West Suffolk NHS
NHS Foundation Trust

Annual Report and Accounts

2014/15

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

1. A Message from the Chairman and Chief Executive

During 2014/15 West Suffolk NHS Foundation Trust (WSFT) has continued to be an award winning, high performing hospital. On a daily basis we see our staff demonstrate pride in their work and a focus on the needs of their patients. It is this commitment and dedication that is responsible for the many achievements of the organisation.

However, we do not always get it right and some of the patient stories that are shared with the Board highlight this. What is important is the open and transparent culture within the Trust that encourages patients, visitors and staff to voice their concerns knowing they will be fully investigated and the lessons learned shared across the hospital.

The Emergency Department standard to see, treat and discharge patients within the target of four hours is recognised as the Trust's barometer of how efficiently patients are flowing through WSH. As we went into December we were delivering the standard but, like many hospitals, we struggled to maintain this performance as we went into the winter. The whole country saw increasing numbers of emergency admissions and WSH was full of extremely sick patients, mainly with respiratory problems.

Also during this time and right through to the spring many of our beds were closed as a result of norovirus. This significantly reduced our ability to transfer patients into the main hospital. All our escalation areas were open for the majority of the time and although extra staff were brought in to cover the additional beds staffing was stretched and on occasions under pressure. The result was longer waiting times, cancellation of elective procedures and unfortunately the patient experience was not always as we would have wanted.

West Suffolk faces some big challenges over the next few years. The population we serve is ageing and more people are living longer with multiple diseases, and in particular dementia. This is contributing to the rise in emergency admissions, which has also put a significant financial burden on WSH. It is clear that we need to work differently to reduce these pressures and to give our patients the best care at the right time and in the right place.

Since starting in November 2014, Dr Stephen Dunn has made sure that he is highly visible around the hospital. Listening and talking to as many staff as possible he heard their thoughts on the future and the challenges that we face. Out of this came our proposed Strategic Framework, **Our patients, our hospital, our future**, *together,* which is referred to as the *Together* document. We embarked on an eight week consultation with staff, partners and our public members on the one vision, three priorities and seven ambitions it contains.

The Together document clearly sets out what we all need to do to ensure that we can face future challenges with confidence and clarity. It helps staff, clinical and non-clinical, to understand the part they play in providing a sustainable future. It builds on our excellent work to date and the widespread belief that the only way to make the whole health and social care system sustainable is to make a major shift to prevention and earlier intervention, to deliver more integrated and joined-up services.

One of the reasons we were able to cope with winter pressures is thanks to the excellent work of our enhanced Early Intervention Team. Partners from social services, Age UK Suffolk and community services, are working with our therapists to ensure that the right support is in place to allow medically fit patients to be discharged more rapidly. This could include specialist equipment, additional care or help with domestic activities. There are other examples of innovative joined-up services which support patients at home and where possible prevent inappropriate admissions to hospital.

We are working with West Suffolk CCG to consider the new models of care outlined in the 'Five Year Forward View' and identifying how we can take decisive steps to break down the barriers in how care is provided. In May 2015 WSFT heard that a submission, in response to Suffolk CCG's tender for the provision of community health services for the population of Suffolk, had been awarded preferred bidder status for the tender. The partnership comprises WSFT, Ipswich Hospital NHS Trust and Norfolk Community Health and Care NHS Trust. The contract will be held by WSH and the newly managed services commence on 1 October 2015.

2. A Message from the Chairman and Chief Executive

During the year the Planned Care Pathway programme has looked at the 18 week and cancer care pathways from GP referral through to discharge. This programme, which has fostered even closer clinical and managerial working, has identified opportunities to extend capacity, for example in trauma and orthopaedics, to generate more income and contribute to the overall sustainability of WSH. This activity will come from the larger hospitals on our borders, such as Addenbrooke's Hospital in Cambridge, who are struggling to meet the demands from their local populations.

Our clinicians are working even closer with primary care, providing more services in the community. New clinics are opening in towns across west Suffolk to bring care closer to patients' homes and reducing the need to travel to WSH. This is happening in Newmarket, Thetford, Haverhill and Sudbury.

If we are to deliver 21st century services we need to modernise the infrastructure that we are working with. During the year the Board signed off a major investment in e-Care, a single integrated electronic patient record, to improve the quality and safety of services and support the delivery of our vision. The current PAS (Patient Administration System) is 19 years old and relies on outdated technology. We need real time information and decision support for continuous quality improvement, as well as connectivity with GPs and other healthcare organisations.

The rise of 'lifestyle diseases' places a major burden on the future of our health services in Suffolk. Obesity, for example, is a major risk factor for diabetes, heart disease and cancer. Our staff are being encouraged to take the opportunity to ensure that 'every contact counts' by offering appropriate advice on staying healthy. This is an area where, working with partners, we can influence lifestyle behaviours and help to reduce obesity and improve diabetes care.

A key priority for WSFT is education and investment in staff. Our close links to Cambridge University in undergraduate medical education and postgraduate medical education ensure we attract the best clinicians. We are developing a modern workforce and allowing staff to evolve new roles such as clinical skills practitioners, anaesthetic assistants, advanced nursing practitioners and emergency nurse practitioners. Clinical leadership has been further strengthened to promote standardisation of care, with greater emphasis on peer review to improve clinical practice.

We must never forget that we are a hospital at the centre of our community. This is why we must harness the power of our local community and use our position in the wider Suffolk economy to promote local interests. We are one of the largest employers in west Suffolk and have a leadership role as a model employer. We support Suffolk County Council in its ambition to increase local economic growth and empower local communities.

We have some fantastic and committed Governors and nearly 5,600 public members. We have over 350 volunteers, 200 Friends of West Suffolk and an increasingly vibrant West Suffolk Hospital Charity. We are indebted to them all - they are a valued part of the hospital team. We will consider how we can further enhance the support available to vulnerable patients by exploring new roles such as 'dementia buddies', 'falls friends' and 'health ambassadors' to ensure that *'every community contact counts'*.

We are a local hospital and *Together* our teams of staff, along with health and social care partners will strive towards our vision to **deliver the best quality and safest care for our community**.

Roger Quince
Chairman

Dr Stephen Dunn
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 vision is: to deliver the best quality and safest care for our community

We can all be clear about how we contribute to this vision and each and every service is encouraged to ask two key questions:

11. Who are currently the best in the country and how can we build on what they do?
12. How can we integrate our services better with primary and community care and begin to break down the organisational barriers that exist, so that patients don't see the join?

The challenge for our hospital is clear: we must stay ahead on the quality agenda, we must maintain strong operational performance, we must secure financial sustainability and improve the facilities we work with. **Our priorities are:**

- **Deliver for today** - requires a sharp focus on improving patient experience, safeguarding patient safety and enhancing quality. It also means continuing to achieve core standards
- **Invest in quality, staff and clinical leadership** - we must continue to invest in quality and deliver even better standards of care which, over time, should deliver an 'outstanding' CQC rating
- **Build a joined up future** - we need to reduce non-elective demand to create capacity to increase elective activity. We will need to help develop and support new capabilities and new integrated pathways in the community.

Our **seven ambitions** take a holistic approach to the care of our patients:

These ambitions focus on the reason we all get out of bed in the morning and work in the NHS: to serve our patients and work with them and the public to deliver year on year improvements in the patient experience. We have joined the national 'sign up to safety' campaign and continue to ensure that at least 95% of patients receive harm-free care. This is measured by the incidence of quality indicators including pressure ulcers, falls and hospital acquired infections. These same high standards must also be consistently and reliably delivered to all our patients.

We believe that by working more closely with other health, social care and voluntary organisations to deliver more joined up services we can provide better, more responsive and personalised care to patients and their families and carers.

Working with partners will be important in achieving these ambitions. We want to make sure every child is given the best start by promoting a healthy pregnancy, natural childbirth and breastfeeding. Staff are encouraged to use the contact they have with patients to offer appropriate advice on staying healthy, placing a greater focus on the prevention of poor health.

Increasing age brings an increasing chance of long-term conditions, frailty and dementia. We are working with primary and community care to support patients to retain their independence but when they do need to come into hospital we aim to provide care in the most appropriate environment, with care plans developed with the patient and their families and carers.

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 500 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 2,618 whole time equivalent staff in March 2015.

WSFT firmly believes in the benefits of working in partnership with staff and the Trade Unions, and this was highlighted during 2014/15 with the following activities:

- Staff Governors 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, choir and gardening club continue to thrive. West Suffolk Hospital Charity held a third very successful 'It's a Bury Knockout' competition in 2014 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. During 2015 the Trust will support the national Walk for Wards and participants will be encouraged to raise money for a ward in WSH
- An active flu campaign failed to improve uptake of the flu vaccine among staff (2014: 62.34%, 2015: 57.7%)
- 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 agreed a resourcing paper to support the implementation of e-Care
- 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

WSFT has unconditional registration with the CQC with no identified concerns or enforcement action.

The CQC uses 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 5, the second lowest risk banding.

Regulatory ratings

As at March 2015 WSFT score 1 on liquidity and 1 on capital servicing giving an overall Continuity of Service (CoS) rating of 1. During 2014/15 Monitor investigated sustainability concerns regarding the Trust which was reflected in our Governance Risk Rating. In March 2015 this investigation closed, returning the Trust's Governance Risk Rating to Green (No evident concerns).

WSFT met all national targets in 2014/15 with the exception of Accident & Emergency and 18-week wait.

Further information is provided in Section 8 (Regulatory ratings).

Our services

WSFT provides a range of patient services:

Indicators	2014/15	2013/14	2012/13	2011/12	2010/11
Inpatient Planned	**4,290**	4,275	4,026	4,828	4,990
Inpatient Non-Planned	**30,173**	28,517	28,494	27,945	29,669
Day Cases	**28,210**	25,889	22,895	20,743	20,076
Outpatient Attendances (inc. Ward Attenders)	**228,384**	216,597	176,650	165,658	160,363
Outpatient Procedures	**161,317**	102,989	93,445	93,738	80,200
A&E Attendances	**62,106**	59,485	59,305	55,779	51,946

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

The increase in the recorded number of outpatient procedures is due to the way that the tariff accounts for relevant diagnostic imaging.

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 5.8%, compared with 2013/14. The emergency threshold adjustment means that we did not receive £5.5m of tariff income for this activity in 2014/15; this has impacted on our financial position.

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 4.10) describes arrangements for quality governance within WSFT.

Our financial performance

WSFT recorded a deficit of £5,422k for the year 2014/15.

	2014/15 £000	2013/14 £000	2012/13 £000	2011/12 £000	2010/11 £000
Operating income	**172,589**	172,714	166,988	159,501	155,432
Operating costs	**(171,998)**	(169,793)	(158,627)	(152,015)	(148,669)
EBITDA* surplus	**591**	2,921	8,361	7,486	6,763
Depreciation, dividend and other costs	**(7,075)**	(6,531)	(6,827)	(6,816)	(6,728)
Fixed asset impairments**	**1,062**	(30)	(22)	(51)	(63)
Retained earnings	**(5,422)**	(3,640)	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. The 2014/15 figure includes the Trust's share of the surplus on the sale of Harps Close Meadow (£1.3m)

An award winning hospital

The following section outlines many of the achievements of WSFT.

Awards and accolades

WSH has been shortlisted in the quality of care category in the Top Hospital Awards 2015, which is run by independent healthcare intelligence company CHKS. It is the fifth year running that WSH has been one of the finalists, with the Trust winning the award in 2011 and 2012.

The Emergency Stroke Outreach Team (ESOT) was presented with the top prize in the stroke care category of the Patient Safety and Care Awards. The awards were organised by the Health Service Journal and Nursing Times to recognise the best quality and safety initiatives across the NHS. The ESOT is made up of consultants, nurse specialists, specialty doctors and support staff, and works across WSH and the Emergency Department to assess any patient who has had a suspected stroke. Their goal is to make sure patients can receive specially tailored assessment and treatment as quickly as possible in the stroke unit.

The clinical decision unit (CDU) has been named as one of three finalists in the project of the year category in the 2015 HefmA (Health Estates and Facilities Management Association) awards. The CDU was built in late 2013 in a courtyard garden next to the Emergency Department. It provides a dedicated space where up to 10 patients can receive a few hours of monitoring or treatment before a decision is taken on whether to admit them to a ward or discharge them. Construction work on the £800,000 project was complete within just four months, and without causing disruption to busy neighbouring clinical areas – despite its challenging location enclosed within the existing hospital building.

Recognition for Quality and Safety

The most recent SSNAP (Sentinel Stroke National Audit Programme) data, which relates to the care provided between October and December 2014, rates WSH as a level A. This makes the hospital the best performing of all 16 hospitals in the eastern region and up with the best in the country, taking account of a range of different criteria designed to measure the quality of care which patients receive. WSH scored particularly well for the help put in place to aid recovery and rehabilitation such as access to speech and language therapy, physiotherapy and occupational therapy.

Diagnosis rates in west Suffolk for early stage cancers are the best in the country which means patients in the area have a better chance of survival and recovery. The figures from the Office of National Statistics reveal that the one year survival rate for patient diagnosed with cancer is 72%, higher than any other CCG area in the east of England and higher than the national average of 69%.

Patients with acute kidney injury (AKI) are receiving faster more effective care thanks to new measures introduced to help staff identify and treat the condition more quickly. The hospital has brought in a range of additional measures alongside best practice guidelines to improve care over the past year, many of which other trusts across the country are still in the process of implementing. As a result, mortality levels for patients with AKI, have dropped significantly, while more people are surviving without suffering any long-term kidney impairment.

Fracture patients are benefiting from shorter waiting times and fewer visits to hospital thanks to the success of an innovative virtual clinic. The clinic was the first of its kind in the country when it was launched in September 2013. It has proved such a success that staff from other hospitals have visited WSH to find out more with a view to introducing similar services for their own patients. The virtual fracture clinic gives a consultant orthopaedic surgeon and nurse the chance to remotely review patients who would otherwise need to come into hospital. Some are discharged by phone, while anyone who needs further specialist help is referred to the most appropriate clinic to meet their needs.

PLACE (Patient-Led Assessment of the Care Environment) assessment put WSH above the national average for cleanliness and food. Staff who work in catering and housekeeping take a great deal of pride in their work which has a positive impact on the patient experience.

National Accreditations

WSH's clinical photography department has become only the fourth service in the country to achieve a prized national accreditation in recognition of the consistently high standards it provides to patients. The Institute of Medical Illustrators (IMI) Quality Assurance Standards (QAS) awarded a level two accreditation following a rigorous inspection. Although several departments in the UK have achieved level one of the standard, WSH is one of only a handful across the country to gain level two.

The endoscopy service has been re-awarded a sought-after national accreditation after continuing to meet the highest standards of quality and safety. The Joint Advisory Group (JAG) certification shows the department is delivering safe and effective patient care and is committed to staff training and development. The Trust has held the status continuously since first achieving it in 2011.

The radiology department has been re-accredited with a prized national standard in recognition of the safe, high quality service it provides to patients. The ISAS (Imaging Services Accreditation Scheme) standard has been re-awarded to the hospital by the United Kingdom Accreditation Service (UKAS). It shows that patients at the hospital are "consistently receiving high quality imaging services delivered by competent staff working in a safe environment". The hospital became the only unit in the region to achieve the accreditation when it was first awarded in 2011. It is now one of only five in East Anglia to hold the status.

WSH has achieved ACSA (Anaesthesia Clinical Services Accreditation). The prestigious, peer review programme of the Royal College of Anaesthetists has accredited the hospital as the second anaesthetics department in the country to receive ACSA. The scheme enables departments to measure their performance against 172 clearly defined standards and clinical guidelines across four domains and to progress to become accredited for their quality of patient care and service delivery.

Investment in equipment and facilities

New state-of-the-art equipment which will help save lives by effectively diagnosing prostate cancer was installed thanks to the generosity of fundraisers. The ultrasound machine, called a TRUSS (trans-rectal ultrasound system), will be used to test around 1,000 men every year. It provides accurate, high quality images which help staff to detect abnormalities early, in turn increasing the chances of treatment being successful.

The TRUSS will also link with the hospital's new MRI scanner, allowing images of the prostate to be transposed to the machine so that clinicians can take more accurate biopsies. WSH is only the second hospital in the region to offer the technology, which means patients can now have advanced tests closer to home without the need to travel elsewhere.

e-Care, a multi-million pound programme, will improve safety and patient care at WSH by giving staff rapid access to electronic clinical information. e-Care will deliver a single integrated electronic patient record (EPR), give staff instant access to real-time digital records, prevent duplication, reduce costs and support the delivery of the best possible care for patients. In addition, e-Care will help the hospital share information with GPs and other colleagues in the wider NHS more easily, in turn delivering more integrated, joined-up services for patients.

Installation of a second MRI machine and refurbishment of the hospital's existing scanner has further improved the service for patients. The £2.1m scheme will help WSH meet increasing demand while providing staff with the highest quality images. The hospital's original 10-year-old machine has also been completely refurbished, in turn extending its life and improving the quality of the images it produces.

Improving access to our services

During the year new clinics have opened in towns across west Suffolk to bring care closer to patients' homes and reduce the need to travel to WSH in Bury St Edmunds.

WSH became the country's first to use specialist diagnostic equipment in community settings. The OCT (optical coherence tomography) scanning service was launched in Newmarket and Sudbury and is for patients with a range of conditions which need regular monitoring, including age-related macular degeneration and glaucoma.

Heart patients living in the Newmarket and Thetford areas can access specialist diagnostic tests following the launch of a monthly open access echocardiogram (cardiac ultrasound) clinic at Newmarket Community Hospital and Thetford Healthy Living Centre.

WSH has increased the number of rheumatology clinics taking place at Haverhill Health Centre from one to four a month to further improve the service patients receive. The extra clinics cater for all types of inflammatory and non-inflammatory rheumatic disorders, with new patients waiting just two weeks for an appointment.

The home intravenous therapy service (HITS), which was introduced just over a year ago by WSH in partnership with Suffolk Community Healthcare (SCH), has been hailed a success. HITS gives patients who need IV antibiotics but are otherwise fit for discharge the chance to return home and receive their medication during daily visits from SCH nurses working in the community. Before HITS was introduced, patients would remain in a hospital bed for up to six weeks to receive their intravenous antibiotics, which meant those beds were unavailable for others.

Excellent Staff Survey feedback

The 2014 NHS staff survey places WSH in the top 20% of trusts nationally in 11 key areas, including staff engagement, recommending the hospital as a place to work or receive treatment, job satisfaction levels and staff agreeing their role makes a difference to our patients. They also feel they are able to work effectively as a team and are motivated when they come to work.

2.3 Future business plans

As part of the local response to the 'Five Year Forward View' a new health and care strategy was developed for west Suffolk. The strategy was developed by a wide range of partners as part of the Suffolk health & care review, including service users, health and care providers and commissioners, voluntary and community sector partners, and district and borough councils. The strategy was approved by the West Suffolk System Forum and the Suffolk System Leaders Partnership.

The strategy has four main objectives, which are central to the wider public sector reform agenda in Suffolk:

1. People manage their own health and social care with the right support when needed
2. Our communities are easy and supportive places to live with a health or care need
3. Our health and care providers are co-ordinated by one clinically-led organisation
4. Higher cost interventions are replaced with lower cost interventions

The strategy sets out how west Suffolk health and care services integrate as a pathway, from prevention and care co-ordination through to urgent care response and treatment and, finally, returning people back home swiftly so that their independence is restored and they are once again able to self-care and manage their own condition. The prevention of illness is the driver of the model.

The model uses the following across a framework to support return to independence, self-care/ management and prevention:

- **Neighbourhood Networks** are concerned with keeping people happy and healthy in their own homes supported by a range of support networks. These networks include local people, groups, organisations and statutory services which a person uses to improve or maintain their vision of a good life
- **Integrated Neighbourhood Teams (INTs)** ensure health and care interventions are planned, proactive, and reduce the need for crisis and urgent intervention. The INTs include a core range of generalist services from community health, adult social care, primary care and mental health, brought together as one co-located team within our six localities
- **Urgent Care.** For people requiring urgent care response, the INTs will co-ordinate care so that people are treated promptly by the most appropriate service, discharged and returned swiftly back to their own home from acute care
- **Specialist interventions.** Some services such as interface geriatricians, community hospitals and specialist dementia advice are organised on a wider geography provided by a range of organisations, and work to a common set of processes and service delivery principles. Many of these specialist services will work alongside the INTs, and join them for multidisciplinary team (MDT) meetings to both mitigate risk of exacerbation and to respond appropriately at times of crisis. They may also hold a small caseload for focused and time limited work where there are complex needs.

