West Suffolk NHS
NHS Foundation Trust

Annual Report and Accounts 2013/14

Putting you first
University of Cambridge Associate Teaching Hospital

West Suffolk NHS Foundation Trust

Annual Report and Accounts 2013/14

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006.

Contents

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

During 2013/14 we continue to be extremely proud of our staff and the quality of service they deliver to our local communities. The record of achievements is impressive and down to the professionalism and dedication of our staff.

The following, which are covered in more detail in this Annual Report, are just some of the examples of staff living WSFT's values of ***Putting Patients First:***

- **Exceeded the 4-hour A&E target** of 95%, reflecting the excellent work by all staff involved in the emergency care pathway across the hospital
- **Short waiting times**, consistently meeting the 18 week referral to treatment time
- **Low Hospital Standardised Mortality Ratio**
- **Named as Trust of the Year** for Midlands and East of England region as part of the publication of the annual Dr Foster Hospital Guide
- **Top Hospital for Quality of Care 2011 and 2012 and shortlisted in 2013 and 2014** awarded by independent healthcare intelligence company CHKS
- **Top 10% CHKS for Maternity Services**
- **Good Friends and Family scores** – above national average score for A&E – high score for inpatients and maternity services
- **Care Quality Commission (CQC)** – positive response to inspections with full compliance achieved during 2013/14. The latest CQC benchmarking places WSFT in band 6, the lowest risk banding
- **Excellent reputation for teaching** – both undergraduate and graduate
- **Very good National Staff Survey results** including being ranked in the top 20% of all acute trusts for overall staff engagement and staff recommendation of the Trust as a place to work or receive treatment.

But, we also have some challenges:

- C *difficile* – the final number of cases at 22 was above our ceiling of 19. For the first six months of the year to the end of September the Trust recorded 16 cases of hospital associated C *difficile* and during the remaining six months to the end of March 2014 performance improved and with a total of six cases we were below our ceiling for this period. In October 2013 probiotic use was implemented for high risk patients requiring broad spectrum antibiotic treatment. This is considered to have had a significant impact on performance during the second half of the year. A project completed in January 2014, saw ward F12 refurbished and converted into a dedicated isolation facility. It is being used to segregate patients with high risk infections, such as C *difficile* and MRSA, in turn reducing the chances of illness spreading to others.
- The financial position – delivering high quality services has come at a cost to WSFT and the organisation ended the financial year recording a £3.6m deficit. The financial plan anticipated non-recurring income of £2.5m from Suffolk CCGs which was not fully realised. The income that was received required significant additional expenditure (e.g. Enhanced Early Intervention Team). An assumption was also made that non-elective demand would be managed in line with the contract agreed with the CCGs. Over performance on non-elective activity is not fully funded due to the 30% marginal rate tariff, adding £2.5m to the deficit for the year. These matters materially impacted on the Trust's financial position
- Continuing integration across the health and social care economy - although we have made a positive start there is still a lot more to do. Over the next two years we will be working collaboratively with partner organisations to develop innovative services for the early supported discharge of patients and to help prevent unnecessary admissions to hospital.

In response to our challenging financial position we commissioned a review of how efficiently we are delivering services and to look at those services where we lose money to make sure we understand

why this is the case. The terms of reference were agreed with Monitor (the Foundation Trust Regulator) and PricewaterhouseCoopers (PwC) were appointed to carry out the work.

The financial challenges will remain and we forecast a loss of £8m in 2014/15. This is a worst case scenario and our recently published 2-year plan, along with the work currently underway with PwC, will improve the final outcome. As a result Monitor, our regulator, has decided to take a closer look at our finances so that they can understand the reasons behind our performance and the steps we are taking to improve the situation in the future. It is important to stress that Monitor have no other concerns and recognise that the quality of care we provide to our patients and our performance in all other areas remain strong. We will continue to work closely with Monitor to provide any assurances they request that our plans are aligned, where necessary, with West Suffolk CCG and together we can deliver the necessary improvements.

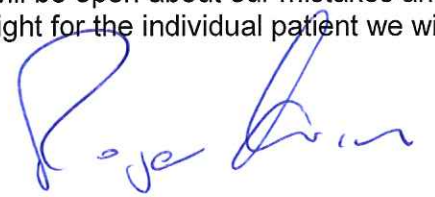
During 2012/13 an increase in emergency activity threatened WSH's ability to deliver a quality service and the best patient experience. In response, we engaged with the national Emergency Care Intensive Support Team (ECIST) to review the whole Emergency Care Pathway (ECP) from admission through to final discharge from the hospital. This led to a series of actions and involved the introduction of new ways of working and service models including integrated working across primary and community care, social services and the voluntary sector. During 2013/14, as a result of the improved flow of patients through the hospital this contributed significantly to the achievement of the 95% A&E target.

The success of ECP demonstrated the importance of strong clinical leadership and engagement across all staff groups including clinicians, managers and administrators recognising the valuable and differing contributions they can all make. The same approach is now being taken to review the Planned Care Pathway (PCP).

We are very grateful for the support of our local community through our membership and our very active 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; they are a valued part of the hospital team.

We are strengthening our partnership working with West Suffolk Clinical Commissioning Group (CCG), 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.



Roger Quince
Chairman

Stephen Graves
Chief Executive

2. Strategic 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's main facility is 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, most notably Addenbrooke's and Papworth hospitals.

Our staff

WSFT is one of the largest employers in Suffolk, employing 2,884 whole time equivalent staff in March 2014.

WSFT firmly believes in the benefits of working in partnership with staff and the Trade Unions, and this is highlighted during 2013/14 with the following activities:

- Working with the Trade Unions the following policy changes were agreed:
    - Strengthening the Trust's processes for sickness absence management
    - The development and publication of a Remediation Policy to support the revalidation of Medical Staff
    - We have increased our support for staff who are going through the adoption process
    - We have reviewed and strengthened our support for staff who are trying to stop smoking whilst further improving our premises as a no smoking site
- 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 and gardening club, set up in 2011, continue to thrive. West Suffolk Hospital Charity held a very successful 'It's a Bury Knockout' competition in 2012 and 2013 which saw staff compete as well as run stalls and volunteer. Staff also came up with the idea of a '10k for 10 days' fundraising event, taken on by the Charity, which promoted healthy living and regular exercise. Increased awareness and promotion of the flu vaccine among staff also saw an increased uptake of 23%
- We have continued to support the Trade Union Convenor role and a local steward to sit on the National Executive Committee
- In consultation with our staff-side partners we have introduced new shift systems that will improve service delivery and efficiency
- 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 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 June 2013 the CQC undertook an unannounced routine inspection of WSFT. The inspection included six of the standards for which WSFT is registered. Overall the inspection was positive but minor concern was identified due to inconsistent awareness and application of the duties and requirements of the Mental Capacity Act. On the 13 March 2014 the CQC undertook a further unannounced visit to test that the action we had completed was effective in addressing their concern. Feedback from the visit was positive and the final report assesses WSFT as fully compliant with the requirements of the "Consent to care and treatment" standard.

The CQC uses Hospital Intelligent Monitoring of more than 150 indicators to direct their resources to where problems are highlighted. The results of this monitoring work have grouped the 160 acute NHS trusts into six priority bands for inspection based on the likelihood that people may not be receiving safe, effective, high quality care. Band 1 contains the highest risk trusts and band 6 the lowest. The latest CQC report places WSFT in band 6, the lowest risk banding.

Regulatory ratings

During 2013/14 the regulatory rating system changed from the Compliance Framework to the Risk Assessment Framework.

In line with our plan we have achieved a Financial Risk Rating (FRR) of 3 in the six months to September (under the Compliance Framework). As at March 2014 we score 1 on liquidity and 2 on

capital servicing capacity (under the Risk Assessment Framework). We have therefore returned a risk rating of 2/2* due to the income and expenditure deficit. A more detailed explanation of these ratings is provided in section 8 of this report.

WSFT has met all national targets in 2013/14 with the exception of C *difficile* which has led to the variance from our forecast governance rating. Further information is provided in Section 8 (Regulatory ratings).

Our services

WSFT provides a range of patient services:

Indicators	2013/14	2012/13	2011/12	2010/11	2009/10
Inpatient Planned	**3,923**	4,002	4,794	4,770	5,038
Inpatient Non-Planned	**26,176**	25,443	25,142	26,749	27,051
Day Cases	**25,276**	21,997	19,848	19,442	20,486
Outpatient Attendances (inc. Ward Attenders)	**205,886**	158,167	162,990	157,592	156,574
Outpatient Procedures	**69,781**	67,481	60,404	57,735	46,884
A&E Attendances	**60,777**	59,303	55,627	51,936	48,115

As patients choose to receive their treatment at WSH our planned activity continues to grow, particularly in day cases.

The increase in the number of outpatient attendances is primarily due to the way that we are required to account for diagnostic imaging. As a result, around 28,000 diagnostic imaging attendances are now counted in addition to the outpatient attendances. Telephone clinics, which provide patients with advice, have also increased by approximately 11,000 compared to 2012/13.

We have been working with West Suffolk CCG and primary care practitioners to modernise emergency care services and thereby reduce demand. Despite these efforts non-planned activity has increased by 2.9%, compared with 2012/13. The Emergency Threshold adjustment resulted in loss of income due to a 30% tariff for non-planned activity above the 2008/09 baseline.

Further detail of WSFT's performance regarding quality and local / national targets is provided in the Quality Report (Section 6). The Annual Governance Statement (Section 4.8) describes arrangements for quality governance within WSFT.

Our financial performance

WSFT recorded a deficit of £3,639k for the year 2013/14. Total income was £172.3m which was an increase of 3.2% over that for 2012/13.

	2013/14 £000	2012/13 £000	2011/12 £000	2010/11 £000
Operating income	**172,283**	166,988	159,501	155,432
Operating costs	**(169,361)**	(158,627)	(152,015)	(148,669)
EBITDA* surplus	**2,922**	8,361	7,486	6,763
Depreciation, dividend and other costs	**(6,531)**	(6,827)	(6,816)	(6,728)
Fixed asset impairments**	**(30)**	(22)	(51)	(63)
Retained earnings	**(3,639)**	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

WSH receives "Trust of the Year" award: The hospital was named as Trust of the Year 2013 for the Midlands and East of England region as part of the publication of the annual Dr Foster Hospital Guide. West Suffolk received the award after recording lower than expected death rates and in recognition of its performance for weekend working, which shows the Trust delivers the same quality care at weekends as during the week.

WSH maternity care shortlisted for excellence award: WSFT has been recognised for "excellence in maternity care" by independent healthcare intelligence company CHKS as part of its Top Hospitals awards programme. WSH was shortlisted following an analysis of nine indicators, including caesarean rates, length of stay, complications, readmissions and injuries. CHKS also took into account three indicators from the Care Quality Commission's 2013 maternity survey when drawing up the shortlist. The shortlisted trusts represent the top 10% of the 148 NHS maternity providers in England, Wales and Northern Ireland.

Hip fracture care at WSH among country's best: WSH has been named as one of the best performing trusts in the country for the care it provides to hip fracture patients. The National Hip Fracture Database audit compares the way trusts have performed and placed WSH among the best in the country in several key areas. The Trust:

- has a mortality rate of 4% – one of the country's lowest – compared with a national average of 8.2%
- is the sixth best performing in the UK for meeting six critical patient care and outcome targets which qualify the hospital to receive a best practice tariff. All six targets were achieved in 86% of cases
- is in the top 10% of hospitals getting patients to theatres within 36 hours of their admission. This figure has continued to improve every quarter for the past three years.

WSH shortlisted for fourth "top hospital" award: WSFT was one of five finalists in the quality of care category in the Top Hospital Awards 2013, which are run by independent healthcare intelligence company CHKS. WSH has won the award in 2011 and 2012.

The shortlisting comes after WSH recorded good performance against a number of key criteria, including the length of time patients stay in the hospital, waiting times and rate of emergency readmissions. Mortality rates and whether the patient's care pathway proceeded as originally planned were also included in the assessment.

Improving access to services

New clinics opened in towns across west Suffolk bringing care closer to home: WSFT has continued to introduced new clinics (see table below) to make it easier for people in west Suffolk's rural communities to access specialist help while reducing the distance they need to travel for care.

Location	New Outpatient Clinic for 2013/14
Botesdale Health Centre	Audiology
Haverhill	Open access Echocardiogram
Newmarket	Respiratory Physiotherapy Open access Echocardiogram
Stowmarket	Audiology Rheumatology
Sudbury	Respiratory Physiotherapy
Thetford	Neurology including epilepsy and Parkinson's

More convenience for patients as evening service launched: Patients are now able to access specialist endoscopy sessions which run between 5pm and 8pm on Mondays to Thursdays. The new service has been introduced following feedback from GPs and patients so that people do not have to take time off work for their appointment.

A team of consultant gastroenterologists and nurse endoscopists are running the service, which is primarily for gastroscopy, which looks at the stomach, and flexible sigmoidoscopy, which examines the colon. As well as making the service more convenient, the extended hours have also helped increase clinic capacity so more patients can be seen, in turn reducing waiting times.

Innovative service developments

Specialist team expanded to help older patients return home: The Early Intervention Team (EIT), which assesses older patients and plans for their discharge, has been expanded to cover seven days a week with the help of £400,000 in transformation funding from West Suffolk CCG. Its working hours also increased, with the team now working from 8.30am to 9pm on weekdays and 10am to 5pm at weekends and on bank holidays.

The EIT assesses older people to develop a discharge plan which puts the right support in place to allow patients to return home after they have received their treatment and are clinically fit. The integrated service provides a 'one-stop shop' where patients can be assessed for all of their equipment, mobility and care needs along with help with domestic activities and follow up services in the community.

As part of the project, Age UK Suffolk's 'Welcome Home Service' has expanded its hours of work. The service works from the hospital to help support more vulnerable patients returning home following discharge.

Country's first virtual fracture clinic launches at WSH: The scheme sees patients, who would usually come into the hospital for a check-up or assessment, reviewed remotely by a consultant orthopaedic surgeon and specialist nurse in a virtual fracture clinic.

The clinicians look at the patient's x-rays and notes before telephoning them to discuss their case and treatment. Some are be discharged by phone, whereas anyone who requires further specialist help is referred to the most appropriate clinic to meet their needs.

The virtual clinic has been designed to reduce waiting times and the number of visits patients need to make to the hospital, in turn offering added convenience and a better patient experience.

Patients benefit as new plastic surgery service launches: Patients can now access the full range of plastic surgery procedures at WSH after WSFT appointed its own expert surgeons for the first time.

Consultant plastic and reconstructive surgeons Radovan Boca and Andrew Snelling offer a wide variety of procedures to both adults and children. Their work principally involve reconstruction after injury or following treatment for cancer.

It is the first time that the hospital has employed its own dedicated plastic surgeons. Previously, consultants from Addenbrooke's Hospital in Cambridge would travel to WSH to treat local patients – but an increase in demand has led to the appointment of two full time surgeons.

Major Investments

David Ruffley MP officially opens the Clinical Decision Unit (CDU): The £800,000 unit can cater for six patients in beds and a further four in reclining chairs at any one time. It helps to avoid unnecessary admissions by providing assessment and treatment for patients who have come into

hospital via the Emergency Department and need a few hours of monitoring or treatment before a decision is taken on whether to admit them to a ward or discharge them.

The CDU can prevent up to 15 unnecessary admissions to the main hospital a day. This is good news for our patients, as it ensures they are receiving care in the most appropriate setting while also making sure the beds on WSH wards remain available for those in the greatest clinical need.

New system installed to help reduce missed hospital appointments: A new automated reminder service telephones patients a week before their appointment to remind them of the date, time and location. Patients continue to receive a letter in the post giving them full details of when they are due at hospital.

The new system helps patients who have forgotten their appointment, while also making it easier for patients to rebook if they cannot make it, or to cancel if they no longer need to come in. This gives WSH the chance to offer their original appointment to someone else, in turn helping to reduce waiting lists and ensure everyone receives prompt treatment.

Extra steps to prevent infection as special ward opens: A £40,000 project has seen ward F12 refurbished and converted into a dedicated isolation facility. It is used to segregate patients with high risk infections, such as C. *difficile* and MRSA, in turn reducing the chances of illness spreading to others.

The ward is made up of eight single rooms, most of which have en suite toilet and shower facilities. Previously, 32 side rooms spread across the hospital were used to isolate patients with infection. These rooms are now used for other patients who require additional privacy.

New unit to help train the next generation: A £500,000 clinical skills unit is being constructed on the WSH site to provide large, modern surroundings to cater for increasing numbers of medical students. It has been jointly funded by the hospital and the Clinical School of Medicine at the University of Cambridge, and will cater for up to 70 students at any one time.

The unit will provide a practical lab where medical students can learn skills such as taking blood samples, inserting catheters and drips and stitching wounds. It will also be used to teach advanced skills, such as inserting chest drains, and for refresher courses to keep junior doctors and other staff up to date with the latest developments in medicine.

In addition, a generous £27,000 donation from the Friends of West Suffolk Hospital has been used to purchase an advanced computerised patient simulator. This "SimMan" will give students hands-on experience of a variety of different illnesses, in turn allowing them to test their knowledge and clinical decision-making skills in a safe environment under the guidance of an experienced tutor.

Lady Elsie Robson opened breast unit named in her honour: Called "The Lady Elsie Robson Unit", the new-look department has brought together assessment, imaging and diagnostic services in one place, providing more convenience for patients.

It has been designed to improve the experience which patients have when they are undergoing investigations for cancer and was funded with a generous legacy left to the Friends of West Suffolk Hospital. Lady Elsie unveiled a specially commissioned piece of glass artwork, taken from an original painting by local artist Caroline Blake.

The Marquis of Bristol officially opened WSH's new-look Friends shop: A major refurbishment has seen the shop double in size and it is now able to stock a much larger variety of items, including mobility aids, slippers, nightwear and baby supplies. The improvement works were funded solely by donations to the Friends.

New technology boost for critically ill patients: A new £28,800 computer support system which helps maintain normal blood sugar levels in critically ill patients has been purchased with the help of legacy funds.

Called Space GlucoseControl the new system uses a touch screen control to interact with sophisticated software which analyses nutritional data and blood sugar levels to determine the insulin requirements for each individual patient.

Studies show that carefully monitoring and managing blood glucose in critically ill patients can significantly improve their outcome and reduce the time spent in critical care.

A brighter welcome at WSH: During the year a major project to improve the front of the building was started. The £250,000 scheme has seen the entrances to the emergency department, main building and therapy services refurbished, new lighting installed and the signage improved. In addition, a generous donation from the Friends of West Suffolk Hospital was used to install automatic doors at the therapies entrance.

The project uses low maintenance materials so that the building retains its smart new appearance without the need for extensive ongoing work.

Second state-of-the-art scanner for WSH: WSFT is to invest £1.9m in refurbishing its existing MRI scanner and installing a second state-of-the-art machine to further improve the service it offers to patients.

The investment will see the latest technology installed, giving clinicians faster access to top quality images. As part of the project, the hospital's existing 10-year-old MRI scanner will also be refurbished, in turn extending its life while improving the quality of the images it produces.

The work has been planned to help the hospital meet a rising demand for MRI scans. In addition, the new machine will allow the hospital to offer a wider range of advanced imaging techniques, in turn making sure patients do not have to travel elsewhere.

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 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. Alongside the PMO functions sits Trust-wide Transformation, these work in tandem to facilitate, support and deliver change across the organisation. The main PMO functions remain:

- **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 and support and ensuring programmes conform to agreed standards and best practice.

The PMO sits under the Chief Operating Officer and is led by a dedicated and experienced PMO manager who manages a range of staff on both fixed term and permanent contracts to ensure resources can be flexed to ensure the right skills are available to the organisation.

Clinical and managerial engagement is critical to the success of the PMO/Transformation and the Trust's evolving programmes of service changes. During 2014/15 the main projects will be transformational change programmes around planned and emergency care pathways. In addition, a number of corporate and divisional cost improvement programmes will be supported by the PMO alongside their work on CQUIN delivery and management of contractual penalties.

Strategic position

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

The population we serve is ageing; long term conditions are increasing and costs as well as public expectations continue to rise. The NHS has to change. Acute providers, like WSFT, must implement innovative and transformational strategic and operational plans for the delivery of safe, high quality, cost-effective and sustainable services that respond to these challenges.

The NHS needs to make around £30 billion efficiency savings over the next few years, whilst still maintaining a high quality service to its patients and users. WSFT needs to deliver 4% efficiency savings year on year. As 70% of our cost is pay, we need to do things differently and reduce our pay bill. This section outlines the approach we will take to improve our staff's ability to continue to deliver high standards and quality of care, whilst also contributing to efficiency and productivity savings.

WSFT's future service developments and cost improvement plans will focus on securing WSFT's clinical and financial stability. To deliver the scale of change needed will require the transformation and redesign of services. Collaboration and integration of services with West Suffolk CCG, GPs, other providers, local authorities and the voluntary sector will be crucial for sustainable care and truly patient centred services. Emphasis will also be on business development opportunities to grow market share and clinical income.

WSFT's transformational programmes will cover three areas:

1. **Emergency Care Pathway (ECP)**
2. **Planned Care Pathway (PCP)**
3. **Local programmes**

Emergency Care
During 2012/13 increases in A&E attendances and the number of GP expected patients coming through A&E threatened WSH's ability to deliver a quality service and the best patient experience. In response WSFT worked with the national Emergency Care Intensive Support Team (ECIST) to review its services. The actions identified by this work were rigorously implemented via the Emergency Care Pathway project.

The project involved the introduction of new ways of working including integrated working across primary and community care, social services and the voluntary sector. The overall aim of ECP is to:

- improve the flow of patients through the hospital
- prevent inappropriate admissions
- support timely discharge
- reduced length of stay
- reduce costs
- meet the 95% A&E target
- most importantly improve the patient experience.

The clear and systematic approach taken across the whole emergency care pathway was very successful in delivering beneficial change.

There is still more work to do with ECP particularly around ensuring the following:

- 50% of patients admitted to Acute Medical Unit (AMU) being discharged rather than admitted onto a specialist ward area
- continued collaboration across the local health and care economy
- a consistent approach is taken by all clinicians
- embedding the changes so they are normal practice.

Planned Care
Following successful implementation of the ECP a similar approach will be taken to planned care pathways.

The PCP will be a major project for WSFT and will adopt best practice, including recommendations from the Elective Care Intensive Support Team and NHS Elect. The programme of work will focus on how sustainable improvements can be made to planned care including seven day services. The emphasis will be on improved efficiency, productivity and income generation, whilst maintaining and, wherever possible, improving safety, quality and the patient experience.

Lessons learnt from ECP have highlighted the importance of the following to help secure success:

- strong clinical leadership and clinician engagement
- availability of dedicated resources, including support from the PMO (Programme Management Office)
- protected time for staff to work on the programme
- a clear, well structured approach.

The PCP will primarily look at the 18 week and cancer care pathways, from GP referral through to discharge. The programme will cover:

- Service Line Reviews (SLRs), leading to the development of a five year clinical strategy for each specialty
- 7-step Reviews, which look at the individual steps along the PCP.

Local programmes
WSFT is taking a range of other steps to strengthen its clinical and financial position, including:

- Working with Accenture to identify and deliver savings in goods and services. Payment for this work will be dependent on WSFT making actual savings based on Accenture advice
- Reviewing the overlap time between nursing shifts, the use of agency and temporary staff and staff to patient ratios. The aim will be to identify potential efficiency savings while maintaining the quality of patient care
- Increasing our market share by taking services out of WSH and opening more outpatient clinics in key towns in west Suffolk. The clinics improve access for patients and encourage referrals to WSH.

Investing in our Information Technology
Historically the NHS has been paper-based with paper records and handwritten prescriptions.
Over the last few years, technology has radically changed and with the introduction of innovative systems, this means paper is becoming a thing of the past.

Currently WSH has over 200 systems in place. Not all these systems communicate with each other and paper-based systems still exist within WSFT. To enable the Trust to move forward we must replace the core multiple systems with one single, state-of-the-art solution.

From April 2015 WSFT will replace its Patient Administration System (PAS) with a new Electronic Patient Record (EPR). The new EPR system, called e-Care throughout WSFT, will allow staff to access all the key information required from one system.

WSFT's intention for the future is one where computers are part of everyday work for all staff: doctors, nurses, technicians, administrators and the patient. This will make healthcare more efficient, effective, safe, accessible and reliable.

WSFT has appointed a preferred bidder for the EPR and it is likely that the new system will replace the following:

- PAS
- Clinical correspondence and White Boards (EPRO)
- Order Communications (ICE)
- A&E system (Symphony)
- Data Warehouse and Business Intelligence.

It will bring the following clinical functionality:

- E-Prescribing and Clinical Decision making
- Clinical Noting, Electronic forms and Nursing Observations
- Electronic Patient Pathways.

The intention is to 'go live' with the introduction of the new EPR plus key clinical modules in 2015.

Investing in our staff
To achieve these changes it is critical that we invest in our workforce. We know that the people who work with us want to provide consistently excellent care, be productive and deliver good value for the public. We want to create new opportunities for them to have rich careers and opportunities for personal and professional development as we transform our services.

Site master plan
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 this reason that we continue to explore more innovative options on our current site and continue to have discussions 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, WSFT's assets, patient safety and service quality through its Board Assurance Framework (BAF).

Board Assurance Framework (BAF)

The BAF was regularly reviewed during 2013/14 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 2013/14 BAF as reviewed by the Board of Directors are summarised below. The Board reviews the potential impacts of these risks and considers the robustness of the existing controls and future plans to mitigate these. Assurance of the effectiveness of these controls and plans is also reviewed.

Board Assurance Framework summary

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
Quality	Risk of reputation damage due to quality or service failure, which could lead to reduced activity/income	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.
Urgent care	Changes to the provision of services in light of national or regional recommendations	Potential loss of essential (mandated) services. Lack of clinical sustainability due to activity levels. Financial loss from service provision impacting on sustainability of the Trust.
	Local Health Economy's failure to control emergency activity presenting at WSH	Patient safety. Reputational impact and poor patient experience/satisfaction. Loss of income due to 30% tariff for emergency activity and limited ability to provide additional elective activity. Negative impact on staff morale. Cumulative impact of contract penalties (A&E targets, Stroke targets and Ambulance turnaround).

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
Environment & effectiveness	Implementation of Estates Strategy to provide a building environment suitable for patient care and adequately maintained with regard to backlog maintenance	Ageing building environment suitability for patient care which could lead to reputation damage and loss of income. Unknown financial impact if reputational consequences. Risk of improvement notices if fail to effectively maintain building(s). Potential reputation risk of disposal strategy.
	Failure to identify and deliver CIPs (cost improvement plans) that ensure delivery of clinical and non-clinical services in the most efficient way possible	Quality and ability to deliver safe services. Non-compliance with national standards, targets and terms of authorisation leading to breach of licence (CQC and/or Monitor). Impact on cash flow. Inability to generate sufficient surplus to support capital investment.
	Material re-organisation of Pathology services across the East of England, delivering a new service model led by the Pathology Partnership	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 and be a drain on Trust's cash position. Different IT systems across the seven partners within the Pathology Partnership (PP) consortium may cause inefficiency and reduce information available to clinicians.
	Implementation of Electronic Patient Record to replace existing Patient Administration System (PAS)	In 2015 the existing PAS will no longer be supported and if problems develop a fix will not be provided by the supplier. Failure of EPR project to deliver clinically acceptable and/or functionally effective solution will impact on: delivery of patient care and patient safety; administrative functions and capture of activity (e.g. outpatients etc); and ability to provide financial, contracting and target performance data
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. Poor staff engagement hinders delivery of service change.
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 or licencing by Regulators. Fines and civil awards. Loss of confidence. Insufficient capacity to deal with regulatory reviews (including Monitor).

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
	Data quality to support clinical and corporate decision making	Quality of patient care compromised by ill informed decisions. Loss of confidence and credibility of the Trust at local and national levels. Fines and potential prosecution for falsely reporting Trust's performance.
	External financial constraints impact on Trust's sustainability through tariff, contract and pattern of service provision in the local health economy	Quality and ability to deliver safe services. Non-compliance with national standards, targets and terms of authorisation leading to breach of licence (CQC and/or Monitor). Impact on cash flow and income & expenditure. Inability to generate sufficient surplus to support capital investment. Local position leads to tension between local health economy partners.

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 the incident reporting rate throughout the year. The higher 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.

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.

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 maintains a framework which ensures timely escalation of risk to the Board by committees and specialist groups.

Performance and 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 and Performance 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 Executive 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 and patient stories relating to the quality priorities and strategic/service developments is also delivered to the Board. WSFT also actively engages with its members and the public through regular talks and events.

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
- WSFT had adopted organisational objectives and managed and measured performance in line with these objectives
- WSFT 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 licence

The Board of Directors ensured that WSFT remained compliant with relevant legislation. Executive Directors assessed the risk against each of the conditions in the licence. 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 Risk Assessment Framework submission to Monitor.

2.6 Additional statements and disclosures

Breakdown at year end of the number of male and female staff

	Male	Female	Total
Directors	9	3	12
Other senior managers	0	0	0
Employees	645	2,499	3,144

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 the 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 under the National Health Service Act 2006:

- Chief Executive's 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.

Responding to WSFT's challenging financial position the Board has commissioned a review of how efficiently services are being delivered and to look at those services which lose money to fully understand why this is the case. The methodology and terms of reference for the external agency to carry out this work have been discussed with Monitor and approved by the Board. The scope of the review will include consideration of:

- Efficiency focused benchmarking exercise
- Analysis of market share data
- Provision of community beds and the impact on our ability to discharge patients
- Identification of opportunities to improve our financial position or standing (short and long term)

The review will conclude in June 2014 and, linking with partners within the local health economy, will inform the WSFT's 5-year strategy.

West Suffolk CCG is also currently considering a wider (*more radical*) strategic exercise; identifying essential Commissioner Requested Services (CRS). Partnership working to develop and deliver these changes will be critical to achieving the activity and financial assumptions set out in this Operational Plan.

