**2**	2
Revaluation reserve at 31 March 2013	**9,159**	9,159

Note 22.1 Related Party Transactions

	2012/13		4 Months to 31 March 2012	
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
Value of transactions with board members in the period	0	0	0	0
Value of transactions with key staff members in the period	0	0	0	0
Value of transactions with other related parties in the period				
Department of Health	20	0	20	0
Other NHS Bodies	159,268	8,993	51,297	2,546
Charitable Funds	506	0	155	0
Total value of transactions with related parties in the period	**159,794**	**8,993**	**51,472**	**2,546**

The Department of Health is regarded as a related party. During the period West Suffolk NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

		2012/13	4 Months to 31 March 2012
		£000	£000
East of England Strategic Health Authority	Income	6,282	2,008
Suffolk PCT	Income	125,614	40,469
Norfolk PCT	Income	14,666	5,386
Cambridgeshire PCT	Income	3,646	1,567
Cambridge University Hospitals NHS Foundation Trust	Income	1,228	274
South East Essex PCT	Income	2,545	291
Suffolk PCT	Expenditure	438	421
Cambridge University Hospitals NHS Foundation Trust	Expenditure	1,736	324
NHS Litigation Authority	Expenditure	3,590	933
National Blood Authority	Expenditure	1,256	317

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the NHS Trust board. A total of £506,000 was received from the charitable fund during the year.

Note 22.2 Related Party Balances	31 March 2013 Receivables £000	31 March 2013 Payables £000	31 March 2012 Receivables £000	31 March 2012 Payables £000
Value of balances with other related parties at 31 March 2013				
Department of Health	88	0	213	0
Other NHS Bodies	3,568	2,403	2,337	1,768
Charitable Funds	8	0	0	0
Total balances with related parties at 31 March 2013	**3,664**	**2,403**	**2,550**	**1,768**

Note 23 Contractual Capital Commitments

	31 March 2013 £000	31 March 2012 £000
Property, Plant and Equipment	1,948	280
Intangible assets	0	0
Total	**1,948**	**280**

Note 24.1 Financial assets by category	Total £000	Loans and receivables £000
Assets as per SoFP		
NHS Trade and other receivables excluding non financial assets	3,539	3,539
Non-NHS Trade and other receivables excluding non financial assets	1,124	1,124
Cash and cash equivalents at bank and in hand	8,076	8,076
Total at 31 March 2013	**12,739**	**12,739**
NHS Trade and other receivables excluding non financial assets	1,802	1,802
Non-NHS Trade and other receivables excluding non financial assets	1,849	1,849
Cash and cash equivalents at bank and in hand	10,539	10,539
Total at 31 March 2012	**14,190**	**14,190**

Note 24.2 Financial liabilities by category	Total £000	Other financial liabilities £000
Liabilities as per SoFP		
Borrowings excluding Finance lease and PFI liabilities	500	500
NHS Trade and other payables excluding non financial assets	2,380	2,380
Non-NHS Trade and other payables excluding non financial assets	7,484	7,484
Provisions under contract	280	280
Total at 31 March 2013	**10,644**	**10,644**
Borrowings excluding Finance lease and PFI liabilities	1,500	1,500
NHS Trade and other payables excluding non financial assets	1,281	1,281
Non-NHS Trade and other payables excluding non financial assets	10,998	10,998
Provisions under contract	300	300
Total at 31 March 2012	**14,079**	**14,079**

Note 24.3 Fair values of financial liabilities at 31 March 2013

	31 March 2013		31 March 2012	
	Book Value	Fair value	Book Value	Fair value
	£000	£000	£000	£000
Provisions under contract	280	280	300	300
Loans	500	500	1,500	1,500
Total	**780**	**780**	1,800	1,800

25. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with primary care Trusts and the way those primary care Trusts are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the strategic health authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2013 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with primary care Trusts, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 26 Losses and Special Payments (approved cases only)

	2012/13 Total number of cases Number	2012/13 Total value of cases £000's	4 Months to 31 March 2012 Total number of cases Number	4 Months to 31 March 2012 Total value of cases £000's
LOSSES:				
Losses of cash due to:	Numbers	Value	Numbers	Value
- overpayment of salaries etc.	3	0	1	0
Bad debts and claims abandoned in relation to:				
- private patients	3	0	4	0
- overseas visitors	10	11	0	0
- other	6	1	0	0
Damage to buildings, property etc. due to:				
- other	12	38	4	6
TOTAL LOSSES	**34**	**50**	9	6
SPECIAL PAYMENTS:				
- loss of personal effects	13	2	9	1
- other	5	2	0	0
TOTAL SPECIAL PAYMENTS	**18**	**4**	9	1
TOTAL LOSSES AND SPECIAL PAYMENTS	**52**	**54**	18	7

27 Third party assets

The Trust held £Nil cash and cash equivalents at 31 March 2013 (31 March 2012:£Nil) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

28 Operating Segments

The Trust reports to the Board on a monthly basis the performance on a directorate level. In considering segments with a total income of 10% or more the Trust has identified three reportable segments. The main source of income for the Trust is from commissioners in respect of healthcare services from PCT's who are under common control and classified as a single customer. Net assets are not reported to the Board so therefore have been excluded for the purposes of this note.

The Trust reports to the Board by directorate down to an Operating Contribution. All further costs and income are shown on a corporate level so have been excluded in the analysis.

2012/13	**Medicine**	**Surgery**	**Womens and Childrens**	**Other**	**Total**
Income	52,472	57,080	19,318	36,694	**165,564**
Expenditure	(44,631)	(40,680)	(13,111)	(65,630)	**(164,052)**
Contribution	**7,841**	**16,400**	**6,207**	**(28,936)**	**1,512**
4 Months to 31 March 2012					
Income	12,108	17,170	6,726	17,366	**53,370**
Expenditure	(13,451)	(13,273)	(4,354)	(21,770)	**(52,848)**
Contribution	**(1,343)**	**3,897**	**2,372**	**(4,404)**	**522**

29 Post Balance Sheet Events

The Health and Social Care Act 2012 has led to a restructuring of the NHS resulting in the demise of the Trust's main commissioner, Suffolk PCT. With effect from 1 April 2013 responsibility for commissioning has transferred to West Suffolk CCG and Ipswich and East Suffolk CCG. This change does not have an impact on the financial results reported for the year ended 31 March 2013.