Although the system was not successful in its bid for national funding for implementation of the strategy, we are working with partners within the local health and social care system to ensure we can take forward the strategy which formed the basis of the vanguard application. This is being progressed as an Integrated Care Organisation (ICO) model with the CCG and other partners.

The Board recognises that the new health and care strategy for west Suffolk provides significant opportunities within the external environment and, while this will impact on the emphasis and timing of implementation, the Trust's strategy to focus on integration with health and social care providers remains the right approach for our local population. The Board remains committed to its strategy on the basis that the underpinning assumptions are still accurate. We are however reviewing the assumptions around implementation in the context of the opportunities created by the changing external environment.

WSFT has responded as part of a partnership to the CCG's tender for community health services for Suffolk. The partnership is committed to providing the Right Care in the Right Place at the Right Time working together to deliver community services effectively.

The partnership was announced as preferred bidder for the community services tender on the 19 May 2015 and our priorities during mobilisation will be to ensure:

- seamless / safe transfer of services from existing provider
- effective management of staff change
- addressing the infrastructure unknowns
- embedding governance and processes – including incident reporting and risk
- relentless engagement and communication with both internal and external stakeholders
- building public confidence in both the commissioner and provider of Suffolk healthcare.

Strategic position

WSFT provides a range of 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 significant efficiency savings over the coming years, whilst still maintaining a high quality service to its patients and users. WSFT needs to deliver 5.4% efficiency savings during 2015/16. 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 focus on securing WSFT's clinical and financial stability through 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.

The WSFT is working in partnership with others to develop better and more effective models of care which support the health and care strategy in west Suffolk. This work is focused towards:

Emergency Care Pathway (ECP)

A number of drivers mean that a core business of the Trust must continue to be the delivery of urgent care services. These drivers within the population served by WSFT include:

- changes in demographics, and in particular the ageing profile of the core population served
- the current and predicted rise in long-term conditions and co-morbidity
- relative rurality and isolation of the area covered by WSFT
- relative distance from alternative providers of urgent care services.

These drivers mean that the Trust's urgent care services continue to be required now, and in the foreseeable future, within the local communities.

The Emergency Care Pathway programme aims to improve the flow of patients within WSH and back into primary care; support a reduction in the number of emergency admissions, reduce length of stay and improve the patient experience, through integrating health and social care as well as internal process improvements.

Significant progress has been made in a number of areas to support the Trust and the local health economy in the delivery of effective emergency care.

The second phase of this work (ECP2) consists of 5 workstreams focusing on the different elements of the emergency pathway:

- Emergency Department
- Acute Medical Unit and ambulatory care
- Inpatient wards discharge profile
- Integration projects
- Hospital at Night and Patient Flow.

The Integrated Care Delivery Group has supported a number of schemes within the Integration workstream:

- Extended Early Intervention Team (EIT) – a team of therapists and a nurse who assess patients presenting in the emergency department and facilitate early discharge and onward signposting to relevant care
- Medically fit - a senior nurse and senior therapist who monitor and manage medically fit patients within WSFT and community beds to reduce length of stay and promote return to previous levels of independence
- Sub-acute - a team of two nurses who identify and manage patients who can be discharged on intravenous (IV) antibiotic therapy.

WSFT developed the framework for the 'Perfect Week' to support best practice in the management and escalation of care. During 2014/15 the experience of an internal model was extended to a 'Perfect System' which engaged local partners to support better understanding, communication and collaboration in the delivery of health and social care. This integrated system model will continue to be developed during 2015/16.

WSFT is committed to supporting and extending the benefits from the sub-acute and medically fit schemes in 2015/16 alongside the increased provision of care home beds. We are working with the CCG to secure continued support for the EIT scheme.

Planned Care Pathway (PCP)

The Planned Care Pathway programme focuses on improved efficiency, productivity and income generation whilst maintaining and, wherever possible, improving safety, quality and the patient experience. This includes adopting best care and service practice, including recommendations from the Elective Care Intensive Support Team (ECIST) and NHS Elect. The programme of work focuses on how sustainable improvements are made to planned care including seven day services.

A clinically led, structured approach has been taken for the Planned Care Pathway, looking at the 18-week and cancer care pathways, from GP referral through to discharge. To do this involved Service Line Reviews (SLRs), which place patients at the centre of all thinking to develop a 5-year Specialty Clinical Service Strategy, which looks at where they are now, where they aspire to be and what step changes need to be taken to get there. To underpin the SLRs, WSFT commissioned an external independent assessment of its activity and costs to allow rigorous benchmarking of efficiency,

Lessons learned from the PCP have highlighted the importance of the following to help secure success:

- strong clinical leadership and clinician engagement
- availability of dedicated resources to support transformation
- protected time for staff to work on the programme
- a clear, well-structure approach.

Significant progress has been made in a number of areas including:

- Service Line Reviews (SLRs) - the programme of reviews has been completed and the focus is now on implementation of the agreed plans and developing a structured review cycle as part of business planning. Further detail is set out in the Transformation plans for 2015/16 (section 2.3).

- 7 day working – during the first year of this programme WSFT benchmarked the current level of 7 day provision. This identified areas of good practice but also variation across services, which will be addressed as part of this three year programme. The areas of focus for 2015/16 with the local health economy are:
  - Diagnostics
  - Time to First Consultant Review
  - Time to Multi-Disciplinary Review
  - Psychiatric Liaison
  - Handover.

It is recognised that the Trust is unable to fully implement 7 day working in isolation and is working closely with the CCG and other partners to ensure engagement and joint decision making to support the successful implementation of this project.

Local & Non-recurrent Savings

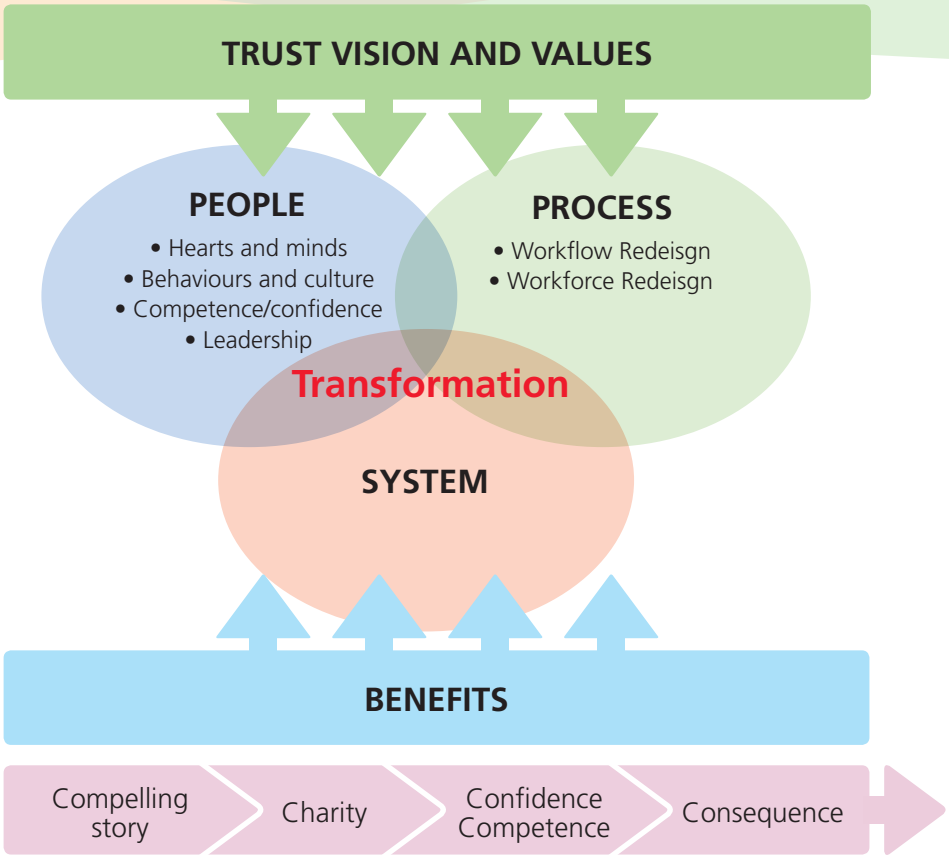
WSFT is working on a range of initiatives to maximise the efficiency of a range of clinical and non-clinical services. The programme will cover:

- Temporary staffing and staff management – WSFT has plans to extend its 'contracted pool' during 2015/16, as well as recruiting additional nurses through local recruitment open days, an overseas recruitment campaign, a more rigorous internal exit interview process in turnover 'hotspots' (to understand why staff are leaving) and the commissioning of an additional 'Return to Nursing' programme
- Investment in information technology – WSFT has made a significant investment in e-Care, our new electronic medical record. The design and build of the system is almost complete and we have developed a comprehensive transformation plan to ensure that this project delivers significant benefits in terms of safety, patient experience and operational efficiency
- Procurement – we are assessing opportunities to exploit local framework agreements and have built this assumption into our savings programme
- Community integration – WSFT employs a senior manager as an integration lead who works collaboratively with the CCG and Suffolk Community Healthcare (SCH) to address issues of patient flow across organisational boundaries
- Investment in workforce – we continue to invest in our workforce in a number of ways and we provide education, training and development opportunities at all levels and across all groups. New areas of development include Health Coaching, a newly equipped clinical skills laboratory and comprehensive training packages to support e-Care implementation. In addition, we will review our workforce in terms of numbers and skills to match the demands placed on us with regard to quality of service, safety, activity and efficiency. This will involve the development of new roles (such as the Physicians Associate), targeted recruitment to areas we find difficult to recruit to, and working with higher education establishments to secure our future staffing needs.

WSFT is also continuing to work in partnership with the CCG and others to address key national, regional and local drivers of change that will have a direct impact on future plans and sustainability.

e-Care

The Trust has made a significant investment in e-Care, our new electronic patient record. A transformation strategy has been written which recognises that IT deployment is a key enabler to our delivery of Trust strategic vision. We are committed to ensuring that e–Care is the golden thread which ties all of our transformation programmes together to shape the way in which we deliver healthcare in the future.



This is a long term journey for the Trust and the real transformation will happen after we have installed the system in what we call the optimisation phase.

As such, we have split the transformation approach into two key phases: the first being around engaging with our staff, patients and system partners to prepare for the change and ensuring that we have built the system in such a way that we can deliver the benefits.

As we move beyond 'go live' and stabilisation we will switch focus to delivering a range of transformation programmes that will form the basis of the wider Trust transformation programme.

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 2014/15 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 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). Impact on other targets e.g. RTT and cancer as unable to admit elective activity.

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
Environment, effectiveness and continuous improvement	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. Reputational harm from adverse media coverage – loss of confidence
	Implementation of e-Care to replace existing Patient Administration System (PAS)	Patient safety. Reputational impact and poor patient experience/satisfaction. Loss of clinically functionality, impacting on delivery of patient care and patient safety. Inability to use system for administrative functions and capture of activity (e.g. outpatients etc). Inability to provide financial, contracting and target performance data. Clinical development not supported/hinder by system which is not fit for purpose. Financial benefits outlined in business case not realised (£33M). Loss of income due to data quality/migration failure. National reputational impact and escalation by Regulators
	Mobilisation and delivery of community services if successful bidder following tendering	Community staff support and engagement for change. Staff capacity to support mobilisation, transition and delivery phases. Financial risk in delivery of contract being assessed through due diligence assessment. Regulatory impact of providing service both for Monitor and CQC.

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
Workforce	Ability to meet Workforce Plan linked to the Trust's strategic plan.	Failure to achieve reduction of staff costs as part of financial plans. Quality and safety and reputation impact. Adverse employee relations and staff motivation. CQC regulatory action. Withdrawal of Royal College recognition.
	Staff responsiveness to current economic / environmental challenges.	Impact of change 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. Capacity to deal with regulatory reviews (including CQC or Monitor).
	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. Unable to bill CCG for activity against contract Unable to meet external reporting requirements, including monitoring against national targets
	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 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

During 2014/15 the number of patient safety incidents reported per month was approximately in line with the average for our peer group although there was monthly fluctuation. The number of reported incidents in February and March 2015 reduced; this largely reflected a reduction in reported falls and pressure ulcers since January 2015. The Board reviews this information on a monthly basis as part of its quality monitoring arrangements.

Benchmarking within the national staff survey shows that the Trust's 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 quarterly programme of internal and external peer assessment supports continuous quality improvement with CQC standards. 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 a member of the NHS Litigation Authority's Clinical Negligence Scheme for Trusts (NHSLA CNST).

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 have put in place to delivery and monitor 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	8	4	12
Other senior managers	0	0	0
Employees	619	2,444	3,063

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. The Trust is 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.

In May 2014, Monitor opened an investigation to allow it to better understand concerns regarding WSFT's financial position and the action we are taking. After extensive review Monitor closed the investigation in March 2015 and took no further regulatory action.

Statement regarding the Annual Report and Accounts

It is the responsibility of the Directors to present a fair, balanced and understandable assessment of the WSFT's position and prospects.

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 [4]

Mr David Beaven

Mr David Bevan [1]

Mrs June Carpenter (Lead Governor)

Canon Cedric Catton [2]

Mr Ian Collyer [2]

Mrs Justine Corney

Mr Peter Clifford [1]

Dr David Frape

Mrs Jayne Gilbert

Dr Christopher Johnson [1]

Mr Rodney Knight [1]

Dr Alan Lower [3]

Mr Barry Moult [2]

Dr Steve Ohlsen [2]

Mrs Jan Osborne [2]

Dr Joe Pajak [2]

Mrs Helen Smith [1]

Mrs Liz Steele [5]

Mrs Adrienne Wakeling

Mr Stuart Woodhead

3. Governors' Report

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

Mrs Jane Chilvers

Mr Nick Finch

Mr Peter Harris [2]

Mr Carl Kwiatkowski [1]

Mrs Lesley Lang [2]

Mrs Lindsay Pike [2]

[1] Governor until elections November 2014

[2] New Governor elected November 2014

[3] Resigned from Council of Governors July 2014

[4] Resigned from Council of Governors March 2015

[5] Joined Council of Governors March 2015

Partner Governors – nominated by partner organisations of WSFT

Councillor Sarah Stamp[6]	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 Jon Eaton[7]	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

[6] Councillor Sarah Stamp was appointed in September 2014 taking up the seat previously held by Councillor Jenny Antill who resigned in September

[7] Mr Jon Eaton was appointed in March 2015 taking up the seat previously held by Mr Mick Smith

Elections for the Public and Staff Governors took place in November 2014. As a result ten new Governors were appointed (seven Public and three Staff). Externally facilitated induction sessions were held for all Governors to provide appropriate knowledge and training to undertake their responsibilities. These sessions have been supplemented with sessions on NHS structures, accountability and the regulatory framework.

Governor attendance at Council of Governors meetings 2014/15

There were six formal meetings of the Council of Governors: 13 May 2014, 6 August 2014, 14 August 2014, 25 September 2014 (Annual Members Meeting), 13 November 2014, 10 February 2015 with the following Governor attendance:

Name	Title	Attendance (out of 6 meetings)
Cllr Jenny Antill	Partner Governor	3(of 3)[6]
Mr Roy Banks	Public Governor	3[4]
Mr David Beaven	Public Governor	3
Mr David Bevan	Public Governor	1(of 5)[1]
Mrs June Carpenter	Public Governor	4
Canon Cedric Catton	Public Governor	1(of 1)[2]
Mrs Jane Chilvers	Staff Governor	6
Mr Peter Clifford	Public Governor	5(of 5)[1]
Mr Ian Collyer	Public Governor	1(of 1)[2]
Mrs Justine Corney	Public Governor	6
Mrs Judy Cory	Partner Governor	5
Mr Jon Eaton[7]	Partner Governor	0(of 0)[7]
Mr Nick Finch	Staff Governor	5
Dr David Frape	Public Governor	6
Mrs Jayne Gilbert	Public Governor	4
Dr Mark Gurnell	Partner Governor	1
Mr Peter Harris	Staff Governor	1(of 1)[2]
Mr David Howells	Partner Governor	3
Dr Christopher Johnson	Public Governor	2(of 5)[1]
Mr Rodney Knight	Public Governor	2(of 5)[1]
Mr Carl Kwiatkowski	Staff Governor	1(of 5)[1]
Mrs Lesley Lang	Staff Governor	1(of 1)[2]
Dr Alan Lower	Public Governor	0(of 1)[3]
Cllr Sara Mildmay-White	Partner Governor	4
Mr Barry Moult	Public Governor	1(of 1)[2]
Dr Steve Ohlsen	Public Governor	1(of 1)[2]

3. Governors' Report

Name	Title	Attendance (out of 6 meetings)
Mrs Jan Osborne	Public Governor	1(of 1)[2]
Dr Joe Pajak	Public Governor	1(of 1)[2]
Mrs Lindsay Pike	Staff Governor	1(of 1)[2]
Mr Roger Quince	Chair	6
Mrs Helen Smith	Public Governor	5(of 5)[1]
Mr Mick Smith	Partner Governor	0(of 0)[7]
Cllr Sarah Stamp	Partner Governor	2(of 3)[6]
Mrs Liz Steele	Public Governor	0(of 0)[5]
Mrs Adrienne Wakeling	Public Governor	2
Mr Stuart Woodhead	Public Governor	2

[1] Governor until elections November 2014

[2] New Governor elected November 2014

[3] Resigned from Council of Governors July 2014

[4] Resigned from Council of Governors March 2015

[5] Joined Council of Governors March 2015

[6] Councillor Sarah Stamp was appointed in September 2014 taking up the seat previously held by Councillor Jenny Antill who resigned in September

[(7)]Mr Jon Eaton was appointed in March 2015 taking up the seat previously held by Mr Mick Smith who resigned in May 2014.

In attendance at these meetings were: Dr John Benson, Non-executive Director (1); Mr Craig Black, Executive Director of Resources (2); Mrs Jan Bloomfield, Executive Director of Workforce & Communications (2); Dr Pam Chrispin[a], Executive Medical Director (2); Mrs Nichole Day, Executive Chief Nurse (2); Dr Stephen Dunn[c], Chief Executive (2); Mr Stephen Graves[b], Chief Executive (2); Mr Jon Green, Executive Chief Operating Officer (5); Mr Neville Hounsome[f], Non-executive Director (1); Mr Gary Norgate, Non-executive Director (5); Mr Dermot O'Riordan[d], Executive Medical Director/Interim Chief Executive (4); Mr Graham Simons[e], Non-executive Director (4); Mrs Rosie Varley, Non-executive Director (2)

[a] Dr Pam Chrispin was appointed as Executive Medical Director in June 2014

[b] Mr Stephen Graves left the Trust in September 2014

[c] Dr Stephen Dunn joined the Trust in November 2014

[d] Mr Dermot O'Riordan's appointment to the Board ended in November 2014

[e] Mr Graham Simons' term ended November 2014

[f] Mr Neville Hounsome joined the Trust in January 2015

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 took place in March 2015. This included a review of WSFT's draft operational plan for 2015/16 and a briefing on strategic developments, including the Strategic Framework.

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 into 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).

In July 2014 a number of Governors took part in the initial stage of the recruitment process for the Chief Executive Officer and the Council of Governors approved the appointment in August 2014.

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.

3.5 Membership

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

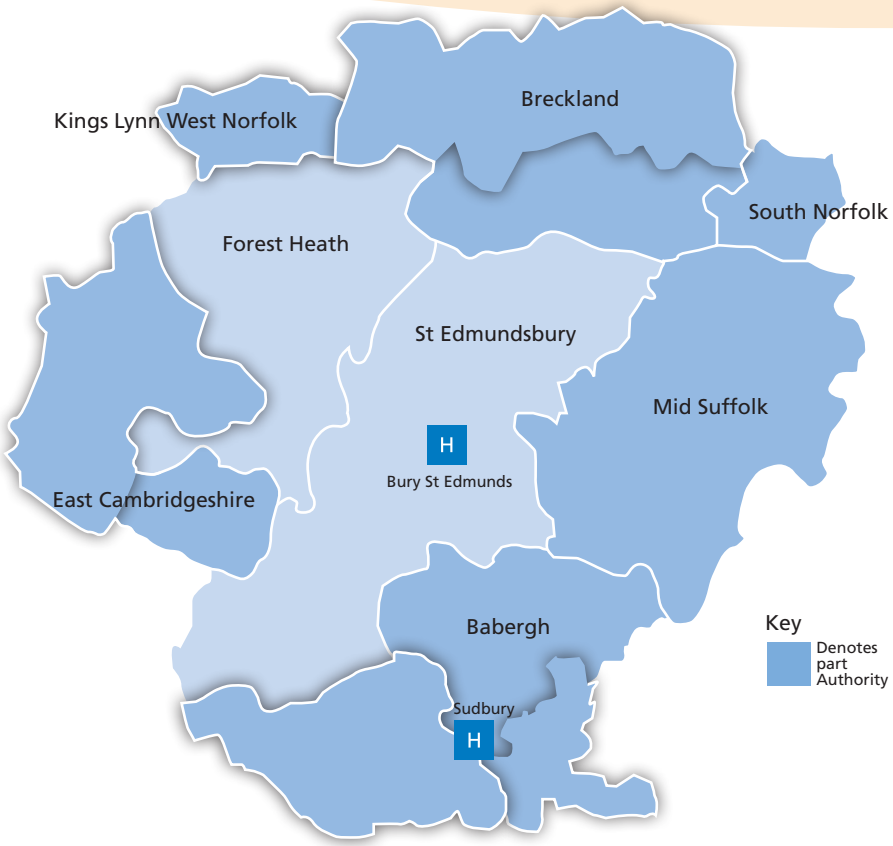
Public membership

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 2015 there were members; 5,502 public members and 3,406 staff members (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.