In May 2014, Monitor opened an investigation to allow it to better understand WSFT's financial position and the action we are taking. This approach followed several weeks review and discussion between Monitor, the Trust and local stakeholders.

Statement regarding the Annual Report and Accounts

The Directors consider the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for stakeholders to assess WSFT's performance, business model and strategy.

Audit Committee's review of the Annual Report and Accounts

The Audit Committee did not consider any significant issues in reviewing the Annual Report and Accounts in relation to the financial statements.

3. Governors' Report

3.1 Responsibilities

The Council of Governors is a key part of 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 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 6 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)
Mrs Justine Corney
Mr Peter Clifford
Dr David Frape
Mrs Jayne Gilbert
Dr Christopher Johnson*
Mr Rodney Knight
Dr Alan Lower
Mrs Helen Smith
Mrs Jane Upward*
Mrs Adrienne Wakeling
Mr Stuart Woodhead

* In September 2013 Mrs Jane Upward resigned her position as Governor and was replaced by Dr Christopher Johnson in November 2013, in accordance with the Constitution.

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**

* Tanya Clark resigned from WSFT in June 2013, her position is vacant
**Barry Moult resigned from WSFT in February 2014, his position is vacant

The Council of Governors reviewed the staff governor vacancies and agreed to recruit to these during the next scheduled elections during 2014.

Partner Governors – nominated by partner organisations of WSFT

Councillor Jenny Antill*	Suffolk County Council
Mrs Judy Cory	Friends of West Suffolk Hospital
Dr Mark Gurnell	University of Cambridge
Mr David Howells	West Suffolk College also representing University Campus Suffolk

Mr Mick Smith	West Suffolk Consortium for Voluntary Organisations
Councillor Sara Mildmay-White**	St Edmundsbury Borough Council, also representing Forest Heath District Council, Mid Suffolk District Council and Babergh District Council

* Councillor Jenny Antill was appointed in July 2013 taking up the seat previously held by Councillor Jane Midwood who resigned in May 2013

** Councillor Sara Mildmay-White joined the Councillor of Governors in January 2014 (position previously vacant)

Governor attendance at Council of Governors meetings 2013/14

There were five formal meetings of the Council of Governors: 16 May 2013, 14 August 2013, 30 September 2013 (Annual Members Meeting), 14 November 2013, 11 February 2014 with the following Governor attendance:

Name	Title	Attendance (out of 5 meetings)
Cllr Jenny Antill	Partner Governor	3 (of 4) [3]
Mr Roy Banks	Public Governor	3
Mr David Beaven	Public Governor	3
Mr David Bevan	Public Governor	2
Mrs June Carpenter	Partner Governor	3
Mrs Jane Chilvers	Staff Governor	3
Mrs Tanya Clark	Staff Governor	0 (of 1) [2]
Mr Peter Clifford	Public Governor	4
Mrs Justine Corney	Public Governor	5
Mrs Judy Cory	Partner Governor	1
Mr Nick Finch	Staff Governor	4
Dr David Frape	Public Governor	5
Mrs Jayne Gilbert	Public Governor	4
Dr Mark Gurnell	Partner Governor	1
Mr David Howells	Partner Governor	2
Dr Christopher Johnson	Public Governor	1 (of 1) [5]
Mr Rodney Knight	Public Governor	3
Mr Carl Kwiatkowski	Staff Governor	3
Dr Alan Lower	Public Governor	3
Cllr Jane Midwood	Partner Governor	0 (of 0) [1]
Cllr Sara Mildmay-White	Partner Governor	1 (of 1) [6]
Mr Barry Moult	Staff Governor	4 [7]
Mr Roger Quince	Chair	5
Mrs Helen Smith	Public Governor	3
Mr Mick Smith	Partner Governor	4
Mrs Jane Upward	Public Governor	1 (of 2) [4]
Mrs Adrienne Wakeling	Public Governor	3
Mr Stuart Woodhead	Public Governor	3

[1] Resigned from Council of Governors May 2013
[2] Resigned from Council of Governors July 2013
[3] Joined Council of Governors July 2013
[4] Resigned from Council of Governors September 2013
[5] Joined Council of Governors November 2013
[6] Joined Council of Governors January 2014
[7] Resigned from Council of Governors February 2014

In attendance at these meetings were: Mr Craig Black, Executive Director of Resources (2); Mrs Jan Bloomfield, Executive Director of Workforce & Communications (3); Mrs Nichole Day, Executive Chief Nurse (1); Mr Andy Graham[(d)], Executive Director of Major Projects / Interim Chief Operating Officer (1); Mr Stephen Graves, Chief Executive (5); Mr Jon Green[(a)], Executive Chief Operating Officer (4); Mr Gary Norgate[(c)], Non-Executive Director (2); Mr Dermot O'Riordan, Executive Medical Director (1); Mr Graham Simons, Non-Executive Director (5); Mr Brian Stewart[(b)], Non-Executive Director (1)

[(a)]Mr Jon Green joined the Trust in June 2013
[(b)]Mr Brian Stewart's term of appointment ended July 2013
[(c)]Mr Gary Norgate joined the Trust in September 2013
[(d)]Mr Andy Graham was seconded from the Trust in September 2013

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 have developed a good working relationship, on both a formal and informal basis. A number of Governors attend/observe the monthly Board of Directors meetings. This gives them a insight into and understanding of the performance of the Trust, particularly from a quality and finance perspective and provides an insight into the role and performance of the Non-executive Directors (NEDs).

The Deputy Chair presents the finance report at the Council of Governors meetings.

The Senior Independent Director (SID) has facilitated Council of Governors workshops and Governors are aware that they should discuss any matters with the SID that they do not feel can be addressed through the Chairman.

A joint Council of Governors and Trust Board workshop was held in May 2013 to review the Annual Plan and receive an update on the strategic review. An overview of the Francis Report and its local impact was also given.

A joint Council of Governors and Trust Board workshop also took place in March 2014. This included a review of WSFT's strategic plans and a briefing on discussions with West Suffolk CCG. A presentation was also given on service and cost improvement plans as part of the two and five year plans.

The Lead Governor has continued to arrange informal meetings of Governors and NEDs which has been beneficial in developing a good working relationship. Similarly informal meetings have been established between the Governors and Executive Directors. These help give the Governors a greater insight and understanding of the roles and responsibilities of each Director and how they work as a team.

Governors contribute to WSFT's Annual Report, which includes the Quality Report as well as the Annual Plan Review (APR).

Governors continue to take part in the weekly 'quality walkabouts,.' These are led by the Chief Executive or Chairman and include an Executive Director or Non-executive Director (NED) on each occasion. This gives Governors a greater understanding of services across the organisation, as well as providing an opportunity for them to interact with patients, staff and Directors.

Governors also take part in the monthly Environmental Walkabouts, led by the Executive Director of Workforce & Communications. The purpose of these is to consider the overall impression the main areas of the hospital give to visitors and identify improvements that can be made.

The Membership Committee, which is a sub-committee of the Council of Governors, meets on a quarterly basis. Governors provide feedback on key issues that they have encountered when engaging with the public to the Patient Experience Committee, which is attended by Directors and NEDs. A report on how these issues are being addressed is provided to the Council of Governors meeting.

The Trust's Patient Advisory Panel is chaired by a public Governor, providing two-way communication to the Membership Committee.

3.5 Membership

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

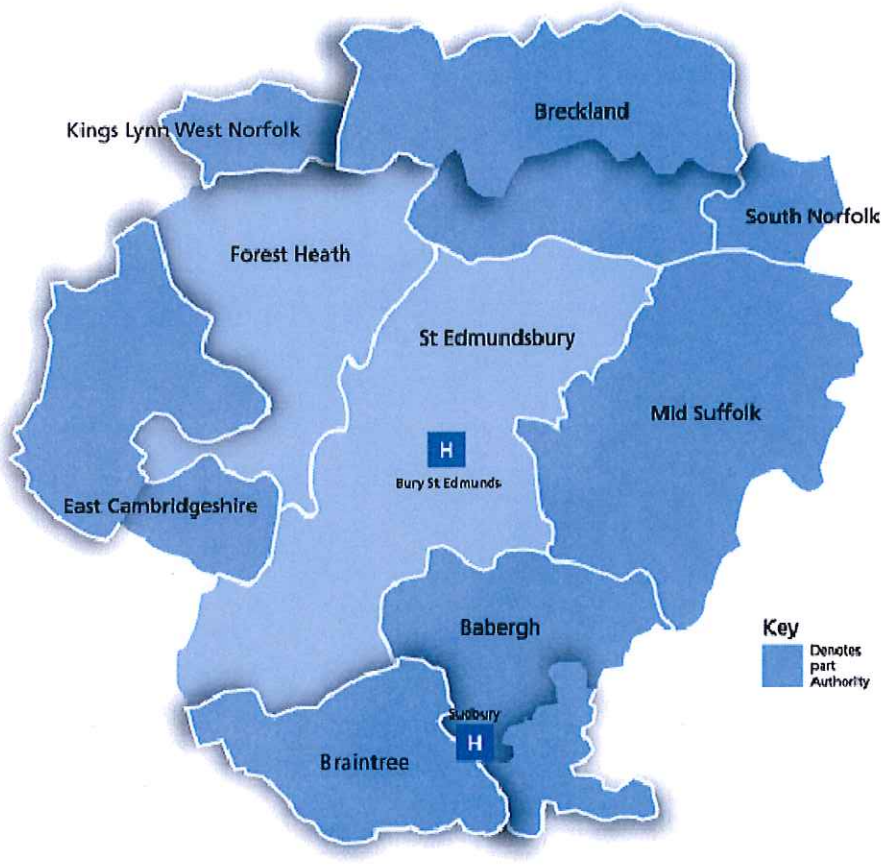
Public membership

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 31 March 2014 there were 8,972 members; 5,459 public and 3,513 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. 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 and 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 gives a report to the quarterly Council of Governors meeting. Performance against the agreed targets remains good.

Criteria	*Current* (Mar 2014)	Target (Mar 2015)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	 **5,459** **0%**	 5,400 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Increase representation from King's Lynn & West Norfolk and South Norfolk	 **1,007** **100**	 1,100 110
3. An engaged membership measured by: a. number of member events held b. member attendance – total all events c. annual members' meeting attendance	 **3** **370*** **240**	 6 500* 100
4. The minimum percentage of patients using the Trust's services that are within the public membership area	**95%**	90%

* Includes people attending Annual Members Meeting. Attendance at some of these events were limited to enable events to be interactive.

Targets have been set for election nominations and turnout but no elections were held during 2013/14. Elections are scheduled to take place in Autumn 2014.

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 370 people attending the three events. These events have also been used to provide feedback on the services provided by WSFT.

Staff Governors report 2013/14

Staff Governors have continued to engage with staff through the quarterly 'Staff Conversations' with members attending from different departments. The staff who have attended have contributed in many ways by giving both critical and positive feedback and also putting forward some very good suggestions which have been submitted to the Executive Directors for consideration. Staff Governors have also assisted and supported staff across the Trust with local departmental issues.

Individual Governors have met with the departments they represent on a regular basis to discuss issues raised by staff. This has been particularly important with the Transformation of Pathology Services, providing assurance to staff on WSFT's strategy for the future. These events also provide an opportunity to feedback "What We Do Well" from the Staff Conversations to various departments.

The Staff Governors continue to have open access to Directors to discuss issues raised by staff. A number of issues have been raised by staff to individual Governors throughout the year; these have been reported to Executive Directors and in some cases line managers.

Staff Governors have attended various meetings and committees, such as Health and Wellbeing, Car Parking and the Nominations Committee in order to provide advice and represent staff.

Contact procedures for members

WSFT's website gives information of 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 three or four 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.

In July 2013 the Nominations Committee concluded contested recruitment of a NED, following the procedure approved by the Council of Governors. Four Governors were on the interview panel, together with the Chairman and an independent panel member. The recommendation for appointment of a new NED was approved by the Council of Governors.

In November 2013, the Nominations Committee recommended to the Council of Governors that a current NED be reappointed for a further term of three years. The Council of Governors approved the recommendation.

Attendance at Nominations Committee Meetings 2013/14

Name	Title	Attendance (out of 3)
Roger Quince (Chair)	Chairman	2
June Carpenter	Public Governor / Lead Governor	3
Justine Corney	Public Governor	3
Jayne Gilbert	Public Governor	3
David Howells	Partner Governor	0*
Barry Moult	Staff Governor	2
Stuart Woodhead	Public Governor	3

Meeting dates: 27 June 2013; 3 July 2013; 8 October 2013

* Although unable to attend a number of formal meetings during the year David Howells played an active role in the NED recruitment and interview process during 2013.

4. Directors' Report

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 WSFT.

4.2 Composition

(a) Non-executive Directors

Mr Roger Quince – NED and Chairman
(Appointed: from 1 December 2011 (authorisation as FT) until 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 B.1.1)

Dr John Benson – NED
(Appointed: from 1 December 2011 (authorisation as FT) until 18 April 2015)

Areas of special interest/responsibility: lead NED for the Clinical Safety & Effectiveness Committee; member of the Remuneration Committee, Audit Committee and Quality & Risk Committee; NED 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 Gary Norgate – NED
(Appointed: 1 September 2013 – 31 August 2017)

Areas of special interest/responsibility: Member of Audit and Scrutiny Committees; NED lead for Procurement and as IT professional sits on the steering committee overseeing the development of the new Electronic Patient Record System. With a doctorate in corporate governance Gary has a special interest in Board effectiveness and the management of change.

Gary is currently Vice President of UK Professional Services, BT plc. He has previous NED experience with Cambridge Community Services NHS Trust and Suffolk Mental Health Partnership NHS Trust.

Independent director – Yes (satisfies criteria of Code of Governance B.1.1)

Mr Graham Simons – NED and Deputy Chair
(Appointed: from 1 December 2011 (authorisation as FT) until 31 October 2014)

Areas of special interest/responsibility: Chair of Charitable Funds Committee; lead NED for Corporate Risk Committee; member of Remuneration Committee, Audit Committee and Quality & Risk Committee. NED 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 and company secretary for a food manufacturing company based in Bury St Edmunds 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 B.1.1)

Mr Steven Turpie – NED
(Appointed: from 1 December 2011 (authorisation as FT) until 28 February 2014; reappointed 1 March 2014 – 28 February 2018)

Areas of special interest/responsibility: Chair of the Audit Committee and member of Remuneration Committee. NED link to 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 B.1.1)

Mrs Rosie Varley – NED and Senior Independent Director
(Appointed: from 1 December 2011 (authorisation as FT) until 31 March 2015)

Areas of special interest/responsibility: NED lead for Patient Experience Committee; Chair of Scrutiny Committee; second lead for Clinical Safety and Effectiveness Committee; member of Quality & Risk Committee and Remuneration Committee.

Rosie brings wide-ranging experience in health, social care, education and regulation. She is one of the OCPA Public Appointments' Assessors. 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 B.1.1)

(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 accountable officer to Parliament.

He chaired the Programme Management Board of the Transforming Pathology Partnership, a partnership of seven Trusts developing a business with a turnover of over £70m, until the summer when the substantive Chair was appointed and he remains on the Board.

He is Chair of the Cambridge, Peterborough and West of Suffolk node of the Eastern Academic Health Science Network and is also on the main Board.

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, estate and environment.

Craig joined the Trust 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 27 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 20 years.

Mr Jon Green – Chief Operating Officer (appointed June 2013 *)

Areas of responsibility: joint operational responsibility with the Executive Medical Director for the operational management and delivery of all clinical services.

Jon joined the Trust in June 2013 from Kettering General NHS Foundation Trust.

Prior to this Jon was General Manager for Whittington Health, London, having previously been an Officer in the Royal Navy.

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 responsible officer for 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 is Chair of the East of England Clinical Senate.

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 posts in this area. She is a Fellow of the Chartered Institute of Personnel and Development.

* Andy Graham was acting Chief Operating Officer between 1 April 2013 and 17 June 2013

** Non-voting director

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 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 Chair, except when considering the appointment, remuneration and terms and conditions of the Trust Chair, 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 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 2013/14

Name	Title	Attendance (out of 11)
Roger Quince	Chairman	11
John Benson	Non-executive Director	10
Craig Black	Executive Director of Resources	10
Jan Bloomfield	Executive Director Workforce & Communications	10
Nichole Day	Executive Chief Nurse	10
Andy Graham	Acting Chief Operating *Officer (between 1 April 2013 and 17 June 2013)*	3 (of 3)
Stephen Graves	Chief Executive	11
Jon Green	Chief Operating Officer *(joined WSFT 17 June 2013)*	9 (of 10)
Gary Norgate	Non-executive Director *(appointed 1 September 2013)*	7 (of 7)
Dermot O'Riordan	Executive Medical Director	9
Graham Simons	Non-executive Director	10
Brian Stewart	Non-executive Director *(term ended 31 July 2013)*	4 (of 4)
Steven Turpie	Non-executive Director	10
Rosie Varley	Non-executive Director	11

Meeting dates
26 April 2013, 24 May 2013, 28 June 2013, 26 July 2013, 27 September 2013, 25 October 2013, 29 November 2013, 20 December 2013, 31 January 2014, 28 February 2014, 28 March 2014.

Drawing on best practice from the commercial sector the Board undertakes an annual review of its governance arrangements. An action plan from the most recent review was approved by the Board in February 2014.

The structure ensures 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 escalation arrangements within the governance structure ensure timely and effective escalation from directorates and specialist committees to the Board via the Trust Executive Group. The "Red risk" report, "Red complaints" report, Serious Incidents Requiring Investigation (SIRI) report and the Aggregated Report (reviewing all data from quality indicators to identify organisational themes) are standing agenda items on the Board and include escalation of risks from Board subcommittees and other sources.

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 feedback questionnaires.

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 uses this to inform a development programme for Board members. Appropriate external expertise is used to support delivery of this programme.

4.6 Audit Committee

Membership of this Committee is made up of Non-executive Directors and it is chaired by a NED with appropriate financial expertise. 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.

BDO LLP (BDO), WSFT's external auditors, report to the Council of Governors through the Audit Committee. BDO's accompanying report on the financial statements 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. No such work was undertaken in 2013/14.

Attendance at Audit Committee meetings

Name	Title	Attendance (out of 5)
John Benson	Non-executive Director	5
Graham Simons	Non-executive Director	5
Steven Turpie	Non-executive Director (Chair)	5
Rosie Varley	Non-executive Director	3

Meeting dates: 26 April 2013, 24 May 2013, 26 July 2013, 25 October 2013, 31 January 2014

4.7 Companies Act disclosures

In order to improve the readability of the Annual Report a number of disclosures relevant to the Directors' Report have been included in the Strategic Report. These are:

- Important events since the end of the financial year affecting WSFT
- An indication of likely future developments
- Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.
- Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests.
- Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance.
- Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS foundation trust.

WSFT has applied policies during the financial year for:

- giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities
- continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period.
- the training, career development and promotion of disabled employees.

4.8 Foundation Trust Code of Governance compliance

The Trust's Board of Directors support and agree with the principles set out in the 'NHS Foundation Trust Code of Governance', first published by Monitor in 2006 and subsequently updated from time to time, the latest occasion being 19 December 2013. The way in which the Board applies the principles and provisions is described within the various sections of the report and the directors consider that, for the 2013/14 year, the Trust has been compliant with the code.

4.9 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;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; 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

29 May 2014

4.10 Annual Governance Statement

West Suffolk NHS Foundation Trust Annual Governance Statement – 1 April 2013 to 31 March 2014

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 West Suffolk NHS Foundation Trust, 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 West Suffolk NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

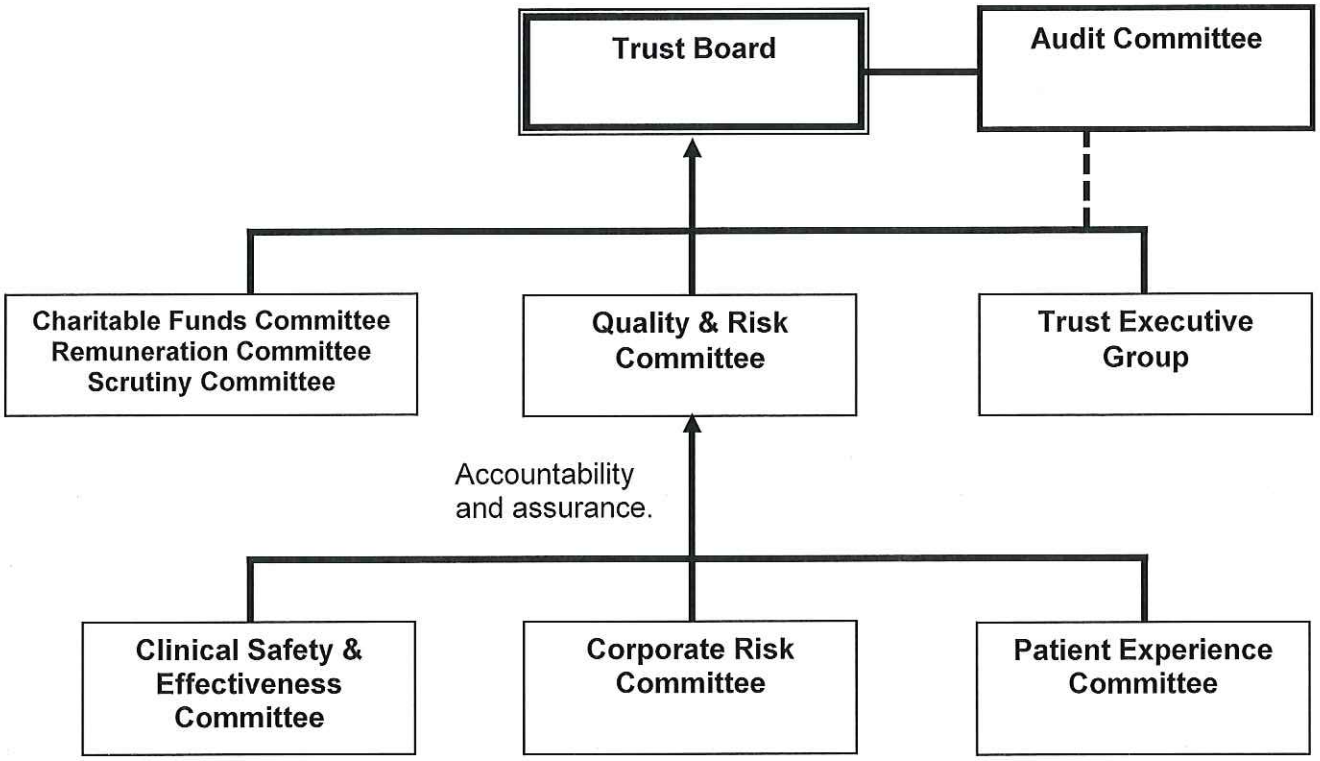
The system of internal control is underpinned by compliance with the Trust's terms of authorisation and the requirements of regulatory bodies relevant to FTs. The Trust has a risk management strategy and risk management policy which make it clear that managing risk is a key responsibility for the Trust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

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

The Audit Committee provides an independent and objective view of the WSFT's internal control environment and the systems and processes by which the Trust leads, directs and controls its functions in order to achieve organisational objectives, safety, and quality of services, and in which they relate to the wider community and partner organisations. The Audit Committee independently reviews the effectiveness of risk management systems, ensuring that all significant risks are properly considered and communicated to the Board of Directors. It reviews implementation of the Board Assurance Framework to assure itself that risks are being appropriately identified and managed and appropriate assurance obtained.

The Audit Committee is supported by the Quality & Risk Committee which monitors and reviews the WSFT's quality performance relating to patient safety, clinical outcome & effectiveness, and patient experience. This includes infection control and the review feedback to the Trust on the experience, including patient and staff surveys and complaints. The Committee also oversees the management of corporate risk, including information governance, research governance and health & safety.

Chart 1: Governance structure



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 facilitates risk management activities in 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 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 controls and assurances 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 registration requirements
- Quarterly quality & performance reports by directorates to the Quality & Risk Committee
- Quarterly quality & 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
- Reports from the Quality & Risk Committee, Scrutiny Committee and the Audit Committee received by the Board
- Assurances provided through the work of internal and external audit, the Care Quality Commission, Monitor, the NHS Litigation Authority, Patient-Led Assessments of the Care Environment (PLACE), 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.

The following, which are covered in more detail in this Annual Report, are examples of the product of our risk and control environment:

- **Care Quality Commission (CQC)** – positive response to inspections with full compliance achieved during 2013/14. The latest CQC benchmarking places WSFT in band 6, the lowest risk banding
- **Good performance against national targets**, meeting all national targets in 2013/14 with the exception of C *difficile*
    - **Exceeded the 4-hour A&E target** of 95%, reflecting the excellent work by all staff involved in the emergency care pathway across the hospital
    - **Short waiting times**, consistently meeting the 18 week referral to treatment time
- **Low Hospital Standardised Mortality Ratio**
- **Good Friends and Family scores** – above national average score for A&E – high score for inpatients and maternity services
- **Very good National Staff Survey results** including being ranked in the top 20% of all acute trusts for overall staff engagement and staff recommendation of the Trust as a place to work or receive treatment.
- **Excellent reputation for teaching** – both undergraduate and graduate
- **Named as Trust of the Year** for Midlands and East of England region as part of the publication of the annual Dr Foster Hospital Guide

- **Top Hospital for Quality of Care 2011 and 2012 and shortlisted in 2013 and 2014** awarded by independent healthcare intelligence company CHKS
- **Top 10% CHKS for Maternity Services**

But, we also have some challenges:

- C *difficile* – the final number of cases at 22 was above our ceiling of 19. For the first six months of the year to the end of September the Trust recorded 16 cases of hospital associated C *difficile* and during the remaining six months to the end of March 2014 performance improved and with a total of six cases we were below our ceiling for this period. In October 2013 probiotic use was implemented for high risk patients requiring broad spectrum antibiotic treatment. This is considered to have had a significant impact on performance during the second half of the year. A project completed in January 2014, saw ward F12 refurbished and converted into a dedicated isolation facility. It is being used to segregate patients with high risk infections, such as C *difficile* and MRSA, in turn reducing the chances of illness spreading to others.
- The financial position – delivering high quality services has come at a cost to WSFT and the organisation ended the financial year recording a £3.6m deficit.
- Continuing integration across the health and social care economy - although we have made a positive start there is still a lot more to do. Over the next two years we will be working collaboratively with partner organisations to develop innovative services for the early supported discharge of patients and to help prevent unnecessary admissions to hospital.
- In August 2013 the Trust was asked by the Area Team of NHS England to attend a Risk Summit to discuss areas of performance that the East Anglia Area Quality Surveillance Group had concerns about. The Trust has made significant progress in the areas reviewed, including being one of the highest performers within the Area Team in terms of open Serious Incidents Requiring Investigation (SIRIs) beyond 45 days and having fewer C *difficile* cases than its trajectory for both Q3 and Q4. The Chief Executive has responded to the Area Team setting out the excellent performance in many of the above areas, and the progress we have made in others. Based on the progress made and current performance the Trust has been moved to "Regular Surveillance", the lowest risk category.

The WSFT is fully compliant with the registration requirements of the Care Quality Commission.

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.

The 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 evidence of the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. The annual governance statement is also informed by:

- WSFT's compliance with the NHS Litigation Authority's Clinical Negligence Scheme for Trusts
- WSFT's Information Governance Assessment Report overall score for 2013/14 was 80% (Satisfactory). The Trust achieved a score of at least two for all requirements, within a range of zero (worst) to three (best)
- 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
- In June 2013 the CQC undertook an unannounced routine inspection of WSFT. The inspection included six of the standards for which WSFT is registered. Overall the inspection was positive but minor concern was identified due to inconsistent awareness and application of the duties and requirements of the Mental Capacity Act. On the 13 March 2014 the CQC undertook a further unannounced visit to test that the action we had completed was effective in addressing their concern. Feedback from the visit was positive and the final report assesses WSFT as fully compliant with the requirements of the "Consent to care and treatment" standard.

The Board Assurance Framework was reviewed and updated routinely during 2013/14 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.

The Board Assurance Framework was subject to independent review by Internal Audit during 2013/14, receiving an Amber-Green opinion level. During 2013/14 the Board Assurance Framework was strengthened in terms of identifying gaps in assurance for key risks and controls.

In considering the principal risks to compliance with the NHS foundation trust conditions of authorisation we have had particular regard to the:

- effectiveness of governance structures – which are subject to annual review and recommendations for improvement monitored through an agreed action
- responsibilities of Directors – Directors objectives and performance are regularly monitored by the Remuneration Committee
- responsibilities of subcommittees - are considered as part of the annual governance review and the Quality & Risk Committee and Audit Committee provide an annual report to the Board on their activities and performance
- reporting lines and accountabilities between the Board, its subcommittees and the executive team - are considered as part of the annual governance review and clear reporting and escalation channels exist between the Board and executive team
- submission of timely and accurate information to assess risks to compliance with the Trust's licence – the Board reviews quarterly submissions to Monitor as well as other scheduled returns. This process has been subject to review by Internal Audit and received a Green opinion level
- degree and rigour of oversight the Board has over the Trust's performance – the Board continually reviews and develops its reporting arrangements to the Board. The monthly Quality Report for the Board supports an open reporting culture and includes the results from the Friends and Family Test, the NHS safety thermometer, which covers falls and pressure ulcers, infection control and patient and staff experience surveys building up a picture of care quality on our wards. The range of indicators provides early warning of deterioration in performance and potential negative impact on quality. The Finance & Workforce report has been strengthened during 2013/14 providing clearer reporting against the cash position and performance against cost improvement programmes at both an organisational and directorate level.

Quality governance framework

WSFT places a high priority on the 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 quality priorities. New 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 bodies 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 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 Healthwatch Suffolk.

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 risk framework, Commissioning for Quality & Innovations (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. 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. WSFT's strategic objectives are derived from the priorities determined in the Trust's strategy.

The Board of Directors has put in place a robust escalation framework which ensures timely and effective escalation from directorates and specialist committees to the Board.

The Board of Directors completed an annual review of its governance arrangements in December 2013, taking into account the internal audit findings, and concluded that the arrangements were effective. Minor actions were identified and progress is monitored by the Board.

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

In accordance with the Public Sector Internal Audit Standards in 2013, 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.

Internal Audit issued 19 reports relating to 2013/14, the "opinions levels" are summarised below:

Opinion level	Number
Red	4
Amber-Red	1
Amber-Green	6
Green	8

The Red opinions related to:

- Cost improvement and financial forecasting – these are considered in more detail in the significant internal control section of this document
- Data quality, including data capture, validation and reporting – the weaknesses identified in the audit have been addressed, but did not significantly affect reported performance
- Timesheet completion – the report demonstrated the need to improve control procedures in one area of the organisation, but did not have a material financial impact.

The framework for monitoring and review of action in response to Internal Audit reports has been strengthened during 2013/14 and has resulted in good progress against recommendations being reported by Internal Audit throughout the year.

The Head of Internal Audit opinion stated that, based on the work undertaken in 2013/14, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses were identified as described in the red opinions above.

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.

In preparing this Annual Governance Statement, as required under NHS foundation trust conditions, all relevant internal and external assurance have been taken into account regarding WSFT performance in respect of quality and finance.

Significant internal control issues

In considering any significant control issues the following were recognised:

- WSFT failed to achieve the forecast year-end financial position of £3m, recording a deficit of £3.6m

  Responding to WSFT's challenging financial position the Board has commissioned a review of how efficiently services are being delivered and to look at those services which lose money to fully understand why this is the case. The methodology and terms of reference for the external agency to carry out this work have been discussed with Monitor and approved by the Board. The scope of the review will include consideration of:

  - Efficiency focused benchmarking exercise
  - Analysis of market share data
  - Provision of community beds and the impact on our ability to discharge patients
  - Identification of opportunities to improve our financial position or standing (short and long term)

  The review will conclude in June 2014 and, linking with partners within the local health economy, will inform the WSFT's 5-year strategy.

  West Suffolk CCG is also currently considering a wider (*more radical*) strategic exercise; identifying essential Commissioner Requested Services (CRS) and options for service/Trust configuration. Partnership working to develop and deliver these changes will be critical to achieving the activity and financial assumptions set out in this Operational Plan

  The financial challenges will remain and we forecast a loss of £8m in 2014/15. This is a worst case scenario and our recently published 2-year plan, along with the work currently underway with PwC, will improve the final outcome. As a result Monitor, our regulator, has decided to take a closer look at our finances so that they can understand the reasons behind our performance and the steps we are taking to improve the situation in the future. It is important to stress that Monitor have no other concerns and recognise that the quality of care we provide to our patients and our performance in all other areas remain strong. We will continue to work closely with Monitor to provide any assurances they request that our plans are aligned, where necessary, with West Suffolk CCG and together we can deliver the necessary improvements.

- During 2013/14 Internal Audit identified weaknesses in the management of:

  - *Financial forecasting* – the Trust Plan anticipated non-recurring income of £2.5m from Suffolk CCGs which was not fully realised. The income that was received required significant additional expenditure (e.g. Enhanced Early Intervention Team). An assumption was also made that non-elective demand would be managed in line with the contract agreed with the CCGs. Over performance on non-elective activity is not fully funded due to the 30% marginal rate tariff, adding £2.5m to the deficit for the year.

    For 2014/15 WSFT has not assumed any income over and above that the contracted levels and the contract and associated expenditure plan is prudent in its assumption regarding growth in non-elective activity

  - *Cost improvement programme* – The Trust had planned to reduce our expenditure in line with the demand management initiatives underpinning the contract. The requirement to respond to the increasing demand negatively impacted on delivery of the cost improvement programme.

    Delivery of the 2014/15 cost improvement programme is not dependant on the actions of any external organisations. A programme of work being undertaken within the organisation will identify opportunities to improve the financial position during 2014/15 and in future years. This programme will be rigorously managed to ensure any opportunities identified are maximised.

  Internal Audit reviewed progress against the recommendations they made in both of these reviews and have confirmed that all recommendations are being appropriately addressed.

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.

Stephen Graves
Chief Executive

29 May 2014

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 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. Attendees and their attendance during the financial year is as follows:-

Name	2013/14 Attendance (out of 2)	2012/13 Attendance (out of 2)
Roger Quince	2	2
John Benson	2	1
Graham Simons	1	1
Brian Stewart	2	2
Steven Turpie	2	1
Rosie Varley	2	2

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 an FT Non-executive Directors were paid in line with guidance issued by the Department of Health. Their terms and conditions of employment 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 £1,065k from £1,059k. This increase was due to the effects of changes in directors during the year. There were no exit packages paid to Board Members either in the 2013/14 financial year or the comparative 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.

WSFT made contributions totalling £10,844,000 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.

Both Directors and Governors are able to reclaim expenses necessarily incurred during the course of their duties. Details of these are shown below. The numbers include individuals who have acted in their capacity as Director or Governor for any part of the financial year. In both 2013/14 and 2012/13 there were no more than 13 directors at any time.

	2013/14		2012/13	
	Directors	Governors	Directors	Governors
Total number in office during the year	14	27	13	27
Total number receiving expenses	6	9	9	7
Aggregate total of expenses paid during the year (£)	1,100	3,100	4,200	2,900

As required by HM Treasury per PES (2012)17, the Trust must disclose information regarding "off-payroll" engagements. As at 31 March 2014 and as at 31 March 2013 the Trust did not have any off payroll engagements for more than £220 per day that last for longer than six months. This includes board members and senior officials with significant financial responsibility.

Information subject to audit

The median remuneration of all Trust staff is £27,009 (2012/13 £26,640). The ratio of the midpoint of the banded remuneration of highest paid director to this figure is 7:1 (2012/13 7:1). This is calculated based on all staff employed as at 31 March 2014.

The following tables reflect the remuneration for the senior staff (Table A) and Pension entitlements for the senior staff (Table B). The information above has not been subject to External Audit, but 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.

Table A includes an amount in respect of the increase in pension entitlements of each executive director. It is based on a formula determined by HMRC which combines both the increase in pension payable and lump sum payable. This is then compared to the same calculation for the previous year adjusted by an inflation figure to give a real terms increase. The sum shown does not represent an amount that the director has received in the year; it shows the amount that their pension entitlement has increased.

Table A – Remuneration (Information subject to audit)

Name and Title	Year to 31 March 2014				Year to 31 March 2013			
	Salary Paid (bands of £5000)	Benefits in Kind rounded to nearest £100	Increase in pension entitlement (bands of £2500)	Total (bands of £5000)	Salary Paid (bands of £5000)	Benefits in Kind rounded to nearest £100	Increase in pension entitlement (bands of £2500)	Total (bands of £5000)
	£000	£	£000	£000	£000	£	£000	£
Mr R Quince – Chairman	35 – 40	-	-	35 – 40	35 – 40	-	-	35 – 40
Dr J Benson – Non Executive Director	10 – 15	-	-	10 – 15	10 – 15	-	-	10 – 15
Mr G Simons – Non Executive Director	10 – 15	-	-	10 – 15	10 – 15	-	-	10 – 15
Mr B Stewart – Non Executive Director (Note 1)	0 – 5	-	-	0 – 5	10 – 15	-	-	10 – 15
Mr S Turpie – Non Executive Director	10 – 15	-	-	10 – 15	10 – 15	-	-	10 – 15
Mrs R Varley – Non Executive Director	10 – 15	-	-	10 – 15	10 – 15	-	-	10 – 15
Mr G Norgate – Non Executive Director (Note 2)	5 – 10	-	-	5 – 10				
Mr S Graves – Chief Executive	150 – 155	-	45.0 - 47.5	195 - 200	145 – 150	-	47.5 - 50.0	195 - 200
Mr C Black – Executive Director of Resources	115 – 120	1,600	37.5 - 40.0	155 - 160	110 – 115	700	17.5 - 20.0	130 - 135
Mr D O'Riordan – Medical Director	190 – 195	-	(0.0 - 2.5)	190 - 195	190 – 195	-	(2.5 - 5.0)	185 - 190
Ms J Bloomfield – Executive Director Workforce & Communications	90 – 95	3,100	17.5 - 20.0	110 - 115	95 – 100	2,500	80.0 - 82.5	175 - 180
Ms N Day – Executive Director Chief Nurse	95 – 100	1,400	30.0 - 32.5	125 - 130	90 – 95	1,400	117.5 - 120.0	210 - 215
Ms G Nuttall – Chief Operating Officer / Deputy Chief Executive					40 - 45	200	130.0 - 132.5	175 - 180
Mr A Graham – Director of Major Projects (Note 3)	45 – 50	200	17.5 - 20.0	65 - 70	100 – 105	-	12.5 - 15.0	110 - 115
Mr J Green - Chief Operating Officer (Note 4)	80 – 85	-	60.0 - 62.5	140 - 145				

Table B – Pension Benefits to 31 March 2014 (Information subject to audit)

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 2014 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013	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	40 – 45	125 – 130	928	840	70
Mr C Black	0 – 2.5	2.5 – 5.0	25 – 30	80 – 85	396	354	34
Mr D O'Riordan	(0 – 2.5)	(0 – 2.5)	45 – 50	135 – 140	812	772	23
Ms J Bloomfield	0 – 2.5	2.5 – 5.0	35 – 40	110 – 115	672	624	34
Ms N Day	0 – 2.5	2.5 – 5.0	30 – 35	100 – 105	569	519	39
Mr J Green	2.5 – 5.0	7.5 – 10.0	10 – 15	30 – 35	178	127	48

Note

1 B Stewart resigned as Non Executive Director with effect from 31 July, 2013
2 G Norgate was appointed as Non-Executive Director on 30 September, 2013
3 A Graham stepped down as Director of Major Projects with effect from 23 September, 2013
4 J Green was appointed as Chief Operating Officer on 17 June 2013
5 G Nuttall resigned as Chief Operating Officer on 7 September 2012
6 Real increases reflect the increase after allowing for inflation of 2.2% as prescribed by the NHS Pensions Agency

Stephen Graves
Chief Executive

6. Quality Report

6.1 Chief Executive's statement

We were all delighted when WSFT was named as Trust of the Year 2013 for the Midlands and East of England region as part of the publication of the annual Dr Foster Hospital Guide. We received the award after the hospital recorded lower than expected death rates and in recognition of our performance for weekend working, which shows the Trust delivers the same safe, high quality care at weekends as during the week.

The accolade is a testament to the professionalism and dedication of all our staff, clinical and non-clinical, who strive to provide the best possible services for our patients. I would like to thank them for their dedication and outstanding efforts in making WSH a good place for patients to receive treatment.

WSFT has also been recognised for "excellence in maternity care" by healthcare intelligence expert CHKS Ltd as part of its Top Hospitals awards programme. West Suffolk was shortlisted along with 14 other hospitals following an analysis of nine indicators, including caesarean rates, length of stay, complications, readmissions and injuries. CHKS Ltd also took into account three indicators from the Care Quality Commission's 2013 maternity survey when drawing up the shortlist.

In the year since the publication of the Francis Report the overriding question has been: what do we need to do to ensure this is never repeated? The failings of care which came to light within the Mid Staffordshire NHS Foundation Trust were a stark reminder of the importance of remaining connected with your patients and staff.

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. The Board provides leadership in developing a culture of learning and continuous quality improvement and there is a strong emphasis on clinical leadership.

We will continue to embrace transparency and learning and to promote an environment in which staff can voice concerns and make suggestions about improving patient care in a safe, supportive and confidential environment. Following a Staff Conversation on the subject of whistleblowing, the Trust's Whistleblowing policy was strengthened to include a wider range of people concerned staff can talk to. The changes were communicated across the hospital.

The monthly Quality Report for the Board supports an open reporting culture and includes the results from the Friends and Family Test, the NHS safety thermometer, which covers falls and pressure ulcers, infection control and patient and staff experience surveys building up a picture of care quality on our wards. The range of indicators provides early warning of deterioration in performance and potential negative impact on quality.

In response to the staffing guidance published by the Chief Nursing Officer we have been working to ensure our nursing, midwifery and care staffing are robust and allow staff to deliver high quality care and the best possible outcomes for their patients. For each shift on our wards we are clearly displaying actual, versus expected nurse and care staffing levels and the Board will receive monthly updates on workforce information and staffing capacity and capability.

An additional the monthly Aggregated Quality Report is now part of the Board papers. The report provides regular updated information relating to current quality themes identified from incidents (including Serious Incidents Requiring Investigations, SIRIs), claims, PALS (Patient Advice and Liaison Services), inquests and other information streams including soft intelligence, audit, surveys and national recommendations. High priority themes are identified and at the February 2014 meeting the Board supported focusing on 'deteriorating patients' and the following three patient safety areas as part of the quality priority setting for 2014/15:

- Diabetes
- Sepsis
- Acute Kidney Injury (AKI).

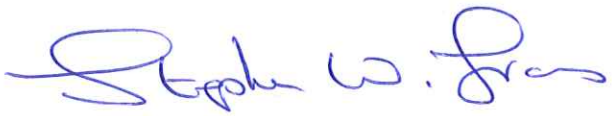
AKI is seen in 13-18% of all people admitted to hospital, with older adults being particular affected. A significant amount of work is being undertaken in WSH to improve the care of patients with AKI. A very successful learning event has taken place to raise the profile of AKI and share experience and learning around the management of patients. The Trust intends to hold similar learning events for patient safety issues four times a year.

By carrying out detailed investigations into patient safety incidents and patient complaints lessons can be learnt and shared across the hospital and the necessary changes made to improve our services.

Along with the Medical Director, Chief Nurse, a Non-executive Director and a Governor, I complete a weekly walkabout, during which we speak openly and honestly with staff about our quality priorities. This is an opportunity for staff to highlight any concerns and for patients to talk about their experience of care.

We will not become complacent. We know that we do not always get things right and that we must continue to listen to patients, staff, our Trust members and partners to ensure we provide responsive, high quality services at all times.

I can confirm that to the best of my knowledge the information contained in the Quality Report 2013/14 is accurate and has received the full approval of the Trust Board.



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 through the Quality & Risk Committee and its three subcommittees which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. The subcommittees are:

(a) Clinical Safety & Effectiveness Committee – ensuring clinical procedures and practices are effective in protecting patients, visitors and staff. This is achieved through reviewing compliance with national requirements, promoting best practice and ensuring effective identification and elimination or reduction of clinical risk

(b) 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

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

6.3 Quality Priorities for 2014/15

A large range of quality indicators are reported to the Board on a monthly basis within the Quality and Performance report. There is particular focus on a small number of these which form the quality priorities for the Trust. The report provides the Board with the in-depth information necessary to ensure the priorities are achieved whilst maintaining an overview of a wider range of issues.

In order to determine the priorities for 2014/15, progress against the 2013/14 priorities and the information gained from the full range of indicators are reviewed. In addition, consideration is given to other quality issues arising nationally and locally, along with discussion with our service users and public FT members.

Through the commissioning process, West Suffolk Clinical Commissioning Group (CCG) has identified performance targets for quality and innovation and these have directly influenced the way in which we measure performance against our priorities.

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 2014 - 2016	**To achieve the highest levels of patient safety**	**To continuously improve the experience of patients**	**To achieve optimal outcomes and effectiveness**
Focus	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 priorities	To ensure timely identification and management of patients at risk from infection	To ensure patients receive a service that they would recommend to friends and family	To consistently achieve a HSMR and SHMI that is below the expected rate
	To reduce the incidence of hospital associated harm on inpatient wards	To improve the experience of patients and family carers following admission to hospital	To ensure appropriate specialist care of hospital patients

Goal 1: To achieve the highest levels of patient safety

Reducing hospital associated infections continues to be one of the main priorities for our patients and the public. In addition, it remains a key priority for the NHS as a whole and for our commissioners. Within the Trust we continue to strive for further improvement, with a focus on the timely identification and management of patients with infections and at risk of infection. 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 standards of infection prevention and control.

WSFT aims to improve on our achievements to date of reducing harm to patients whilst they are in hospital. We will focus on the reduction of falls on our inpatient wards through the implementation of the NICE guidance *"Falls: assessment and prevention of falls in older people"* (2013) informing WSFT's Falls Policy. We continue with our ambition to eliminate all avoidable hospital acquired pressure ulcers. This will be achieved by improving practice based on learning from investigation of pressure ulcer incidents.

During 2013/14 WSFT focused on the improved identification and management of risks to patient safety, primarily those related to identification of factors indicating imminent deterioration of patients and sepsis (infection that has entered the blood stream). During 2014/15 we want to build on the progress made and extend the work further to encompass acute kidney injury.

As identified in the Chief Executive's statement Acute Kidney Injury (AKI), previously known as acute renal failure, is common in hospitalised patients and is associated with poor patient outcomes. A National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) study '*Adding insult to injury*' looking into the care of patients who died in hospital with a primary diagnosis of AKI, identified many deficiencies in their care. In fact it reported that nationally only 50% of patients received good care. NICE has produced a clinical guideline for the identification and management of AKI to ensure that best practice is disseminated throughout the NHS. WSFT is committed to ensuring the implementation of the guidance. The progress the Trust has made over the last 2 years in improving identification of patients at risk of dehydration and improving management of fluid balance provides a good foundation for this work stream.

We will maintain our focus on the implementation of the Sepsis 6 pathway within A&E to ensure the progress made is consolidated and fully embedded into routine practice. We will extend this initiative into the Emergency Assessment Unit where patients are first admitted following referral from their GP. This will help to ensure that all staff recognise the signs of severe sepsis at an early stage and patients receive appropriate antibiotic treatment within an hour of admission.

Priorities and measures

To ensure timely identification and management of patients at risk from infection

- Ensure all patients admitted to the hospital receive appropriate MRSA screening
- Ensure that there are no more than 25 hospital associated C. *difficile* infection cases between April 2014 and March 2015
- Ensure compliance with the antibiotic policy is at least 95%.

To reduce the incidence of hospital associated harm on inpatient wards

- To reduce the incidence of hospital acquired pressure ulcers and inpatient falls against the baseline of 2013/14 incidence
- Ensure all patients identified as being at risk of AKI, have their renal function monitored in accordance with the AKI 7
- Establish the baseline for use of the Sepsis 6 screening tool for patients admitted to WSH and implement action to ensure appropriate compliance.

Goal 2: To continuously improve the experience of patients

Nationally, the Friends and Family Test continues to be seen as a barometer of patients' overall satisfaction with care. More challenging targets are being introduced year on year in respect of required response rates and the extension of the test into additional specialties. WSFT will continue to maintain its focus on this during 2014/15 to ensure the targets set within Commissioning for Quality and Innovation (CQUIN) are met.

In addition, it is felt that it is important to continually review and expand the range of activities undertaken to engage with our patients and obtain their feedback. We already review feedback from a range of sources including public feedback websites and independent organisations.

The Keogh review and the new methodology for Care Quality Commission (CQC) assessments have demonstrated the effectiveness of patient and carer listening events. The Trust will use this national methodology to develop local listening events and strengthen its programme of engagement with patients and carers.

Timely response to call bells is identified as a priority as this consistently scores poorly in our inpatient survey responses. We will continue to gather qualitative and quantitative data to inform our actions to improve the timeliness of call bell responses.

Our Dementia Steering Group and Dementia Strategy Implementation Lead have successfully coordinated the introduction of a range of initiatives to improve the care and experience of people with dementia when they are admitted to WSH. Year on year the number of people with dementia is predicted to increase and therefore the care of this group of patients remains a priority for the Trust. During 2014/15 we will continue to implement further initiatives to improve the experience of people with dementia during their admission to hospital.

Priorities and measures

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

- Increase the number of people responding to the Friends and Family Test question in line with CQUIN targets *
- To increase the percentage of call bells responded to within two minutes.

To improve the experience of patients and family carers following admission to hospital

- Develop and hold at least one "Keogh-style" listening event during 2014/15, acting on the feedback received and using the experience to develop innovative approaches to patient and carer engagement.

* Q1: a response rate that is at least 15% for A&E services and at least 25% for inpatient services.
Q4: a response rate that is at least 20% for A&E services and at least 30% for inpatient services.

Goal 3: To achieve optimal outcomes and effectiveness

An overarching measure of effectiveness and clinical outcome is a reduction in deaths in our population (mortality) by helping people to live longer. Our aim is to maintain strong performance and consistently achieve a mortality ratio which is lower than expected. We will achieve this by continuing to expand our scrutiny of mortality at local specialty level and taking action if we find areas where improvements are required.

The number of nurses available on each ward to care for patients has an impact on the safety and effectiveness of care and on patient outcomes. Over recent years there have been considerable challenges in achieving optimal ward staffing levels and this has been a focus of attention nationally. WSFT reviews the nurse staffing levels on all wards on an annual basis and changes have been made to increase these on a number of wards where it has been identified that the dependency of the patients has increased and resulted in a requirement for additional staff. However, it is recognised that there are daily fluctuations in the dependency and acuity of patients and therefore WSFT is in the process of introducing a daily scoring system to identify these fluctuations. This will enable the requirement for nurses to be matched more closely with the number on duty.

It is estimated that by 2025 more than four million people nationally will have diabetes and a significant proportion of patients admitted to hospital have diabetes. Diabetes increases the risk of heart problems and can affect the eyes, kidneys, nerves, heart and blood vessels. When people with diabetes are admitted to hospital with other health problems this can affect their diabetes and the doses of medication they require. Managing diabetes draws on many areas of healthcare with often complex care across professional groups. NICE have produced a quality standard for the management of diabetes in hospital patients to improve the effectiveness, safety and experience of care for adults with diabetes. NICE states that all inpatients with diabetes should be cared for by appropriately trained staff, provided with access to a specialist diabetes team, and given the choice of self-monitoring and managing their own insulin. WSFT has participated in national audits on the care of people with diabetes and although there are some areas of very good practice there are aspects of the care and management of these patients which could be improved. This will therefore be an area of focus for 2014/15.

Priorities and measures

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

- Consistently achieve a HSMR and SHMI that is below the expected rate
- Implement systems to monitor patient acuity/dependency and manage nurse staffing levels on a daily basis.

To ensure appropriate specialist care of hospital patients

- Increase the percentage of patients with diabetes who have their blood glucose monitored and treated in line with best practice
- Improve year-on-year performance in the care of diabetes patients as measured by the National Inpatient Diabetic Audit.

6.4 Statements of assurance from the Board

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. These statements provide assurance in three key areas:

- Our performance against essential standards and delivery of high quality care, for example our registration status with the 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 2013/14 WSFT provided and/or sub-contracted 54 relevant health services.

WSFT has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 was £151.3m which represents 87.4% of the total income generated from the provision of relevant health services by WSFT for 2013/14.

Information about the quality of these services is obtained from a range of sources which address the three quality domains described earlier (safety, 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: Sources of quality intelligence

Patient safety	Clinical effectiveness	Patient experience
• CQC self-assessment, intelligent monitoring and CQC visits • 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 • National safety alerts • Infection control, including high impact interventions • Quality walkabouts	• CQC self-assessment, intelligent monitoring and CQC visits • 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, intelligent monitoring and CQC visits • Trust-wide compliance monitoring, including: - Patient environment - Patient experience - Same sex accommodation - Pain management - Nutrition • Complaints and PALS thematic analysis • 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

Participation in clinical audits and confidential enquiries

During 2013/14, 36 National Clinical Audits and seven National Confidential Enquiries covered NHS services WSFT provides.

During that period WSFT participated in 97% National Clinical Audits and 100% 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 2013/14 are listed in Annex A.

The National Clinical Audits and National Confidential Enquiries that WSFT participated in, and for which the data was completed during 2013/14, are listed alongside the number of the cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry listed in Annex A.

The reports of 27 National Clinical Audits and 216 local clinical audits were reviewed by the provider in 2013/14 and WSFT intends to take the actions detailed in Annex A to improve the quality of health care provided.

Research and Development

The number of patients receiving NHS services provided or sub-contracted by WSFT in 2013/14 that were recruited during that period to participate in research approved by a Research Ethics Committee was 344. This is a reduction in the level of recruitment achieved in 2012/13 (537 patients recruited) due to the lack of high-recruiting studies for the Trust to join.

WSFT was involved in conducting 107 (open to recruitment) clinical research studies in 2013/14 of which 89% were National Institute for Health Research (NIHR) portfolio studies. 37 new studies were approved during 2013/14.

There were an additional 12 clinical staff participating in research approved by a Research Ethics Committee at WSFT during 2013/14. These staff participated in research covering seven medical specialties. The most research-active areas at WSH are (in descending order): Cancer, Musculoskeletal (including Rheumatology) and Diabetes. The research activity in Stroke and Acute/Critical Care will be increasing in the forthcoming year due to new studies currently going through approvals.

In addition, during 2013/14, 13 publications have resulted from 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 income in 2013/14 was conditional on achieving 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 relevant health services through the Commissioning for Quality and Innovation payment framework (CQUIN).

In 2013/14 WSFT had 14 CQUIN goals covering the following areas:

- Friends and Family Test
- NHS Safety Thermometer
- Dementia
- Venous thrombo-embolism (VTE)
- End of Life Education
- Nursing e-forms
- Psychiatric liaison
- Pain pathway
- Carer involvement breast feeding
- 7 day diagnostics
- Stroke
- Preadmission Unit (PAU) paediatrician
- GP expected assessment area
- WSFT telecare scheme

All of the CQUIN performance funding for 2013/14 was received, a total of £3,375,000. This compares with £3,397,000 in 2012/13.

The CQUIN goals for 2014/15 cover the following areas:

Goal
Friends and Family Test
NHS Safety Thermometer
Improving Care for patients with dementia and delirium
Psychiatric Liaison
Integrated Working
7 day working
Ambulatory care
Clinical forums
Shared Care Drugs

What others say about us

WSFT is required to register with the Care Quality Commission and its current registration status is unconditional. The CQC has not taken enforcement action against WSFT during 2013/14.

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

In June 2013 the CQC undertook an unannounced routine inspection of WSFT. The inspection included six of the standards for which WSFT is registered. Overall the inspection was positive but minor concern was identified due to inconsistent awareness and application of the duties and requirements of the Mental Capacity Act. On the 13 March 2014 the CQC undertook a further unannounced visit to test that the actions completed were effective in addressing their concern. Feedback from the visit was positive and the final report assesses WSFT as fully compliant with the requirements of the "Consent to care and treatment" standard.

In 2013/14 WSFT has strengthened its assurance framework for monitoring CQC compliance through structured ward self-assessment and external peer review. Assessment findings and identified actions are 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. It also now includes additional questions to test the knowledge base of staff regarding Mental Capacity Act safeguarding adults and Do Not Attempt Resuscitation (DNAR) documentation.

The CQC use Hospital Intelligent Monitoring of more than 150 indicators to direct their resources. The results of this monitoring work have grouped the 160 acute NHS trusts into six priority bands for inspection based on the likelihood that people may not be receiving safe, effective, high quality care. Band 1 lists the highest risk trusts and band 6 the lowest. The latest CQC report placed WSFT in band 6, the lowest risk banding.

In August 2013 the Trust was asked by the Area Team of NHS England to attend a Risk Summit to discuss areas of performance that the East Anglia Area Quality Surveillance Group had concerns about. The Trust has made significant progress in the areas reviewed, including being one of the highest performers within the Area Team in terms of open SIRIs beyond 45 days and having fewer C *difficile* cases than its trajectory for both Q3 and Q4. The Chief Executive has responded to the Area Team setting out the excellent performance in many of the above areas, and the progress we have made in others. Based on the progress made and current performance the Trust has been moved to "Regular Surveillance", the lowest risk category.

Responding to national developments

WSFT has striven to integrate learning from national developments, including **Francis, Berwick and Keogh**, into what we do every day. This has been targeted through:

- **Patient Safety**
  - Developed the range patient safety indicators monitored by the Board and how this information is presented to support a culture that is dedicated to learning and improvement and that continually strives to reduce avoidable harm
  - Safety Thermometer Harm Free Care used to help inform improvements in key patient safety areas
  - Revised the incident investigation process and Whistleblowing policy reviewed and strengthened.

- **Culture of openness and learning**
  - Implemented Duty of Candour and monitored compliance through Board reporting
  - Programme of learning from aggregated analysis of incidents, complaints, claims and PALS complete including sharing of lessons learnt.
  - Directorate and corporate audit programmes developed to include this wider range of external drivers in additional to the thematic analysis of internal quality indicators.

- **Listening to patients**
  - Good performance against the Friends and Family Test
  - Strengthened Board reporting of information on complaints and the lessons learnt
  - Self-assessment against Clwyd recommendations for hospital complaints and actions have been implemented or are in the process of being implemented
  - Patient First Trust Values embedded in the organisation.

- **Safe Staffing**
  - Actively engage with staff and support their health, well-being and development
  - Recruiting staff based on values and behaviours
  - Programme of nurse recruitment, including overseas recruitment, completed during 2013 and planned for 2014
  - Recommendations of National Quality Board reviewed in line with current Trust practices, including: acuity of patients collected daily; and numbers of staff on shifts displayed outside wards.

- **Detecting and responding to problems quickly**
  - Strengthened our CQC self-assessment framework, including external peer review
  - Responded effectively to CQC concerns highlighted by CQC which have now been addressed.

Awards and accolades

- **WSH receives "Trust of the Year" award:** The hospital was named as Trust of the Year 2013 for the Midlands and East of England region as part of the publication of the annual Dr Foster Hospital Guide. WSH received the award after recording lower than expected death rates and in recognition of its performance for weekend working, which shows the Trust delivers the same quality care at weekends as during the week.

- **WSH maternity care shortlisted for excellence award:** WSFT has been recognised for "excellence in maternity care" by independent healthcare intelligence company CHKS Ltd as part of its Top Hospitals awards programme. WSH was shortlisted following an analysis of nine indicators, including caesarean rates, length of stay, complications, readmissions and injuries. CHKS Ltd also took into account three indicators from the Care Quality Commission's 2013 maternity survey when drawing up the shortlist. The shortlisted trusts represent the top 10% of the 148 NHS maternity providers in England, Wales and Northern Ireland.