3. Governors' Report

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 considers 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 2015)	Target (Mar 2017)
1. Achievement of the recruitment target:		
a. Total number of Public members	**5502**	5550
b. Staff opting out of membership	**<1%**	<1%
2. Achieve a representative membership for our membership area, Priorities for action:		
a. Age – recruitment of under 50s	**1065**	1150
b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	**-**	100%
3. An engaged membership measured by:		
a. number of member events held	**5**	6
b. member attendance – total all events	**761***	600*
c. annual members' meeting attendance	**288**	200
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.

During the past year the Trust has held two 'special interest' events on individual services provided by WSFT. These have proved extremely popular with a total of 327 people attending the two events. These events have also been used to provide feedback on the services provided by WSFT.

Staff Governors report 2014/15

Staff Governors have continued to work with staff throughout 2014/15 by holding 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.

Individual Governors have met with the departments they represent to give feedback and discuss issues raised by staff.

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 line managers and acted upon.

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.

In December 2014 five Staff Governors were elected to the Council of Governors for three years and they will be continuing to work with the staff whilst introducing new ideas around staff engagement.

Contact procedures for members

Contact details for the FT office are given on the website and queries/comments will be directed to the appropriate Governors/Directors.

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

3.6 Nominations Committee

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

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

In August 2014 the Nominations Committee recommended to the Council of Governors that a current nominated NED be offered a further term of up to two years without competition. The Council of Governors approved the recommendation.

In November 2014 the Nominations Committee completed a contested NED recruitment. 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 2014, the Nominations Committee recommended to the Council of Governors that a current NED be reappointed without competition for a further term of two years. The Council of Governors approved the recommendation.

3. Governors' Report

Attendance at Nominations Committee Meetings 2014/15

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

Meeting dates: 23 April 2014; 8 July 2014; 23 October 2014

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 descriptions below demonstrate 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)

Areas of special interest/responsibility: Chair of Quality & Risk Committee; Chair Charitable Funds 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 undergraduate GP Education, University of Cambridge School of Clinical Medicine.

Independent director – Yes (see Section 4.8)

Mr Neville Hounsome – NED

(Appointed: from 1 January 2015 until 31 December 2017)

Areas of special interest/responsibility: Lead NED for Corporate Risk Committee; Lead NED for Security; member of Remuneration Committee, Audit Committee and Quality & Risk Committee.

Neville is currently Group HR Director for Hyde (Housing Association). He has previously held senior HR positions with May Gurney plc, Norfolk Constabulary and McCain Foods (UK) Ltd.

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

Mr Gary Norgate – NED

(Appointed: 1 September 2013 – 31 August 2017)

Areas of special interest/responsibility: Chair of Scrutiny Committee; member of Corporate Risk Committee; Remuneration Committee, Audit Committee and Charitable Funds Committee. As an 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 Steven Turpie – NED and Deputy Chair

(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 Audit Committee; member of Remuneration Committee and Deputy Chair of the Trust. NED lead for Procurement and NED link to Director of Resources.

Steven is a qualified accountant with substantial experience in large global commercial enterprises.

Steven was previously Group Head of Sourcing & Procurement for Zurich Insurance Group and prior to that has 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: Chair of Remuneration Committee; NED lead for Patient Experience Committee; second lead for Clinical Safety and Effectiveness Committee; member of Quality & Risk Committee and Scrutiny Committee.

Rosie brings wide-ranging experience in health, social care, education and regulation. She is Chair of the General Dental Council's Appointments Committee and 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

Dr Stephen Dunn – 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.

Stephen joined the Trust as Chief Executive in November 2014 from the NHS Trust Development Authority where he was Regional Director of Delivery and Development for the South.

Stephen's previous experience was as a Director of Policy & Strategy, NHS Midlands and East; Director of Strategy & Provider Development, NHS East of England; Senior Civil Servant, Department of Health. He is also a visiting Professor of Health Policy at the London School of Economics, and a visiting Professor of Economics at the University of the West of England.

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

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.

Dr Pam Chrispin – 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. Pam is the responsible officer for revalidation.

Pam was appointed as Executive Medical Director in June 2014, having previously been Medical Director of East Anglian Ambulance Trust and Deputy Medical Director and consultant in anaesthesia & intensive care at the WSFT.

Pam also works one day per week as a consultant for the East Anglian Air Ambulance.

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, Management-side Chairman of the Regional Social Partnership Board, Chairman of the East of England HR Directors' Network and Patron of Suffolk West NHS Retirement Fellowship.

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.

* 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 2014/15

Name	Title	Attendance (out of 10)
Roger Quince	Chairman	10
John Benson	**Non-executive Director**	**7**
Craig Black	Executive Director of Resources	10
Jan Bloomfield	Executive Director Workforce & Communications	10
Pam Chrispin	Executive Medical Director *(appointed 1 June 2014)*	8 (of 8)
Nichole Day	Executive Chief Nurse	10
Stephen Dunn	Chief Executive *(appointed 3 November 2014)*	4 (of 4)
Stephen Graves	Chief Executive *(left 7 September 2014)*	4 (of 4)
Jon Green	Chief Operating Officer	9
Neville Hounsome	Non-executive Director *(appointed 1 January 2015)*	3 (of 3)
Gary Norgate	Non-executive Director	10
Dermot O'Riordan	Executive Medical Director *(until 31 May 2014)* Interim Chief Operating Officer (1 August 2014 until 2 November 2014)	6 (of 6)
Graham Simons	Non-executive Director *(term ended 30 November 2014)*	7 (of 7)
Steven Turpie	Non-executive Director	9
Rosie Varley	Non-executive Director	9

Meeting dates

25 April 2014, 23 May 2014, 27 June 2014, 25 July 2014, 26 September 2014, 24 October 2014, 28 November 2014, 30 January 2015, 27 February 2015, 27 March 2015.

Drawing on best practice from the commercial sector the Board undertakes an annual review of its governance arrangements.

WSFT's governance 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 sub-committees 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 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.

External Audit

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.

As part of the approval of the annual external audit plan, the external audit process is subject to review by the Trust in terms of competency efficiency and the relationship between the Trust and its auditors. The Audit Committee meets with the external auditor without officers present on an annual basis.

The Council of Governors appointed the external auditors on 12 February 2013. The term of the appointment is three years, with the option for extension for up to two more years. The cost of statutory services for the 2014/15 financial year was £59,000 (2013/14; £52,000).

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 2014/15.

Internal Audit

Baker Tilley, WSFT's internal auditors, are responsible for undertaking the internal audit functions on behalf of the Trust. The Head of Internal Audit reports to each meeting of the Audit Committee on the audit activity undertaken.

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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the 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.

Attendance at Audit Committee meetings

Name	Title	Attendance (out of 5)
John Benson	Non-executive Director	5
Neville Hounsome	Non-executive Director (appointed 1 January 2015)	1 (of 1)
Gary Norgate	Non-executive Director	5
Graham Simons	Non-executive Director (term ended 30 November 2014)	4 (of 4)
Steven Turpie	Non-executive Director (Chair)	5
Rosie Varley	Non-executive Director	5

Meeting dates: 25 April 2014, 23 May 2014, 25 July 2014, 24 October 2014 and 30 January 2015.

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 WSFT'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 WSFT.

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

WSFT has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors supports the principles set out in the 'NHS Foundation Trust Code of Governance'. 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 the Trust has been compliant with the code.

It is relevant to note that although Dr John Benson is a nominated appointment by the University of Cambridge, his reappointment as a NED was reviewed and approved by the Council of Governors in November 2014. This review considered his relevant skills and experience, including his ability to provide independent challenge to the Trust. As such he is considered to be an independent director, despite his nominated status.

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.*

Dr Stephen Dunn

Chief Executive

28 May 2015

4.10 Annual Governance Statement

West Suffolk NHS Foundation Trust Annual Governance Statement – 1 April 2014 to 31 March 2015

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the West Suffolk NHS Foundation Trust's (WSFT) 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 WSFT is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of WSFT, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in WSFT for the year ended 31 March 2015 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

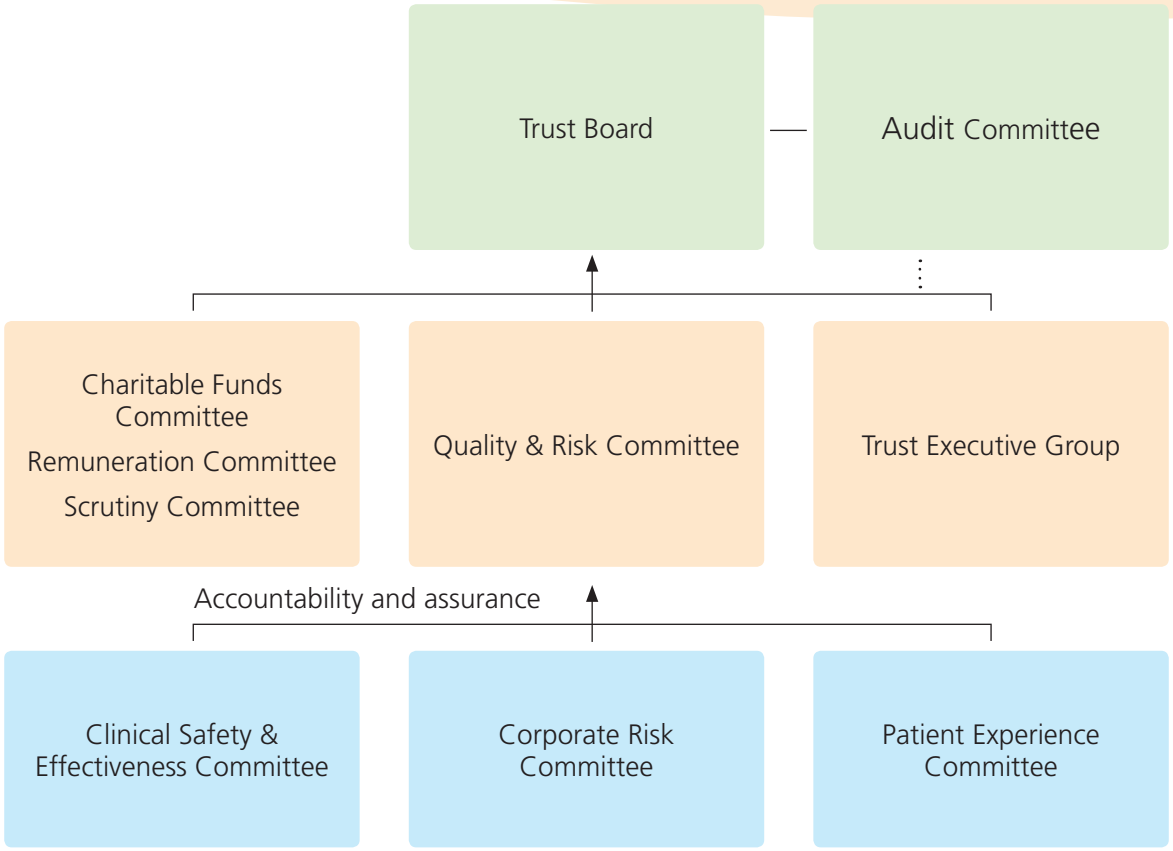
The system of internal control is underpinned by compliance with the Trust's terms of authorisation and the requirements of regulatory bodies relevant to foundation trusts. The Trust has a risk management strategy and risk management policy which make it clear that managing risk is a key responsibility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

The Board of Directors 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 Council of Governors receive quarterly reports detailing performance in these areas, highlighting relevant assurances and action.

The Audit Committee provides an independent and objective view of 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 WSFT's quality performance relating to patient safety, clinical outcome & effectiveness, and patient experience. This includes infection control and the review of feedback to the Trust on 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 divisions 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)** – unconditional registration with the CQC. The latest CQC benchmarking places WSFT in band 5, the second lowest risk banding
- **Good performance against national targets**, good performance in the delivery of national targets in 2014/15 with the exception of: maximum waiting time of four hours in A&E and 18-week maximum wait from point of referral to treatment which are considered in detail later
- **Low Hospital Standardised Mortality Ratio**
- **The most recent SSNAP (Sentinel Stroke National Audit Programme) data, which relates to the care provided between October and December 2014, rates WSH as a level A.** This makes the hospital the best performing of all 16 hospitals in the eastern region and up with the best in the country

- **Diagnosis rates in west Suffolk for early stage cancers are the best in the country**
  - **Patients with acute kidney injury (AKI) are receiving faster more effective care,** thanks to new measures introduced to help staff identify and treat the condition more quickly
  - **Fracture patients are benefiting from shorter waiting times and fewer visits to hospital,** thanks to the success of an innovative virtual clinic.
  - **PLACE (Patient-Led Assessment of the Care Environment)** assessment - WSH above the national average for cleanliness and food
  - **Very good National Staff Survey results** - the 2014 NHS staff survey places WSH in the top 20% of trusts nationally in 11 key areas, including staff engagement, recommending the hospital as a place to work or receive treatment, job satisfaction levels and staff agreeing their role makes a difference to our patients. They also feel they are able to work effectively as a team and are motivated when they come to work
  - **Excellent reputation for teaching** – both undergraduate and graduate
  - **Top Hospital for Quality of Care 2011 and 2012 and shortlisted in 2013, 2014 and 2015** awarded by independent healthcare intelligence company CHKS.

But, we also have some challenges:

- **Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge**

  Over the last 18 months the Trust has seen improvements in the flow of patients and the patient experience and in general has achieved the 4 hour A&E target. However, this performance has been fragile and the Trust struggles to manage significant variations in demand. Following a particularly challenging December to February period where performance significantly deteriorated, the target for the year was not achieved. High levels of acuity (illness) amongst patients presenting to the Emergency Department over the winter period, as well as infection control incidents affecting a number of inpatient wards, severely impacted patient flow during this period. The Trust continues to work in collaboration with partners to ensure effective arrangements are in place to improve patient flow from the hospital and undertook a review of the winter period to ensure lessons were learned internally and for the health and care system. WSFT developed the framework for the 'Perfect Week' to support best practice in the management and escalation of care. During 2014/15 the experience of an internal model was extended to a 'Perfect System' which engaged local partners to support better understanding, communication and collaboration in the delivery of health and social care. This integrated system model will continue to be developed during 2015/16. This coupled with concerted efforts across the system, enabled the Trust to recover its position and we achieved the target during March.

- **18-week maximum wait from point of referral to treatment (admitted patients)**

  WSFT's performance for the 18-week target has historically been excellent. During quarter 2 in response to NHS England's announcements on reducing patients waiting over 18 weeks and incentive payments, the Trust submitted a plan to the Area Team which included reducing long wait patients. The consequence of this was failure of the 18-week admitted target during July and August. Performance in September returned to above 90% in line with agreed plans. While the target was achieved in quarter 3 the significant operational pressure over the winter holiday period negatively impacted on performance in January and February. The emergency pressures within the hospital during December and January resulted in the closure of ring fenced elective beds (ring fenced due to clinical imperatives). This caused a significant number of patient cancellations for elective surgery. All of these patients were rebooked during quarter 4 and therefore a significant number of patients breached the 18-week target (admitted).

- **Financial sustainability**
  WSFT ended the financial year recording a £5.4m deficit. This was better than plan, due in part to the receipt of proceeds from the sale of land at Harps Close Meadow. Monitor investigated the Trust's financial sustainability during 2014/15. The investigation was closed in March 2015 without taking any further regulatory action.

  As part of the local response to the 'Five Year Forward View' a new health and care strategy was developed for west Suffolk. The strategy was developed by a wide range of partners as part of the Suffolk health & care review. The strategy sets out how west Suffolk health and care services integrate as a pathway: from prevention and care co-ordination through to urgent care response and treatment and, finally, returning people back home swiftly so that their independence is restored and they are once again able to self-care and manage their own condition. The prevention of illness is the driver of the model. Although the system was not successful in its bid for national funding for implementation of the strategy, we are working with partners within the local health and social care system to ensure we can take forward the strategy which formed the basis of the vanguard application. This is being progressed as an Integrated Care Organisation (ICO) model with the CCG and other partners.

  The Board recognises that the new health and care strategy for west Suffolk provides significant opportunities within the external environment and, while this will impact on the emphasis and timing of implementation the Trust's strategy to focus on integration with health and social care providers remains the right approach for our local population.

  Further opportunity for integration is provided through the tender for community services for Suffolk. WSFT has responded as part of a consortium to the tender and is committed to providing the *Right Care in the Right Place at the Right Time*, working together to deliver community services effectively.

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.

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
- The Trust's evaluation of compliance with the CQC standards. Following an evaluation of compliance against all of the standards and at each location, the Trust made a declaration of compliance as part of the registration process with the CQC.

The Board Assurance Framework was reviewed and updated routinely during 2014/15 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 2014/15 and 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 (substantial assurance) 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 & Performance 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 2014/15 including divisional reporting, cash position and performance against cost improvement programmes.

Information Governance

WSFT's Information Governance Assessment Report's overall score for 2014/15 was 78%. The Trust achieved a score of at least two for all requirements, within a range of zero (worst) to three (best).

WSFT reported one level 2 data breach to the Information Commissioner's Office (ICO) in January 2015. The incident related to the release of staff information on the 'Notice Board' of the Trust's Intranet. The 'Notice Board' is used by staff to post items such as lost and found, equipment/ furniture (wanted or available), or events. The breach included information such as personal phone numbers. Remedial action has been taken and no further action has been identified by the ICO.

4. Directors' Report

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.*

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 Board Assurance Framework (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.

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 regarding 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, including the testing of a sample of data provided in the 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 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 divisions and specialist committees to the Board.

The Board of Directors completed an annual review of its governance arrangements in February 2015.

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 20 reports relating to 2014/15, the 'opinions levels' are summarised below:

Opinion level	Number
Red (cannot take assurance)	1
Amber (can take some/reasonable assurance)	7
Green (can take substantial assurance)	8
Advisory	4

The Red opinion related to Network / Data Security and Cybercrime Controls. Relevant action has been agreed and implemented to address this potential risk.

The framework for monitoring and review of action in response to Internal Audit reports 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 2014/15, 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 that put the achievement of particular objectives at risk.

External audit reports that the financial statements give a true and fair view of the state of affairs of the Trust's affairs as at 31 March 2015 and of its income and expenditure for the year then ended and, on an exception basis, whether there are any inconsistencies between their knowledge acquired during the audit and the directors' statement that they consider the Annual Report is fair, balanced and understandable.

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.

Conclusion

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.

Dr Stephen Dunn

Chief Executive

28 May 2015

5. Remuneration Report

Annual statement on remuneration

During 2014/15 the appointment of a new Chief Executive provided an opportunity to combine and enhance senior management responsibilities within the executive director roles, with commensurate salary adjustments. The Remuneration Committee and Board of Directors used these changes to increase the effectiveness of the senior management and provide greater resilience within the management structure.

The changes have been fully implemented and provide a strong platform for the WSFT to meet and respond to the local and national developments.

Senior managers' remuneration policy

Senior Managers pay consists of the following elements:

- Senior Managers salary is reviewed on an annual basis by the Remuneration Committee. The objectives of the Committee are set out below
- Benefits in kind – in line with the Trust policy for all employees senior employees are eligible to access salary sacrifice schemes such as lease cars and computer equipment. These may be considered as benefits in kind and are declared to HM Revenue & Customs and tax is paid on these sums as appropriate.