- **Hip fracture care at WSH among country's best:** WSH has been named as one of the best performing trusts in the country for the care it provides to hip fracture patients. The National Hip Fracture Database audit compares the way trusts have performed and placed WSH among the best in the country in several key areas. The Trust:

  - has a mortality rate of 4% – one of the country's lowest – compared with a national average of 8.2%
  - is the sixth best performing in the UK for meeting six critical patient care and outcome targets which qualify the hospital to receive a best practice tariff. All six targets were achieved in 86% of cases
  - is in the top 10% of hospitals getting patients to theatres within 36 hours of their admission. This figure has continued to improve every quarter for the past three years.

- **WSH shortlisted for fourth "top hospital" title:** WSFT was one of five finalists in the quality of care category in the Top Hospital Awards 2014, which are run by independent healthcare intelligence company CHKS Ltd. WSH won the award in 2011 and 2012.

  The shortlisting comes after WSH recorded good performance against a number of key criteria, including the length of time patients stay in the hospital, waiting times and rate of emergency readmissions. Mortality rates and whether the patient's care pathway proceeded as originally planned were also included in the assessment.

Data quality

WSFT submitted records during 2013/14 to the Secondary Uses service 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	East Anglia area team	National
Admitted patient care	**99.6%**	99.7%	99.1%
Outpatient care	**99.7%**	99.0%	99.3%
Accident and Emergency care	**98.4%**	98.5%	95.7%

(The above figures cover April 2013 to Jan 2014 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	East Anglia area team	National
Admitted patient care	**100%**	100%	99.9%
Outpatient care	**100%**	100%	99.9%
Accident and Emergency care	**99.7%**	100%	99.1%

(The above figures cover April 2013 to Jan 2014 inclusive)

WSFT's Information Governance Assessment Report overall score for 2013/14 was 80% (Satisfactory). 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 external audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnosis and treatment coding (clinical coding) were:

Data field - Inpatients	PbR audit error rate	Internal audit error rate
Primary Diagnosis	2.50%	4.40%
Secondary Diagnosis	15.60%	10.30%
Primary Procedure	0.40%	4.70%
Secondary procedure	10.80%	5.40%

Data field - Outpatients	PbR audit error rate	Internal audit error rate
Procedure coding	40%	13.60%

The PbR audit sample was 115 Finished Consultant Episodes (FCEs) and 105 Outpatient attendances.

The internal audit was 205 FCEs from Ophthalmology, Colposcopy and Breast from the surgical directorate, and Endoscopy and Cardiology from the medical directorate and a mixed sample. 125 Outpatient attendances were audited internally.

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

The error rate in outpatient procedure coding was due to an administration error, not as a result of coding. This has since been corrected and the recommendations from the audit implemented. The inpatient coding audit results were good, complying with national guidelines, and recommendations for improvement have been implemented.

6.5 Performance against 2013/14 priorities

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

Patient Safety	**Priority 1: To further reduce hospital associated infections**
	Priority 2: To achieve the highest levels of patient safety
Patient Experience	**Priority 3: To continuously improve the experience of patients**
Clinical Effectiveness	**Priority 4: To achieve optimal outcomes and effectiveness**

For each priority a summary is provided of the rationale for selection, current status, steps taken to improve performance and further initiatives to be implemented during 2014/15. Unless otherwise stated the data provided is sourced from internal reporting arrangements.

Priority 1: To further reduce hospital associated infections.

Objectives:

(a) To eliminate hospital associated MRSA bacteraemia between April 2013 and April 2014
(b) To reduce hospital associated *C. difficile* infection

(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 bloodstream infections continues to be a priority for 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 zero cases of hospital associated MRSA bloodstream infection was set for WSFT for 2013/14.

Action taken during 2013/14
- Audits to examine compliance with MRSA screening protocols and decolonisation procedures have continued
- Some improvements in compliance with decolonisation protocols and re-screening for MRSA but not always sustained
- Improved compliance in universal screening of patients for MRSA on admission to WSH following intensive review of the screening criteria and implementation of IT solutions to support clinical managers in monitoring screening in 'real time'
- Improved documentation for MRSA re-screening.

Current status
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 2013/14 was to have no cases of 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 April 2013 which was deemed to be clinically significant but unavoidable.

Performance against other measures agreed for 2013/14:

- In April 2013 approximately 80% of patients were screened for MRSA on admission to hospital. Action taken to improve performance during the year has increased compliance to 96% by year end compliance for elective and emergency patients in March 2014
- Hand hygiene compliance was 100% overall for the year. There was one month when the compliance dropped to 99% and this was addressed with the staff concerned
- Compliance with the interventions identified as having a high impact on infection control, such as intravenous cannula insertion and care was over 92% for all interventions throughout the year. WSFT achieved 100% compliance with three sets of interventions every month: pre-operative surgical care, ventilator associated pneumonia and C *difficile* prevention.

Action to be implemented in 2014/15
- Ownership by clinical areas of their responsibility to ensure that patients are screened on admission and during their admission as required. The Infection Prevention Team (IPT) have

reviewed the categories of patients who meet the criteria for admission screening. They have facilitated the introduction of IT support (daily list of patients who need screening). Implementation and the development of further support systems lies with the clinical areas as their individual needs and solutions will vary.

(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 seven years and a challenging ceiling of 19 cases was set for 2013/14.

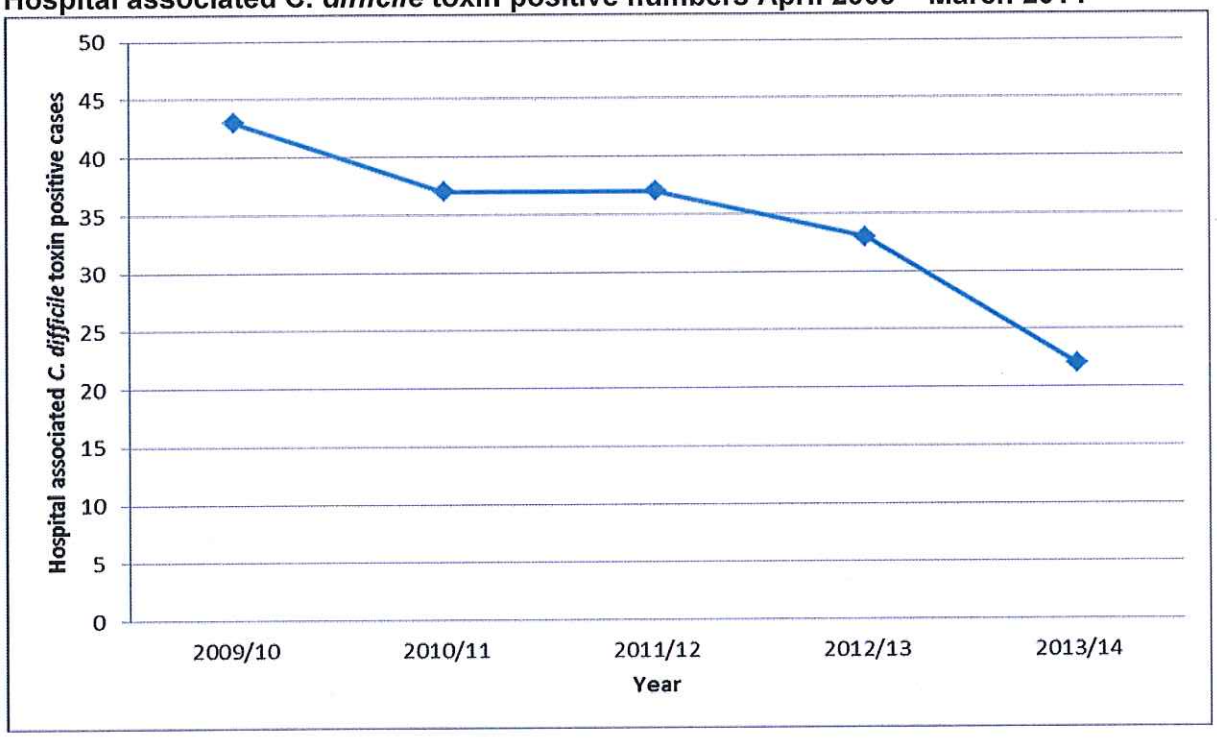
Action taken during 2013/14

- Ongoing audits of antibiotic prescribing against agreed standards. Compliance is fed back to wards and is presented at Directorate Governance meetings
- Post Infection Reviews (PIRs) are undertaken on all hospital associated cases of C. *difficile* diarrhoea and necessary actions identified and implemented
- In October 2013 probiotic use was implemented for high risk patients requiring broad spectrum antibiotic treatment. This is considered to have had a significant impact on performance during the second half of the year
- The isolation unit on F12 was opened in January 2014. The Operational Plan for the unit requires that a bed is kept available at all times to allow transfer of a new case of C. *difficile* infection as soon as this is identified. The need for other F12 patients to be on the unit will be reviewed following an admission to ensure the availability of this bed.

During 2013/14 WSFT commissioned an external review of its performance against the *C. difficile* trajectory. This highlighted issues including the provision of side rooms and clinical accountability for measures to reduce the number of cases and antibiotic prescribing.

Current status

Hospital associated C. *difficile* toxin positive numbers April 2009 – March 2014



Although we achieved the C *difficile* ceiling for quarters 3 and 4 the full year total cases was 22 *, against a ceiling of 19. PIRs were completed on all cases this year and concluded that the vast majority review themes were unavoidable.

** This excludes one case for which West Suffolk CCG upheld our appeal as we were able to evidence compliance with best practice.*

Side room provision facilities for patients with *C. difficile* and other infections continues to be a challenge for the Trust. The opening of F12 is welcome although the benefit is to an extent offset by the loss of side rooms for infection prevention purposes associated with other initiatives of value to the Trust such as the Surgical Assessment Unit (SAU). During February 2014 an outbreak of Norovirus caused the closure of two wards to new admissions for 17 days.

The Trust continues to focus on improving compliance with its antibiotic policy. In quarter 4 achieving 95% compliance, against the target of 98%.

Action to be implemented in 2014/15

- Installation of doors to bays in some clinical areas to improve the ability to isolate patients
- Improvement in antibiotic policy compliance, including identifying clinically appropriate "non-compliance" with the policy, for example, extending an existing antibiotic regime for a further 24 hours.

Priority 2: To achieve the highest levels of patient safety

Objectives:

(a) To ensure all deteriorating patients are identified and managed appropriately
(b) To consistently implement Sepsis 6 pathway for patients who require the treatment.

(a) To ensure all deteriorating patients are identified and managed appropriately

Description of the issue and rationale for selection
Early recognition of deteriorating patients followed by prompt and appropriate intervention can save lives. It reduces the incidence of cardiac arrest and helps to prevent admission to the Intensive Care Unit. WSFT has focused considerable attention on these issues over recent years, with detailed analysis of sudden cardiac arrests to identify contributing factors, and the implementation of a range of initiatives to ensure timely intervention and management of these patients. There is also an established critical care outreach team to provide prompt input when patients on the general wards deteriorate. The utilisation of tools such as "early warning scores" has improved the identification of deteriorating patients but it was recognised that further improvement could be achieved in the timely escalation of these patients to ensure rapid intervention and management.

Another important component in the prevention of deterioration is accurate fluid management. Monitoring a patient's fluid balance to prevent dehydration or over hydration is a relatively simple task but nationally it has been shown to be inadequately or inaccurately completed.

Therefore, during 2013/14 the main focus has been on two specific targets:

(i) Ensuring all deteriorating patients are escalated correctly using a Modified Early Warning Score by March 2014
(ii) Ensuring accurate fluid balance management is achieved for at least 80% of patients.

(i) Ensuring all deteriorating patients are escalated correctly using a Modified Early Warning Score by March 2014

Action taken during 2013/14
The Critical Care Outreach Team led the review and revision of the Modified Early Warning Score (MEWS) used in the Trust to enable deteriorating patients to be identified at an even earlier stage. For the first time the score includes a measure of the patient's oxygen saturation level as this has been shown to be an important factor in deteriorating patients. Training has been provided and the tool implemented in all the general wards in order to ensure the MEWS is calculated reliably and action is taken to escalate the patient when indicated. Monthly audits are carried out by ward managers and the results reported to the Board within the Quality Report. The results for each ward are reviewed on a monthly basis and the Matrons have worked with the Ward Managers to identify action required to improve compliance. A new Escalation Plan and Resuscitation Status (EPARS) tool was implemented in February 2014 to support early decision making for patients at risk of deterioration for who resuscitation may not be an appropriate intervention.

Current Status
Monthly audits of all patients on each ward are carried out and checks made to identify whether the following actions have been carried out:

- Calculation of a MEWS for every set of observations for the patient,
- Correct calculation and recording of the score

- Appropriate escalation of the patient when indicated by the score
- Medical staff response to the escalation within 30 minutes.

Only when all of the above criteria are completed correctly is compliance recorded.
The results of the audits demonstrate compliance above 90% against this quality indicator.

We are continuing to assess the impact the new MEWS and EPARS assessments have had on the number of patients who sustain a cardiac arrest and of those, how many were considered avoidable. Audit comparing quarter 4 in 2013 and 2014 shows a 65% reduction in the number of inpatient cardiac arrests. There has also been an 83% reduction in the number of arrests considered avoidable.

Action to be implemented during 2014/15

- Continued audit of compliance, outcome and feedback to staff.

(ii) Ensuring accurate fluid balance management is achieved for at least 80% of patients

Action taken during 2013/14

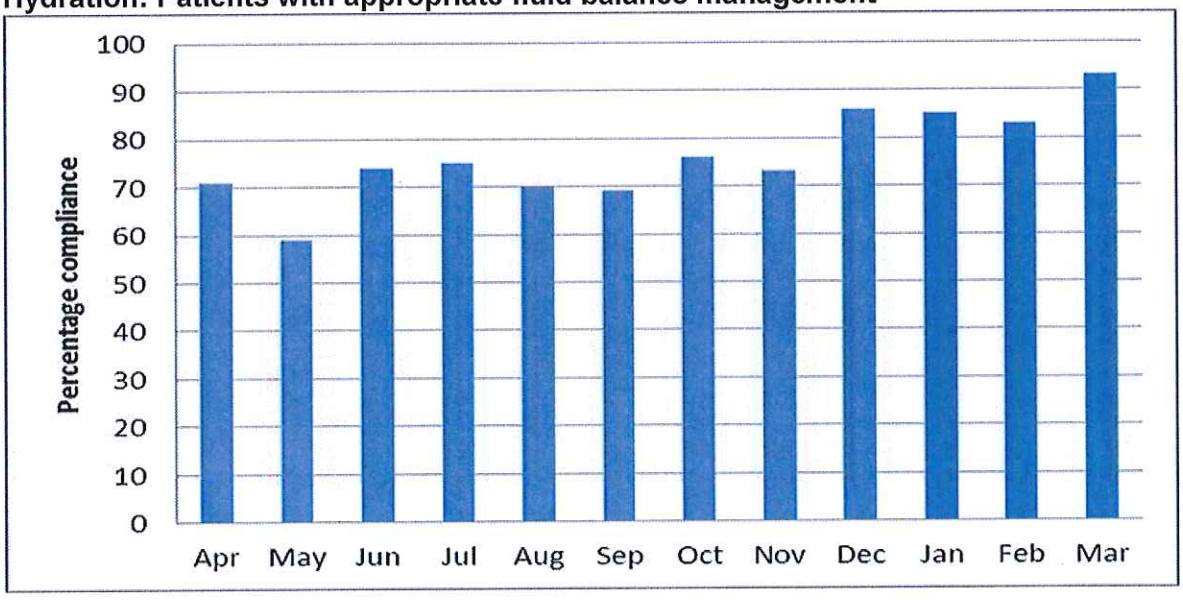
During 2012/13 procedures were introduced at WSFT to aid the identification of patients at risk of dehydration and by April 2013 considerable progress had been made. Therefore, the next steps were to ensure fluid targets were agreed for each patient, improve documentation of fluid balance and ensure patients were encouraged to consume enough fluids to meet their target. This was facilitated by:

- Education and training of staff
- Monthly ward audits and feedback to staff
- Inclusion of hydration training for nursing assistants within mandatory training
- Discussion with medical staff regarding the introduction of fluid targets for patients
- Focus on fluids within the national nutrition and hydration week with additional cold drinks rounds on surgical wards

Current status

The baseline audits carried out in April 2013 showed that there was great variability between wards in the accurate documentation of fluid balance and in the setting of fluid targets. However, following the actions taken above, greater consistency has been achieved between wards and this can be seen in the overall Trust performance improvement achieving the 80% target for the last four months of the year.

Hydration: Patients with appropriate fluid balance management



(b) To consistently implement Sepsis 6 pathway for patients who require the treatment.

Description of the issue and rationale for selection
Another aspect of patient safety and recognition of factors which signal potential deterioration of the patient is early identification of infection which has entered the blood stream. This is called sepsis. We introduced the Sepsis 6 pathway to help staff recognise the signs of severe sepsis at an early stage, ensuring patients are given the care they need. The pathway includes six specific interventions (the 'sepsis six resuscitation bundle') and has been recognised nationally as an important aid to facilitate timely treatment of these patients.

Action taken during 2013/14
- Education and training of staff
- Completion of the six interventions within the Sepsis pathway
- Monthly audits of patients presenting to A&E with signs of severe sepsis to ensure that antibiotics are administered within one hour of identification of sepsis.

Current status
Education of staff along with feedback on progress has resulted in improved identification of sepsis, with an average of 72% compliance having been achieved over the last nine months in relation to intravenous antibiotics being administered within one hour of sepsis being identified.

Action to be implemented in 2014/15
- Establish the baseline for use of the Sepsis 6 screening tool for patients admitted to WSH and implement action to ensure appropriate compliance.

Priority 3: To continuously improve the experience of patients

Objectives:

(a) To ensure patients receive a service they would recommend to friends and family
(b) To improve the experience of family carers when the person they care for is admitted to hospital.

Description of the issue and rationale for selection
The NHS exists for patients and patients are at the centre of everything we do. Therefore, delivering the best possible experience for every one of our patients continues to be a key priority for WSFT. Achieving consistency of best practice remains a challenge. If we are to achieve our goal, feedback from patients, their family and carers is vital, so that we can identify good practice and areas where further improvement is needed.

The Friends and Family Test was implemented nationally for inpatients and people attending A&E from April 2013 to act as a barometer of overall satisfaction with care. It was rolled out to maternity services by October 2013. The Friends and Family Test is a single question asking whether patients would recommend the ward or department to their friends and family. A scoring system used in industry (the net promoter score) is utilised to provide a score which can be benchmarked with other organisations. WSFT has used a number of methods of obtaining feedback from patients over recent years and ongoing surveys of patients just before their discharge is well established. The introduction of the Friends and Family Test provided WSFT with the opportunity to compare patients' perception of care with that of other organisations and therefore the question was added to all our internal surveys in line with the requirements within CQUIN.

In view of the fact that most of our patients have a range of ongoing care needs and are often cared for at home by family carers, it was felt that we should also look in more depth at the needs of family carers when their relative was admitted to hospital and whether these are being met. Nationally, it has been identified that carers' needs are often not taken into account when the person they care for goes into hospital. This also links with the work we have been doing to improve the experience of people with dementia.

(a) To ensure patients receive a service they would recommend to friends and family

(i) Friends and Family Test

Action taken during 2013/14
We had been using the Friends and Family Test within our ongoing patient experience surveys for both inpatients and A&E during the previous year, and the score for inpatients was within the top quartile of responses for the Midlands and East Region. However, the response rates were low throughout the region.

During 2013/14 our main focus was increasing the number of patients responding to the surveys to ensure our results were representative of the full range of patients on our wards and visiting the A&E department. We therefore took the following actions:

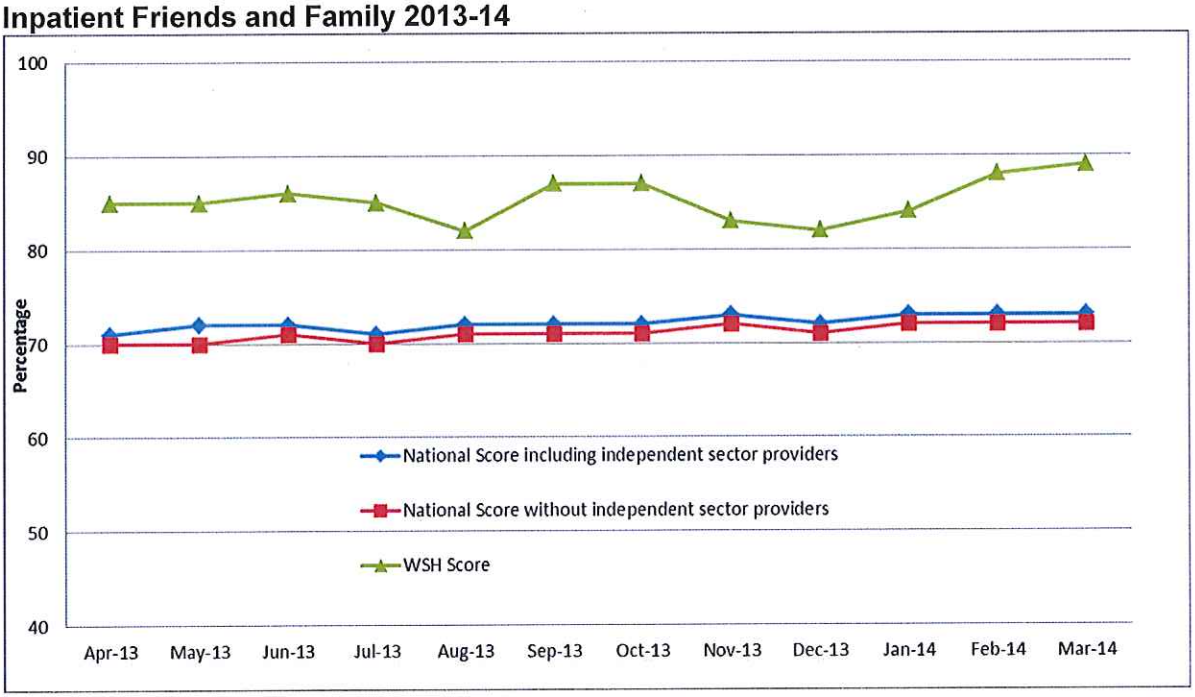
- Appointment of a part time Patient Feedback Coordinator to coordinate activities and provide feedback to staff
- Targets set for wards and departments for numbers of responses to be achieved
- Utilisation of volunteers to encourage patients to complete the surveys and provide help where necessary

- Review of methods of feedback and introduction of new ways of completing the surveys including via the hospital website
- Feedback to wards and departments on numbers of responses and patient ratings.

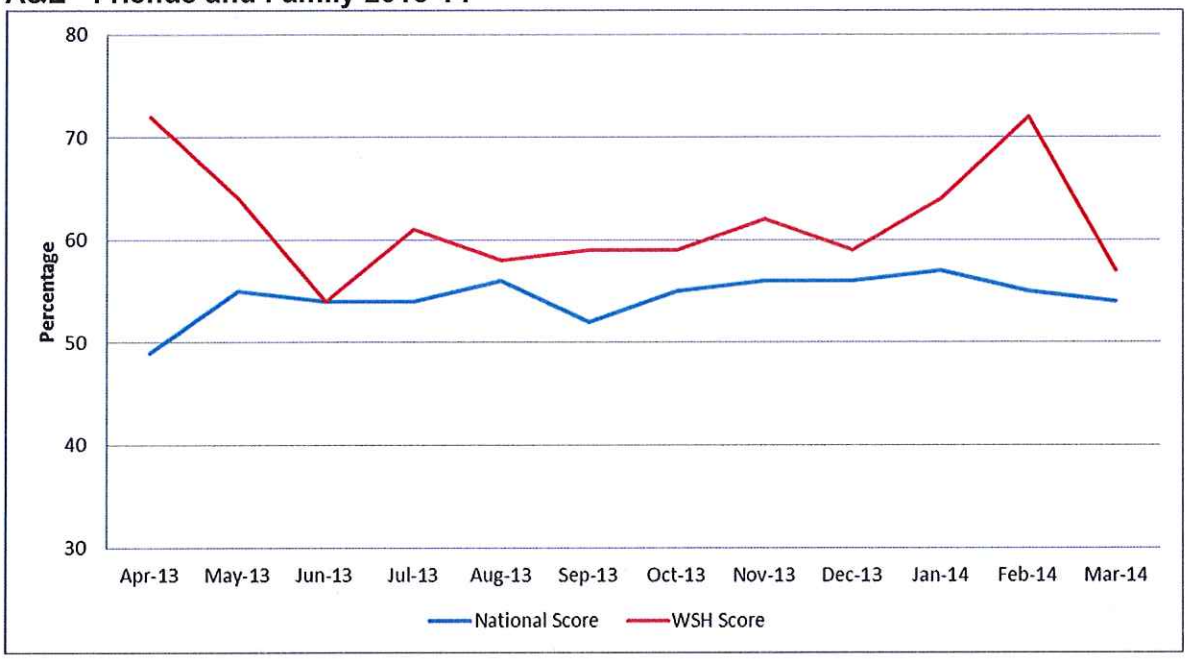
Current status

Nationally, targets were set to achieve a combined response rate of 15% for inpatients and A&E at the beginning of the year and to achieve a response rate of 20% by the year end. The biggest challenge for WSFT was within the A&E department where patients were discharged promptly on completion of their treatment and many were reluctant to fill in a feedback questionnaire. This was also identified as an issue nationally. Steps were taken to make completion of the survey as easy as possible. The response rate achieved was in line with the targets set, however, maintaining the response rate in A&E continues to be a challenge. When comparing our scores to those of other trusts, WSFT scores are within the upper quartile for inpatients and the middle of the range for A&E. There is some variability, particularly for A&E, and from the feedback received, the main influencing factor appears to be how long patients wait to be seen and treated.

Inpatient Friends and Family 2013-14



A&E - Friends and Family 2013-14



The Trust implemented the Friends and Family Test for **maternity patients** from October 2013. The Test considers four areas of care and WSFT's performance has consistently remained above the national average for all aspects.

Aspect of care	National Median Score	WSH Median Score
Antenatal care	66	85
Birth	76.5	86.5
Care on the postnatal ward	65	80
Postnatal community care	74	92

Action to be implemented in 2014/15

- Increase the number of people responding to the Friends and Family Test question in line with CQUIN targets *
- Further analysis of the factors influencing the scores given by patients to identify where further improvement is needed.

* Q1: a response rate that is at least 15% for A&E services and at least 25% for inpatient services.
Q4: a response rate that is at least 20% for A&E services and at least 30% for inpatient services.

(ii) Call bell response times

Description of the issue and rationale for selection
This issue has been highlighted within the national patient survey as an area where WSFT performs less well than other trusts. There have been a number of initiatives to improve response times over recent years but there has been little impact on the national survey results. Therefore, the Patient Experience Committee identified this as a priority for improvement.

Action taken during 2013/14
WSFT invited the Patient Association to undertake a project to identify the issues in relation to call bell response times and develop and implement an action plan to address these. A project was undertaken during the summer of 2013 which involved speaking to patients and staff and observing call bell responses. The results were very positive and indicated that staff did their best to respond promptly and sensitively to their needs. An action plan was developed to implement the recommendations of the report.

It has proved a challenge to implement timed monitoring of response times on all wards. We are working closely with our supplier to upgrade the Nurse Call System so that we are able to monitor performance on the wards.

Current status
During 2013/14 we have taken steps to allow more systematic monitoring against the aim of responding within a target time of two minutes. Performance against this target is now reported to the Board on a monthly basis as part of the Quality Report and in March we achieved 70.4% of call bells being answered within the target time (based on data from seven wards).

Action to be implemented in 2014/15
- Continue to work with the call bell supplier to roll-out monitoring
- Work with staff to identify further action to improve call bell response times.

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

Action taken during 2013/14
WSFT established a working group to identify the priorities and agree a work plan for the year, including a focus on dementia carers. Membership of the group included family carers themselves, volunteers, specialist nurses, such as the Learning Disabilities Liaison Nurse, and the Specialist Nurse for Care of the Elderly and other representatives of the multi-professional team. The key initiatives within the work plan were:

- Development of a Family Carers Information Pack and provision of information for family carers on facilities within the hospital, sources of support both in the hospital and the local community, information about discharge
- Development of an "About me" document for family carers to complete to provide personal information about the preferences and needs of the person they care for
- A Carers Badge to identify a carer who wishes to be involved with the care of their relative whilst in hospital
- An audit of access and facilities for family carers within the hospital
- Review of the Family Carers guidelines providing information and guidance for staff on the involvement of carers within WSH.

Current Status
The Family Carer initiative was rolled out across WSFT in October 2013 with a range of events to ensure staff were aware of the needs of family carers and the structures put into place to support them. The Family Carer Involvement Group has been instrumental in raising the profile of family carers and ensuring the initiative has been driven forward. Staff welcomed the initiative and embraced it, distributing the packs to carers and involving carers where appropriate. A survey was included in the Information Pack to obtain feedback on the experience of family carers and to identify other areas for improvement. This has provided very positive feedback on carer experience.

Action to be implemented in 2014/15
- Work to ensure the changes introduced during 2013/14 are sustained and embedded into routine practice
- Analysis of feedback from Family Carers to identify further where improvements are needed.

Provision of car parking and review of car parking payment tariffs

It was agreed at the start of the contract with the new car park management company, OCS (July 2013) to retain the existing tariffs with one adjustment. The maximum charge would be 6 – 24 hours (£7.60). This decision was made to give WSFT time to evaluate the effect of the new management system and to assess the impact of the additional barriers on site control. Unfortunately, there has been a delay in the installation and the barriers are expected to be in place by July 2014.

Regarding patient parking at the rear of the site a number of locations have been considered but it has not been possible to date to identify an area that does not exacerbate the current capacity issues. In March 2014 there were 100 more staff working on the WSH site compared with March 2013. The following action has been agreed by WSFT to address the capacity issue in the short, medium and long term:

Short term

- The visitor's car park at the front of the site is over-subscribed Monday to Thursday between 2pm and 4pm when visiting times coincide with afternoon clinics. The Chief Nurse is reviewing visiting times to see if changes can be made to alleviate the problem
- Delegates attending the Education Centre (Monday to Thursday) at the rear of the site are required to park at the Rugby Club and have access to the shuttle bus service or car share from the Rugby Club
- All new staff, provided they are not working shifts or have on-call duties, will not automatically be given access to the site. The number of permits will be monitored closely and permits only allocated as spaces become available.

Medium term

- WSFT is looking at a scheme to increase the number of car parking spaces behind the Education Centre. Planning permission has been granted for an additional 23 spaces but the scheme will need to be cost effective and capital funding for this project has yet to be agreed
- WSFT is also investigating the feasibility of additional off-site parking on the west side of town but this too would need to be cost effective.

Longer term

- WSFT will be considering the feasibility of providing additional parking on site for over 300 cars. This would replace the 'park and ride' from the Rugby Club.

Priority 4: To achieve optimal outcomes and effectiveness
Objectives: (a) To consistently achieve a HSMR and SHMI that is below the expected rate (b) To ensure appropriate specialist care of hospital patients.

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

Description of the issue and rationale for selection
Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) are key mortality measures which are also considered to be indicators of system-wide safety and effectiveness. High mortality rates were one of the indicators that gave rise to the Mid Staffordshire Inquiry.

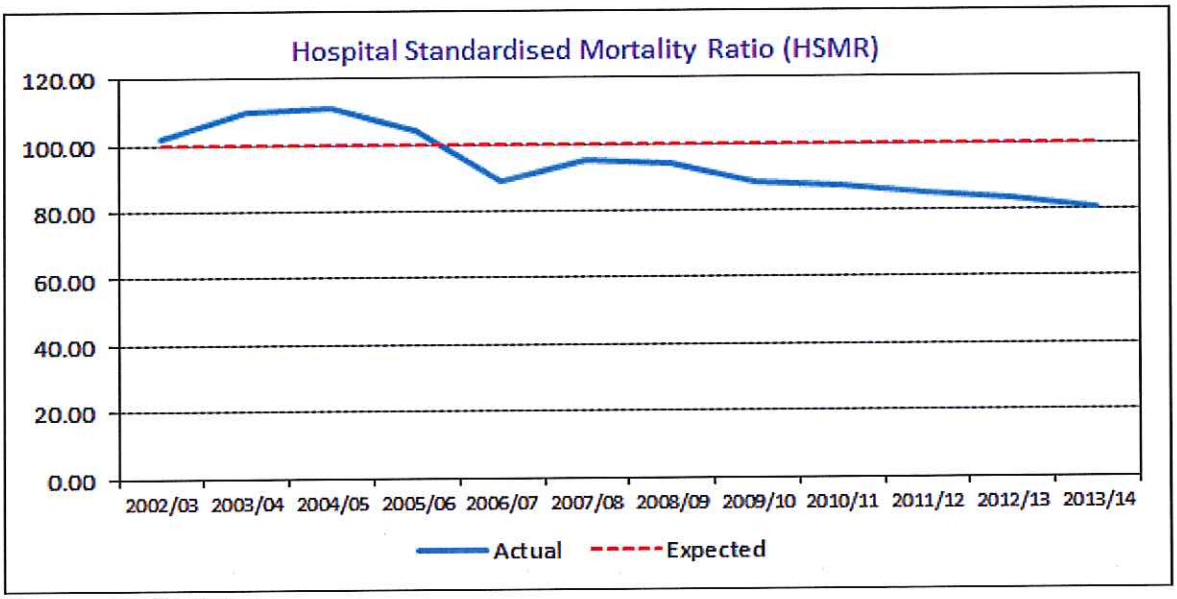
The HSMR compares the number of patient deaths with the expected number taking into account patient factors such as age, diagnosis, and other medical conditions. The dataset used to calculate SHMI includes all deaths in hospital plus those deaths occurring within 30 days of discharge from hospital.

The SHMI is intended to be a single consistent measure of mortality rates. It shows whether the number of deaths linked to an organisation is more or less than would be expected, when considered in light of average national mortality figures, given the characteristics of the patients treated there. It also shows whether the difference is statistically significant.

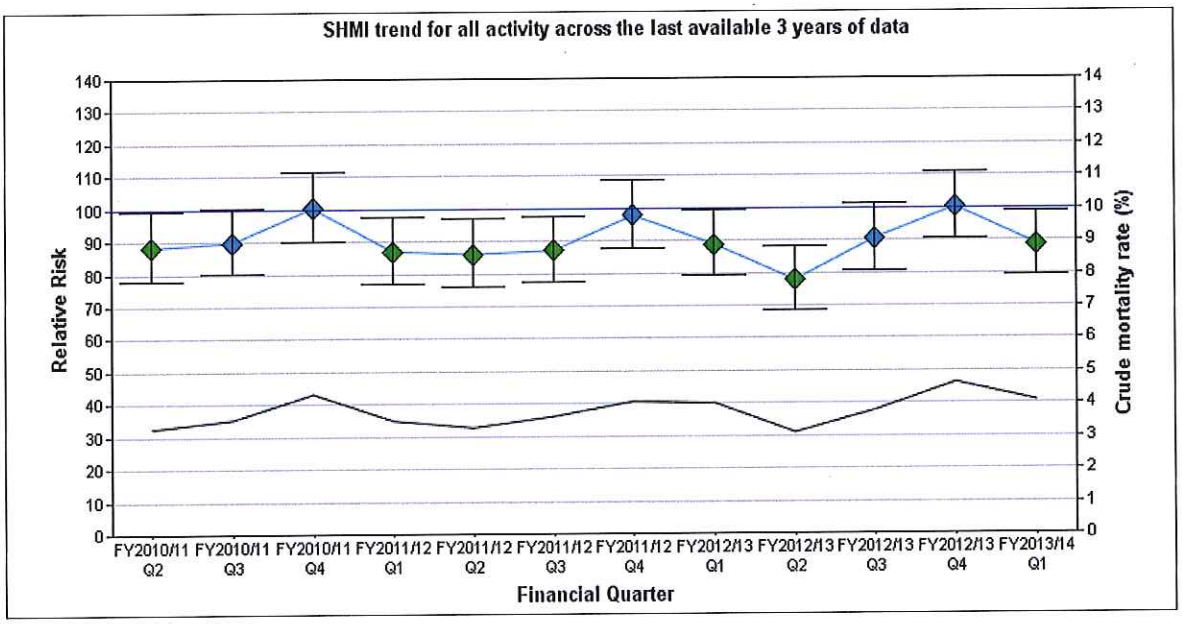
Actions taken during 2013/14
- A new more sensitive MEWS was introduced to identify deteriorating patients at an earlier stage (a full report is given under Priority 3 of this report)
- Introduction of assessment and documentation to clarify the escalation plan for patients who experience cardiac arrest
- Development of 7-day models of care, including improvements in:
  - consultant review within 24 hours of admission, including weekends
  - availability of diagnostic tests at weekends
  - patients admitted to the Acute Medical Unit being seen by a Consultant each day of the week.

Current status
The implementation of the new MEWS score has been completed and this is reported in detail under Priority 2. Monthly audits are undertaken to ensure compliance and have consistently scored above 90%. The Trust has finalised documentation and implemented a system to ensure that the escalation plan and resuscitation status for patients who are nearing the end of their life is clear. This enables prompt treatment to occur in the event of deterioration of the patient.

WSFT continues to achieve a HSMR and SHMI that are below the expected rate.



Source: Dr Foster



Source: Dr Foster

Action to be implemented during 2014/15

During 2014/15 the ward initiatives will be driven forward so they are fully developed and operating consistently on all wards. This will be important for supporting delivery of 7-day services and supporting the improved flow of patients through WSH.

Clinical teams led by Consultants will be looking at how WSH can improve our discharge processes particularly around the management of TTOs (to take out medicines), one of the biggest causes of delays to inpatient discharge. The aim will be to advance the WSH's average discharge time profile as studies by a group of junior doctors (called the Fight Club) demonstrated that advancing the profile by just an hour brings significant benefits, releasing beds earlier in the day and easing the pressure on A&E.

During 2014/15 the Trust will baseline the provision of 7-day services against the Keogh report recommendations.

(b) To ensure appropriate specialist care of hospital patients

Description of the issue and rationale for selection
It has been identified that patients are treated more effectively and have better outcomes if they are referred to, and managed by, specialist staff according to their needs.

There has been considerable focus nationally on the diagnosis and management of people with dementia. Delays in diagnosis contribute to poorer outcomes for these patients. One of the priorities for WSFT during 2013/14 was to improve the screening and assessment of people over 75 years of age to ensure that people with symptoms of dementia were identified early.

(i) Undertake dementia screening and assessment for 90% of patients over 75 years old (exclusions apply) with specialist referral as required

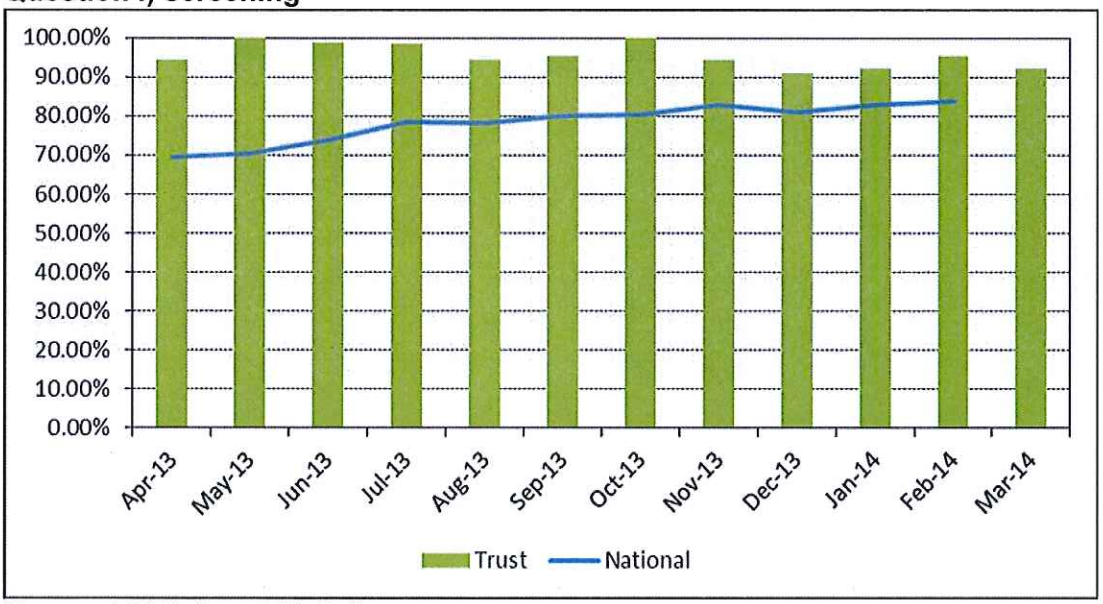
Action taken during 2013/14
- Initial patient assessment documentation includes prompts to undertake screening of patients
- Modification of the electronic discharge summary to identify the results of screening and assessment of people over 75 years and produce a request to the GP for specialist referral
- Feedback to individual medical staff when screening and assessment has not taken place.

Current status
The systems put into place have enabled identification of people with dementia and delirium and have enabled the need for specialist referral to be highlighted to the patient's GP on discharge. Through the implementation of the systems described above, WSFT has achieved compliance of almost 100% in all areas and this is well in excess of the national average as can be seen from the following graphs.

Three elements are assessed nationally and WSFT performance is detailed below.

Question i): How many people 75 years of age or over on admission, were asked the case finding question, or b) had a clinical diagnosis of delirium on initial assessment, or c) had a known diagnosis of dementia.

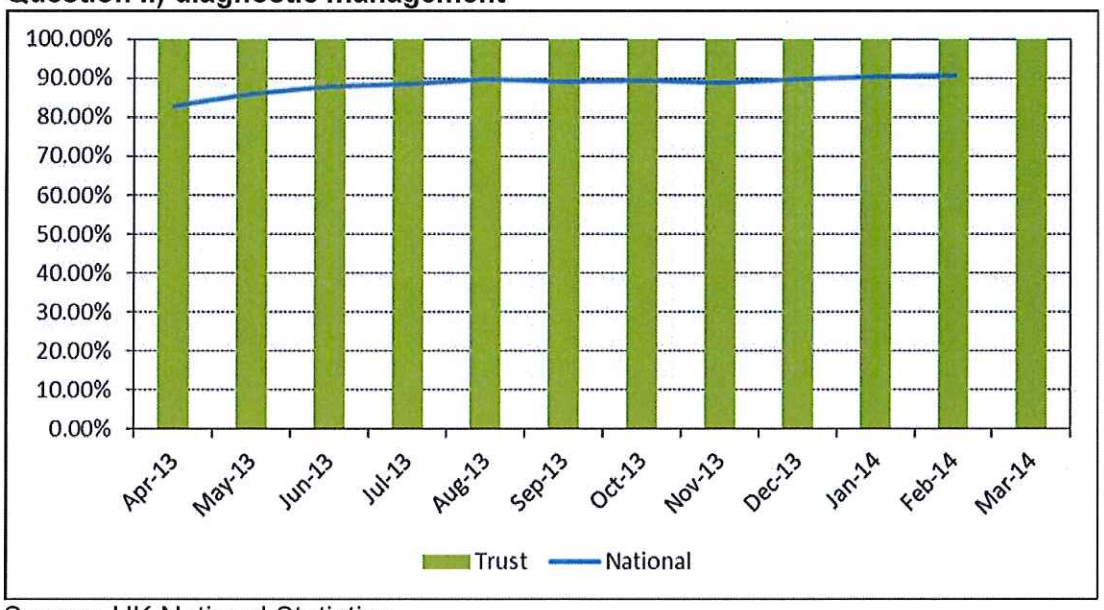
Question i) screening



Source: UK National Statistics

Question ii): Of these, how many should have undergone a diagnostic assessment, and how many did

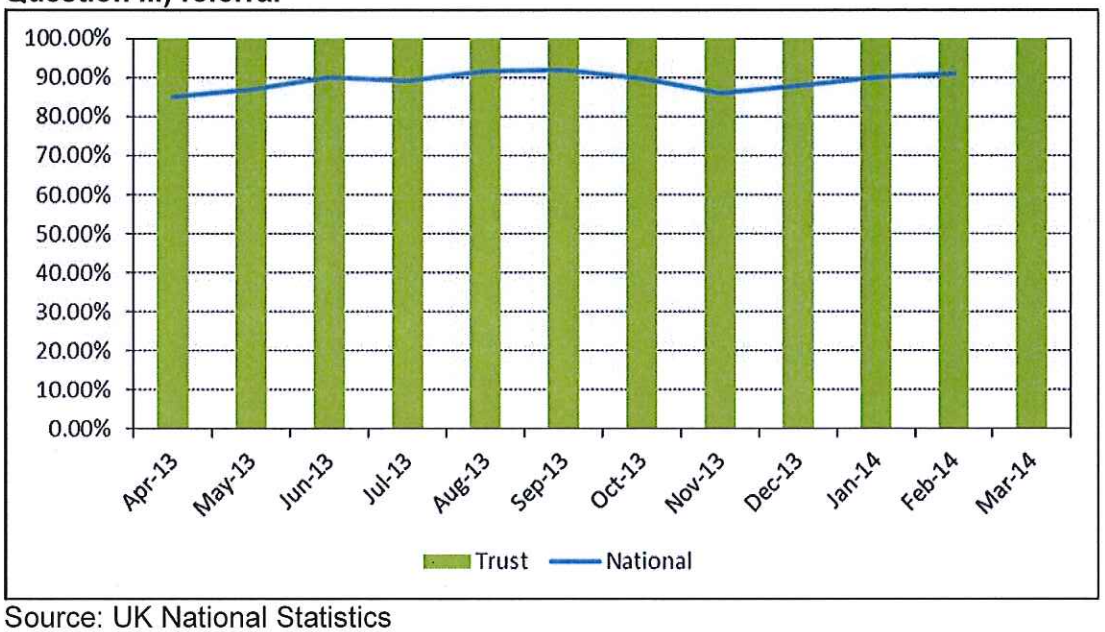
Question ii) diagnostic management



Source: UK National Statistics

Question iii) Of these, how many should have been referred on to other services or back to their GP, and how many were then referred in accordance with local pathways agreed with commissioners

Question iii) referral



Source: UK National Statistics

In addition to the identification and specialist referral of people with dementia which was one of the key priorities for WSFT during 2013/14, the Dementia Steering Group and the Dementia Strategy Lead Nurse coordinated a wider programme to improve the care and management of people with dementia whilst in hospital. This included:

- Dementia-friendly environment changes to ward G4
- Review of anti-psychotic drug prescription and usage
- Feedback from carers of patients with dementia

- Recruitment and training of volunteers to support reminiscence activities with patients on the ward
- Dementia training
- End of life feeding for patients with dementia.

Action to be implemented during 2014/15

- Introduction of a Dementia Dashboard to monitor the quality indicators related to dementia. WSFT is leading this work which may be implemented across Norfolk and Suffolk. Metrics currently being developed include:
  - Number of patients with a formal diagnosis of dementia (discharge coding) or delirium
  - Number of elective admissions of patients with dementia
  - Number of emergency admissions of patients with dementia
  - Average length of stay for patients with dementia
  - Number of readmissions within 30 days for patients with dementia
  - Monthly CQUIN achieved - % target met
  - Number of internal hospital moves of patients with dementia (breaking this down by time of day/night)
- Launch of 'Forget-Me-Not Dementia Campaign' with the East Anglian Daily Times, and the Bury, Sudbury and Stowmarket editions of the Mercury
- Introduction of a pale blue charity style wrist band - requested by the Dementia Champions Group as a discreet way of identifying to staff, particularly from other departments that do not regularly care for the patient, that the patient has dementia
- Promotion of dementia as the Trust Charity for 2014.

(ii) To reduce five key high impact medication errors by 50% by March 2014

Description of the issue and rationale for selection

The other focus within this area relates to medication management and the reduction of drug errors. Thousands of medicines are prescribed and administered in hospital every day and a very small proportion of these are prescribed or administered in error. These errors may have no effect on the patient but some have potentially fatal consequences. The Drugs and Therapeutics (D&T) Committee noted that there were a number of incidents or near misses that could potentially lead to significant harm or never events. These were identified as high impact medication errors. Therefore a focus on these types of error has been a priority for the Trust.

Actions taken to improve during 2013/14

- Specific focus on a small number of high impact errors by the D&T Committee and identification of improvements needed
- Agreement of a process to ensure that all staff are counselled following an error and their clinical supervisor informed
- Introduction of a monthly medications safety bulletin for staff to highlight any emerging issues and themes.

Current status

The D&T Committee monitors all medication errors on a monthly basis, to ensure investigations are complete. The committee noted that there were a number of incidents or near misses that could potentially lead to significant harm or never events. Robust processes of documentation, education and reflection were in place for nursing and pharmacy staff to ensure that suitable learning took place when these errors occurred. This reflection and learning process was not as clear for medical staff.

The D&T Committee therefore agreed a number of High Impact Medication Errors (HIMEs) and ensured that if any incidents or near misses were recorded on these categories that the medical staff involved are suitably counselled by their educational supervisor, the incident investigations are handled by the responsible consultant and signed off by the Clinical Director.

The number of HIMEs has not reduced during 2013/14. However the D&T Committee has continued to monitor the drug errors generally, and the HIMEs specifically, and has introduced a monthly D&T Committee safety bulletin to communicate emerging medication safety issues. This document is cascaded to medical, nursing and pharmacy staff and is available on the Intranet and is published in the Green Sheet.

Action to be implemented in 2014/15

- D&T Committee will continue to monitor the medication errors that occur and the input of the educational supervisors and clinical directors
- Shared learning from investigation of medication incidents through the D&T Committee safety bulletin
- D&T Committee to work with the Patient Safety Group to continue the development of the HIME concept and include other clinically significant near miss incidents.

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	2013/14 (Apr-Jan)	2012/13	2011/12	2010/11	National Avg.	Peer group Avg. (as at 2/12)
Hospital Standardised Mortality Rate (HSMR)	**80.44**	83.23	86.8	89.6	100	90.3
Length of Stay - Relative Risk	**96.71**	99.12	88.9	78.7	100	93.1
Readmissions - Relative Risk	**92.55**	96.34	98.5	102.9	100	93.2
Death in Low-Risk Diagnosis Groups	**0.57**	0.50	0.41	0.49	0.50	N/A

Source: Dr Foster Intelligence

The Trust has continued to performed well against the effectiveness measures.

National Targets	2013/14 Target	2013/14 Actual	2012/13 Actual	2011/12 Actual	2010/11 Actual
C *difficile* - Hospital associated	19	**22** *	33	23 **	37
31 day Diagnosis to Treatment Wait for First Treatment: All Cancers	96%	**99.92%**	100%	100%	100%
18-week maximum wait from point of referral to treatment (admitted patients)	90%	**97.29%**	99.96%	99.94%	99.90%
18-week maximum wait from point of referral to treatment (non-admitted patients)	95%	**99.34%**	100%	100%	100%
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)	92%	**99.74%**	99.96%	100%	100%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	**95.31%**	91.84%	98.13%	96.86%
62 day wait for first treatment from NHS Cancer Screening Service referral	90%	**98.13%**	99.56%	96.27%	88.02%
62 day - Urgent GP Referral to Treatment Wait for First Treatment: All Cancers	85%	**90.35%**	88.00%	89.14%	89%

National Targets	2013/14 Target	2013/14 Actual	2012/13 Actual	2011/12 Actual	2010/11 Actual
31 day Wait for Second/Subsequent Treatment: Anti Cancer Drug Treatments	98%	**100%**	100%	100%	100%
31 day Wait for Second/Subsequent Treatment: Surgery	94%	**100%**	100%	100%	100%
All Cancer Two Week Wait	93%	**97.24%**	94.43%	93.72%	95%
Breast Cancer Two Week Wait	93%	**98.19%**	95.81%	96.77%	94.35%

* 2013/14 figure excludes one case for which West Suffolk CCG upheld our appeal as we were able to evidence compliance with best practice

** 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 met all national targets in 2013/14 with the exception of C *difficile* which is reviewed in detail in Section 5 of the Quality Report under Priority 1.

Stroke Targets	2013/14 Target	2013/14 Actual	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%	**71.08%**	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%	**96.17%**	84.42%	82%	45%
80% of stroke patients spending at least 90% of their stay on a stroke unit	80%	**90.25%**	81.50%	86%	67%
>60% people who have a TIA and are high risk (ABCD 2 score 4 or more) are scanned and treated within 24 hours of 1st contact but not admitted	60%	**75.92%**	66.75%	73%	55%
Stroke - Proportion of patients admitted to an acute stroke unit within 4 hours of hospital arrival	90%	**89%**	75.16%	N/A	N/A
Proportion of patients in Atrial Fibrillation, presenting with stroke and where clinically indicated will receive anti-coagulation.	60%	**67.67%**	73.67%	N/A	N/A
Stroke - % of stroke patients with	100%	**98.33%**	95.92%	N/A	N/A

Stroke Targets	2013/14 Target	2013/14 Actual	2012/13 Actual	2011/12 Actual	2010/11 Actual
access to brain scan within 24 hours					
Stroke - Proportion of stroke patients and carers with a joint health and social care plan on discharge	85%	**91.92%**	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%	**71.08%**	97.80%	N/A	N/A
% of Patients eligible for Thrombolysis, Thrombolysed within 4.5 hours	100%	**100%**	100%	N/A	N/A

WSFT's performance against the local and national stroke targets continues to improve, with seven of the 10 targets achieved. We have invested in stroke services during 2013/14 and are working collaboratively with Ipswich Hospital to provide a 7 day consultant-led stroke service.

Incident reporting and learning

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 2013/14 was 74. These can be broken down into incidents which cross a number of themes including:

- Pressure ulcers (15)
- Falls (14)
- Escalation / deteriorating patients (including cardiac arrest) (14)
- Infection prevention (6)
- Maternity (4)
- Delay in diagnosis / investigation / treatment (3)
- Management of head injuries (3)
- Confidentiality breach (1).

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 availability and provision of equipment, checking for pressure ulcers and documentation on admission and discharge and accuracy of risk assessment completion
- Preventing falls through staff training, evidence of initial assessment and reassessment, appropriate treatment plans and medical completion of checklists
- Management of the deteriorating patient by case note review of cardiac arrests has identified issues in relation to escalation and senior medical review, adequacy of track and trigger tool and Do Not Resuscitate orders. Over the last year a new track and trigger has been introduced into the organisation and the resuscitation form has been changed to incorporate an escalation plan as well as resuscitation status
- Management of isolation of patients in relation to Norovirus and Measles
- Maternity incidents relating to intrauterine deaths
- Investigations that were delayed or not clinically reviewed in a timely manner

- Details of head injuries that have occurred following a fall at home have been fed back to the falls group; this has resulted in the review of the policy relating to the management of head injuries and the treatment of those patients at an increased risk, such as those on Warfarin. NICE have also reviewed and released updated guidelines in this area which has also been considered.

During 2013/14 two never events were reported and subject to rigorous investigation.

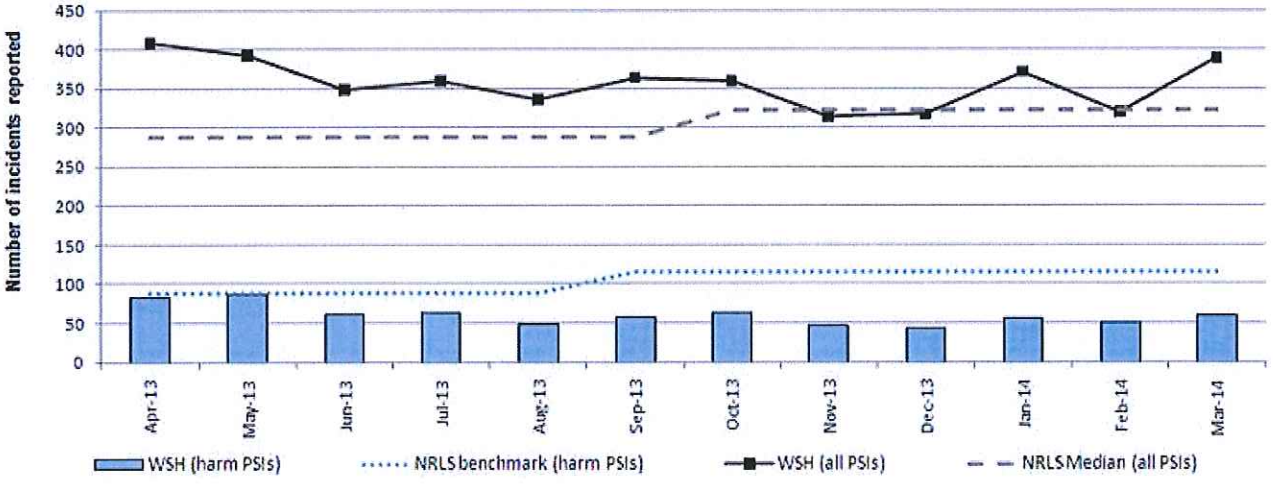
The first never event occurred when the wrong prosthesis was used during surgery. As a result the Trust established the Safer Surgery Implementation Group which included the Executive Medical Director, the Clinical Director for Surgery and the Clinical Director for Theatres and Anaesthetics. This Group undertook a comprehensive review of surgical practices across the organisation. As a result a Safer Surgery Strategy has been developed and the Safer Surgery Policy re-written.

- The procedural documents (including the WHO surgical safety checklist) have been audited on a regular basis to achieve a consistent compliance of more than 98%
- Appropriate WHO checklist documentation has been developed for the Day Surgery Unit and Ophthalmic Theatres
- The Theatre staff, led by the Matron for Theatres/ ITU and the Theatre Manager have been proactively reviewing and developing a complete set of theatre standards of practice. This working document outlines the standard operating practices within theatres. The aim is to have a standalone complete document with standards consistently applied across all specialities

The second never event occurred when a swab was retained following a procedure. A full RCA investigation was undertaken and actions were developed to address and prevent recurrences. These include documented swab, needle and instrument counts both before and after procedures. Additionally, where there is a change of personnel during the procedure, an additional documented swab, instrument and needle count must take place.

In April 2012 the Trust implemented a web-based electronic incident reporting system - Datix. This supported a considerable increase in incident reporting which has been maintained throughout 2013/14, in particular in the areas of near misses, 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.

Patient Safety Incidents (PSIs) 2013/14



Quality Walkabouts

WSFT has conducted quality walkabouts in a number of clinical areas and departments with members of the executive team and governors. This has enabled clinical and non-clinical staff to discuss current projects, changes and issues which have been identified and addressed in relation to patient safety. Issues and areas reviewed include:

- F3 and Medical Day Treatment Unit to highlight the quality of care patients receive and impact on services and staffing when escalation beds are opened as a result of limited capacity
- CCU to review what changes have been made to their monitoring as a result of recommendations from a serious incident. It also highlighted how staffing levels and movements impact on patient care within CCU and for patients who are being monitored through telemetry in other areas of the hospital
- The Diabetic team met with the executive team to review incidents relating to diabetic patients and thematic issues being raised. This informed the decision to identify diabetes care as a quality priority for 2014/15
- A&E reviewed how patients are managed in relation to the initial identification, treatment and ongoing care for sepsis
- Referral of patients for specialist care was reviewed to consider how patients are referred to specialist teams and the time frames in which the reviews occur. This work will assist in identifying patients who can have tests and reviews as outpatients to prevent delays in discharge.

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 356 formal complaints during 2013/14, an increase of 78 from 2012/13. The Board of Directors monitors complaints and learning on a monthly basis as part of the quality reporting arrangements.