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:

5. Remuneration Report

Name	2014/15 Attendance (out of 1)	2013/ 14 Attendance (out of 2)
Roger Quince	1	2
John Benson	1	2
Gary Norgate	1	
Graham Simons	1	1
Brian Stewart		2
Steven Turpie	1	2
Rosie Varley	1	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.

Policy on Payment for Loss of Office

Approval for any non-contractual severance payments should be obtained from the Remuneration Committee and Monitor following submission of a business case. In respect of individuals earning over £100,000 any severance payment should include a provision requiring the repayment of the severance payment where the individual returns to work for the NHS in England within twelve months and/or before the expiry date of the period for which they have been compensated (as measured in equivalent months/part-months of salary). In such circumstances the employee would be required to repay any un-expired element of his/her compensation. This would be reduced to take account of any appointment to a lower grade post or reduced hours basis and reflect net salary.

5. Remuneration Report

Annual report on remuneration

In the financial year the Directors costs reduced to £1,039k from £1,065k. This decrease was due to the effects of changes in directors during the year. There were no exit packages paid to Board Members either in the 2014/15 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 £10,899k (2013/14 £10,844k) 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.

The median remuneration of all Trust staff is £27,421 (2013/14 £26,893). The ratio of the midpoint of the banded remuneration of highest paid director to this figure is 6:1 (2013/14 7:1). This is calculated based on all staff employed as at 31 March 2015.

In 2014-15, 12 (2013-14, 1) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £14,136 to £190,299 (2013-14 £13,215 to £198,333)

Total remuneration includes salary, benefits in kind and non-consolidated performance-related pay. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

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 2014/15 and 2013/14 there were no more than 13 directors at any time.

	2014/15		2013/14	
	Directors	Governors	Directors	Governors
Total number in office during the year	15	33	14	27
Total number receiving expenses	8	7	6	9
Aggregate total of expenses paid during the year (£)	4,339	1,956	1,100	3,100

5. Remuneration Report

As required by HM Treasury per PES (2012)17, the Trust must disclose information regarding "off-payroll" engagements.

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

	Number
Number of existing engagements as of 31 March 2015	10
Of which:	
Engagements that have existed for less than one year at time of reporting.	5
Engagements that have existed for between one and two years at time of reporting.	0
Engagements that have existed for between two and three years at time of reporting.	0
Engagements that have existed for between three and four years at time of reporting.	1
Engagements that have existed for four or more years at time of reporting.	4

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought. All invoices relating to off payroll engagements are subject to authorisation though the normal expenditure control processes.

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months

	Number
No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	5
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	5
No. for whom assurance has been requested	5
Of which:	
No. for whom assurance has been received	5
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0
No. for whom assurance has been requested	0

There were no off-payroll engagements of board members and/or senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015.

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

The table below 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

Name and Title	Year to 31 March 2015				Year to 31 March 2014			
	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	5 – 10	-	-	5 – 10	10 – 15	-	-	10 – 15
Mr B Stewart – Non Executive Director (Note 1)					0 – 5	-	-	0 – 5
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

Name and Title	Year to 31 March 2015				Year to 31 March 2014			
	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 G Norgate – Non Executive Director	10 – 15	-	-	10 – 15	5 – 10	-	-	5 – 10
Mr N Hounsome – Non Executive Director (Note 2)	0 – 5	-	-	0 – 5				
Mr S Graves – Chief Executive (Note 3)	65 – 70	-	35.0 – 37.5	100 – 105	150 – 155	-	45.0 - 47.5	195 - 200
Dr S Dunn – Chief Executive (Note 4)	65 – 70	-	17.5 – 20.0	85 – 90				
Mr C Black – Executive Director of Resources	120 – 125	2,600	52.5 – 55.0	180 – 185	115 – 120	1,600	37.5 - 40.0	155 - 160
Mr J Green - Chief Operating Officer	110 – 115	-	45.0 – 47.5	155 – 160	80 – 85	-	60.0 - 62.5	140 - 145
Mr D O'Riordan – Medical Director (Note 5)	120 – 125	6,400	32.5 – 35.0	160 – 165	190 – 195	-	(0.0 - 2.5)	190 - 195
Dr P Chrispin – Medical Director (Note 6)	75 - 80	-	-	75 – 80				

Name and Title	Year to 31 March 2015				Year to 31 March 2014			
	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	£
Ms J Bloomfield – Executive Director Workforce & Communications	90 – 95	1,100	2.5 – 5.0	95 – 100	90 – 95	3,100	17.5 - 20.0	110 - 115
Ms N Day – Executive Director Chief Nurse	95 – 100	1,100	5.0 – 7.5	100 – 105	95 – 100	1,400	30.0 - 32.5	125 - 130
Mr A Graham – Director of Major Projects (Note 7)					45 – 50	200	17.5 - 20.0	65 - 70

Table B – Pension Benefits to 31 March 2015

Name	Real increase / (decrease) in pension at age 60 (bands of £2,500) £000	Real increase / (decrease) in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real increase / (decrease) in Cash Equivalent Transfer Value £000
Mr S Graves	2.5 – 5.0	7.5 – 10	45 - 50	135 – 140	1,025	928	72
Dr S Dunn	0 – 2.5	0	50 – 55	0	498	452	33
Mr D O'Riordan	0 – 2.5	5.0 – 7.5	45 – 50	145 – 150	898	812	64
Mr C Black	0 – 2.5	5.0 – 7.5	30 – 35	90 – 95	453	396	47
Ms J Bloomfield	0 – 2.5	0 – 2.5	35 – 40	110 – 115	712	672	22
Ms N Day	0 – 2.5	0 – 2.5	30 – 35	100 – 105	608	569	23
Mr J Green	0 – 2.5	5.0 – 7.5	10 - 15	35 – 40	221	178	39

5. Remuneration Report

Note	
1	B Stewart resigned as Non-executive Director with effect from 31 July 2013
2	N Hounsome was appointed as Non-executive Director on 1 January 2015
3	S Graves resigned as Chief Executive with effect from 31 July 2014
4	S Dunn was appointed as Chief Executive Director on 3 November 2014
5	D O'Riordan stepped down as Medical Director and was appointed Acting Chief Executive Director on 1 August 2014. He stepped down as Acting Chief Executive on 30 November 2014
6	P Chrispin was appointed as Medical Director on 2 June 2014
7	A Graham stepped down as Director of Major Projects with effect from 23 September 2013
8	Real increases reflect the increase after allowing for inflation of 2.7% as prescribed by the NHS Pensions Agency

Dr Stephen Dunn
Chief Executive

6. Quality Report

6.1 Chief Executive's statement

Since I started in November 2014 I've been listening and learning about our hospital. As I go round the wards and departments one of the things that has struck me has been the pride that our staff have in the services they provide.

As a local person I understand how much local people appreciate our hospital. We are an award-winning organisation with staff who are committed to delivering safe, high quality care.

I want to make sure that we build on this excellent work and, with the full involvement of all staff, develop ambitious plans to further improve what we do, whilst securing financial stability. This is expressed in our Strategic Framework document **Our patients, our hospital, our future, together,** which outlines our vision, our three priorities and seven ambitions to take us through the next five years.

Its publication launched an 8-week consultation during which we shared the document and our thinking with staff, patients, partner organisations and our community, including Foundation Trust public members. The feedback is essential in helping us to set the direction of travel for WSFT that we all understand and support, so we can face the future with confidence and clarity.

If we are to respond to the challenges of an ageing population, then we need to ensure that our services are safe, integrated and focused on prevention and earlier intervention, rather than just on treating the patient who comes into our hospital.

Our vision is: to deliver the best quality and safest care for our community.

We can all be clear about how we contribute to this vision and each and every service is encouraged to ask two key questions:

1. Who are currently the best in the country and how can we build on what they do?
2. How can we integrate our services better with primary and community care and begin to break down the organisational barriers that exist, so that patients don't see the join?

The challenge for our hospital is clear: we must stay ahead on the quality agenda; we must maintain strong operational performance; we must secure financial sustainability; and we must improve the facilities we work with. **Our priorities are:**

- **Deliver for today** - requires a sharp focus on improving patient experience, safeguarding patient safety and enhancing quality. It also means continuing to achieve core standards
- **Invest in quality, staff and clinical leadership** - we must continue to invest in quality and deliver even better standards of care which, over time, should deliver an 'outstanding' CQC rating
- **Build a joined up future** - we need to reduce non-elective demand to create capacity to increase elective activity. We will need to help develop and support new capabilities and new integrated pathways in the community.

6. Quality Report

Our **seven ambitions** take a holistic approach to the care of our patients:

These ambitions focus on the reason we all get out of bed in the morning and work in the NHS; to serve our patients and work with them and the public to deliver year-on-year improvements in the patient experience. We have joined the national 'sign up to safety' campaign and continue to ensure that at least 95% of patients receive harm-free care. This is measured by the incidence of quality indicators including pressure ulcers, falls and hospital acquired infections. These same high standards must also be consistently and reliably delivered to all our patients.

We believe that by working more closely with other health, social care and voluntary organisations to deliver more joined up services we can provide better, more responsive and personalised care to patients and their families and carers.

Working with partners will be important in achieving these ambitions. We want to make sure every child is given the best start by promoting a healthy pregnancy, natural childbirth and breastfeeding. Staff are encouraged to use the contact they have with patients to offer appropriate advice on staying healthy, placing a greater focus on the prevention of poor health.

Increasing age brings an increasing chance of long-term conditions, frailty and dementia. We are working with primary and community care to support patients to retain their independence but when they do need to come into hospital we aim to provide care in the most appropriate environment with care plans developed with the patient and their families and carers.

We are committed to excellence in healthcare. Our Board supported focusing on 'deteriorating patients' and the following three patient safety areas:

- Acute Kidney Injury (AKI)
- Sepsis
- Diabetes

Improving care for diabetes, sepsis and AKI has involved doctors and nurses of all grades and multiple disciplines to improve patient care, and all three pieces of work have been led by consultants. This approach has been highly effective, cutting across traditional specialty boundaries, delivering improvements in outcome and the patient experience. The Board is very grateful to everyone involved.

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, 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.

Our Quality Report details our performance against key quality standards during 2014/15. It outlines the steps being taken to make improvements to patient outcomes and experience where our performance is not achieving the consistent high standards we seek.

We have invested in additional nurses to ensure safe staffing levels on our wards to allow for the delivery of high quality care and the best possible outcomes for patients. For each shift on our wards we are clearly displaying actual versus expected nurse and care staffing levels and the Board receives monthly updates on workforce information and staffing capacity and capability.

6. Quality Report

The Board believes that to be one of the best performing trusts we must invest in our staff, recognise the 'power of teams' and the contribution every single member of staff can make, from our doctors and nurses, physios and occupational therapists, to our porters and housekeepers, catering staff and administrators.

Our Medical Graduate Programme which is run with Cambridge University is a highly regarded and successful programme. It underpins our ability to attract high quality clinicians which in turn supports the high quality of care we deliver.

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. By carrying out detailed investigations into patient safety incidents and patient complaints, lessons are learned 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.

Feedback from the 2014 NHS staff survey was very positive and saw us score in the top 20% of trusts nationally in 11 important areas. This included recommending the hospital as a place to work or receive treatment, and job satisfaction. We were especially pleased that so many staff are satisfied with the quality of patient care they are able to provide, are able to work effectively as a team and feel motivated when they come to work.

We support a national campaign which urges everyone to introduce themselves to the patients in their care by greeting them with the phrase "hello my name is". Patients are also encouraged to ask if they don't know the names of the staff who are looking after them. The campaign highlights the importance of treating patients as people and shows how the smallest action can make a big difference.

Finally, I would like to thank all our staff for their dedication and outstanding efforts in making WSH a very good place for patients to receive treatment.

I can confirm that to the best of my knowledge the information contained in the Quality Report 2014/15 is accurate and has received the full approval of the Trust Board.

Dr Stephen Dunn

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.

Our vision and priorities align with our partners, including West Suffolk Clinical Commissioning Group, whose mission is to deliver the highest quality health service in west Suffolk through integrated working. Through this vision we put quality at the heart of everything we do.

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 2015/16

A range of quality indicators is 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 these priorities are achieved, whilst maintaining an overview of a wider range of issues.

In order to determine the priorities for 2015/16, progress against previous priorities and the information gained from the full range of indicators have been reviewed. In addition, consideration has been given to other quality issues arising nationally and locally, along with discussion with our service users and public FT members. Through the commissioning process the CCG has identified performance targets for quality and innovation and these have directly influenced the way in which we measure performance against our priorities.

The quality priorities for 2015/16 are linked to the relevant ambitions within the Strategic Framework:

1. Deliver personal care	2. Deliver harm-free care	3. Deliver reliable care
Deliver measurable improvements in the patient experience	Reduce the incidence of hospital associated harm on inpatient wards	Deliver improvements in the care we provide to our patients

1. Deliver personal care

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 2015/16 to ensure the targets set within Commissioning for Quality and Innovation (CQUIN) are met.

Noise at night 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 performance in this area. This will include minimising patient moves during the night and the associated noise and disruption this can cause.

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. We aim to build on this through a range of patient and care feedback mechanisms.

Deliver measurable improvements in the patient experience

- Ensure we consistently achieve 90% of patients recommending our services to their friends and family
- Reduce noise at night as measured by the inpatient survey
- Increase our range of patient and carer feedback methods to ensure we effectively identify and address areas for improvement.

2. Deliver harm-free care

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.

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'. We continue with our priority to eliminate all avoidable hospital acquired pressure ulcers. This will be achieved by improving practice-based on learning from investigation of pressure ulcer incidents.

Surgical never events are the most commonly reported types of never event in the English NHS. The Trust has taken action to improve practices based on events that took place during 2014/15 and has identified this as a priority for monitoring for the year ahead. The focus of monitoring is compliance with the World Health Organisation (WHO) surgical safety checklist. The tool enables the theatre team to demonstrate reliable performance of a series of safety checks that have been shown to reduce surgical mortality and morbidity.

Every year, influenza vaccination is offered to NHS staff as a way to reduce the risk of staff contracting the virus and transmitting it to their patients. Influenza is a highly transmissible infection. The patient population found in hospitals is much more vulnerable to the severe effects of flu and healthcare workers may transmit the illness to patients if they are mildly or sub-clinically infected. There are reports of influenza outbreaks within hospitals and other care settings where transmission from healthcare workers to patients is likely to have facilitated the spread of the disease. Additionally, frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during the winter months when some of their patients are infected. Influenza can also adversely impact on staff absence which in turn may impact on staffing levels within hospital. Flu vaccination programmes will also support the health and wellbeing of staff.

Reduce the incidence of hospital associated harm on inpatient wards

- Ensure that there are no more than 16 hospital associated *C. difficile i*nfection cases between April 2015 and March 2016
- Reduce the incidence of avoidable pressure ulcers and avoidable inpatient falls against the baseline of 2014/15
- Improve compliance with the World Health Organisation (WHO) surgical safety checklist against the baseline of 2014/15
- Achieve 75% uptake of the flu vaccination for all relevant staff.

-

3. Deliver reliable care

During 2014/15 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, sepsis (infection that has entered the blood stream) and acute kidney injury (previously known as kidney failure). The Board committed to the national 'Sign-up to safety' campaign and approved an improvement plan at the end of 2014/15. The delivery of this plan forms the focus of our ambition to deliver reliable care through compliance with agreed pathways based on best practice.

- AKI
- Sepsis
- Diabetes

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.

Consistently deliver improvements in the care we provide to our patients

- Improve reliability of AKI diagnosis, treatment and monitoring for inpatients – during the year improving performance against the baseline measurement from quarter 1
- Improve reliability of sepsis screening and treatment for emergency admissions – during the year improving performance against the baseline measurement from quarter 1
- Improve performance in the care of diabetes patients as measured by the National Inpatient Diabetic Audit during 2015
- Maintain better than nationally expected risk-adjusted mortality by implementing systematic reviews of all inpatients deaths to learn and make improvements to care.

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 2014/15 WSFT provided and/or sub-contracted 53 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 2014/15 was £152.0m which represents 88.1% of the total income generated from the provision of relevant health services by WSFT for 2014/15.

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

Deliver personal care	Deliver harm-free care	Deliver reliable care

• 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
	• 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

Participation in clinical audits and confidential enquiries

During 2014/15 30 National Clinical Audits and 5 National Confidential Enquiries covered NHS services that WSFT provides.

During 2014/15 WSFT participated in 100% National Clinical Audits and 100% National Confidential Enquires of the National Clinical Audits and National Confidential Enquires which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquires that WSFT was eligible to participate in during 2014/15 are listed in Annex A.

The National Clinical Audits and National Confidential Enquires that WSFT participated in, and for which the data was completed during 2014/15, are listed alongside the number of the cases submitted to each audit or enquiry as a percentage of the number of registered cases requried by the terms of that audit or enquiry listed in Annex A.

The reports of 36 national clinical audits and 164 local clinical audits were reviewed by the provider in 2014/15 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 2014/15 that were recruited during that period to participate in research approved by a Research Ethics Committee was 332. This is a reduction in the level of recruitment achieved in 2013/14 (344 patients recruited) due to the lack of high-recruiting studies for the Trust to join and the difficulty in finding replacement research nurses who have left the Trust.

WSFT was involved in conducting 57 (open to recruitment) clinical research studies in 2014/15, of which 92% were National Institute for Health Research (NIHR) portfolio studies. 35 new studies were approved during 2014/15.

There were an additional three clinical staff participating in research approved by a Research Ethics Committee at WSFT during 2014/15. These staff participated in research covering seven medical specialties. The most research-active areas at WSH are (in descending order): Musculoskeletal (including Rheumatology), Diabetes and Acute/Critical Care. Research activity in Ophthalmology will begin in the forthcoming year due to a new study currently going through approval.

In addition, during 2014/15 14 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 2014/15 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 2014/15 WSFT had nine CQUIN goals covering the following areas:

- 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

The total value CQUIN performance funding in 2014/5 was £3,349,504 (compared with £3,375,000 in 2013/14).

The CQUIN indicative goals for 2015/16 cover the following areas:

- Acute Kidney Injury - Screening
- Sepsis – Screening and antibiotics
- Dementia and delirium
- Ambulatory Care – Emergency
- 7 day working
- Frail Elderly
- WS Portfolio Scheme - assistantships

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 2014/15.

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

In 2014/15 WSFT has strengthened its assurance framework for monitoring CQC compliance. The structured ward / department self-assessment, internal and external peer reviews have been updated to reflect the CQC Key Lines of Enquiry (KLOEs) and ratings *(Outstanding, Good, Requires Improvement and Inadequate).* Specialist templates have been designed for Inpatient, Outpatient, Maternity and Paediatrics. The Trust has increased the number of areas undertaking the internal assessment and the range of staff undertaking the assessment.

An additional level of operational self-assessment has been added which ensures compliance with all elements of the CQC's Acute Trust Provider Handbook not already covered by the ward / department self-assessment framework. This is complemented by the Trust's compliance statements for the CQC's Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The CQC uses 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 5, the second lowest risk banding.

An award winning hospital

The following section outlines many of the quality achievements of WSFT.

Awards and Accolades

WSH has been shortlisted in the quality of care category in the Top Hospital Awards 2015, which is run by independent healthcare intelligence company CHKS. It is the fifth year running that WSH has been one of the finalists, with the Trust winning the award in 2011 and 2012.

The Emergency Stroke Outreach Team (ESOT) was presented with the top prize in the stroke care category of the Patient Safety and Care Awards. The awards were organised by the Health Service Journal and Nursing Times to recognise the best quality and safety initiatives across the NHS.

Recognition for Quality and Safety

The most recent SSNAP (Sentinel Stroke National Audit Programme) data, which relates to the care provided between October and December 2014, rates WSH as a level A. This makes the hospital the best performing of all 16 hospitals in the eastern region and up with the best in the country, taking account of a range of different criteria designed to measure the quality of care which patients receive. WSH scored particularly well for the help put in place to aid recovery and rehabilitation such as access to speech and language therapy, physiotherapy and occupational therapy.

Diagnosis rates in west Suffolk for early stage cancers are the best in the country which means patients in the area have a better chance of survival and recovery. The figures from the Office of National Statistics reveal that the one year survival rate for patient diagnosed with cancer is 72%, higher than any other CCG area in the east of England and higher than the national average of 69%.

Patients with acute kidney injury (AKI) are receiving faster more effective care thanks to new measures introduced to help staff identify and treat the condition more quickly. The hospital has brought in a range of additional measures alongside best practice guidelines to improve care over the past year, many of which other trusts across the country are still in the process of implementing. As a result, mortality levels for patients with AKI have dropped significantly, while more people are surviving without suffering any long-term kidney impairment.