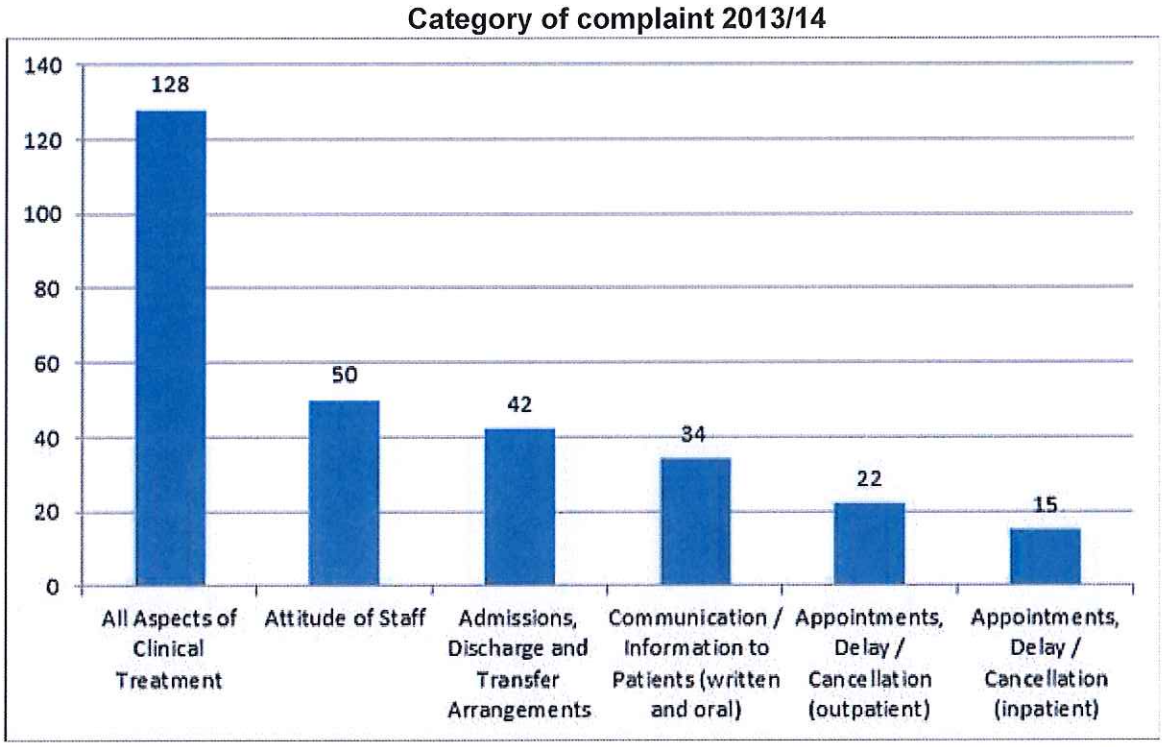
92% of complaints received during 2013/14 were resolved with the first response. There were seven meetings arranged between staff and complainants during 2013/14 to assist with resolving concerns, either prior to any written response or following an initial written response.

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 2013/14, six complaints were referred to the PHSO, compared to eight during 2012/13.

The PHSO has completed its review of three of these complaints:

- One complaint was not accepted for investigation
- One complaint was not upheld
- One complaint was upheld and as a result the Trust reviewed its procedures for admission criteria and waiting times.

The main themes and trends are described below.



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:

- Literature provided to patients regarding the administration of eye drops reviewed and amended to ensure it reflects the manufacturer's guidance
- Eye Treatment Centre has reviewed their patient information leaflets
- Patient First training has been refreshed on a number of wards
- Training for staff to increase knowledge and skills in dementia care, with additional support provided by the Specialist Dementia Trainer
- An additional check list has been devised to ensure that continence check is undertaken at the time of discharge
- Orthopaedics and Integrated Therapies pathway for paediatric patients has been amended to ensure orthopaedic paediatric patients are referred to and seen by the Occupational Therapy Team prior to surgery
- Practice has been changed to ensure that all paediatric patients admitted, who are known to a specific speciality, are discussed with their primary consultant routinely.

Managing compliments

A total of 551 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:

…."It gives me great comfort to know that at the end of a rich and interesting life my father's last few weeks were as comfortable as I think they could have been. All the team on the ward (doctors, nurses, housekeepers, palliative care) were so kind and considerate, not only to my father, but also my mother, siblings and me. Any requests were immediately responded to and we always felt included in any decision-making regarding my father's care. Staff were professional at all times and treated my father with great respect and consideration"…..

National staff survey 2013

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

Best 20% for	4 key factors
Better than average for	12 key factors
Average for	6 key factors
Below average for	3 key factors
Worst 20% for	3 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 3.82 was in the highest (best) 20% when compared with trusts of a similar type.

	Trust Score 2012	Trust Score 2013	National Average 2013
Overall staff engagement	3.83	**3.82 #**	3.74

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

Further detail is provided in WSFT's Annual Report 2013/14.

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 2013/14 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 CCG
- Suffolk Health Scrutiny Committee
- Healthwatch Suffolk
- Our Governors.

Commentary from these parties 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	Took part	No.	%
Acute	Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	511	100%
	Emergency use of oxygen (British Thoracic Society)	Yes	15	100%
	National Audit of Seizure Management (NASH)	Yes	30	100%
	National Emergency Laparotomy audit (NELA)	Yes	[1]	[1]
	National Joint Registry (NJR)	Yes	904	100%
	Paracetamol overdose (College of Emergency Medicine)	Yes	50	100%
	Severe sepsis and septic shock (College of Emergency Medicine)	Yes	50	100%
	Severe trauma (Trauma Audit & Research Network, TARN)	Yes	212	82% [2]
	Adult community acquired pneumonia (British Thoracic Society)	Yes	33	100%
	Non-invasive ventilation - adults (British Thoracic Society)	Yes	18	100%
Blood and Transplant	National Comparative Audit of Blood Transfusion programme:			
	- Audit of the use of Anti-D	Yes	40	100%
	- Audit of patient information and consent	Yes	10	100%
	- Survey of red cell use	Yes	62	100%
Cancer	Bowel cancer (NBOCAP)	Yes	174	94%
	Lung cancer (NLCA)	Yes	147	100%
	Oesophago-gastric cancer (NAOGC)	Yes	64	100%
Heart	Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	304	100%
	Heart failure (HF)	Yes	310 [3]	100%
	National Vascular Registry	Yes	2	100%
	National Cardiac Arrest Audit (NCAA)	Yes	80	90%
Long Term Conditions	National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme 2013 - 2016	Yes	[1]	[1]
	Diabetes (Adult) NDA programme:			
	- Diabetes (Adult) NDA core audit	Yes	2685	100%
	- National Diabetes Inpatient Audit (NADIA)	Yes	63	100%
	- National Pregnancy in Diabetes (Paediatric) (NPID)	Yes	5	100%
	Diabetes (Paediatric) (NPDA)	Yes	131	100%
	Inflammatory bowel disease (IBD) Round 4			
	- Inpatient Care Audit	Yes	10	100%
	- Biologics Audit	Yes	20	100%
	- Inpatient Experience Audit	No		
Older People	Falls and fragility fractures programme:			
	- Inpatient Falls (Pilot)	Yes	33	100%
	- Hip fracture database (NHFD)	Yes	337	100%
	Stroke National Audit Programme (SSNAP) - programme	Yes	298	100%
	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAPOP).	Yes	[1]	[1]
Women's & Children's Health	Epilepsy 12 audit (Childhood Epilepsy)	Yes	[1]	[1]
	Moderate or severe asthma in children (College of Emergency Medicine)	Yes	26	100%
	Neonatal intensive and special care (NNAP)	Yes	381	100%
	Paediatric asthma (British Thoracic Society)	Yes	15	100%

[1] Data not relevant or available at this time

[2] 2012 data – Target completion rate set by TARN is 80%. 2013 data completion is still to be

gathered and is currently 26.1%

[3] Estimated figure based on completed submissions. Expect to meet or exceed the required minimum submission

Table B: National Confidential Enquires

Category	Name of National Confidential enquiry	No.	%
Acute	Lower limb amputation (NCEPOD) organisational survey completed	1	100%
	Tracheostomy care (NCEPOD)	5	100%
	Alcohol related liver disease (NCEPOD) (also listed 2012-13)	3	100%
	Subarachnoid haemorrhage (NCEPOD)	2	100%
Women's & Children's Health	Child health programme (CHR-UK)	[1]	100%
	Maternal, infant and newborn programme (MBRRACE-UK)	30	100%
Other	Elective surgery (National PROMs Programme)	1129	100%

[1] Data not relevant, sample is automatically extracted from external sources.

Table C: Action from national audit reports

National Audit Title	Summary of actions taken
Emergency use of oxygen (British Thoracic Society) 2013	The audit results show room for improvement and have been discussed in clinical governance meetings. All members of staff have been encouraged to follow the Trust guideline. A hospital audit based on the BTS National Audit has been instituted during 2013/14, carried out by Junior Doctors on all applicable wards. We need to ensure that oxygen is prescribed, administered and recorded correctly. The new local audit will monitor this and educate staff.
National Audit of Seizure Management (NASH) 2nd phase	WSH has performed significantly better compared to our performance in the first audit in 2011 and has also done significantly better than most other sites in the 2013 audit. The standard identified for improvement was 'discussion around driving'. We need to be aware of the DVLA rules on driving and document that we have asked if the patient drives and informed them that they cannot drive if they have had a seizure. Teaching has been arranged and has been taken up by CMT.
National Joint Registry (NJR)	The NJR report showed that WSH achieved 100% compliance with the National Joint Registry for both data entry and obtaining patient consent for participation. We were not an outlier for either mortality or failure rate of hip or knee replacement. Data available separately but not in the annual report shows us as having a low rate of repeat operations within the first year following surgery for hip and knee replacement. This has been reported at a department audit meeting, but the department is aware that while these results are satisfactory it is important that we keep our eye on the quality and patient satisfaction of the service we are delivering. It was not felt necessary to make any changes to practice as a result of these results and no major changes in clinical practice have been introduced in the last year.
Severe trauma (Trauma Audit & Research Network, TARN)	Internal results have been presented at management and Board level within the Trust. The analysis is used to target structured case reviews and identify thematic reviews.

National Audit Title	Summary of actions taken
Adult community acquired pneumonia (British Thoracic Society 2013	A total of 33 cases were reported to the British Thoracic Society for the 2013 audit. The BTS report comparing our findings with the national results has been reviewed with regards to requirements for clinical improvement. The median length of stay was markedly longer than the national average, an apparent reflection of the average age of our patients being 77 against the national figure of 72. 84% of our patients received a chest X ray within 4 hours of admission, while the national average was 50%. The audit found that 63% of our patients received antibiotics within 2 hours compared to a national average of 57%. To ensure appropriate care of our patients this certainly needs to be improved, both at a local and national level. The readmission rate (9%) matched the national figure, but none of WSH patients died within 30 days of discharge after their index admission, compared with 3.4% nationally. The Trust has in place a guideline for early antibiotics use as part of the sepsis protocol. There is also a regular audit of antibiotic use by ward and CURB 65 has been incorporated into the standard EAU clerking proforma.
Non-invasive ventilation in adults 2013 (British Thoracic Society)	WSFT contributed data on 18 cases in 2013 to the British Thoracic Society Non-Invasive Ventilation (NIV) in Adults audit. Although close to national findings on many aspects of the audit, WSH scored well on successful outcomes of NIV (77% compared with 66% nationally) and involving relatives in decision making (67% against 50% nationally). It was also found that a high proportion of our patients (40%) are discharged home on NIV, against 15% nationally. However, WSH could not demonstrate clear documentation on whether an oxygen card or equivalent had been given to patients, raising the issue that we need to improve appropriate distribution of this information at discharge. We also performed poorly with regards to documenting referrals to pulmonary rehabilitation, which suggests a reduction in this aspect of patient care since Suffolk COPD Services were taken over, as well as documentation issues. In common with other trusts, we scored poorly (6%) on whether a sleep study was organised for patients with obesity-hypoventilation. The Trust is applying to the CCG for expansion to provide a sleep service so our patients should have better provision of sleep assessments. We are also reviewing the community COPD service, which should help improve oxygen card provision. Provision of the oxygen card has been discussed at respiratory team meetings and the ward has been informed to try and improve on this. As a result of the audit we have introduced a new EPARS form for resuscitation decisions to encourage better communication with the family and patient.
National Comparative Audit of Blood Transfusion - Audit of the use of Anti-D 2013	The National report is awaited, but local findings have already been fed back to the Service Manager and the Risk Manager. Measures are being taken to address two specific issues raised by work on the audit: 1) Documentation of women having received information and given informed consent 2) Use of Anti-D. These two cases have been reported as incidents on the hospital risk management system. Education has been provided to midwives at the hospital and in the community to raise awareness of this issue.
Bowel cancer (NBOCAP)	The National Bowel Cancer report 2013 has been received and will be reviewed at the annual hospital meeting in May 2014. There are no local problems distinct from the ongoing national areas for concern. The Trust has addressed the need for staff to attend advanced communication skills training and the lack of psychology input for Specialist Nurses is being dealt with on a Trust-wide and Network basis.

National Audit Title	Summary of actions taken
Lung cancer (NLCA)	The annual report and the relevant extract were disseminated when published in late 2013. WSH continues to have a high number of referrals to our lung cancer clinic with a total of 147diagnosed cases for the patients first seen in the year 2012. We are doing well with provision of CT prior to bronchoscopy achieving 96.6%. Chemotherapy rates for 2012 diagnosed patients were good compared to the national average. A histological diagnosis was achieved in 79.6 % of patients which is higher than the national average of 75.5%. 50% of our patients had surgery against a national average of 50.4% and an England average of 51.3 %. We continue to liaise with Papworth to improve on these figures as we are dependent on what they have to offer our patients with regards to surgery. An ageing lung cancer population and a higher than average histological hit rate affects these figures. The total numbers not offered surgery are also too small to analyse further and learn lessons from based on previous review but we will continue to review the data. This will be discussed in more detail at our annual away day planned for May. There was a slight drop in patients discussed at the MDT to 94.6% against an England average of 95.6%. This is now 100% in our most recent data from 2013/14. The number of patients seen by a nurse specialist was 74.1% which is lower than the national average of 81.9%. This needs to improve. We have now employed a replacement lung cancer specialist nurse with working hours that include all working days of the week, which should improve this service provision for the future. The annual Lung Cancer Audit report features heavily on the Lung MDT Annual Report, which is endorsed at the time of the team operational meeting which is held once a year. Any improvement measures agreed are included in the MDT work programme and again their progress is reviewed annually by the team at this time.
Oesophago-gastric cancer (NAOGC)	WSH was expected to submit data on less than 50 cases according to the HES statistics, but actually reported on 64 cases. With case ascertainment in excess of 80% the hospital performed at a high level. Ten main recommendations are proposed from each National Audit, which are discussed at Regional Site Specific meetings and implemented at local level. The recommendation to increase the use of radiotherapy has informed an increase in brachy therapy at WSH. Changes have been made in palliative radiotherapy inpatients with squamous carcinomas. Improvements have been made in recording data on high grade dysplasia.
Acute coronary syndrome or Acute myocardial infarction (MINAP)	304 patients were submitted to the MINAP audit during 2012/13. The principal action which arose as a result of participation in the audit was that a Secondary Prevention Label was designed to address the issue of lack of documentation in notes regarding secondary prevention and the reason why certain ACS drugs were not commenced. This was in response to the CQC's new quality indicator.
Heart failure (HF)	The National Heart Failure Audit report published during 2013 found a reduction in both in-hospital and one-year mortality for people admitted to hospital during 2012/13 with acute heart failure, when compared with the same outcomes for the 2011/12 cohort. Local findings in relation to national figures are discussed within Cardiology and taken to appropriate committees for dissemination of information. As a result, the WSFT has developed an integrated heart failure proforma for use during the immediate assessment of patients presenting with decompensated LVF. This improves both our ability to track patients and optimises their follow up and medical treatment.

National Audit Title	Summary of actions taken
National Vascular Registry	The majority of patients seen initially at WSH are operated on in Addenbrooke's. The target is set at 2 weeks to surgery and it is recognised that WSH patients experience delays to surgery through being transferred. It is not possible to separate out our hospital data from Addenbrooke's, but the national report published in 2013 gives excellent outcomes in Cambridge for both Carotid and AAA repair. The national report states that earlier comparative audits across Europe and reports from NCEPOD highlighted deficiencies in care within the UK following elective repair of infra-renal abdominal aortic aneurysm (AAA). At the same time, clinical trials were establishing carotid surgery as an effective treatment of transient ischemic attack (TIA) and minor stroke. The effect of this information was to stimulate quality improvement programmes for carotid and AAA surgery. Alongside these developments were evidence-based changes in surgical practice towards earlier carotid surgery for symptomatic disease (TIA) and increased access and use of endovascular AAA repair. The focus of these programmes was to drive improved quality following surgery and to provide reliable information for patients receiving care from vascular surgeons within the UK.
National Cardiac Arrest Audit (NCAA)	All cardiac arrests continue to be reviewed for learning purposes and the outcomes reported and discussed across the Trust. The findings of this audit are discussed during the deteriorating patient group meetings and submitted on a monthly basis to governance. They are discussed at departmental level and also during the monthly meetings with the senior Matron and during our monthly case note review meetings. Information is also shared with Education and Outreach and it is fed back to the Resuscitation Committee group during committee meetings. As a direct result of reviewing this NCAA data we are trying to devise a more robust way of collecting the patient data when the original calls go out to prevent some patients not being submitted for audit. This is currently under discussion with switchboard and Education and Outreach. As a service we are also reminding staff of the importance of completing cardiac arrest audit forms to also help with this data capture. The EPARS form was launched Trust-wide in February 2014, which gives every patient (apart from paediatrics, obstetrics and day cases) an escalation plan and resuscitation status. Already the number of calls has fallen by a third and the number of in-hospital cardiac arrests (excluding A&E) that contribute to the NCAA audit has halved. A better idea of whether this is due to the implementation of EPARS should be clear within the next couple of months.
Diabetes (Paediatric) (NPDA)	The 2011-12 NPDA audit, for which we submitted the data for HbA1C only, was reported in December 2013. The results show our mean HbA1C <7.5% has risen to 20% from 14% the year before. This again is an excellent result and we are striving to improve on this in the coming years. We made lot of changes to our practice in preparation for the peer review, for which we received a good report. The 2011-12 NPDA results were discussed in our MDT meeting in January and will be presented to our Clinical Governance meeting. They will also be discussed at the Regional Diabetes network AGM and will be passed to the Trust management. The changes that we have made in our Diabetes services have been very profound and are expected to start to show improvements in the future.

National Audit Title	Summary of actions taken
Inflammatory bowel disease (IBD) Round 4: Biologics audit	The Biological Therapies Audit is ongoing, with the first phase reported during 2013. The findings and recommendations of the national report have been shared at relevant multi-disciplinary and clinical governance meetings. This biologic audit is the first nationally-based audit that is providing information relating specifically to clinical data generated by the use of biologics. No major changes in clinical practice have yet been implemented, as we are still data gathering and comparing our current clinic practice with other trusts. Areas for potential improvement include reducing the time to start of treatment and also ensuring that all pre-screening is completed. WSH is one of just a few centres in the Eastern region currently contributing to the Biologic audit.
Falls and fragility fractures programme: Hip fracture database (NHFD)	The National Hip Fracture Database (NHFD) 2012/13 report provides a snapshot of our performance against that of other trusts for various benchmarks, many of which have been shown to have an effect on outcome. The findings were widely disseminated. Highlights of the report are: • WSH has one of the lowest mortality rates in the country with an adjusted mortality rate of 4% and an unadjusted mortality rate of 4.8%. This puts us on three standard deviations below the mean mortality rate of 8.2% and we are one of only six hospitals in the UK achieving this. • 50% of our patients are returned to their homes within 30 days of admission to hospital. This is well over two standard deviations outside the mean and makes us the best hospital in the country for this target. • Best practice tariff was achieved in 86% of cases, the sixth best in the UK. • We are in the top 10% of hospitals getting patients to theatres within 36 hours of admission, but are not quite so good at operating on them within normal working hours. • 95% of our patients receive a cemented arthroplasty for intracapsular fractures as recommended in the guidelines. We perform a total hip replacement on about 40% of our intracapsular fractures. • Although our length of stay is very average, we are in the top 10% of hospitals when it comes to length of "super spell" which includes stays in other NHS facilities such as rehabilitation hospitals or NHS-funded nursing home places. Areas where there is room for improvement include: • patients whose surgery is delayed beyond 36 hours (the national target), just over half are delayed because of lack of theatre space. • our pressure ulcer rate is recorded at 3%, 20% of our patients do not receive a preoperative medical assessment and we are working to improve this. Although we are in the top 10% of hospitals getting patients to an orthopaedic ward from A&E within 4 hours, we hope to improve this dramatically with the opening of the new Trauma Assessment Room on ward F3.
Stroke National Audit Programme (SSNAP) - programme	The recently introduced SSNAP reporting system is now generating quarterly reports, which are reviewed initially by the Stroke Team. The Lead Consultant then meets with Therapists to discuss service improvements based on the audit findings. The members of the Stroke Team are constantly working to adjust practices and data collection to improve our performance and the timely reporting received from SSNAP enables improvements to be implemented promptly.

National Audit Title	Summary of actions taken
Neonatal intensive and special care (NNAP)	Data completeness has improved in the last year. Further improvement is being made regarding neurology data entry, which is mainly because we have been unable to initiate the nursing staff taking on the daily summaries due to changes in the IT platform. The following actions arose from participation in the audit during the year: 1) The recording of daily updates on the national platform will be taken over by the neonatal nurses rather than the junior doctors. This is likely to help our recording of infant muscle tone and consciousness levels in particular. 2) Recording of blood and CSF cultures, and recording first consultation with parents, which are still performed by the doctors. This is addressed at education meetings. 3) Recording of Retinopathy of Prematurity (ROP) examinations has improved significantly following a more robust system for checking them. 4) The findings have been disseminated at our monthly governance meeting and our Neonatal Unit manager has discussed results with the neonatal nurses.
Paediatric asthma (British Thoracic Society)	15 cases were submitted to the BTS for this audit which has only recently closed. Results will be disseminated to the department electronically and also discussed in the next governance meeting. There have been sessions about asthma in the departmental education meetings in conjunction with the audit. We note that while we are better than national average, and this year's results are better than our results from previous years, we will take away some key messages. 1) We need to reiterate the message that parents must be told to see their GP within 2 days of discharge. 2) We need to be better at assessing that the parents and patients have good inhaler technique at time of discharge. 3) We need to check if it is appropriate to give patients a peak flow meter. 4) We need to consider if it is appropriate to give patients a store of steroids for the next episode. 5) We need to be better at checking for tobacco use in the family.
Tracheostomy care (NCEPOD)	Data on five eligible patients was requested by NCEPOD and submitted to the Tracheostomy study. Questionnaires were completed on insertion, on Critical Care and on ward care, with data supplied in full to NCEPOD. This audit has not yet been reported and there were no actions identified by the audit process relating to local clinical care.
Alcohol-related liver disease (NCEPOD)	We are broadly compliant with all recommendations and for several years have had comprehensive guidelines for WSH for all aspects of alcohol-related liver disease and dependence. Areas of good practice identified locally were: a) regular fluid balance audits are carried out; b) that a Dietitian and Gastroenterologist sees all patients and makes a nutritional assessment – though this could be formalised; c) patients with alcohol-related liver disease, who deteriorate acutely and whose background functional status is good are considered for escalation and this is discussed typically by a Consultant Gastroenterologist with special interest in liver disease and an Intensivist. The main areas of improvement include 7-day services within the team.
Subarachnoid haemorrhage (NCEPOD)	WSH is compliant with the significant recommendations in the report of the NCEPOD Subarachnoid Haemorrhage Study. We already have a policy for subarachnoid haemorrhage and the audit confirmed that we manage our patients well.
Maternal, infant and newborn programme (MBRRACE-UK)	WSH has submitted data to this audit during the year, with 32 perinatal cases reported. The current phase of the MBRRACE-UK audit, which reports perinatal and maternal deaths, is not due to report until December 2014, but ongoing reviews of clinical practice and staff education are initiated in response to the findings of RCAs and clinical reviews prompted by some of the cases reported to the audit.

National Audit Title	Summary of actions taken
Elective surgery (National PROMs Programme)	PROMs results are discussed at the Surgical Directorate Performance Reviews as part of the quality agenda. If the PROMs results identify any issues they are reviewed by the appropriate clinical teams. Review shows WSH is consistently performing above the national average and is improving year-on-year.
Potential Donor Audit	During 2013/14 five consents were obtained, of which three proceeded to multiple donations, including kidneys, liver, corneas and heart valves. The national report for 2012/13 was received in August 2013 and reviewed and acted upon by the Donor Team. Data is discussed at committee meetings.
Consultant Sign-Off Audit (College of Emergency Medicine)	The College of Emergency Medicine Clinical Effectiveness Committee developed "Consultant sign off" as one of the clinical standards to be audited in UK and Republic of Ireland Emergency Departments. The Department of Health has subsequently adopted the "Consultant sign off" as a quality indicator for Emergency departments. The local recommendations from participation in this audit were: 1) Education on the need to discuss patients defined by the consultant sign off standard with an ST4 and above or consultant/associate specialist. 2) There needs to be a review of rota/staffing cover over the weekend to offer more senior support during these, often busy, periods. 3) Review of ED patient notes. 4) Explore reasons for higher than expected admission rates.

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	Jul 12 – Jun 13
WSFT	88.24 (Confidence Intervals - 83.3 to 93.39)	89.76 (Confidence Intervals – 84.9 to 94.83)
National average	100	100
Highest NHS trust	121.1	115.63
Lowest NHS trust	68.49	62.59

Source: Dr Foster

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

	Jul 11 – Jun 12	Jul 12 – Jun 13
WSFT	16.87%	19.53%
National average	18.54%	20.65%

Source: Dr Foster

WSFT considers that this data is as described and shows WSFT's rate is slightly below the national average. 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 (PROMS)

	2011/12	**2012/13**	**2013/14 (Apr '13 – Dec '13)**
Groin hernia surgery			
WSFT (EQ-5D Index)	0.073	0.093	0.113
National average (EQ-5D Index)	0.087	0.085	0.086
Varicose vein surgery			
WSFT (EQ-5D Index)	0.098	0.100	Not available on HSCIC
National average (EQ-5D Index)	0.095	0.093	0.101
Hip replacement surgery (Primary)*			
WSFT (EQ-5D Index)	0.415	0.418	0.437
National average (EQ-5D Index)	0.416	0.438	0.439
Knee replacement surgery (Primary)*			
WSFT (EQ-5D Index)	0.285	0.350	0.294
National average (EQ-5D Index)	0.302	0.318	0.330

**From December 2013 Hip and Knee replacement surgery is reported as Primary and Revision. WSFT data is for Primary only*

Source HSCIC

WSFT considers that this data is as described as PROMS data is issued quarterly. This review shows WSH is consistently performing above the national average and is improving year-on-year with the exception of knee replacement.

(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

	2012/13	2013/14
Aged 0 to 15	7.06%	12.62%
Aged 16 or over	16.65%	14.38%

Source: WSFT Patient Administration System (PAS)

WSFT considers that this data is as described. No comparative national data is available for the periods reported.

WSFT will continue to review re-admissions and identify themes arising from the information gained. This work will focus on improvements to inpatient pathways across the health system.

(d) Responsiveness to the personal needs of its patients

	2012	2013
WSFT	68.4	70.4
National average	67.4	68.1
Highest NHS trust	85.0	84.4
Lowest NHS trust	56.5	71.1

Source: HSCIC

WSFT considers that this data is as described as each year WSFT participates in a number of national patient surveys. 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 WSFT has improved over the last year and is performing better than the national average.

(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 friends or family

KF24	2012	2013
WSFT	79%	77%
Median (Acute and Specialist Trusts)	63%	66%
Highest NHS trust (Acute and Specialist Trusts)	94%	94%
Lowest NHS trust (Acute and Specialist Trusts)	35%	40%

Source: HSCIC

WSFT considers that this data is as described as the data is analysed independently. The Trust consistently achieves top 20% scores for this indicator.

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

	2012/13	2013/14 Apr '13 to Feb 14
WSFT	98.86%	99.17%
National average	93.96%	95.77%

Source: NHS England

WSFT considers that this data is as described as 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.

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 2012/13	Current period 2013/14
WSFT	25.6	15.76 *
National average	17.3	Not yet published

Source: Health Protection Agency (HPA) for 12/13. * Trust PAS & Infection Prevention Data

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 performance in this area was the subject of external scrutiny during 2013/14 and a remedial action plan agreed with NHS Suffolk. During the second half of 2013/14 WSH improved its performance, maintaining the number of *C. difficile* cases below the agreed ceiling.

(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
Apr '12 – Sept '12	1522 (5.7 / 100 admissions)	6.5 / 100 admissions	Middle 50% of trusts
Oct '12 – Mar '13	1956 (7.4 / 100 admissions)	7.3 / 100 admissions	Middle 50% of trusts
Apr'13 – Sept '13	2121 (7.7 / 100 admissions)	8.1 / 100 admissions	Middle 50% of trusts
Oct '13 – Mar '14	2049*	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	Comparison to peer group
Apr '12 – Sept '12	20 = 1.3%	0.9%	Above peer group average
Oct '12 – Mar '13	12 = 0.61%	0.8%	Below peer group average
Apr '13 – Sept '13	25 = 1.20%	0.7%	Above peer group average
Oct '13 – Mar '14	23* = 1.22%	Not yet published	Not yet published

Data source: NRLS and *Local incident system

WSFT considers that this data is as described as the reporting rates are consistent with the data received by the Board on a monthly basis and described in this report within the summary on *Incident reporting and learning.*

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 the report within the summary on *Incident reporting and learning.*

Annex C: Comments from third parties

WSFT 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 recognise and fully support the Board of Directors commitment to improving the already high standard of care for our patients.

During 2013/14 we have strengthened our work through:

- Regular contact with patients and their supporters
- Regular attendance at Board of Directors meetings and informal meetings with both Executive and Non-executive Directors
- Capturing patients' feedback, sharing this with hospital management and receiving updates on action taken
- Taking part in 'Quality Walkabouts' and 'Environmental Walkabouts'
- Regular attendance at Workshops organised by the Trust, and attending national events to support learning and development
- Encouraging the public to join as members of the Foundation Trust and engaging with these members to take an interest in the hospital
- Supporting regular clinical talks for Foundation Trust members and the public
- Structured briefings by the Deputy Chair, on a quarterly basis, on the Trust's financial position
- Informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings.

Governors and Directors have worked to develop a shared understanding of the challenges facing the Trust, and to develop strategies to address these. 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.

Governors continue to have a good relationship with the Executive Directors and Non-executive Directors and are able to openly discuss issues and concerns.

We 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.

West Suffolk Clinical Commissioning Group

West Suffolk Clinical Commissioning Group, as the commissioning organisation for West Suffolk Hospital NHS Trust, confirms that the Trust has consulted and invited comment regarding the Quality Account for 2013/2014. This has occurred within the agreed timeframe and the CCG is satisfied that the Quality Account incorporates all the mandated elements required.

The CCG has 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.

West Suffolk Clinical Commissioning Group is 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 Group endorses the publication of this account.

Barbara McLean
Chief Nursing Officer

Suffolk Health Scrutiny Committee

The Suffolk Health Scrutiny Committee appreciates the opportunity to comment on this year's Quality Accounts.

This year, the Suffolk Health and Wellbeing Board has agreed that Quality Accounts should be referred to the Health Scrutiny Committee for discussion and oversight.

In light of the Francis Report, the Committee is clear that accountability in the NHS is not just about publishing data. This needs to be linked to mechanisms that bring a reality check to make sure that patients' experiences are properly reflected. The Committee believes that quality improvement should be an ongoing cycle. With this in mind, the Committee nominates councillors from within its membership to act as formal links with NHS commissioners and providers in Suffolk. The Link member's role is to attend Board meetings to observe discussion and develop greater understanding of the organisation. Link members can also highlight to the Committee, via the Chairman, issues which may be of interest to the Health Scrutiny Committee, for example, developments in services, good performance and practice, or areas of concern, on an ongoing basis, throughout the year.

The Health Scrutiny Committee has, in the main, been content with the engagement of local healthcare providers in the work of the Committee over the past year, and is keen that these relationships should continue, with a view to ensuring the best possible health services for the people of Suffolk.

County Councillor Michael Ladd
On behalf of the Suffolk Health Scrutiny Committee

Healthwatch Suffolk

The West Suffolk NHS Foundation Trust should be congratulated for being named as Trust of the Year 2013 for the Midlands and East of England region, as well as other awards and accolades it has received during the year. It should also be congratulated for the extensive initiatives it has pioneered during the period of this Quality Account.

The report is very detailed, well presented and in a logical 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 2014/15 follow logically from the report on the 2013/14 year. To achieve this clear pathways of improvement have been identified and expectations set.

Following the announcement from Monitor on 16th May 2014 regarding its concerns about the state of the Trust's finances, Healthwatch Suffolk will be taking an active interest to monitor patient experience in the year ahead. Ultimately the hospital must ensure best use of the money that it receives to provide a high quality of care to its patients. We want to make sure however that there is no adverse impact on patient care as a direct result of the need to balance books and deliver on saving plans.

Feedback received by Healthwatch Suffolk during the year 2013/14 confirms that there is positivity attributed to services across the hospital and we have been keen to encourage continued high standards where identified. These comments are however balanced with comments of a negative sentiment.

A small number of patients have highlighted communication issues having provided feedback to the hospital. We will be working with the Trust to ascertain how well it responds to feedback in the year ahead and aim for a continued dialogue to ensure that this is a priority in 2014/15.

Healthwatch Suffolk looks forward to working closely with West Suffolk Foundation NHS Trust during 2014-15 and to watching its continuing drive for excellence.

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 2013/14*;
- 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 2013 to June 2014
    - papers relating to quality reported to the Board over the period April 2013 to June 2014
    - feedback from the commissioners dated 16/05/2014
    - feedback from governors dated 13/05/14
    - feedback from local Healthwatch organisations dated 19/5/2014
    - Feedback from the Suffolk Health Scrutiny Committee dated 16/05/2014
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23/05/2014
    - the 2013 national patient survey 8/04/2014
    - the 2013 national staff survey 28/02/2014
    - the head of internal audit's annual opinion over the Trust's control environment dated 30/05/2014
    - CQC quality and risk profiles monthly from 01/04/2013 to 31/05/2014
- 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) as well as the standards to support data quality for the preparation of the quality report.

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
29 May 2014

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 2014 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 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 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 the 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 consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents below:

- board minutes for the period 1 April 2013 to 29 May 2014;
- papers relating to quality reported to the board over the period 1 April 2013 to 29 May 2014;
- feedback from the Commissioners, dated 16/5/2014;
- feedback from local Healthwatch organisations, dated 19/5/2014;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23/5/2014;
- the latest national patient survey, dated 8/4/2014;
- the latest national staff survey, dated 28/2/2014;
- the Head of Internal Audit's annual opinion over the Trust's control environment, for the year to 31 March 2014; 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 2014, to enable the Council of Governors to demonstrate they have discharged their 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, except 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.
- reading the documents.

A limited assurance engagement is smaller 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 affect 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 of these criteria, 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.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by West Suffolk NHS Foundation Trust.

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 2014:

- 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.

Lisa Clampin
Partner, for and on behalf of BDO LLP
Ipswich, UK

29 May 2014

Annex F: Glossary

Clostridium *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.

CHKS

CHKS is a provider of healthcare and healthcare improvement services.

CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

The CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

The CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and to publish findings, including performance ratings to help people choose care.

CQUIN

The 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.

HSMR

The HSMR is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in acute care hospitals. An HSMR equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate; greater than 100 suggests that the local mortality rate is higher than the overall average; and less than 100 suggests that the local mortality rate is lower than the overall average.

MEWS

Modified Early Warning Score (MEWS) is a simple physiological scoring system suitable for use at the bedside that allows the identification of patients at risk of deterioration.

Monitor

Monitor is the sector regulator for health services in England. Monitor's job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.

Monitor exercises a range of powers granted by Parliament which include setting and enforcing a framework of rules for providers and commissioners, implemented in part through licences issued to NHS-funded providers.

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.
NRLS	The National Reporting & Learning System is a national database of confidentially reported 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.
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 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. During 2013 the QRP was replaced by intelligent monitoring reports which review more than 150 indicators to direct their resources. The results group acute NHS trusts into six priority bands for inspection based on the likelihood that people may not be receiving safe, effective, high quality care. Band 1 is the highest priority trusts and band 6 the lowest.
RCA	A Root Cause Analysis (RCA) is a structured investigation of an incident to ensure effective learning to prevent a similar event happening.
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.
SHMI	SHMI is the ratio between the actual number of patients who die following treatment at an acute care hospital and the number that would be expected to die on the basis of average figures across England, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
VTE	Venous thrombo-embolism, or blood clots, are a complication of immobility and surgery.

7. Staff Survey

The following report includes commentary on the National Staff Survey (2013). It contains detail on staff engagement and survey response rates, top and bottom rankings scores (key factors), and key areas for improvement and future priorities and target areas.

National staff survey and staff engagement 2013
Overall the Trust has achieved the following, when compared to other acute trusts:

Best 20% for	4 key factors
Better than average for	12 key factors
Average for	6 key factors
Below average for	3 key factors
Worst 20% for	3 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 3.82 was in the highest (best) 20% when compared with trusts of a similar type.

	Trust Score 2013	Trust Score 2012 *	National average 2013
Overall staff engagement	**3.82#**	3.83	3.74

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

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:

- Core brief – monthly briefing cascade
- Monthly team briefings
- Monthly Medical Staff Bulletin for Consultants and Junior Doctors
- Staff Conversation events – facilitated by Staff Governors
- 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
- Bright Ideas Scheme
- Staff awards – annual Shining Lights Awards, monthly "Putting you First" Award, and The Michael Williams Shield recognising 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 results in previous years.

Overall staff survey response	No. eligible staff	Sample size	Returned	Trust response rate % and performance against previous survey	
2010 sample *	2677	783	430	55%	15% (improvement)
2011 sample *	2600	792	498	63%	8% (improvement)
2012 sample	2818	798	430	54%	9% (deterioration)
2013 sample	**2955**	**797**	**453**	**57%**	**3% (improvement)**

* Prior to FT authorisation

Top / Bottom Five Ranking Scores

	2012		2013		Target trend	Improvement /Deterioration	Trust KF result against other trusts
	WSFT	Nat. Avg.	WSFT	Nat. Avg.	Up /Down	% since 2012	
Top five ranking scores							
KF14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	89%	90%	94%	90%	+	5%	Best 20%
KF24. Staff recommendation of the Trust as a place to work or receive treatment.	3.87	3.57	3.92	3.68	+	0.05	Best 20%
KF17. Percentage of staff experiencing physical violence **from staff** in the last 12 months	3%	3%	2%	2%	-	1%	Best 20%
KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver.	75%	78%	82%	79%	+	7%	Best 20%
KF11. Percentage of staff suffering work related stress in the last 12 months	33%	38%	34%	37%	+	1%	Above (better than) average
Bottom five ranking scores							
KF7. Percentage of staff appraised in last 12 months	79%	83%	75%	84%	-	4%	Worse than average
KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	18%	15%	18%	15%		No change	Worst 20%
KF26. Percentage of staff having Equality & Diversity training in the last 12 months	49%	56%	44%	60%	-	5%	Worst 20%
KF5 Percentage of staff working extra hours	69%	70%	72%	70%	+	3%	Worse than average
KF27. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	92%	87%	87%	88%	-	5%	Worse than average

Action plan for areas of concern and future priorities

The 2013 staff survey reveals that the Trust could improve in 4 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	Proposed actions
KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	• Although percentage compliance for training has risen from 58 to 75% in the last two years, we will continue to encourage staff to attend the Trusts training programmes. This will involve managers making time to release staff to attend this training and staff being identified as benefitting from attendance • Additional dates and a shorter refresher programme have been advertised • Clinical confusion/ dementia awareness will continue to be included in all training • Administration of the above programmes has been transferred to HR to ensure greater accuracy and improved booking arrangements.
KF 26. Percentage having Equality and Diversity training in last 12 months	• We will remind all trainers/ educators of the need to emphasise to participants that E&D issues are included as part of larger programmes, e.g. junior doctors training, apprenticeship and diploma programmes and other in-house training sessions • The Mandatory Training committee will again need to review whether E&D training needs to become mandatory for all staff.
KF5. Percentage of staff working extra hours	• The Trust will invite the Staff Governors to undertake further research into this factor. (Initial analysis suggests it is predominantly those aged 31-40, in the following occupational groups; medical and dental, registered nurses and physiotherapy) • Work is currently being done through Healthroster to ensure staff are not consistently working over their contracted hours, and managers are being encouraged to cap working over 2 shifts worth of hours and give staff back time who are owed it. This is monitored through the net hours reports which are published 4 weekly.
KF7. Percentage of staff appraised in the last 12 months	• We will continue to vigorously report compliance at all levels in the organisation. Line managers will then be responsible for the delivery of this key performance indicator • National changes to Agenda for Change (AfC) will be a key driver, as appraisal completion will become linked to incremental progression as part of the introduction of a performance evaluation tool into the appraisal process.(project funding to be confirmed) • We will consult other local trusts with high levels of compliance to adopt best practice.
KF27. % staff believing trust provides equal opportunities for career progression or promotion	• We will investigate this concern as part of the review of the Equality Delivery System (EDS2). (The results seem to represent those staff from black and minority ethnic groups, and disabled staff, and on initial investigation those in estates & facilities and administrative roles.)

8. Regulatory ratings

Monitor updates Foundation Trusts' ratings each quarter and in 'real time' to reflect regulatory action they take.

During 2013/14 the regulatory rating system changed from the Compliance Framework to the Risk Assessment Framework. The previous risk measures that focussed on income & expenditure performance and liquidity have been replaced by revised measures that look at liquidity and debt service. The impact of this is that deficits are less important than the ability to support a deficit through cash balances, i.e. a trust can make deficits as long as it has sufficient cash.

A further change is the calculation of the liquidity ratio. The previous framework allowed the inclusion of the Working Capital Facility (WCF) in the calculations and the assessment grades reflected this. The new measure only allows the inclusion of a WCF if it is an unconditional committed facility. WSFT's current WCF is a conditional facility.

Compliance Framework (April 2013 – September 2013)

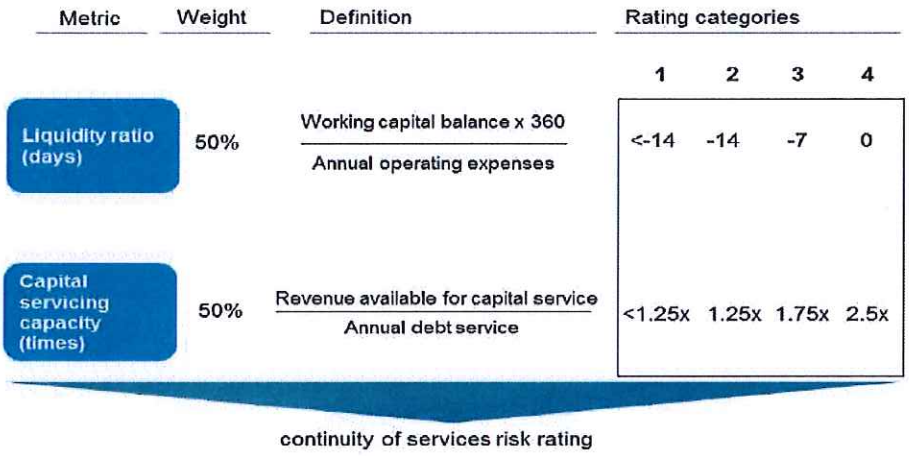
Financial risk rating	1. highest risk - high probability of significant breach of authorisation in short-term, e.g. <12 months, unless remedial action is taken 2. risk of significant breach in medium-term, e.g. 12 to 18 months, in absence of remedial action 3. regulatory concerns in one or more components. Significant breach unlikely 4. no regulatory concerns 5. lowest risk - no regulatory concerns
Governance risk rating	• Red - Likely or actual significant breach of terms of authorisation • Amber-red - Breach of terms of authorisation • Amber-green - Limited concerns surrounding terms of authorisation • Green - No material concerns

In line with our plan we achieved an FRR of 3 in the six months to September.

Risk Assessment Framework (October 2013 – March 2014)

Continuity of service rating	1 significant risk 2 material risk 2* level of risk is material but stable 3 emerging or minor concern 4 no evident concerns
Governance rating	Rated Green if no issues are identified and Red where Monitor are taking enforcement action. *Where Monitor have identified a concern at a trust but not yet taken action, they provide a written description stating the issue at hand and the action they are considering.*

Calculating the continuity of services risk rating for NHS foundation trusts



Calculating the risk rating

Risk rating		Capital service capacity			
		1	2	3	4
Liquidity	1	1	2/2*	2/2*	3
	2	2/2*	2/2*	3	3
	3	2/2*	3	3	4
	4	3	3	4	4

As at March 2014 WSFT score 1 on liquidity and 2 on capital servicing.

WSFT has met all national targets in 2013/14 with the exception of C *difficile*. Although the Trust achieved the C *difficile* ceiling for quarters 3 and 4 the full year total cases was 22*, against a ceiling of 19. The Trust Board therefore acknowledges that the ceiling has not been achieved and within our risk assessment framework delivery of the indicator for C. *difficile* is recognised as a risk by WSFT. An expert team visited WSH in October 2013 and we accepted the recommendations from this visit. Our action plan has been updated and the new recommendations implemented or are in the process of being implemented. This included opening a dedicated isolation unit with single rooms in February 2014. While performance in the second half of 2013/14 improved, until this can be demonstrated as sustained improvement the indicator is considered at risk.

* This excludes one case in quarter 3 for which West Suffolk CCG upheld our appeal as we were able to evidence compliance with best practice.

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Compliance Framework					
Financial Risk Rating	3	3	4		
Governance Risk Rating	Green	Amber / Red	Amber / Red		

Under the Risk Assessment Framework					
Continuity of Service Rating				2	2
Governance Risk Rating				Monitor is requesting further information following concerns about the WSFT's sustainability and financial governance before deciding next steps.	Monitor is requesting further information following concerns about the WSFT's sustainability and financial governance before deciding next steps.

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Under the Compliance Framework					
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating	Green	Green	Amber / Green	Amber / Red	Amber / Red

Responding to WSFT's challenging financial position the Board has commissioned a review of how efficiently services are being delivered and to look at those services which lose money to fully understand why this is the case. The methodology and terms of reference for the external agency to carry out this work have been discussed with Monitor and approved by the Board.

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 escalates 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 Datix Risk Register is a tool for capturing, prioritising and managing risk assessments and is integral to the Trust's Risk Management arrangements. The risk register allows all Directorates to manage, monitor and review their own risks. The responsibility lies with each departmental Manager to ensure all of the local risk registers are transferred onto the Datix risk register. Datix risk register training for appropriate staff is being provided by the risk office. So far 113 staff have attended Datix risk register training.

During the period April 2013 to March 2014, 23 members of staff (including 11 who attended the H&S link person training) were trained in the fundamental principles of risk assessment. This has improved the quality and quantity of risk assessments undertaken across the Trust and has promoted the use of the Datix Risk Register.

Reporting of Incidents, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR)
During the period April 2013 to March 2014 a total of 32 incidents were reported to the Health and Safety Executive as required under RIDDOR. This is an increase of 11 incidents from the previous year. The main increase relates to manual handling (15 incidents compared to 8 incidents in the previous year) and slips, trips and falls (11 incidents compared to 9 in 2012). 28 incidents (88%) were reported to the HSE due to being off work for more than 7 days following an incident. The Health and Safety Committee reviews incident trends, including RIDDORS to ensure that appropriate learning takes place and action is taken.

The Trust continues to improve standards to help reduce the number of slips, trips and falls and manual handling incidents through appropriate policy and procedures, including:

- Regular messages from the Risk Office via the Green Sheet, including wearing appropriate footwear and to clean up spillages when they occur
- Floors are cleaned and maintained by the Housekeeping and Estates Department
- Manual handling and fall risk assessments in place and reviewed regularly
- Manual handling and fall incidents thoroughly investigated and learning shared
- Measuring the slipperiness of floors (coefficient of friction). This is used as part of the investigation to measure the resistance of a floor after deep cleaning
- Manual handling advisor and trainer in post
- Training for all staff manual handling and falls prevention
- Trained manual handling key workers in clinical areas.

RIDDOR description	2013/14
Result of slip, trip or fall	11
Caused during the moving and handling of patients	10
Occurred during the moving and handling of objects	5
Contact with hot material or substance	1
Occurred due to contact with object	5

For an explanation of these categories please refer to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (copyright HMSO).

Incident reporting system
The 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 incident policy and procedure. Actions taken as a result of investigations are communicated through the Directorate Clinical Governance Steering Groups. The Board of Directors receives a monthly report summarising incident trends and action.

For the period April 2013 to March 2014 there were 176 violence, abuse and harassment incidents – an increase of 24 from the previous year. These incidents take into account physical assaults, verbal abuse, harassment and physically threatening behaviour towards staff by patients. Of the 70 physical assaults reported, 68 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 1,343 reported incidents of `personal accident/ill health' for 2013/14. 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) who produce a six monthly report which benchmarks the performance of similar small acute trusts. The last report (1 October 2012 to 31 March 2013) indicates that the Trust reported 7.4 incidents per 100 admissions. This is 0.1 incidents above the median for our peer group.

Health and Safety Executive (HSE)
The Health and Safety Executive (HSE) visited the Trust in February 2014. This was a routine inspection to focus on safety matters relating to biological agents. This included looking at the current management arrangements as well as an inspection of the containment level 3 facility. Feedback from the visit was positive and action has been taken to address four recommendations for improvement.

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 in-house accreditation for Standards for Occupational Health Services (SEQOHS) in December 2012. On 1 March 2014 the service merged with Cambridge Health at Work and is now working to renew accreditation as a single organisation.

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

- **Chronic conditions**

  To support the Policy for Improving Employee Attendance the Occupational Health & Wellbeing Service continues with a rehabilitation programme which is led by the Occupational Physiotherapist and Moving and Handling Advisor.

The Physiotherapist and the Moving and Handling Advisor carry out in-depth assessments of the employee and the workplace to enable appropriate interventions to be initiated. The functional capacity evaluation is one of the tools used to observe the employee demonstrating various tasks ensuring that there is no risk of further injury. The physiotherapist also carries out functional tests using a weighted box gradually increasing the weight to assess the employee's ability.

An Occupational Health Nurse Advisor and HR Officer continue to meet monthly to identify those employees who have been absent from work due to sickness for more than three months. The purpose of these meetings is to ensure that the employee is receiving the appropriate support and actions have been initiated.

The Occupational Health & Wellbeing Service has developed Case Management Guidance, triggered following two weeks sickness absence by an employee. On receipt of information received from the Manager a member of the Occupational Health team contacts the employee to discuss their condition and identify any support or intervention that may be required.

'First Aid Counselling' continues to be carried out by the Occupational Health & Wellbeing Service and referring on to external counsellors. Numbers referred April 2013 – March 2014 = 51.

- **Healthier staff restaurant and patient menus**

  Information on the nutritional content of food is now available for all food served in the staff Time Out restaurant (with exception of daily specials). Employees can access information on the Health & Wellbeing site on the intranet to make an informed choice regarding their meal. Information includes calories, salt and fat content. The daily menu includes information on the healthy option of the day.

  Information contained on the Patient Menu offers patients' choices depending on their individual health requirements of Healthy Option, Enriched Diet, Puree Diet and Soft Diet. Specific diets such as low fat and gluten free are all provided through a special menu. In addition there is a choice of small, standard or large portions.

- **Staff health checks**

  All employees can request life style screening, which includes blood pressure, weight and cholesterol checks, by the Occupational Health & Wellbeing Service. This is advertised within the Health and Well being section of the Trust's intranet.

- **Physical activity in the workplace**

  WSFT belongs to the Cycle to Work Scheme and promotes cycling to work. 225 employees have joined the scheme since it started in 2011. Due to an increase in the number of cyclists the Trust has installed a further 14 stands located on the hospital site. Car sharing is encouraged to reduce the Trust's carbon footprint and a park and ride or walk scheme continues, working with Bury Rugby Club.

  A season of Zumba classes took place last summer in the Education Centre and was well attended. 18 employees regularly attend Tae Kwon Do sessions.

In May 2013 the Trust ran a photo competition to link in with Walk to Work Week and in December there was a 10k for 10 days which was a pledge to run, walk or jog 10k every day for 10 days.

WSFT worked in partnership with St Edmundsbury Borough Council to facilitate the second 'It's a Bury Knockout' where members of staff and local businesses entered a team for a fun challenge. Various stalls were also set up and the day had a summer fete atmosphere bringing the community

together. Last year's event saw an estimated 2,000 people attend with around 180 participants in the Knockout. Now in its third year, It's a Bury Knockout will return to Hardwick Heath on Sunday 13th July 2014.

The Trust Health & Wellbeing intranet signposts employees to local leisure and fitness clubs. The Trust has corporate membership with local health clubs. Posters and internet messages have been displayed and in conjunction with Clarice House free 7 day passes were issued to staff resulting in increasing membership.

The Gardening Club ran throughout the year

9.3 Details of consultation

The stakeholder management processes associated with the disposal of the Trust's estate in Sudbury has included the following:

- **Web site**
  A website has been developed, which will provide updates on the proposals and a direct link to Babergh District Council's planning portal, where members of the public can access full details of the planning applications as they are submitted directly on line. This can be viewed at: www.sudburysites.co.uk.

- **Local Liaison Forum**
  The Trust has established a Local Liaison Forum which includes representatives of the local population with the purpose of providing a communication channel between the project team, the Trust and local people. The first meeting was held in September 2012 hosted by Sudbury Town Council.

- **Formal public consultation events**
  Formal public consultation events were held for each site prior to the submission of planning applications. Letters were issued to local residents, in the immediate areas making them aware of the events, in addition to adverts being placed in the local paper. The Local Liaison Forum members were also advised of the exhibition dates.

Harp Close Meadow
Formal public consultation events were held on two dates in June 2012 for the site prior to the submission of the planning application. The purpose of the exhibition was to give members of the public an opportunity to speak to the project team working on the schemes and to share their views. Feedback letters were sent to people who attended the exhibition to set out how the Trust and the project team have implemented some of the feedback.

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.

Walnuttree and St. Leonards Hospitals
The formal public consultation events were held on two dates in December 2012. The purpose of the exhibitions was to give members of the public an opportunity to speak to the project team working on the schemes and to share their views.

A second exhibition was organised in response to feedback from the Local Liaison Forum members who considered that an additional event was necessary in order to obtain further feedback from members of the public. This second event was complemented by leaving the boards on display at the Town Hall for two dates in January 2013 along with questionnaires for people to complete. Feedback letters were sent to people who attended the exhibition to set out how the Trust and the project team have implemented some of the feedback.

Members of the public also have an opportunity to make representation as part of the planning application process during 2014/15.

Consultation with local groups and other public & patient involvement activities

During 2013/14 Healthwatch Suffolk were offered and took up an Adviser role on WSFT's Council of Governors. There is a commitment to continuing the collaborative work from the previous LiNKs with 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.

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 has a 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. 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 Department of Health 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. Since the autumn of 2013 we have been implementing our action plan, and will look to review these objectives as part of EDS2 in spring 2014.

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 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 are 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 shows all current employees and public members broken down by certain protected characteristics.

	Staff in post 2013/14	Staff in post 2012/13	Public Members 2013/14	Public Members 2012/13
Age				
16	**1**	0	**1**	2
17-21	**65**	67	**49**	59
22+	**3,078**	3,020	**5280**	5,021
Not Specified	**-**	-	**129**	127
Total	**3,144**	3,087	**5,459**	5,209
Ethnicity				
White	**2,776**	2733	**5,234**	5022
Mixed	**24**	29	**23**	23
Asian or Asian British	**232**	194	**67**	57
Black or Black British	**22**	30	**22**	23
Other Ethnic Group	**34**	45	**16**	14
Not Stated	**50**	46	**97**	70
Undefined	**6**	10	**-**	-
Total	**3,144**	3,087	**5,459**	5,209

	Staff in post 2013/14	Staff in post 2012/13	Public Members 2013/14	Public Members 2012/13
Gender				
Female	**2,499**	2453	2,392	2348
Male	**645**	634	3,067	2844
Undefined	**-**	-	**-**	17
Total	**3,144**	3,087	**5,459**	5,209
Disability				
No	**852**	725	**-**	-
Not declared	**346**	76	**-**	-
Undefined	**1,882**	2,231	**4619**	4,358
Yes	**64**	55	**840**	851
Total	**3,144**	3,087	**5459**	5,209

Employee data is sourced from the Electronic Staff Record (ESR) and membership data is sourced from the Trust's membership database. Data as at 01.04.2014.

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"

In previous years the Trust has implemented many programmes in an effort to support a work ethic and culture which has sustainable development and reduction of its carbon footprint at its core. With the continuation of many of these programmes and the introduction of new schemes the Trust continues to be a leader in the community towards reducing its impact on the environment.

These programmes are listed below:

- **Staff Gardening Club** - 40 members of staff are embarking on a project to develop the garden within the Macmillan Unit. This Unit 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** – We continue to provide this service for staff and patients and at present the Trust is receiving £70 per box.
- **Confidential and non-confidential waste paper shredding** – this programme is being provided at 'zero' cost to the Trust, with all paper shredded and turned into hand towels and toilet rolls.
- **Recycling of cardboard** – the Trust now has a contract with Bolton Brothers, suppliers of a cardboard compactor. With the purchase of this service the Trust is now collecting cardboard and is receiving a small income from this. Collected cardboard is now sent to a local paper mill for recycling.

- **Old batteries** – With the concerns around heavy metals within batteries, the Trust continues to support the NHS Supply Chain framework agreement with Battery Back and is recycling all used batteries. This too is cost neutral to the Trust.
- **Wood, pallets and scrap metals** – With our sustained efforts to reduce the Trust contribution to landfill, we continue to recycle all of these items through a local company. This is now generating a small income of around £350/year.
- **Cooking oil** – This has been one of our true success stories. Through our continued efforts with Bio Power and the collection of used cooking oil we are now generating an additional income of £3000/year. All oil is removed from site, processed and used to run a small power station which feeds into the National Grid.
- **Combined Heat & Power Unit (CHP)** – the Trust's current CHP unit has been operating 17hrs/day since 2009 generating electricity and heat from one fuel source (gas) onsite. On average the CHP unit has saved the Trust £160,000 pa in energy costs and reduced its carbon footprint by 1,800 tonnes of CO2 year on year. Due to the good performance of the CHP unit the Trust received an award from East Anglia CIBSE for its Carbon Reduction achievement in 2012. The Trust is currently reviewing the operation of the CHP unit and is contemplating running the unit 24/7 and exporting surplus electricity back to the grid in order to maximise the unit cost saving and income generation capability.
- **Business miles policy** – this will focus on sustainable options such a low emission pool cars. The Trust has recently implemented an online travel and expense system. This will provide information on the Trust's Grey Fleet (employee owned cars used on Trust business). The information will be used to provide information on the carbon footprint of all business mileage and encourage use of more efficient methods of travel.
- **PC power savings** – the Trust purchased the IE Power Management System for PCs and this went live in February 2014. This is a programme to monitor PC usage and to shut down those computers which remain inactive for designated periods of time. It is still too early to state the additional savings to our carbon footprint, but based on the system specification it has been suggested we could see a reduction of 16.5 tonnes.
- **Inhalers** - The Trust will be starting an inhaler recycling scheme working with Glaxo-Smith Klein, this will enable patients and staff to return empty inhalers to the Trust's Pharmacy Department. If all NHS trusts across the country were to join this scheme the NHS would reduce its carbon footprint by 23%.
- **Out of date medical supplies** – Since the closure of Aid to Hospitals Worldwide, we have been working with the Hands for Syria Charity who have taken all out of date and some ex –trial medical supplies to support the refuges in Syria. This has been carried out in line with agreement from the Foreign Office and Department of Health.
- **Ink and Toner Cartridges** - The Trust is working with a local businessman to raise money for our Orthopaedic Department. The project entails recycling ink and toner cartridges; this work is currently ongoing.