Fracture patients are benefiting from shorter waiting times and fewer visits to hospital thanks to the success of an innovative virtual clinic. The clinic was the first of its kind in the country when it was launched in September 2013. It has proved such a success that staff from other hospitals have visited WSH to find out more with a view to introducing similar services for their own patients.

PLACE (Patient-Led Assessment of the Care Environment) assessment put WSH above the national average for cleanliness and food. Staff who work in catering and housekeeping take a great deal of pride in their work which has a positive impact on the patient experience.

National Accreditations

WSH's clinical photography department has become only the fourth service in the country to achieve a prized national accreditation in recognition of the consistently high standards it provides to patients.

The Institute of Medical Illustrators (IMI) Quality Assurance Standards (QAS) awarded a level two accreditation following a rigorous inspection. Although several departments in the UK have achieved level one of the standard, WSH is one of only a handful across the country to gain level two.

The endoscopy service has been re-awarded a sought-after national accreditation after continuing to meet the highest standards of quality and safety. The Joint Advisory Group (JAG) certification shows the department is delivering safe and effective patient care and is committed to staff training and development. The Trust has held the status continuously since first achieving it in 2011.

The radiology department has been re-accredited with a prized national standard in recognition of the safe, high quality service it provides to patients. The ISAS (Imaging Services Accreditation Scheme) standard has been re-awarded to the hospital by the United Kingdom Accreditation Service (UKAS). It shows that patients at the hospital are "consistently receiving high quality imaging services delivered by competent staff working in a safe environment". The hospital became the only unit in the region to achieve the accreditation when it was first awarded in 2011. It is now one of only five in East Anglia to hold the status.

WSH has achieved ACSA (Anaesthesia Clinical Services Accreditation). The prestigious, peer review programme of the Royal College of Anaesthetists has accredited the hospital as the second anaesthetics department in the country to receive ACSA. The scheme enables departments to measure their performance against 172 clearly defined standards and clinical guidelines across four domains and to progress to become accredited for their quality of patient care and service delivery.

Data quality

WSFT submitted records during 2014/15 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

Valid NHS number	WSFT	East Anglia area team	National
Admitted patient care	99.7%	99.4%	99.2%
Outpatient care	99.8%	99.4%	99.3%
Accident and Emergency care	98.2%	97.8%	95.2%

(The above figures cover April 2014 to Jan 2015 inclusive – taken from HSCIC SUS Data Quality Dashboard)

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	99.9%	100%	99.9%
Outpatient care	100%	100%	99.9%
Accident and Emergency care	100%	99.9%	99.2%

(The above figures cover April 2014 to Jan 2015 inclusive – taken from HSCIC SUS Data Quality Dashboard)

WSFT's Information Governance Assessment Report overall score for 2014/15 was 78% (Satisfactory). The Trust achieved a score of at least level 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 2014/15 priorities

This section of the Quality Report provides a summary of performance against last year's quality priorities. These are described against the relevant ambitions from the Trust's Strategic Framework.

Deliver personal care	To ensure patients receive a service that they would recommend to friends and family
	To improve the experience of patients and family carers following admission to hospital
Deliver harm-free care	To ensure timely identification and management of patients at risk from infection
	To reduce the incidence of hospital associated harm on inpatient wards
Deliver reliable care	To consistently achieve a HSMR and SHMI that is below the expected rate
	To ensure appropriate specialist care of hospital patients

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 2015/16. Unless otherwise stated the data provided is sourced from internal reporting arrangements.

Deliver personal care	To ensure patients receive a service that they would recommend to friends and family

Measures

a) Increase the number of people responding to the Friends and Family Test question in line with CQUIN targets

b) To increase the percentage of call bells responded to within two minutes.

a) Increase the number of people responding to the Friends and Family Test question in line with CQUIN targets

Description of the issue and rationale for selection

Providing 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. 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.

Action taken during 2014/15

The Friends and Family Test is well established in our ongoing patient experience surveys for inpatients, A&E and maternity. In December 2014 this was introduced to day case and outpatient areas.

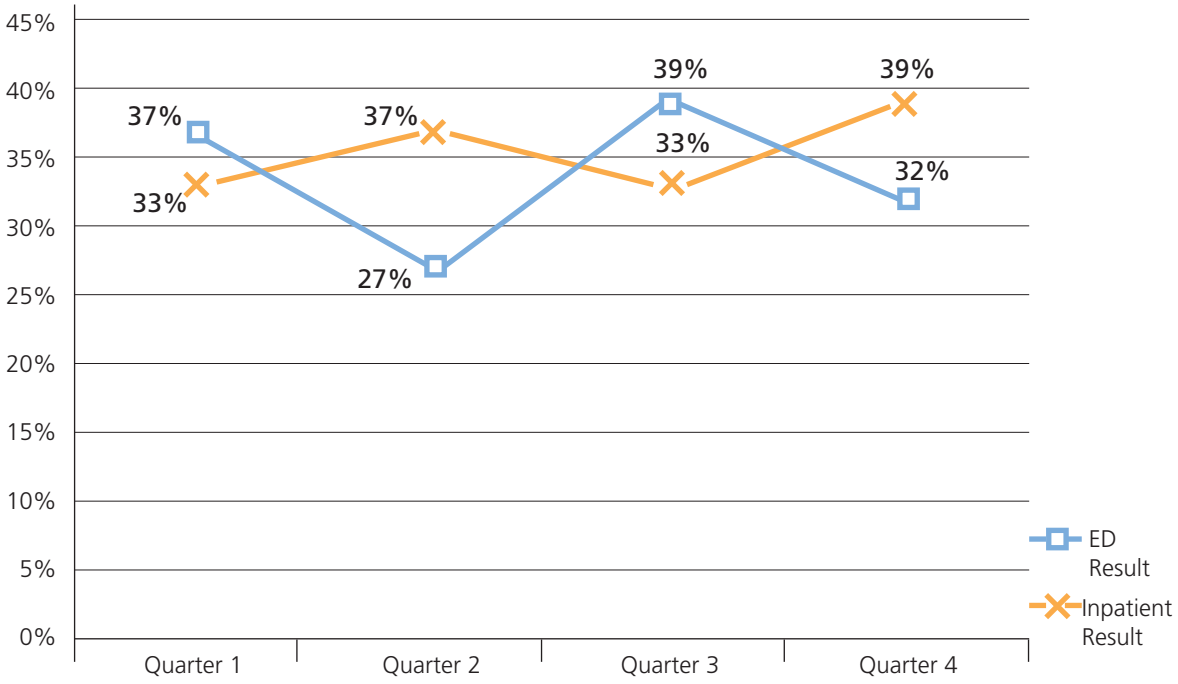
During 2014/15 our main focus was to ensure processes were in place for each area to view results and patient feedback and to develop plans to improve scores. We therefore took the following actions:

- Appointment of a full time Patient Experience Coordinator to coordinate activities and provide feedback to staff
- Targets set for wards and departments for numbers of responses to be achieved that increased as the year progressed
- Increased the number of volunteers to encourage patients to complete the surveys and provide help where necessary
- Feedback to wards and departments on numbers of responses, patient ratings and comments on surveys
- Support to clinical areas to develop actions to address issues raised by patients through comments on surveys.

Current status:

Nationally, targets were set to achieve a response rate of at least 15% for A&E and at least 20% for inpatients in quarter 1 rising to 20% in A&E and 30% for inpatients in quarter 4. All targets have been met.

Friends and Family Test response rate per quarter (2014/15)



In order to achieve this in A&E, where difficulties existed in reaching response rates, we revised the paper surveys and conducted a review of how surveys were managed in the department which led to the introduction of a more robust process. A quick response (QR) code was also introduced as well as a kiosk for surveys to be completed electronically. A&E now consistently meets the response target set.

During the year the Friends and Family Test was introduced to outpatient and day case areas to meet CQUIN requirements. Although no response rate has been set, the feedback has been invaluable to highlight areas to improve patient experience. This has been seen in some of our outpatient areas and centres on ensuring patients are kept up to date with waiting times in clinics.

Action to be implemented in 2015/16

- Ensure we consistently achieve 90% of patients recommending our services to their friends and family. This is in line with the current national reporting recommender score
- Increase our range of patient and carer feedback methods to ensure we effectively identify and address areas for improvement
- Further analysis of the factors influencing the scores given by patients to identify where further improvement is needed.

b) To increase the percentage of call bells responded to within two minutes

Description of the issue and rationale for selection

This issue has been highlighted within the national patient survey as an area where WSFT continues to perform less well than other trusts. Timely response to call bells is also a low scoring question in our inpatient surveys.

Action taken during 2014/15

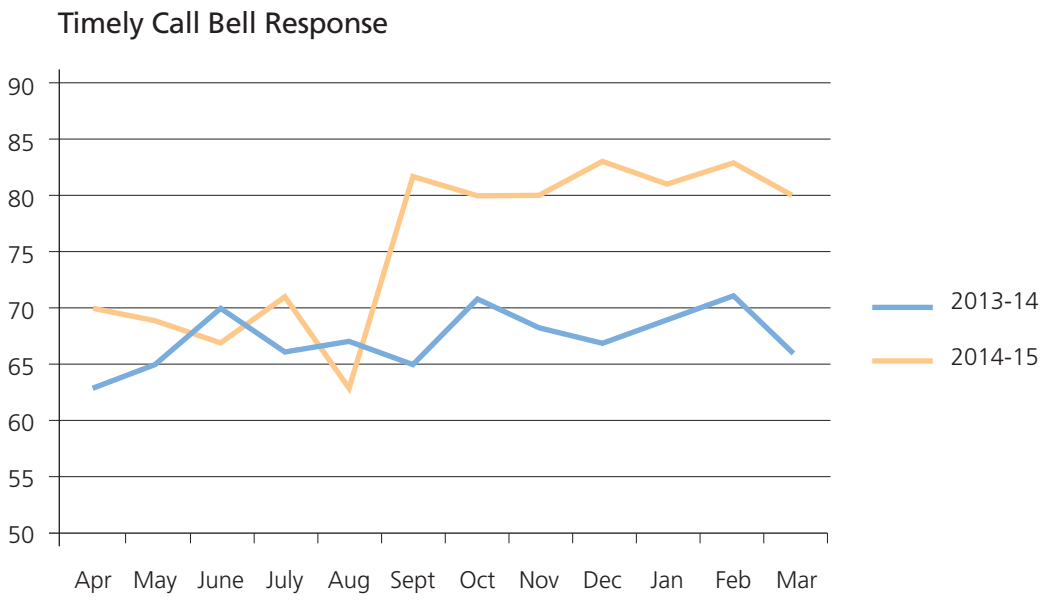
- Actions have been taken to enable wards to receive data from the Nurse Call System to provide a further insight into performance on call bell response times. It has proved a challenge to gather and analyse the data across all wards. On those where data was analysed, mainly in the surgical division, it showed that patient reported call bell response times were similar to actual call bell response times
- Audits of call bell response times have been added to the Matrons' ward round audit programme.

Current status

In March 2014 we achieved 70.4% of call bells being answered within the target time (based on data from seven wards).This data was taken from the Nurse Call System. Due to the difficulties in gathering data by this method across all wards, responses from our inpatient survey have been used to measure our performance in this area.

Overall responses to the question "How many minutes after you used the call button did it usually take before you got the help you needed?" (0 minutes/right away, 1-2 minutes, 3-5 minutes, more than 5 minutes, I didn't need to use the call button) are scored out of 100. The Trust internal target is 85.

The performance for this indicator has improved in year.



Action to be implemented in 2015/16

- Continue to monitor call bell response times through various methods
- Work with staff to identify further action to improve call bell response times.

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

Measure

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.

Description of the issue and rationale for selection

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.

Action taken during 2014/15

A 'Patient Listening & Learning' event was held in August 2014 with 20 patients attending.

Current Status

The tag cloud below represents improvement opportunities as identified by patients at the event. Work continues to address the main areas of concern, which were delayed discharges due to waits for medication to take home, availability of support after leaving hospital and car parking fees.

Action to be implemented in 2015/16

- We plan to hold a further Patient Listening & Learning event as the first was positively evaluated by our patients and staff
- We will increase the range of patient and carer feedback methods to ensure we effectively identify and address areas for improvement.

Deliver harm-free care	**To ensure timely identification and management of patients at risk from infection**

Measures

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

a) Ensure all patients admitted to the hospital receive appropriate MRSA screening

Description of the issue and rationale for selection

The Trust has a zero tolerance to MRSA bloodstream infections in line with NHS England objectives 'Everyone counts: Planning for patients 2014/18/19'. In order to identify those at risk of MRSA bloodstream infection all patients admitted to WSH are expected to undergo screening for MRSA. A target of 100% compliance with MRSA screening was set for 2014/15.

Action taken during 2014/15

- WSH maintained audit vigilance with regard to MRSA screening compliance for all admitted patients with continued monthly audits
- Close monitoring of MRSA screening on a daily basis, with the assistance of the Information Team, has enabled clinical teams to have patient level, real time data on screening compliance
- Intensive review of areas with lower compliance has led to changes in screening protocols to improve screening rates.

Current status

The priority set was to ensure all patients admitted to the hospital receive appropriate MRSA screening. This has not been achieved, although MRSA screening compliance has improved over the last 12 months.

In March 2015 the elective screening MRSA screening compliance was 98.11% against an overall total of 98% year to date. This compared with a year to date figure of 90.15% for 2013/14. Emergency MRSA screening compliance in March 2015 was 96.57% against an overall total of 96.17% year to date. For 2013/14 the year to date figure for emergency MRSA screening was 94.05%

Action to be implemented in 2015/16

The Trust will continue with universal MRSA screening for elective and emergency patients rather than implementing a 'targeted' approach. We will keep this strategy under review and continue to benchmark our performance against others adopting this policy.

b) Ensure that there are no more than 25 hospital associated C. difficile infection cases between April 2014 and March 2015

Description of the issue and rationale for selection

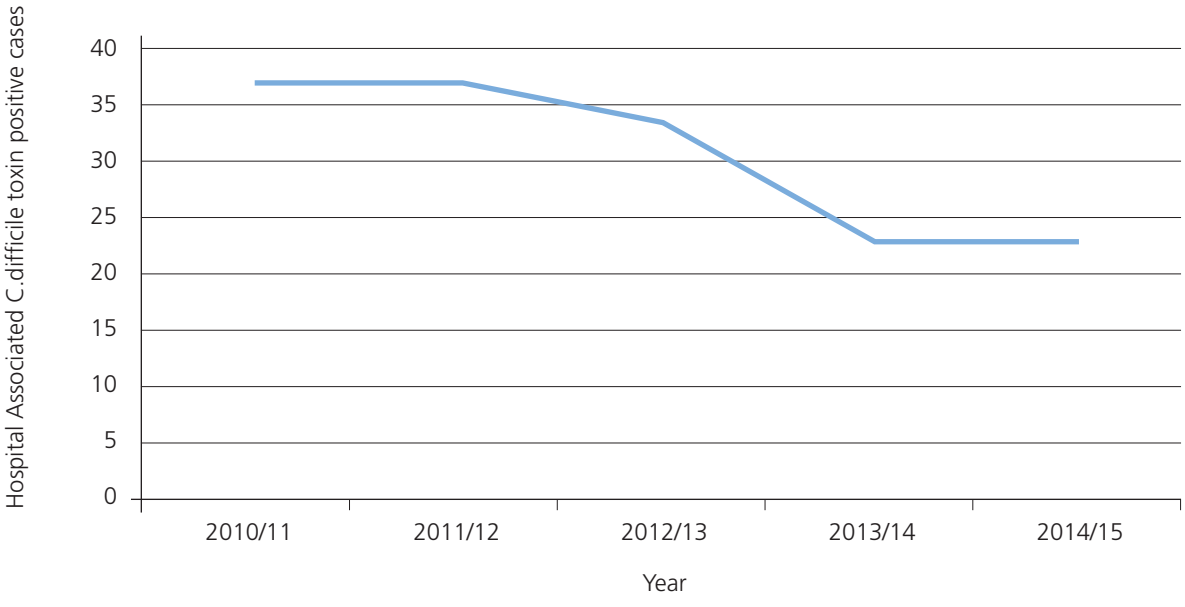
The incidence of Healthcare Associated *C. difficile* infections is monitored nationally and NHS England has an aspiration of a year-on-year reduction in cases. The Trust had an objective for 2014/15 of no more than 25 cases.

Action taken during 2014/15

- Ongoing quarterly audits of antibiotic prescribing with an expectation of 95% compliance. Compliance is fed back to wards and is presented at Directorate Governance meetings
- Post Infection Reviews (PIRs) are undertaken on all hospital associated *C. difficile* infections and necessary actions identified and implemented
- Patients requiring broad spectrum antibiotic treatment receive probiotics. This intervention continues to have a significant impact on reducing the number of *C. difficile* infections cases recorded by the Trust
- The isolation unit on Ward 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.

Current status

Hospital associated *C. difficile* toxin positive numbers April 2010 – March 2015



There have been 23 cases in 2014/15 with two non-trajectory cases where no lapses of care were identified confirmed by the CCG. This is better than the trajectory set for the year and we have received commendation by the CCG for our good practice. West Suffolk CCG was the only system in the East Anglia and Essex region to be under trajectory for *C. difficile*.

Action to be implemented in 2015/16

- 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
- 'Microguide' to provide bedside access to the Trust antibiotic guidelines for prescribers
- Provision of decant ward to facilitate rolling programme of 'deep cleaning'.

c) Ensure compliance with the antibiotic policy is at least 95% (target subsequently changed in year to 98%)

Description of the issue and rationale for selection

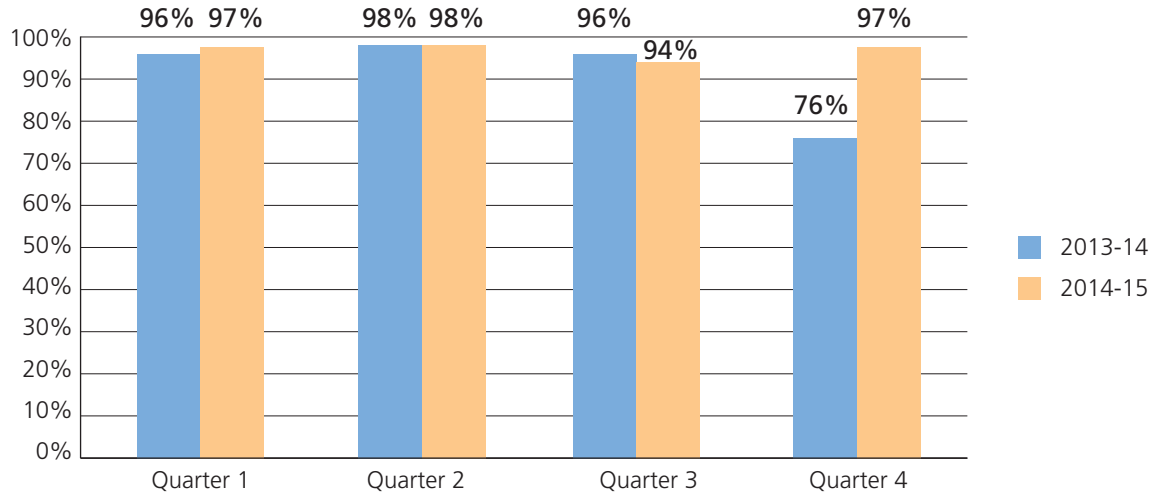
Safe and appropriate prescribing of antimicrobials is important to minimise the emergence of antimicrobial resistance, reduce the number of healthcare associated infections and ensure the best outcomes for our patients.

Action taken during 2014/15

- Continued the quarterly audit programme of compliance with elements of best practice relating to antimicrobial prescribing
- Development and pilot of the antimicrobial prescribing stewardship competences for medical staff
- Launch of antibiotic treatment guideline in August 2014
- Secured funding for a phone app to provide accessible information on antibiotic guidelines.

Current status

Antibiotics Audit Results
Overall Trust Compliance



Action to be implemented in 2015/16

- Quarterly audit programme of compliance with best practice to continue
- Launch of 'Microguide' mobile app for increased accessibility of antibiotic prescribing information for clinical staff
- Competency programme for medical staff to be launched in August 2015.
- Development of educational programme on antimicrobial stewardship for nursing staff.

Deliver harm-free care	To reduce the incidence of hospital associated harm on inpatient wards

Measures

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

a) To reduce the incidence of hospital acquired pressure ulcers and inpatient falls against the baseline of 2013/14 incidence

Description of the issue and rationale for selection

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.