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 2014 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:

Measure	Value
Average FTE 2013	2,561
FTE-Days Available	576,235
FTE-Days Lost to Sickness Absence	22,629
Average of 12 Months (2013 Calendar Year)	3.90%
Average Sick Days per FTE	8.8

Source: HSCIC - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse Period covered: January to December 2013

Data items: ESR does not hold details of normal number of days worked by each employee. (Data on days lost and days available produced in reports are based on a 365-day year.)

The number of FTE-days available has been estimated by multiplying the average FTE for 2013 (from March 2014 Workforce publication) by 225. The number of FTE-days lost to sickness absence has been estimated by multiplying the estimated FTE-days available by the average sickness absence rate. The average number of sick days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE. Sickness absence rate is calculated by dividing the sum total sickness absence days (including non-working days) by the sum total days available per month for each member of staff.

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

There was one serious incident involving a breach of confidentiality. The allegation involved the inappropriate access of patient records and disclosure of this information to a third party. The incident was reported to the Information Commissioner's Office and at the time of writing this report the investigation is in progress.

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 2013/14 or the comparative year.

	2013/14		2012/13	
	Number	**£000**	Number	£000
Total non-NHS trade invoices paid in the year	**46,420**	**53,289**	42,025	44,823
Total non-NHS trade invoices paid within target	**40,726**	**43,545**	38,774	40,220
Percentage of non-NHS trade invoices paid within target	**88%**	**82%**	92%	90%
Total NHS trade invoices paid in the year	**1,657**	**12,197**	1,552	9,659
Total NHS trade invoices paid within target	**1,420**	**8,177**	1,397	8,449
Percentage of NHS trade invoices paid within target	**86%**	**67%**	90%	87%

Section 10 – Accounts for 2013/14

West Suffolk NHS Foundation Trust

Accounts for the Period from 1 April 2013 to 31 March 2014

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: 29 May 2014

Independent auditor's report to the Council 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 2014 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 2013/14 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

This report is made solely to the Council of Governors of West Suffolk NHS Foundation Trust, as a body, in accordance with paragraph 5.2 of Audit Code for NHS Foundation Trusts 2011. Our audit work has been undertaken so that we might state to the Council 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 auditors

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 and for being satisfied that they 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 Financial Reporting Council's (FRC'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 and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 2014 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with NHS Foundation Trust Annual Reporting Manual 2013/14; and
- have been prepared in accordance with the National Health Service Act 2006.

Opinion on other matter on which we are required to report

In our opinion the information given in the strategic report and 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:

Under the NHS Foundation Trust Annual Reporting Manual, we report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements, or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit; or
- is otherwise misleading.

In particular, we consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed.

Under the Audit Code for NHS Foundation Trusts 2011 we are required 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 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.

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 2011 issued by Monitor.

Lisa Clampin (senior statutory auditor)
for and on behalf of BDO LLP, statutory auditor
Ipswich, UK

29 May 2014

STATEMENT OF COMPREHENSIVE INCOME	Note	2013/14 £000	2012/13 £000
Operating Income from continuing operations	2	172,283	165,564
Operating Expenses of continuing operations	3	(173,855)	(161,989)
OPERATING SURPLUS / (DEFICIT)		**(1,572)**	**3,575**
FINANCE COSTS			
Finance income	6	24	71
Finance expense - financial liabilities	7	(20)	(56)
Finance expense - unwinding of discount on provisions		(5)	(6)
PDC Dividends payable		(2,066)	(2,072)
NET FINANCE COSTS		**(2,067)**	**(2,063)**
SURPLUS/(DEFICIT) FOR THE YEAR		**(3,639)**	**1,512**
Other comprehensive income			
Revaluations		0	(1,567)
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**(3,639)**	**(55)**

Note: Allocation of Profits/(Losses) for the period:	2013/14 £000	2012/13 £000
Surplus/(Deficit) for the period attributable to owners of the parent	**(3,639)**	**1,512**
Total comprehensive income/ (expense) for the period attributable to owners of the parent	**(3,639)**	**(55)**

The accounts for the period ended 31 March 2014 have been prepared in accordance with paragraph 24 and 25 of schedule 7 to the National Health Services Act 2006.

The notes on pages 140 to 164 form part of these accounts.

All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION	note	31 March 2014 £000	31 March 2013 £000
Non-current assets			
Property, plant and equipment	9.1	73,181	71,828
Trade and other receivables	12	408	489
Total non-current assets		73,589	72,317
Current assets			
Inventories	11.1	2,583	2,697
Trade and other receivables	12	8,786	7,301
Non-current assets for sale and assets in disposal groups	10	2,600	1,000
Cash and cash equivalents	14	2,134	8,076
Total current assets		16,103	19,074
Current liabilities			
Trade and other payables	15.1	(16,306)	(16,542)
Borrowings	16	0	(500)
Provisions	19.1	(94)	(77)
Other liabilities	18	(1,129)	(1,720)
Total current liabilities		(17,529)	(18,839)
Total assets less current liabilities		**72,163**	**72,552**
Non-current liabilities			
Other payables		(978)	0
Borrowings	16	(1,500)	0
Provisions	19.1	(245)	(264)
Total non-current liabilities		**(2,723)**	**(264)**
Total assets employed		**69,440**	**72,288**
Financed by (taxpayers' equity)			
Public Dividend Capital		59,041	58,250
Revaluation reserve	21	8,958	9,159
Income and expenditure reserve		1,441	4,879
Total taxpayers' equity		**69,440**	**72,288**

The financial statements on pages 136 to 164 were approved by the Board on 23 May 2014 and signed on its behalf by:

Signed ..... (Chief Executive) 29 May 2014

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 2013	**72,288**	**58,250**	**9,159**	**4,879**
Surplus for the year	**(3,639)**	0	0	(3,639)
Transfers between reserves	**0**	0	(201)	201
Public Dividend Capital received	**791**	791	0	0
Taxpayers' Equity at 31 March 2014	**69,440**	**59,041**	**8,958**	**1,441**

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 period	**1,512**	0	0	1,512
Transfers between reserves	**0**	0	(823)	823
Revaluations - property, plant and equipment	**(1,567)**	0	(1,567)	0
Taxpayers' Equity at 31 March 2013	**72,288**	**58,250**	**9,159**	**4,879**

STATEMENT OF CASH FLOWS	2013/14 £000	2012/13 £000
Cash flows from operating activities		
Operating surplus/(deficit) from continuing operations	**(1,572)**	**3,575**
Operating surplus/(deficit) from discontinued operations	0	0
Operating surplus/(deficit)	**(1,572)**	**3,575**
Non-cash income and expense:		
Depreciation and amortisation	4,469	4,769
Impairments	0	69
Loss on disposal	12	30
Non cash donations credited to income	(313)	0
Interest accrued and not paid	0	2
Dividends accrued and not paid or received	0	(105)
(Increase)/Decrease in Trade and Other Receivables	(1,349)	(2,667)
(Increase)/Decrease in Inventories	114	(223)
Increase/(Decrease) in Trade and Other Payables	1,369	2,178
Increase/(Decrease) in Other Liabilities	(591)	(528)
Increase/(Decrease) in Provisions	(7)	(13)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	2,132	7,087
Cash flows from investing activities		
Interest received	24	69
Purchase of Property, Plant and Equipment	(8,539)	(6,686)
Sales of Property, Plant and Equipment	791	96
Net cash generated from/(used in) investing activities	(7,724)	(6,521)
Cash flows from financing activities		
Public dividend capital received	791	0
Loans received from the Independent Trust Financing Facility	1,500	0
Loans repaid to the Department of Health	(500)	(1,000)
Interest paid	(20)	(56)
PDC Dividend paid	(2,121)	(1,967)
Cash flows from / (used in) other financing activities	0	(6)
Net cash generated from/(used in) financing activities	(350)	(3,029)
Increase/(decrease) in cash and cash equivalents	(5,942)	(2,463)
Cash and Cash equivalents at 1 April 2013/ 1 April 2012	**8,076**	10,539
Cash and Cash equivalents at 31 March 2014/ 31 March 2013	**2,134**	**8,076**

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 2013/14 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 4.5

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 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 143. Assets held under finance leases are depreciated over the shorter of their estimated useful lives and the lease term.

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		
Structure		90
Engineering		49
External works		20
Dwellings		
Structure		68
Engineering		20
External works		68
Assets under Construction & POA	0	0
Plant & Machinery	5	25
Transport Equipment	7	7
Information Technology	5	15
Furniture & Fittings	5	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.

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.

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 rates applicable at the balance sheet date.

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. For the financial instruments held by the Trust, book value is considered to be the same as 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.

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. For the financial instruments held by the Trust, book value is considered to be the same as fair value.

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 (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) for 2013/14 only, net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and (iv) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

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

In accordance with the directed accounting policy from the Secretary of State, the Trust only consolidates material subsidiaries

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

There are no Accounting Standards that have been issued but not yet effective in the European Union that would have a material impact on the financial statements.

2. Operating Income

Note 2.1 OPERATING INCOME (by classification)	2013/14	2012/13
Income from Activities	Total £000	Total £000
Acute Trusts		
Elective income	31,484	28,585
Non elective income	47,561	47,252
Outpatient income	31,658	30,199
A & E income	5,989	5,690
Other NHS clinical income	32,746	33,092
Commissioner requested income	149,438	144,818
Private patient income	1,447	1,498
Other non-protected clinical income	414	396
Total income from activities	**151,299**	**146,712**

Other operating income	Total £000	Total £000
Research and development	**0**	**0**
Education and training	**6,481**	**6,300**
Receipt of donated assets	**501**	**295**
Charitable and other contributions to expenditure from NHS Charities	**417**	**314**
Non-patient care services to other bodies	**6,956**	**7,609**
Other	**6,629**	**4,334**
Total other operating income	**20,984**	**18,852**
TOTAL OPERATING INCOME	**172,283**	**165,564**

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, relates 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 for 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 its provision of goods and services for the purposes of the Health Service in England.

Note 2.2 OPERATING INCOME (by type) Income from activities	2013/14 Total £000	2012/13 Total £000
Clinical Commissioning Groups	149,438	144,818
Non NHS: Private patients	1,447	1,498
NHS injury scheme (was RTA)	414	396
Total income from activities	151,299	146,712
Education and training	6,481	6,300
Receipt of donated assets	501	295
Charitable and other contributions to expenditure	417	314
Non-patient care services to other bodies	6,956	7,609
Other *	6,629	4,334
Total other operating income	20,984	18,852
TOTAL OPERATING INCOME	172,283	165,564

* Analysis of Other Operating Income: Other	2013/14 Total £000	2012/13 Total £000
Car parking	1,085	709
Estates recharges	226	316
Pharmacy sales	29	30
Staff accommodation rentals	453	389
Catering	1,263	1,160
Property rentals	0	8
Transforming Pathology Partnership income	3,188	1,560
Other	385	162
Total	6,629	4,334

Transforming Pathology Partnership (TPP). The income shown reflects the level of income received in respect of this arrangement. The Trust's expenditure includes expenditure associated with TPP. These two amounts balance to show no overall impact on the deficit of the Trust

Note 3 OPERATING EXPENSES (by type)

	2013/14 Total £000	2012/13 Total £000
Purchase of healthcare from non NHS bodies	407	274
Employee Expenses - Executive directors	975	991
Employee Expenses - Non-executive directors	92	92
Employee Expenses - Staff	114,671	108,633
Drug costs	15,458	14,416
Supplies and services - clinical (excluding drug costs)	16,686	14,016
Supplies and services - general	3,508	2,706
Establishment	2,957	1,465
Transport	890	798
Premises	4,890	5,372
Increase / (decrease) in provision for impairment of receivables	29	22
Rentals under operating leases - minimum lease payments	1,221	1,257
Inventories write down	41	38
Depreciation on property, plant and equipment	4,469	4,769
Impairments of property, plant and equipment	0	69
Audit fees - statutory audit	52	56
Clinical negligence	2,839	3,486
Loss on disposal of other property, plant and equipment	12	30
Legal fees	110	89
Consultancy costs	229	241
Training, courses and conferences	456	383
Patient travel	33	28
Hospitality	72	56
Insurance	138	105
Other services, eg external payroll	207	117
Transforming Pathology Partnership expenditure	3,188	1,560
Other	225	920
TOTAL	**173,855**	**161,989**

Note 4.1 Employee Expenses

	2013/14 Total	2013/14 Permanently Employed	2013/14 Other	2012/13 restated Total	2012/13 restated Permanently Employed	2012/13 restated Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	95,226	86,638	8,588	90,570	80,998	9,572
Social security costs	7,735	7,021	714	6,813	6,093	720
Pension cost - defined contribution plans Employers contributions to NHS Pensions	10,844	9,844	1,000	10,359	9,264	1,095
Termination benefits	45	45	0	0	0	0
Agency/contract staff	4,344	0	4,344	4,021	0	4,021
TOTAL GROSS STAFF COSTS	**118,194**	**103,548**	**14,646**	**111,763**	**96,355**	**15,408**
less income in respect of Salaries and wages charged to other organisations	(1,163)	(1,163)	0	(1,243)	(1,243)	0
TOTAL STAFF COSTS	**117,031**	**102,385**	**14,646**	**110,520**	**95,112**	**15,408**
of which						
Costs capitalised as part of assets	(1,385)	(1,385)	0	(896)	(896)	0
Total Employee benefits excluding capitalised costs	**115,646**	**101,000**	**14,646**	**109,624**	**94,216**	**15,408**

The 2012/13 figures for both staff costs and average number of employees have been restated to present a better comparison with the 2013/14 figures. There have been no changes to the overall figures as the restatement consisted of a reanalysis of the existing information.

Note 4.2 Average number of employees (WTE basis)

	2013/14 Total	2013/14 Permanent	2013/14 Other	2012/13 restated Total	2012/13 restated Permanent	2012/13 restated Other
	Number	Number	Number	Number	Number	Number
Medical and dental	367	325	42	**358**	320	38
Administration and estates	577	532	45	**588**	548	40
Healthcare assistants and other support staff	548	525	23	**528**	508	20
Nursing, midwifery and health visiting staff	943	810	133	**881**	737	144
Scientific, therapeutic and technical staff	372	359	13	**375**	366	9
Bank and agency staff	9	0	9	**11**	0	11
Total average numbers	**2,816**	**2,551**	**265**	**2,741**	**2,479**	**262**

Note 4.3 Employee benefits

	2013/14	2012/13
	£000	£000
TOTAL	**0**	**0**

During the period there were no early retirements from the Trust agreed on the grounds of ill health.

Note 4.4 Staff exit packages

During the period there were the following compulsory redundancy payments made.

	2013/14	2012/13
<£10,000	1	0
£10,001 - £25,000	0	0
£25,001 - 50,000	1	0
Total exit packages	**2**	**0**

4.5 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 2014, is based on the valuation data as 31 March 2013, updated to 31 March 2014 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

	2013/14 Plant & Machinery	2013/14 Other	2013/14 Total	2012/13 Plant & Machinery	2012/13 Other	2012/13 Total
	£000	£000	£000	£000	£000	£000
Minimum lease payments	1,026	195	**1,221**	1,069	188	**1,257**
Contingent rents	0	0	**0**	0	0	**0**
Less sublease payments received	0	0	**0**	0	0	**0**
TOTAL	**1,026**	**195**	**1,221**	**1,069**	**188**	**1,257**

Note 5.2 Arrangements containing an operating lease

	31 March 2014 Plant & Machinery	31 March 2014 Other	31 March 2014 Total	31 March 2013 Plant & Machinery	31 March 2013 Other	31 March 2013 Total
	£000	£000	£000	£000	£000	£000
Future minimum lease payments due:						
- not later than one year;	920	157	**1,077**	807	141	**948**
- later than one year and not later than five years;	2,340	125	**2,465**	2,214	68	**2,282**
- later than five years.	102	0	**102**	110	0	**110**
TOTAL	**3,362**	**282**	**3,644**	**3,131**	**209**	**3,340**

Note 5.3 Limitation on auditor's liability

	31 March 2014	31 March 2013
	£000	£000
Limitation on auditor's liability	500	500

Note 5.4 The late payment of commercial debts (interest) Act 1998

	31 March 2014	31 March 2013
	£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

	2013/14	2012/13
	£000	£000
Interest on bank accounts	24	71
TOTAL	**24**	**71**

Note 7 Finance costs - finance costs

	2013/14 Total	2012/13 Total
	£000	£000
Interest expense:		
Loans from the Department of Health	20	56
TOTAL	**20**	**56**

Note 8 Impairment of assets

	2013/14	2012/13
	£000	£000
Changes in market price	0	69
Total Impairments	**0**	**69**
of which		
Total Departmental Expenditure Limit	0	69

Note 9.1 Property, Plant and Equipment - 1 April 2013 - 31 March 2014

	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 2013	**89,486**	12,613	44,301	3,471	754	16,329	15	11,933	70
Additions - purchased	**7,912**	0	3,810	0	1,759	265	0	2,078	0
Additions - donated	**313**	0	0	0	0	299	0	0	14
Impairments	**0**	0	0	0	0	0	0	0	0
Reclassifications	**0**	0	1	0	(545)	0	0	544	0
Revaluations	**0**	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	**(2,037)**	(2,037)	0	0	0	0	0	0	0
Disposals	**(908)**	0	0	0	0	(887)	(11)	(10)	0
Valuation/Gross cost at 31 March 2014	**94,766**	**10,576**	**48,112**	**3,471**	**1,968**	**16,006**	**4**	**14,545**	**84**
Depreciation at 1 April 2013	**17,658**	0	0	0	0	10,299	15	7,333	11
Provided during the year	**4,469**	0	2,295	77	0	803	0	1,282	12
Revaluations	**0**	0	0	0	0	0	0	0	0
Disposals	**(542)**	0	0	0	0	(521)	(11)	(10)	0
Accumulated depreciation at 31 March 2014	**21,585**	**0**	**2,295**	**77**	**0**	**10,581**	**4**	**8,605**	**23**
Net book value at 31 March 2014	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned	**69,816**	10,576	43,122	3,394	1,968	4,816	0	5,925	15
Donated	**3,365**	0	2,695	0	0	609	0	15	46
NBV total at 31 March 2014	**73,181**	**10,576**	**45,817**	**3,394**	**1,968**	**5,425**	**0**	**5,940**	**61**

Property required for the provision of mandatory goods and services are protected.

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.

	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
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 10 Non-current assets for sale and assets in disposal groups

	31 March 2014 Total £000	31 March 2013 Property, Plant and Equipment £000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2013	**1,000**	1,000
Plus assets classified as available for sale in the year	**2,600**	0
Less assets sold in year	**(437)**	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**(563)**	0
NBV of non-current assets for sale and assets in disposal groups at 31 March 2014	**2,600**	**1,000**

Note 11.1 Inventories

	31 March 2014 £000	31 March 2013 £000
Drugs	1,019	1,046
Consumables	1,454	1,560
Energy	110	91
TOTAL Inventories	**2,583**	**2,697**

Note 11.2 Inventories recognised in expenses

	2013/14 £000	2012/13 £000
Inventories recognised in expenses	30,065	26,535
Write-down of inventories recognised as an expense	41	38
TOTAL Inventories recognised in expenses	**30,106**	**26,573**

Note 12 Trade receivables and other receivables

	Total 2013/14 £000	Total 2012/13 £000
Current		
NHS Receivables - Revenue	4,795	3,539
Receivables due from NHS charities	143	8
Provision for impaired receivables	(52)	(23)
Prepayments (Non-PFI)	1,329	1,410
Accrued income	233	315
Interest Receivable	2	2
PDC dividend receivable	143	88
VAT receivable	278	440
Trade and other receivables	1,915	1,522
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**8,786**	**7,301**

	Total 2013/14 £000	Total 2012/13 £000
Non Current		
Prepayments (Non-PFI)	42	105
Trade and other receivables	366	384
TOTAL NON CURRENT TRADE AND OTHER RECEIVABLES	**408**	**489**

Note 13.1 Provision for impairment of receivables

	2013/14 £000	2012/13 £000
At 1 April 2013	23	13
Increase in provision	32	24
Amounts utilised	0	(12)
Unused amounts reversed	(3)	(2)
At 31 March 2014	**52**	**23**

Note 13.2 Analysis of impaired receivables	31 March 2014 £000	31 March 2013 £000
Ageing of impaired receivables	Trade Receivables	Trade Receivables
0 - 30 days	8	0
30-60 Days	0	0
60-90 days	0	0
90- 180 days	3	2
over 180 days	41	21
Total	**52**	**23**
Ageing of non-impaired receivables past their due date		
0 - 30 days	242	167
30-60 Days	572	125
60-90 days	117	27
90- 180 days	56	49
over 180 days	515	92
Total	**1,502**	**460**

Note 14 Cash and cash equivalents

	31 March 2014 £000	31 March 2013 £000
At 1 April 2013 / 1 April 2012	8,076	10,539
Net change in year / period	(5,942)	(2,463)
At 31 March 2014/ 31 March 2013	**2,134**	**8,076**
Broken down into:		
Cash at commercial banks and in hand	103	23
Cash with the Government Banking Service	2,031	8,053
Cash and cash equivalents as in SoFP	**2,134**	**8,076**

Note 15.1 Trade and other payables	Total 31 March 2014 £000	Total 31 March 2013 £000
Current		
NHS payables - revenue	2,782	2,380
Other trade payables - capital	1,145	1,772
Other trade payables - revenue	5,310	5,725
Social Security costs	1,119	1,051
Other taxes payable	1,219	1,213
Other payables	2,926	3,026
Accruals	1,805	1,375
TOTAL CURRENT TRADE AND OTHER PAYABLES	**16,306**	**16,542**

An amount of £1,491,000 relating to outstanding pension contributions is included within Other Payables. This liability will be paid in April 2014.

Note 16 Borrowings

	31 March 2014 £000	31 March 2013 £000
Current		
Loans from Department of Health	**0**	500
TOTAL CURRENT BORROWINGS	**0**	**500**
Non-current		
Loans from Department of Health	1,500	0
TOTAL OTHER NON CURRENT LIABILITIES	**1,500**	**0**

Note 17 Prudential borrowing limit

The Prudential Borrowing Code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

Note 18 Other liabilities

	31 March 2014 £000	31 March 2013 £000
Current		
Other Deferred income	1,129	1,720
TOTAL OTHER CURRENT LIABILITIES	**1,129**	**1,720**

Note 19.1 Provisions for liabilities and charges

	Current		Non-current		Total	
	31 March 2014 £000	31 March 2013 £000	31 March 2014 £000	31 March 2013 £000	31 March 2014 £000	31 March 2013 £000
Pensions relating to other staff	3	4	25	29	28	33
Other legal claims	79	61	0	0	79	61
Other	12	12	220	235	232	247
Total	**94**	**77**	**245**	**264**	**339**	**341**

Note 19.2 Provisions for liabilities and charges analysis

	Total	Pensions - other staff	Other legal claims	Other
	£000	£000	£000	£000
At 1 April 2013	**341**	33	61	247
Arising during the year	**44**	0	38	6
Utilised during the year	**(35)**	(6)	(4)	(25)
Reversed unused	**(16)**	0	(16)	0
Unwinding of discount	**5**	1	0	4
At 31 March 2014	**339**	**28**	**79**	**232**
Expected timing of cashflows:				
- not later than one year;	**94**	3	79	12
- later than one year and not later than five years;	**63**	14	0	49
- later than five years.	**182**	11	0	171
TOTAL	**339**	**28**	**79**	**232**

Pensions relating to other staff £28,000 - 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 £232,000 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 2014 in respect of clinical negligence liabilities of West Suffolk NHS Foundation Trust	29,085

Note 20 Contingent Liabilities

	31 March 2014 £000	31 March 2013 £000
Value of contingent liabilities		
Other	49	31
Gross value of contingent liabilities	49	31
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	**49**	**31**

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 2014/15 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

	Revaluation Reserve	Reserve - property, plant
	£000	£000
Revaluation reserve at 1 April 2013	**9,159**	9,159
Transfers to other reserves	**(198)**	(198)
Asset disposals	**(3)**	(3)
Revaluation reserve at 31 March 2014	**8,958**	8,958

Note 22.1 Related Party Transactions

	2013/14		2012/13	
	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	0	0	20	0
Other NHS Bodies	167,425	11,211	159,268	8,993
Charitable Funds	918	0	506	0
Total value of transactions with related parties in the period	**168,343**	**11,211**	**159,794**	**8,993**

During 2013/14 there were no transactions with either board members or key staff members (2012/13: NIL)

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 other entities for which the Department is regarded as the parent Department. These entities are:

		2013/14	2012/13
		£000	£000
East of England Strategic Health Authority	Income	0	6,282
Suffolk PCT	Income	0	125,614
Norfolk PCT	Income	0	14,666
Cambridgeshire PCT	Income	0	3,646
South East Essex PCT	Income	0	2,545
NHS West Suffolk CCG	Income	105,032	0
NHS Ipswich And East Suffolk CCG	Income	15,025	0
NHS South Norfolk CCG	Income	13,047	0
Health Education England	Income	5,924	0
NHS Cambridgeshire And Peterborough CCG	Income	3,006	0
East Anglia Area Team	Income	10,866	0
Cambridge University Hospitals NHS Foundation Trust	Expenditure	3,491	1,736
NHS Litigation Authority	Expenditure	2,974	3,590

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 £918,000 was received from the charitable fund during the year.

Note 22.2 Related Party Balances	31 March 2014 Receivables £000	31 March 2014 Payables £000	31 March 2013 Receivables £000	31 March 2013 Payables £000
Value of balances with other related parties at 31 March 2014				
Department of Health	143	0	88	0
Other NHS Bodies	5,301	3,139	3,568	2,403
Charitable Funds	143		8	0
Total balances with related parties at 31 March 2014	**5,587**	**3,139**	**3,664**	**2,403**

Note 23 Contractual Capital Commitments

	31 March 2014 £000	31 March 2013 £000
Property, Plant and Equipment	343	1,948
Total	**343**	**1,948**

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	4,795	4,795
Non-NHS Trade and other receivables excluding non financial assets	1,109	1,109
Cash and cash equivalents at bank and in hand	2,134	2,134
Total at 31 March 2014	**8,038**	**8,038**
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**

Note 24.2 Financial liabilities by category	Total £000	Other financial liabilities £000
Liabilities as per SoFP		
Borrowings	1,500	1,500
NHS Trade and other payables excluding non financial liabilities	2,782	2,782
Non-NHS Trade and other payables excluding non financial liabilities	6,683	6,683
Provisions under contract	260	260
Total at 31 March 2014	**11,225**	**11,225**
Borrowings	500	500
NHS Trade and other payables excluding non financial liabilities	2,380	2,380
Non-NHS Trade and other payables excluding non financial liabilities	7,484	7,484
Provisions under contract	280	280
Total at 31 March 2013	**10,644**	**10,644**

Note 24.3 Fair values of financial liabilities at 31 March 2014

	31 March 2014		31 March 2013	
	Book Value	Fair value	Book Value	Fair value
	£000	£000	£000	£000
Non current trade and other payables excluding non financial liabilities	978	978	0	0
Provisions under contract	260	260	280	280
Loans	1,500	1,500	500	500
Total	**2,738**	**2,738**	**780**	**780**

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 CCGs and the way those CCGs 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. The borrowings are for 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 2014 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 Clinical Commissioning Groups, 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)

	2013/14 Total number of cases Number	2013/14 Total value of cases £000's	2012/13 Total number of cases Number	2012/13 Total value of cases £000's
LOSSES:				
Losses of cash due to:	Numbers	Value	Numbers	Value
- overpayment of salaries etc.	3	0	3	0
Bad debts and claims abandoned in relation to:				
- private patients	0	0	3	0
- overseas visitors	3	1	10	11
- other	6	0	6	1
Damage to buildings, property etc. due to:				
- other	2	41	12	38
TOTAL LOSSES	**14**	**42**	34	50
SPECIAL PAYMENTS:				
- compensation for loss of personal effects	21	7	13	2
- other	6	1	5	2
TOTAL SPECIAL PAYMENTS	**27**	**8**	18	4
TOTAL LOSSES AND SPECIAL PAYMENTS	**41**	**50**	52	54

These amounts are reported on an accruals basis but exclude provisions for future losses

27 Third party assets

The Trust held £Nil cash and cash equivalents at 31 March 2014 (31 March 2013:£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 four reportable segments. The main source of income for the Trust is from commissioners in respect of healthcare services from CCG'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.

2013/14	Medicine £000's	Surgery £000's	Womens and Childrens £000's	Corporate £000's	Other £000's	Total £000's
Income	53,393	57,155	21,337	24,032	16,366	**172,283**
Expenditure	(48,590)	(43,191)	(14,087)	(27,482)	(40,505)	**(173,855)**
Contribution	**4,803**	**13,964**	**7,250**	**(3,450)**	**(24,139)**	**(1,572)**
2012/13						
Income	52,472	57,080	19,318	23,710	12,984	**165,564**
Expenditure	(44,631)	(40,680)	(13,111)	(27,556)	(36,011)	**(161,989)**
Contribution	**7,841**	**16,400**	**6,207**	**(3,846)**	**(23,027)**	**3,575**

29 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. A key area where this judgement has been applied is the valuation of land and buildings. These have been valued at £59,787,000 (2012/13 £60,385,000)