(i) Hospital Acquired Pressure Ulcers (HAPU)

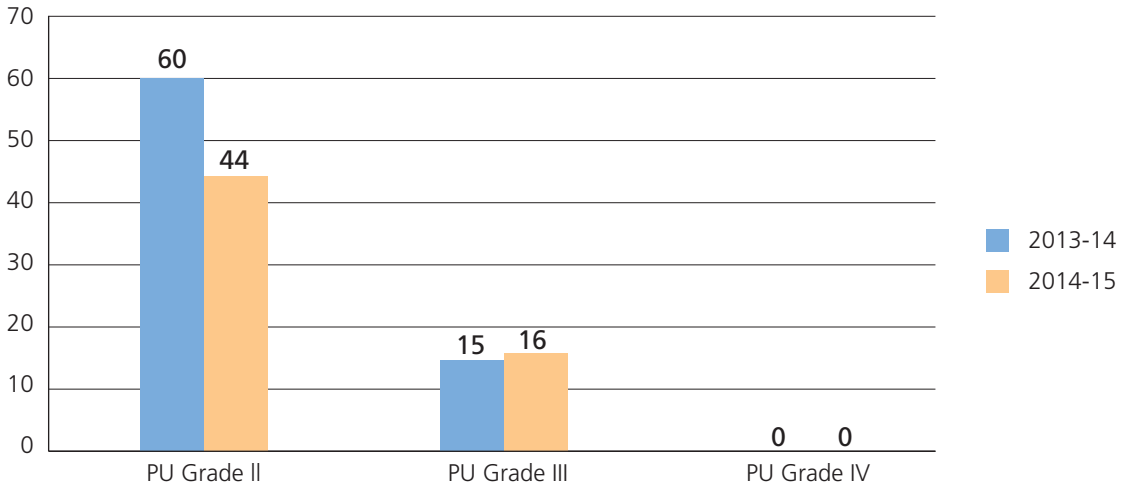
Action taken during 2014/15

- Multi-professional Pressure Ulcer Focus groups have been established for 4 wards identified as pressure ulcer 'hotspots' from the previous year. This work has shown a reduction in the number of pressure ulcers reported across these wards for the current year
- Senior nurses have organised and participated in liaison visits to local nursing and residential homes to share good pressure ulcer prevention practice
- We have purchased additional pressure relieving mattresses to add to our stock of pressure relieving equipment
- The Trust Pressure Ulcer Prevention Pack and Policy has been reviewed and updated to reflect current practice.

Current status

The number of grade two HAPUs has reduced from 60 in 2013/14 to 44 in 2014/15, representing a significant improvement in performance on the last year. The monthly incidence of grade three HAPUs has remained largely static with an increase of 1 from 15 reported in 2013/14 to16 reported in 2014/15. There have been no grade four HAPUs reported during the year.

HAPU Performance



Action to be implemented in 2015/16

- Four new ward focus groups will be established to replicate the work of the current groups
- A review of the Tissue Viability Service is planned to establish the scope of service and opportunities for cross provider working
- Educational events will be coordinated with the International Stop the Pressure Day 2015 linking in with other local providers for this event.

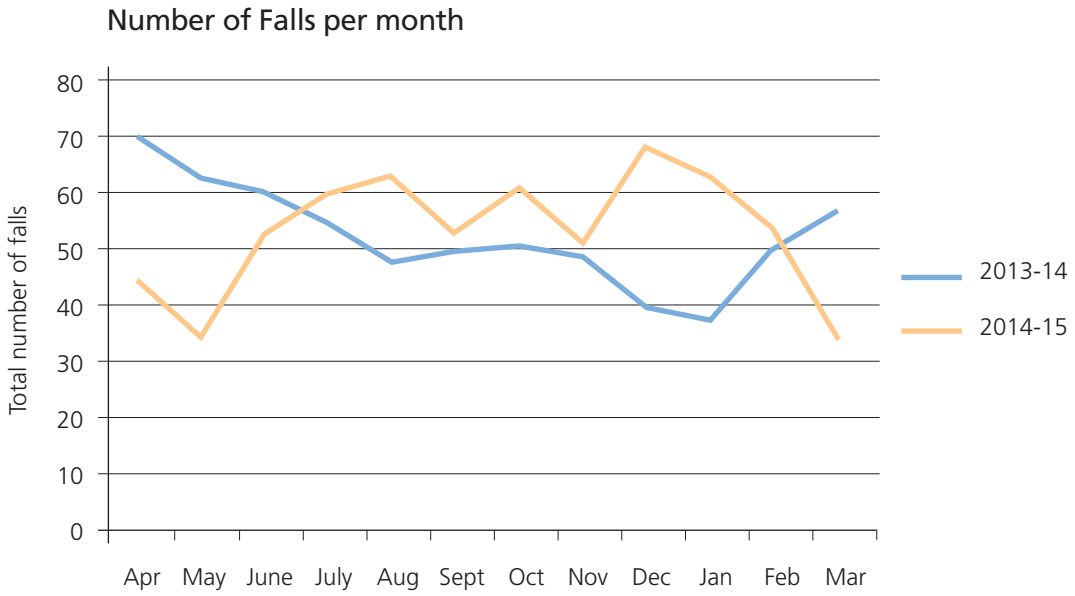
(ii) Inpatient Falls

Action taken during 2014/15

- Review of WSFT Falls Policy in line with NICE guidance *'Falls: assessment and prevention of falls in older people'* (2013) and implementation of recommendations
- An electronic falls risk assessment for all patients has been introduced for use by nursing staff on admission
- An in-depth analysis of falls occurring in toilets has been conducted which led to the pilot and subsequent introduction of patient sensor alarms in some ward toilets
- An educational programme has been implemented to ensure lying and standing blood pressure monitoring is performed on patients at risk of falling
- A visual alert has been introduced for use on wards to identify patients at high risk of falling
- Multi-professional falls focus groups have been established on 4 wards with previous highest incidence of falls
- WSFT was a pilot site for the National Falls Audit.

Current status

In 2013/14 the total number of inpatient falls was 591. In 2014/15 the total number of inpatient falls was 641. This shows an increase of 50 falls (8.5%) and not the reduction in the number of inpatient falls this year compared to the 21013/14 baseline we were striving to achieve.



Action to be implemented in 2015/16

- An in depth analysis of falls from commodes will be conducted with a view to implementing specific actions to prevent falls from commodes
- Participate in the National Falls audit and utilise the benchmarking data to apply best practice within WSFT.

b) Ensure all patients identified as being at risk of AKI have their renal function monitored in accordance with the AKI 7

Description of the issue and rationale for selection

The identification, monitoring and management of patients with Acute Kidney Injury (AKI) was initially highlighted within the NCEPOD report 'Adding Insult to Injury'. NHS England in partnership with the UK Renal Registry has launched a National AKI Prevention Programme which includes the development of tools and interventions. A priority for the programme is the development and adoption of e-alert systems, based on the test result, which will proactively notify clinicians when a patient has AKI, supporting implementation of AKI NICE guidance (CG169).

The severity of an AKI is categorised through 'staging' – 1, 2 and 3. The staging is determined by a calculation based on serum creatinine concentration where stage 1 is the least severe and stage 3 the most severe.

Action taken during 2014/15

- Task & Finish Group established to identify improvements clinically and within the organisation to improve the care of patients admitted with AKI
- Through the Laboratory Information Management System (LIMS) within pathology, the national algorithm has been implemented which enables the identification and staging of patients admitted with AKI
- A learning event was held in May 2014 by WSFT to support staff in the recognition and management of AKI patients
- WSFT implemented an AKI bundle and updated policy to support the care we provide to patients
- As part of the medical/surgical handover process all patients with an AKI stage 3 are discussed twice a day
- Pharmacy receive a daily report in relation to AKI stage 3 patients to ensure a medicine review and reconciliation is completed within an appropriate timescale.

Current status

Following the implementation of key areas of work a further audit of AKI patients' management and outcome was completed in September 2014. This demonstrated improvement in a number of areas significantly showing that the mortality of patients in relation to AKI had reduced from 75% to 31%. This rate is comparable to some of the best performing hospitals nationally.

The audit also reviewed the care provided to AKI patients before admission to the Intensive Care Unit (ITU). The audit demonstrated that all patients had received appropriate care prior to admission, including renal function monitoring. The reason for admission to ITU being the potential need for haemofiltration (a renal replacement therapy) which can only be performed in the critical care setting. Following the audit ITU now gather relevant pre-admission information for all AKI related admissions.

Action to be implemented in 2015/16

- Systematic monitoring of patients with a stage 3 AKI
- Improved communication with primary care providers to ensure patients with AKI receive a medication review prior to discharge and recommendations of further blood test requirements
- Review of patients admitted to Critical Care as a result of AKI.

c) Establish the baseline for use of the Sepsis 6 screening tool for patients admitted to WSH and implement action to ensure appropriate compliance

Description of the issue and rationale for selection

The Survive Sepsis campaign identified that 1 in 10 may die if suffering from sepsis in its least severe form. Severe sepsis claims around 1 in 3 patients' lives, and in septic shock the chances of survival are only 1 in 2. Some of these deaths may be prevented by early recognition and immediate intervention. The Sepsis Six is a set of interventions that should be completed within the first hour and can double the chances of a patient's survival.

Action taken during 2014/15

- Established Task & Finish Group to review identification and management of patients with sepsis
- Reviewed patient deaths with sepsis as a primary or secondary cause
- Reviewed patients admitted to Critical Care with severe sepsis of which a target was set that 50% of patients with severe sepsis should receive antibiotics within the first hour and 100% by two hours. During this period the target for antibiotic administration in the first hour (>50%) was met and 74% received antibiotics within the first two hours
- Review and update of all sepsis trolleys within ward areas, to ensure. compliance with updated antibiotic guidelines
- Updated WSFT's training programme in relation to sepsis
- Improved the reporting and investigation of patients with neutropenic sepsis that did not meet the 1 hour 'door to needle' time for intravenous antibiotics.

Current status

The Trust has implemented the Sepsis Six Bundle and is continuing to review compliance through patients admitted to Critical Care with severe sepsis and patient deaths. There is an established training programme in place and sepsis trolleys available within ward areas. The compliance in relation to the Sepsis Six screening tool outside of specific patient groups cannot currently be collected; however the implementation of the electronic patient record will enable a full understanding of which patients develop sepsis and how we manage them.

Action to be implemented in 2015/16

- Identification of patients who develop sepsis at any point in their hospital stay, as part of the implementation of the e-Care electronic patient record
- Continued monitoring of patients admitted to Critical Care and deaths as a result of sepsis
- Continue to improve the recognition and management of neutropenic sepsis patients.

Deliver reliable care	**To consistently achieve a HSMR and SHMI that is below the expected rate**

Measures

a) Consistently achieve a HSMR and SHMI that is below the expected rate

b) Implement systems to monitor patient acuity/dependency and manage nurse staffing levels on a daily basis.

a) 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 data 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.

Action taken during 2014/15

- WSFT developed a Mortality Review Tool to enable all inpatient deaths to be reviewed by the relevant consultant. The outcome of these reviews is captured on a central database of mortality reviews, allowing learning to be identified and shared in relation to clinical care
- Following piloting the Mortality Review Tool is being rolled out across the organisation
- A review of the Do Not Resuscitate documentation has been completed following changes in national guidance. The WSFT's Escalation Plan and Resuscitation Status (EPARS) documentation and guidance has also been updated and re-launched within the Trust.

Current status

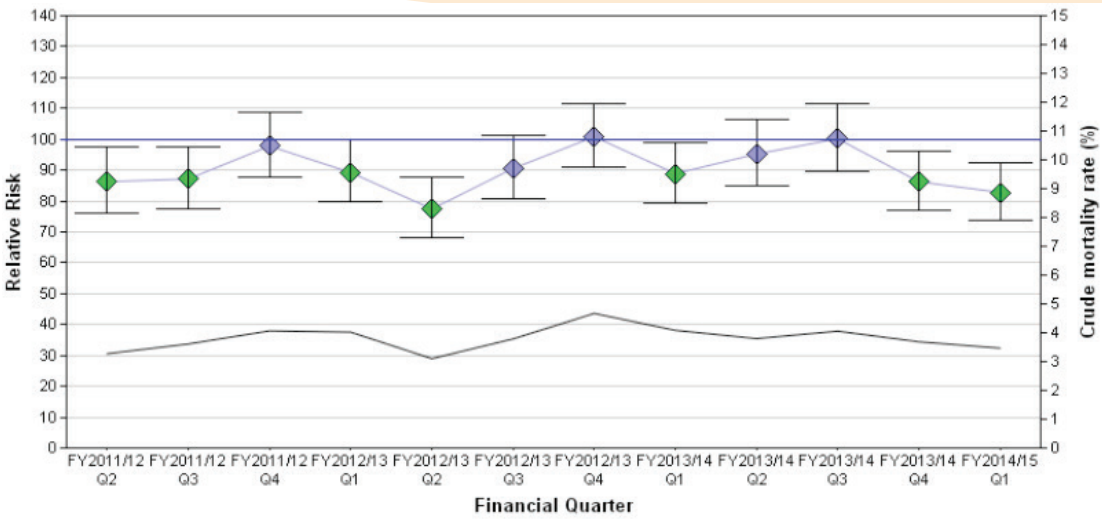
The Mortality Review Tool is now in place for all consultants and WSFT is establishing a process for peer review. This structured framework will allow the mortality review work to be used as the basis of investigation of alerts received from Dr Foster in relation to our HSMR and SHIMI performance.

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

Hospital Standardised Mortality Ratio (HSMR)

Source: Dr Foster

SHMI trend for all activity across the last available 3 years of data



Source: Dr Foster

Action taken during 2015/16

- Further refinement of the Mortality Review Tool
- Further review and inquiry to establish robust mortality review mechanisms within the Trust and a robust peer review process
- Strengthen the use of the mortality review findings to support the investigation of alerts received from Dr Foster in relation to our HSMR and SHIMI performance
- Audit of compliance with updated EPARS documentation to inform actions required for 2015/16.

b) Implement systems to monitor patient acuity/dependency and manage nurse staffing levels on a daily basis

Description of the issue and rationale for selection

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. Until 2014 WSFT reviewed 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.

Action taken during 2014/15

- An establishment review of nurse staffing on all inpatient wards was conducted to determine the number of registered nurses rostered per shift compared with the recommended ratios as published in NICE guidance: *Safe staffing for nursing in adult inpatient wards in acute hospitals* (2014). This resulted in increased numbers of registered nurses for some shifts on some wards.
- Monthly reporting to the Board on nurse staffing indicators has been implemented in line with *'Hard Truths' (2014)* commitments regarding the publishing of staffing data (2014)
- The Trust staffing co-ordinator role has been reviewed and processes agreed to ensure nurse staffing across the Trust is managed on a shift by shift basis with a clear escalation process
- A 'Safecare' module has been introduced to our electronic rostering tool (Healthroster) to allow nurse staffing to be managed on a day to day basis according to patient acuity.

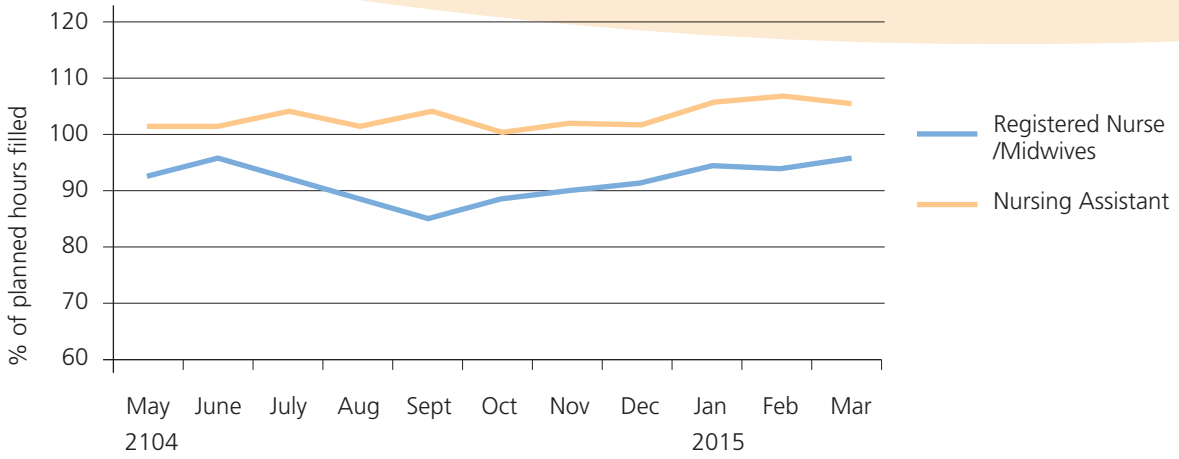
Current status

From June 2014 (May data) all trusts were required to provide monthly data on nurse/midwife staffing for publication on NHS Choices website. The data published is shown as a percentage of hours filled as planned for both registered nurses/midwives and nursing assistants. The fill rates for 2014/15 were:

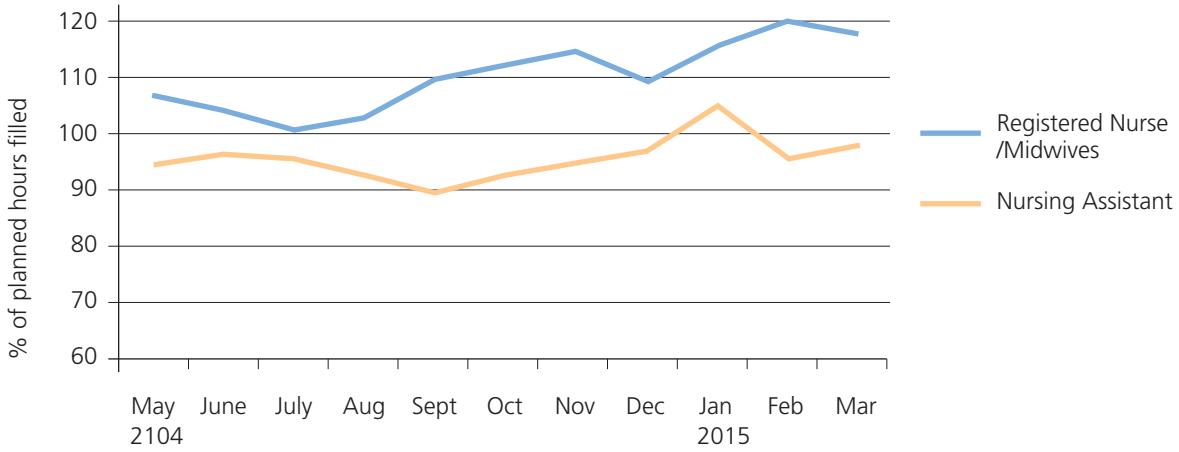
- Day shifts - 91.49% (registered nurses/midwives) and 102.86% (nursing assistants)
- Night shifts - 95.28% (registered nurses/midwives) and 109.53% (nursing assistants).

The following charts show the fill rates by month.

Day Shifts



Night Shifts



Whilst we have not filled 100% of registered nurse/midwives planned hours we have consistently filled over 100% of planned nursing assistant hours during both day and night shifts.

'Safecare' module has been successfully introduced to all inpatient adult wards.

Action to be implemented in 2014/15

- To perform six-monthly establishment reviews of nurse staffing
- Monitor results from the use of 'Safecare' module across the Trust and understand how this system, in conjunction with data collected on planned and filled nurse hours, can help us to improve the way we manage staffing on a daily basis to provide safe, high quality care.

Deliver reliable care	To ensure appropriate specialist care of hospital patients

Measures

c) Increase the percentage of patients with diabetes who have their blood glucose monitored and treated in line with best practice

d) Improve year-on-year performance in the care of diabetes patients as measured by the National Inpatient Diabetic Audit.

Description of the issue and rationale for selection

In 2010, it was estimated that there were approximately 3.1 million people aged 16 or over with diabetes (both diagnosed and undiagnosed) in England. By 2030, this figure is expected to rise to 4.6 million, with 90% of those affected having type 2 diabetes. Patients with diabetes account for 20% of the patients admitted to the WSFT. The monitoring and treatment of patients with diabetes is essential to minimize complications and reduce length of stay.

Action taken during 2014/15

- Review and update of policies and guidelines relating to the care of diabetic patients
- Implementation of diabetic drug chart
- Introduction of diabetic information cards for use as quick reference for nursing and medical staff to support the effective management of diabetic patients
- Audit of individual ward's compliance with monitoring guidelines
- Procurement of new electronic glucose monitoring system - NovoBiomedical Connectivity.

Current status

Ward audits during 2014/15 demonstrated good compliance (96.6%) with glucose monitoring. This is the first time ward level data has been captured in this way and will form the baseline for future comparison.

The diabetes team are coordinating the implementation of the Connectivity system within the Trust. The system requires 80% of staff to be trained before it can be fully implemented. The training opportunity will also be used to update staff on policies and guidelines, the new diabetic drug chart and the quick reference card.

Action to be implemented in 2015/16

- Implementation of Novo Biomedical Connectivity system. This will enable the diabetic team to be aware of all bedside monitoring, ensuring all patients who record unusually high or low blood sugar levels are systematically escalated to the diabetic specialist nurses
- Further development of the diabetic information cards for nursing and medical staff
- Fully exploit the audit capabilities of the new Connectivity glucose monitoring system
- Participation in the National Inpatient Diabetic Audit with its focus on: avoidable complications, harm, patient experience and patient feedback.

The Trust participated in the National Diabetes Inpatient Audit 2013. The data demonstrates a steady rise nationally in the percentage of beds occupied by people with diabetes, from 14.6% in 2010 to 15.8% in 2013. Key messages from the audit nationally related to:

- **Diabetes teams and staffing**
  There have been limited improvements in the referral process to ensure the proportion of patients requiring diabetes input are actually seen by the team. The staffing of diabetic teams to reflect an increase in referrals has no increases and particularly the availability of specialist nurses.
- **Medication errors and patient harm**
  The audit reflects a reduction in prescription errors, however indicates issues with management of patients on infusions and a focus on preventing hypoglycaemia and diabetic ketoacidosis.
- **Foot care**
  Since the audit began there has been consistent improvement of the provision of multidisciplinary diabetic foot care teams, however 28% of sites still do not have a service in place. Overall more inpatients receive a foot assessment, however there remains limited documentation to support this and a significant number that don't occur within the first 24 hours.
- **Patient experience**
  There has been minimal improvement in patient satisfaction, with concerns raised in relation to catering arrangements for patients with diabetes.

Action taken during 2014/15

The focus for improvement during 2014/15 has been the action described above to prepare the WSFT for participation in the national audit in 2015. The focus of this work has been ensuring best practice is reflected in policies/procedures (including drug chart and foot monitoring), improving staffs' understanding of best practice and implementation of electronic glucose monitoring for diabetic patients. The diabetes team has also been strengthened, with a surgical diabetes nurse specialist and targeted resource within the podiatry service.

Action to be implemented in 2015/16

- Full participation in National Diabetes Audit during 2015/16

6.6 Other quality indicators

A range of nationally mandated quality indicators is 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 West Suffolk CCG. Performance against agreed indicators is monitored by the Board on a regular basis.

National targets and benchmark indicators

National Targets	2014/15 Target	2014/15 Actual	2013/14 Actual	2012/13 Actual	2011/12 Actual
C difficile - Hospital associated	25	**22**	22 *	33	23 **
31 day Diagnosis to Treatment Wait for First Treatment: All Cancers	96%	**100%**	99.92%	100%	100%
18-week maximum wait from point of referral to treatment (admitted patients)	90%	**89.65%**	97.29%	99.96%	99.94%
18-week maximum wait from point of referral to treatment (non-admitted patients)	95%	**97.14%**	99.34%	100%	100%
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)	92%	**96.97%**	99.74%	99.96%	100%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	**93.54%**	95.31%	91.84%	98.13%
62 day wait for first treatment from NHS Cancer Screening Service referral	90%	**95.10%**	98.13%	99.56%	96.27%
62 day Urgent GP Referral to Treatment Wait for First Treatment: All Cancers	85%	**88.01%**	90.35%	88.00%	89.14%
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%	**98.52%**	97.24%	94.43%	93.72%
Breast Cancer Two Week Wait	93%	**97.19%**	98.19%	95.81%	96.77%

* 2013/14 and 2014/15 figures each exclude cases that West Suffolk CCG deemed not to be due to lapses in care (there was one case in each period)

** 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 2014/15 with the exception of:

- **Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge**

  Over the last 18 months the Trust has seen improvements in the flow of patients and the patient experience and in general has achieved the 4 hour A&E target. However, this performance has been fragile and the Trust struggles to manage significant variations in demand. Following a particularly challenging December to February period where performance significantly deteriorated, the target for the year was not achieved. High levels of acuity (illness) amongst patients presenting to the Emergency Department over the winter period, as well as norovirus incidents affecting a number of inpatient wards, severely impacted patient flow during this period. The Trust continues to work in collaboration with partners to ensure effective arrangements are in place to improve patient flow from the hospital and undertook a review of the winter period to ensure lessons were learned internally and for the health and care system. During February the Trust implemented a 'Perfect Week' within the local health & social care system. This coupled with concerted efforts across the system, enabled the Trust to recover its position and we achieved the target during March.

- **18-week maximum wait from point of referral to treatment (admitted patients)**

  WSFT's performance for the 18-week target has historically been excellent. During quarter 2 in response to NHS England's announcements on reducing patients waiting over 18 weeks and incentive payments, the Trust submitted a plan to the Area Team which included reducing long wait patients. The consequence of this was failure of the 18-week admitted target during July and August. Performance in September returned to above 90% in line with agreed plans. While the target was achieved in quarter 3 the significant operational pressure over the winter holiday period negatively impacted on performance in January and February.

The emergency pressures within the hospital during December and January resulted in the closure of ring fenced elective beds (ring fenced due to clinical imperatives). This caused a significant number of patient cancellations for elective surgery. All of these patients were rebooked during quarter 4 and therefore a significant number of patients breached the 18-week target (admitted).

Stroke Targets	2013/14 Target	2014/15 Actual	2013/14 Actual	2012/13 Actual	2011/12 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%	**72.50%**	71.08%	63.83%	71%
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%	**97.25%**	96.17%	84.42%	82%

Stroke Targets	2013/14 Target	2014/15 Actual	2013/14 Actual	2012/13 Actual	2011/12 Actual
80% of stroke patients spending at least 90% of their stay on a stroke unit	80%	**89.50%**	90.25%	81.50%	86%
>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%	**81.42%**	75.92%	66.75%	73%
Stroke - Proportion of patients admitted to an acute stroke unit within 4 hours of hospital arrival	90%	**85.92%**	89%	75.16%	N/A
Proportion of patients in Atrial Fibrillation, presenting with stroke and where clinically indicated will receive anti-coagulation	60%	**79.08%**	67.67%	73.67%	N/A
Stroke - % of stroke patients with access to brain scan within 24 hours	100%	**99.50%**	**98.33%**	95.92%	N/A
Stroke - Proportion of stroke patients and carers with a joint health and social care plan on discharge	85%	**96.50%**	**91.92%**	75.25%	N/A
% of patients eligible for Thrombolysis, Thrombolysed within 4.5 hours	100%	**99.83%**	**100%**	100%	N/A

WSFT's performance against the local and national stroke targets continues to improve, with six of the 10 targets achieved. We have continued to invest in stroke services during 2014/15 to maintain and further improve services to our patients. The stroke service is currently rated A (highest rating) based on SNAP data and has received a national award in recognition of the high quality of care they provide.

During December to February the number of confirmed stroke patients was significantly higher than has been previously managed within WSFT. This, combined with the significant emergency pressures the Trust was under, impacted on the delivery of stroke targets and in particular the proportion of patients admitted to an acute stroke unit within 4 hours.

Effectiveness Measures	2014/15 (Up to Dec 14)	2013/14	2012/13	2011/12	2010/11	National Avg.
Hospital Standardised Mortality Rate (HSMR)	**89.68**	88.67	83.23	86.8	89.6	100
Death in Low-Risk Diagnosis Groups	**92.34**	92.73	48.32	100.41	72.41	100
Length of Stay - Relative Risk	**84.82**	94.27	99.12	88.9	78.7	100
Readmissions - Relative Risk	**104.79**	97.96	96.34	98.5	102.9	100

Source: Dr Foster Intelligence

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

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 2014/15 was 52 (74 in 2013/14). These can be broken down into incidents which cross a number of themes including:

- Pressure ulcers (17)
- Slips/trips/falls (13)
- Unexpected death (5)
- Delayed diagnosis (2)
- Wrong site surgery (2)
- Maternity services (5)
- Infection prevention (2)
- Other (6)

Other comprises: surgical error (1); confidential information leak (1); failure to act upon test results (1); communication issue (1); drug incident (1); and sub-optimal care of the deteriorating patient (1).

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

- Additional guidance to standardise marking for surgical patients
- Prevention of Acute Kidney Injury (AKI) for patients who are receiving medication that can cause AKI as a result of high levels within the blood. Therefore when blood tests are taken to check levels the patient is automatically screened at the same time for AKI
- Identification of patients who have AKI on admission to hospital and the stage of AKI is incorporated as part of the medical handover
- Development of structured induction process for untrained staff within ward areas
- Delivery of additional training in relation to deteriorating patients within specific ward areas

- Introduction of handover checklists for patients transferred from Emergency Department to Acute Admissions Unit
- Review of Telemetry equipment and procurement of additional sets to support patient care
- Inclusion of fluid scoring on Modified Early Warning Score (MEWS) to ensure it is applied to both catheterised and non-catheterised patients

During 2014/15 three never events were reported and subject to rigorous investigation.

The first never event occurred when a Bag for Endoscopic Retrieval of Tissue (BERT) bag was left within the patient following a laparoscopic procedure. This met the criteria of a never event as a 'Retained foreign object post-operation'. Learning from the investigation identified adaptions to the Safer Surgery and Consent Policy, including:

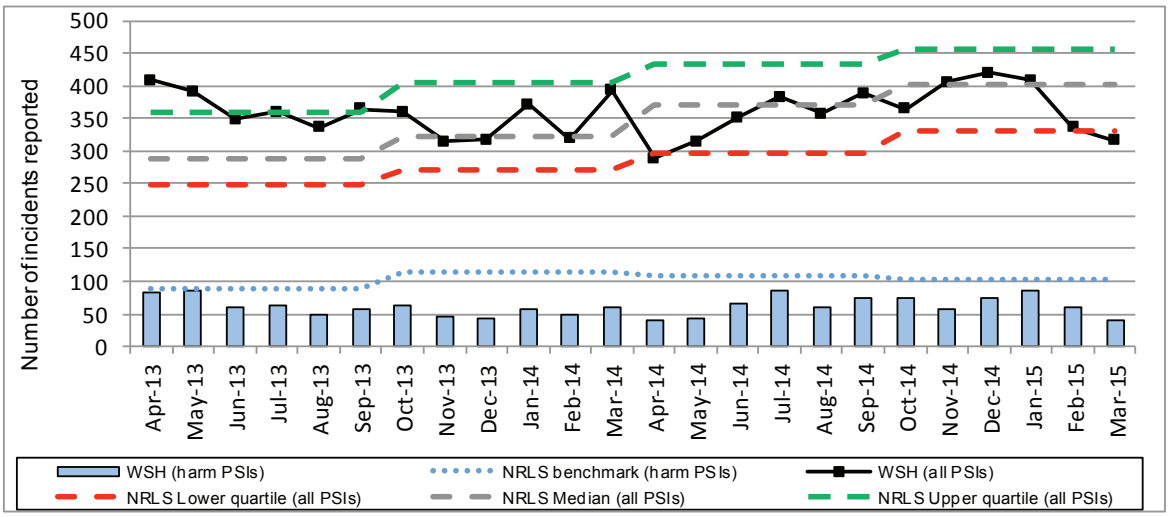
- Amendments to the WHO checklist to incorporate all items used within surgery that may have not been previously considered within the count
- Initiation of 'Count before you close' to empower staff to ensure the count is correct before any closure commences
- Standardisation of white boards within all theatres to enable staff to know where to look for key information, whichever speciality they are covering.

The second never event related to surgery on the incorrect joint of a finger. The investigation identified learning in relation to the marking of patients prior to surgery and identified different practices across the specialities. The Safer Surgery Policy was updated to include a detailed section on how to mark patients. This has been widely communicated to relevant staff and included within the junior doctors' induction and ongoing teaching to ensure a standardised approach.

The third never event was identified during the post-operative review of imaging and pathology. This identified that the patient had undergone surgery on the incorrect side of the thyroid. The incident identified improvements to communication and documentation for multidisciplinary team (MDT) meetings. The incident also highlighted learning regarding pathology requests and radiology reporting.

The Trust's web-based electronic incident reporting system (Datix) supports multidisciplinary incident reporting which includes a high level of reporting near misses, no harm and minor harm incidents. 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) 2014/15



WSFT submits patient safety incidents to the National Reporting and Learning System (NRLS). This provides benchmarking for our performance. Further data is provided in Annex B of this report.

During 2014/15 the number of patient safety incidents reported per month was approximately in line with the average for our peer group although there was monthly fluctuation. The number of reported incidents in February and March 2015 reduced; this largely reflected a reduction in reported falls and pressure ulcers since January 2015. The Board reviews this information on a monthly basis as part of its quality monitoring arrangements.

Quality walkabouts

WSFT has conducted quality walkabouts in a number of clinical areas and departments with members of the Board of Directors and Governors. This has focused on issues that have been identified as part of our CQC quality assurance process, themes identified within other organisations, CQC reports and learning from incidents. This 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:

- Outpatients department to review the initial experience of patients and what facilities are available to them within the department. The visit also reviewed the environmental integrity of an area with a high throughput of patients
- Ward G8 to understand the implications of achieving the stroke targets in relation to the specialist care patients receive. Within this ward we also looked at how the staffs' understanding of Deprivation of Liberty legislation and the Mental Capacity Act was applied to patients within their care
- Medication management was reviewed in a number of areas to ensure the appropriate security of medications and fluids
- Crash trolleys being reviewed to ensure there is a consistent approach to them being locked and checked at appropriate time intervals
- A number of ward areas were reviewed to look at placement of patient call bells
- Ward G5 visit highlighted improvements in the environment and the use of patient information boards. This prompted review and standardisation of patient information boards across the Trust.

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 324 formal complaints during 2014/15. This represents a decrease in numbers compared to 2013/14 when 356 complaints were received. The Board of Directors monitors complaints and learning on a monthly basis as part of the quality reporting arrangements.

At the time of reporting 90% of complaints received during 2014/15 were resolved with the first response. There were seven meetings arranged between staff and complainants during 2014/15 to assist with resolving concerns, either prior to any written response or following an initial written response.

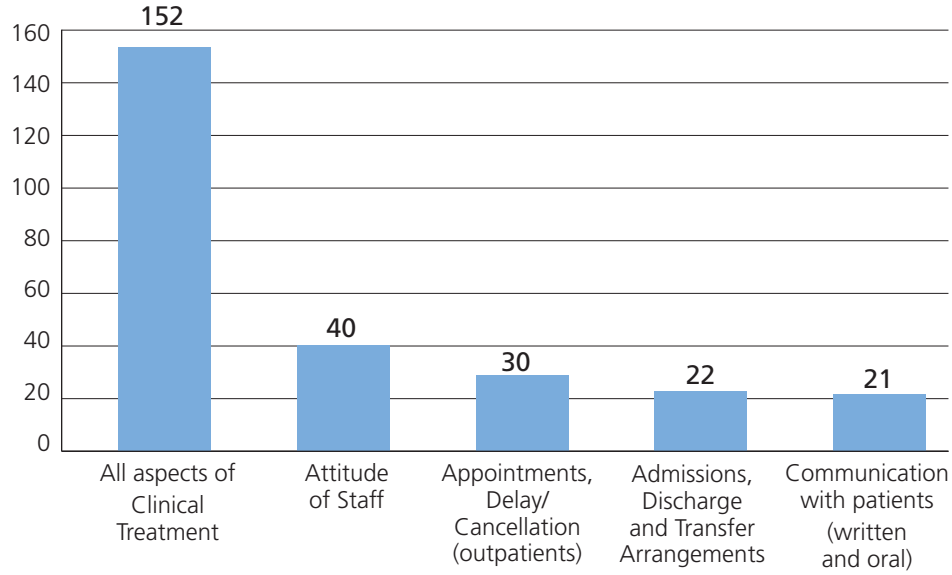
Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the Parliamentary and Health Service Ombudsman (PHSO) for an independent review. During 2014/15, five complaints were referred to the PHSO, compared to six during 2013/14.

In 2014/15 the PHSO has completed its review of three complaints:

- One complaint was not upheld
- One complaint was partly upheld and as a result the Trust produced a comprehensive action plan, paid financial redress, wrote to the complainant with an apology and informed Monitor and the CQC of the PSHO findings
- One complaint was partly upheld and as a result the Trust wrote to the complainant to apologise and paid financial redress.

The main themes and trends from complaints are described below.

Category of complaint 2014/15



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:

- Core staffing numbers review and numbers increased
- Review of the AMU handover document in relation to patient own medication
- Chief Pharmacist supporting any training needs for ward staff in relation to the storage of patients own medication
- Further training for staff in blood glucose monitoring from the specialist team
- Review of the way that radiology reports are communicated to the medical teams.

There were a number of complaints that were also investigated through RCA/SIRI methodology and the actions identified through these investigations are being progressed and reported via this route.

Managing compliments

A total of 543 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 from a patient who had to undergo a traumatic emergency procedure:

…..The nursing staff on the ward, the anaesthetist, doctors and consultant were all fantastic and I wanted to email to express my gratitude. They are all kind and reassuring and I am sure I received the best care I possibly could…..

National Inpatient Survey 2014

The Trust scored 8.2 out of 10 in the 2014 inpatient survey which is equal to the previous year's score. The majority of questions scored the same as last year with one question's score being significantly improved. This question was "Was your admission date changed by the hospital?".

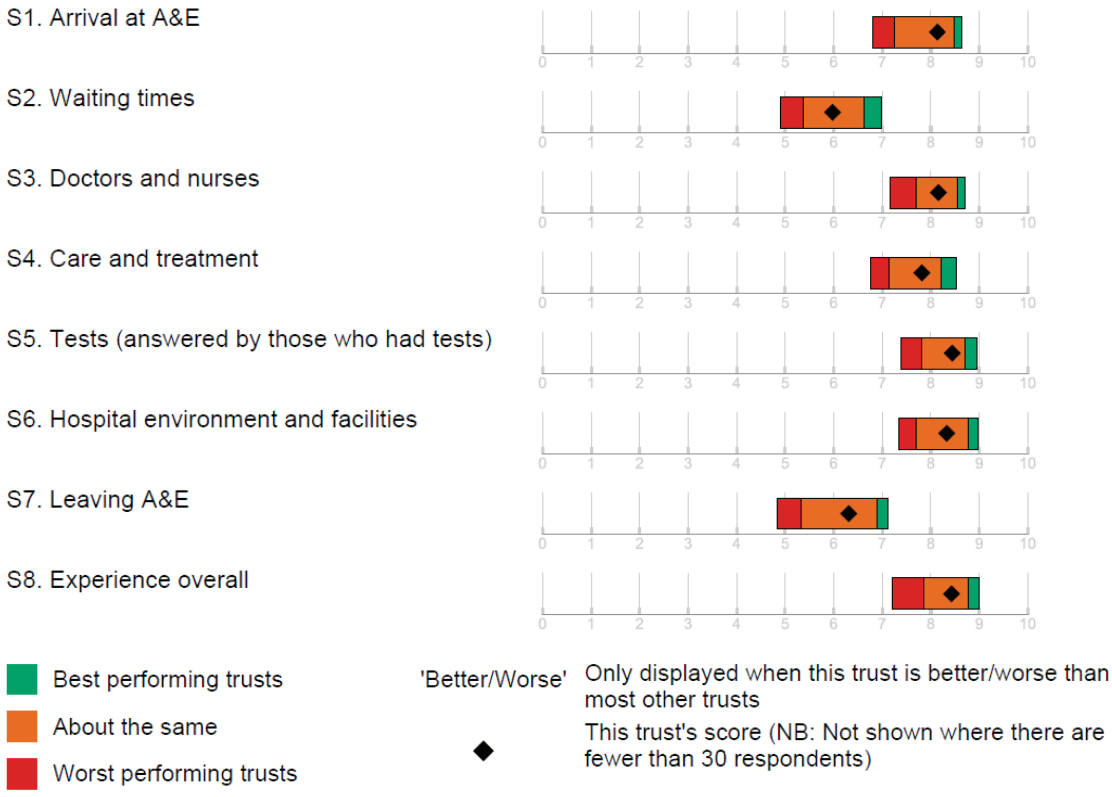
Areas of improvement have been identified and these are to reduce noise at night, same sex bathroom/ shower use and to ensure patients are able to give their views on the quality of their care.

National Accident & Emergency Survey 2014

The Trust scored 8.0 out of 10 in the 2014 Accident & Emergency Survey. This was the same as 2012 when the survey was last conducted. Benchmarked section scores are shown overleaf.

Accident and Emergency Survey 2014
West Suffolk NHS Foundation Trust

Section Scores



An action plan has been developed to address the following which resulted in poorer scores.

- Availability of information in relation to the waiting time to see a doctor or a nurse
- Information about purpose of the medication given and the side effects to watch for
- Availability of suitable food and drink in the A&E Department, need to provide healthier options, for patients and visitors
- Ensuring that patients treated with privacy and dignity at all times.

National staff survey 2014

The 2014 NHS staff survey places WSH in the top 20% of trusts nationally in 11 key areas, including:

- staff feeling satisfied with the quality of work and patient care they are able to deliver
- staff recommending the hospital as a place to work or receive treatment
- staff agreeing their role makes a difference to patients
- effective team working
- staff feeling able to contribute towards improvements at work
- staff feeling motivated
- incidents of work-related stress
- staff job satisfaction
- staff receiving job-relevant training, learning and development.

The feedback was very positive for WSH including recommending the hospital as a place to work or receive treatment, job satisfaction levels and staff agreeing their role makes a difference to our patients.

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 3.90 was in the highest (best) 20% when compared with trusts of a similar type.

	Trust Score 2013	Trust Score 2014	National Average 2014
Overall staff engagement	3.82	**3.90 #**	3.74

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

Further detail is provided in WSFT's Annual Report 2014/15.

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 2014/15 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	534	100
	Pleural procedures (British Thoracic Society)	Yes	14	100
	National Emergency Laparotomy Audit (NELA)	Yes	118	100
	National Joint Registry (NJR)	Yes	881	100
	Mental Health Care in Emergency Departments (College of Emergency Medicine)	Yes	100	100
	Severe trauma (Trauma Audit & Research Network, TARN)	Yes	189	60[1]
Blood and Transplant	**National Comparative Audit of Blood Transfusion programme:**			
	Survey of red cell use	Yes	46	100
	Patient information and consent	Yes	10	100
Cancer	Bowel cancer (NBOCAP)	Yes	150	100
	Lung cancer (NLCA)	Yes	152	100
	Oesophago-gastric cancer (NAOGC)	Yes	46	100
	National Prostate Cancer Audit	Yes	245	100
Heart	Acute coronary syndrome or acute myocardial infarction (MINAP)	Yes	320	100
	Heart failure (HF)	Yes	259	70[2]
	National Vascular Registry	Yes	0	100
	National Cardiac Arrest Audit (NCAA)	Yes	111	100
Long Term Conditions	National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme 2013 – 2016	Yes	81	100
	Diabetes (Adult) NDA programme:			
	Diabetes (Adult) NDA core audit	Yes	2,260	100[3]
	National Pregnancy in Diabetes (Paediatric) (NPID)	Yes	12	86
	National Diabetes Footcare Audit (NDFA)	Yes	-	-[4]
	Diabetes (Paediatric) (NPDA)	Yes	620	100
	Inflammatory bowel disease (IBD) Round 4			

Annex A: Participation in clinical audit

Category	Name of audit / Clinical Outcome Review Programme	Took part	No.	%
	Inpatient Care Audit	Yes	20	91
	Biologics Audit (an ongoing audit with no annual target)	Yes	30	61
Older People	**Falls and fragility fractures programme:**			
	Hip fracture database (NHFD)	Yes	320	99.7
	Stroke National Audit Programme (SSNAP) - programme	Yes	475	100
	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAPOP)	Yes	17	68
Women's & Children's Health	Epilepsy 12 Audit (Childhood Epilepsy)	Yes	48	100
	Neonatal intensive and special care (NNAP)	Yes	393	100
	Fitting Child (College of Emergency Medicine)	Yes	30	100
Other	Elective surgery (National PROMs Programme)	Yes	1,099	100

Notes

[1] TARN Audit – Final figures for 2014/15 data completeness will be supplied by TARN in December 2015. Our completion rate for 2013/14 was 77.6% (placing WSFT as 3rd best performing for data submission)

[2] National Heart Failure Audit – input is in progress to meet the deadline for the end of May. The estimate is 70% of the total eligible patients identified for 2014/15 (based on our HESS submission)

[3] National Diabetes Core Audit – data submission difficulties are currently being addressed with organiser.

[4] National Diabetes Footcare Audit – data collection ongoing and participation on track.

Table B: National Confidential Enquires

Category	Name of National Confidential enquiry	No.	%
Acute	Lower limb amputation (NCEPOD) organisational survey completed	0	100
	Tracheostomy care (NCEPOD)	2	100
	Sepsis (NCEPOD)	3	100
	Gastrointestinal haemorrhage (NCEPOD)	4	100
Women's & Children's Health	Maternal, infant and new born programme (MBRRACE-UK)	7	100

Annex A: Participation in clinical audit

Table C: Action from **national** audit reports

National Audit Title	Summary of actions taken
National Emergency Laparotomy Audit (NELA): Organisational Audit	The Audit report found provision of essential facilities and staff required for the high quality care of patients requiring emergency laparotomy does not meet current standards at many hospitals. There were 11 key recommendations to address this. At WSHFT 8 out of the 11 recommendations are fully implemented. The three remaining elements involve: • Implementing a four tier surgical rota rather than the current 3 tier rota. • Increased 24 hour interventional radiology resource which is not currently required at WSHFT • Routine daily input from a Geriatrician into older patient cases. This issue has been referred to the Geriatricians. We have been placed in the top ten hospitals for our results.
National Cardiac Arrest Audit (NCAA)	The Trust continues to participate in the National Cardiac Arrest Audit (NCAA). Resuscitation Services conduct a review of all patients who have sustained a cardiac arrest (with the exception of ICU and A&E – unless requested to do so). This review incorporates all aspects of the patient care and treatment during their admission and leading up to their cardiac arrest. The completed reports are reviewed by a clinical team including the Lead Resuscitation Officer, Head of Patient Safety and a Critical Care Consultant in order to establish if the cardiac arrest was avoidable or unavoidable. In cases of concern, a Datix will be submitted, and an RCA / SIRI process followed. A quarterly report is completed outlining themes and actions following investigations. Key issues identified to be addressed include: • Documentation limitations, (e.g. fluid charts). This has been picked up within the Acute Kidney Injury (AKI) Task & Finish Group • The revision of the MEWS score to capture urine output of patients without a catheter and the commencement of a fluid chart for appropriate patients in Emergency Department • Slow escalation of care / DNACPR decision making, with particular reference to patients that have multiple co-morbidities and do not / are slow to respond to treatment.
NCEPOD Emergency Tracheostomy Full & Summary Reports	Following the NCEPOD report 'On the Right Trach' WSH has reviewed its care of tracheostomy patients and performed the recommended self-assessment checklist from the report. This was completed by a nursing and medical lead and represents progress to date. Two areas out of 25 have been identified as partial compliance which is being addressed.

Annex A: Participation in clinical audit

National Audit Title	Summary of actions taken
National Bowel Cancer Audit Including: National Bowel Cancer Audit Progress Report. National Bowel Cancer Audit 2014 National Report.	As soon as the Annual Cancer Audit Reports are published we undertook the following actions: The report was widely distributed within the Trust MDT membership; an extract of the report pertinent to the Trust team was distributed to all relevant clinicians in the MDT and the Trust Cancer Board members for information and to see the opportunity for improvement. There was very good case ascertainment reported for these audits. The gaps in some of the data completeness have been addressed over this period and we should see improvements in the next Annual Report. The findings of these reports are discussed by the team at their Annual Meeting and it also features in their Annual Report. As this was a progress report from the commissioning bodies to keep the participating organisations informed of the developments regarding aligning the National Bowel Cancer Audit schedule with the rest of the audit schemes, we did not think there was any further work needed other than to acknowledge the changes and follow them.
NCEPOD Lower Limb Amputation Report & Exec Summary	The report was considered as a result of the recommendation for diabetic feet. We have introduced a diabetic foot MDT with regular input from a podiatrist, diabetologist, microbiologist, vascular and orthopaedic surgeon. There are weekly meetings and patients are assessed on the wards. Any urgent referrals can be made directly to the team and assessment of patients carried out appropriately.
National Audit of Seizures (NASH2) WSH Report	WSH performed significantly better in the National Audit of Seizures in Hospitals in 2014 than in 2013. Following the 2013 audit, we ran a training programme in the hospital and the improvement may reflect this. Some aspects of the training programme are ongoing. We will review this following the next audit.
National Audit of Dementia Regional Report + National Summary of Findings and Recommendations.	Following the last audit (round 2) in 2012, actions were incorporated into the Trust's dementia action plan and reviewed at the Dementia Strategy Steering Group meetings. From September 2014 onwards this has been incorporated into the Frail Elderly Steering Group and action plan. Examples of good practice following NAD round 2: • Support for carers ,carer packs developed, information leaflets,: identify carers needs in planning discharge and signpost to support services • Carer feedback forms to capture views of carers regarding their experience, carers badge: to identify the family carer to hospital staff and enable extended visiting. Family carer feedback is collated monthly and reported quarterly. Feedback informs the family carer action plan • Anti-psychotic guidance document developed, audited prescribing practices pre and post guideline use • Review of training provision in Doctors' FY training programmes, FY1 and FY2 to receive two sessions each year, one session on dementia and one session on delirium. Updates are provided to the NAD team as requested e.g. for the NAD. NAD Round 3 is due to take place in 2016.

Annex A: Participation in clinical audit

National Audit Title	Summary of actions taken
National Blood Survey Reports Including: National Blood Survey Report for WSFTN HSBT Red Cell Use Cycle 1 Interim Report	Following receipt of the Patient Blood Management Survey and the National Red Cell Use Survey, in response to the recommendation for locally agreed triggers for transfusion based on national guidelines and National Blood Transfusion Committee (NBTC): • Indication codes when requesting blood from the transfusion laboratory, and prescribing blood components. We have devised a Blood Bank Algorithm to aid staff in decision making processes, and this has been uploaded to the staff intranet for ease of access • In relation to transfusion of one dose of blood components at a time or platelets in non-bleeding patients, with the need to reassess the patient clinically with a further blood count to determine if further transfusion is needed - this is being included in teaching sessions and an audit is being added to the 2015/16 audit plan to assess compliance within clinical practice • Pre-operative management of anaemia and haemostasis - the national audit recommendation was that arrangements should be provided for the timely identification and correction of anaemia before elective surgery which is likely to involve significant blood loss using WHO definitions of anaemia and our response to this is that one of our AMU Consultants is developing an ambulatory care pathway to include this element of consideration. Another action in relation to this recommendation is that the Blood Bank Algorithm is to be further developed to include relevance for obstetric patients. We are continuing to participate in this National Survey.
National Diabetes Audit Including: National Diabetes Inpatients Audit (NaDIA) National Report and Presentation. NDA Patient Experience of Diabetes Services (PEDS) Survey Pilot Report. National Diabetes Audit (NDA) Core Report 1.	We continue to take part in the audits WSFT have used National Diabetes Inpatients Audit (NaDia) reports to help demonstrate the need for a Diabetes Inpatient Nurse Specialist to help manage patients with diabetes in the Surgical Division. A nurse has recently been appointed to this new post. The NDA has been used to help develop our Community Diabetes Service (in conjunction with the CCG) and we have appointed two additional Community Diabetes Nurse Specialists.

Annex A: Participation in clinical audit

National Audit Title	Summary of actions taken
National Oesophago-gastric Cancer Audit Including: National Oesophago-gastric Cancer Progress Report 2011-13 National Oesophago-gastric Cancer Audit 2014 Annual Report	As soon as the Annual Cancer Audit Reports is published we undertake the following actions: • The report was widely distributed within the Trust MDT membership • An extract of the report pertinent to the Trust team was distributed to all relevant clinicians in the MDT and the Trust Cancer Board members for information and to see the opportunity for improvement • There was very good case ascertainment reported for these audits • The gaps in some of the data completeness have been addressed over this period and we should see improvements in the next Annual Report. The findings of these reports are discussed by the team at their Annual Meeting and it also features in their Annual report. Case ascertainment: 146 against 51-100 expected. There was no specific deficiency identified in our returns. Other aspects of this audit look at the surgical intervention for patients that we refer to Addenbrookes, and their outcomes were reported at par if not better than the national average. We are continuing to participate in this audit and register all eligible patients to collect relevant data and returns for HSCIC.
National Lung Cancer Reports Including: National Lung Cancer report 2013 National Lung Cancer report (Mesothelioma)	As soon as the Annual Cancer Audit Reports are published we undertake the following actions: • The report was widely distributed within the Trust MDT membership • An extract of the Report pertinent to the Trust team was distributed to all relevant Clinicians in the MDT and the Trust Cancer Board members for information and to see the opportunity for improvement • There was very good case ascertainment reported for these audits • The gaps in some of the data completeness have been addressed over this period and we should see improvements in the next Annual Report. The findings of this report are discussed by the team at their Annual Meeting and it also features in their Annual report. Case ascertainment: 160 against expected 52. Data completeness also very good across the measured standards, with the only significant gap shown in the CNS contact, owing to staffing issues during the audit period. With new CNS in post this is now addressed. Currently the data portal has moved and is not open for submission, but we are collecting our data as normal in readiness for submission once open. Currently there are no known issues with the case ascertainment and data completeness for this audit.
Severe Trauma (Trauma Audit & Research Network, TARN)	Internal results have been presented at the operational management meetings and at Board level within the Trust. The report analysis is used to identify thematic issues. A peer case review process has been implemented. This reviews cases identified by the audit. The analysis is used to identify thematic issues.

Annex A: Participation in clinical audit

National Audit Title	Summary of actions taken
Patient Reported Outcome Measures in 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. The number of records is currently not sufficient to make a true statistical report.
Sentinel Stroke National Audit Programme Including: SSNAP National Report for Oct-Dec 2013. SSNAP National Report for Jan - March 2014. 1st SSNAP Annual Report: Care Received from April 2013 to March 2014.	The most recent SSNAP (Sentinel Stroke National Audit Programme) data, between July and September 2014, places WSH among the country's best performing across a variety of criteria designed to measure the quality of care which patients receive. WSH scored a SSNAP level B in the audit, placing it as one of the top 11% nationally. The audit looks at a range of factors, including how quickly patients can access a brain scan, whether they are rapidly transferred to a dedicated stroke unit and how many patients are given clot-busting thrombolysis treatment. It also measures the help put in place to aid recovery and rehabilitation, such as access to speech and language therapy, physiotherapy and occupational therapy.
CEM Paracetamol Overdose	WSH Emergency Department report demonstrated 49 patients were audited in total, of whom 2% presented within an hour of ingestion, 51% within 8 hours, 57% within 24 hours and 18% had a staggered overdose. This local detailed data is currently being reviewed and an action plan is being developed against the 5 areas where our results were below the national median.
National Review of Asthma Deaths	WSH participated in this National Review. However we had no asthma deaths in 2013/14. An asthma discharge bundle has been developed within the last 6 months to improve discharge rates.
Asthma in Children Including: CEM Asthma in Children WSH Asthma in Children 2013/14	This national audit reviewed paediatric treatment of asthma for 5-16 year olds with moderate to severe cases. 26 patients were reviewed at WSH of which 50% were audited in A&E and 50% were discharged. WSH was above the national median results for: recording of temperature and peak flow. Action is being taken to address areas where the audit results show WSH is below the national median, this includes: recording of respiratory rate, SATS & Pulse rate and GCS/AVPU scores.

Annex A: Participation in clinical audit

National Audit Title	Summary of actions taken
Acute Coronary Syndrome (MINAP)	The reporting shows better data completeness for risk-adjusted outcomes. Data completeness for the WSH continues to be of a high standard, achieving 98% across the dataset. To improve this further we are liaising with our colleagues in A&E to ensure glucose and cholesterol are included in the admission blood profile for patients presenting with suspected ACS, thus increasing the data completeness for these values. Areas of development are: • Timeliness of angiography following NSTEMI – streamline the management of these patients • The introduction of electronic referrals for cardiology ensures prompt review of patients • Morning ward rounds on the emergency assessment unit to review patients needing a cardiology input ensures patients with NSTEMI are identified earlier and referred for angiography in a timely manner.
National COPD Audit National COPD Audit Programme Hospital Level Reports Part A and B National COPD Audit Programme Organisational Report	There have been changes made to the provision of the COPD service which used to be supported by our Early Supportive Discharge Team, but this group of patients are now seen by an outsourced company via Suffolk Community Services. A change in the service provided for these patients has been identified with the median length of time to be seen by a COPD nurse or respiratory consultant being 26 hours. As a consequence of this, a discharge bundle has been initiated to improve the overall COPD care for patients by increasing the number of COPD nurses, increasing the number of patients who received specialist review, and reducing patient wait time for x-rays. This COPD bundle has been introduced in the last 6 months.
Inpatient Falls Pilot Study (WSH data)	This was a pilot study which WSH fully participated in. There was no report outcome for this pilot, just a local data set to compare against national figures. WSH reviewed the data set return and made suggestions about future improvements. WSH is taking part in the full National Audit in 2015/16. The organisational and case note review/ patient observations elements will collect data within the month of May 2015.

Annex A: Participation in clinical audit

National Audit Title	Summary of actions taken
National Hip Fracture Reports Including: Falls and Fragility Fractures, Commissioner Report. National Hip Fracture Database Report 2014 (Full and Summary) National Joint Registry 11th Annual Report, plus Unit-level Report. Falls and Fragility Fractures: National Hip Fracture Database Patient Report 2014 National Falls and Fragility Fracture Audit Programme (NHFD) Annual Report 2014	The reports were considered alongside the audit data within surgery and the National Hip Fracture Multidisciplinary Team. The areas of development identified were: • Time to surgery: a review of cases identified by the audit has been undertaken and indicated in some cases patients could progress quicker on the surgical pathway with clear decision making in place and should improve with targeted education • Pressure area care for patients on the surgical pathway: pressure prevention packs, reviewed guidelines and staff training have all been updated and reissued across the Trust including to the surgical nursing staff • Pre-operative analgesia: more pre-operative blocks are required. WSFT now has two trauma practitioner nurses trained to administer preoperative blocks, with consideration of training more medical staff in the emergency department to increase the number of staff able to administer block for patients with fractured hips.
NCEPOD Report – Saving Mother's Lives	This was a series of case reviews with recommendations attached, not a clinical audit. On review it was agreed that WSH was compliant with the majority of recommendations, and this report will be taken to the Women's and Children's Governance Steering Group in June 2015 to discuss any actions that need to be implemented following publication of this report.

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	Jul 13 – Jun 14
WSFT (Confidence Intervals)	88.24 (83.3 to 93.39)	89.76 (84.9 to 94.83)	90.78 (111.98 to 89.3)
National average	100	100	100
Highest NHS trust	121.1	115.63	119.82
Lowest NHS trust	68.49	62.59	54.07

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 rates 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	Jul 13 – Jun 14
WSFT	16.87%	19.53%	26.34%
National average	18.54%	20.65%	24.79%

Source: Dr Foster

WSFT considers that this data is as described and shows WSFT's rate is slightly above the national average. WSFT intends to take, and has taken, a range of actions to monitor and improve performance in this area as part our mortality reviews, and so the quality of our services. These are described in Section 5 of this report.

b) Patient Reported Outcome Measures Scores (PROMS)

	2011/12	2012/13	2013/14	2014/15 (Apr–Sep)
Groin hernia surgery				
WSFT (EQ-5D Index)	0.073	0.093	0.104	0.034
National average (EQ-5D Index)	0.087	0.085	0.085	0.081
Varicose vein surgery				
WSFT (EQ-5D Index)	0.098	0.100	0.052	0.016**
National average (EQ-5D Index)	0.095	0.093	0.093	0.100
Hip replacement surgery (Primary)*				
WSFT (EQ-5D Index)	0.415	0.400	0.445	0.409**
National average (EQ-5D Index)	0.416	0.438	0.436	0.442
Knee replacement surgery (Primary)*				
WSFT (EQ-5D Index)	0.285	0.350	0.301	0.349**
National average (EQ-5D Index)	0.302	0.318	0.323	0.328

Source: HSCIC

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

** Data is presented as non-case mix adjusted as less than 30 modelled records available

WSFT considers that this data is as described as PROMS data is issued quarterly. Results for the first six months of 2014/15 are provisional pending receipt of all the modelled records and do not therefore demonstrate statistically significant variations. 2013/14 results demonstrate WSFT is performing above the median for England in groin hernia and hip replacement surgery but below the median for Knee replacement surgery and Varicose vein surgery. The number of modelled records for varicose vein surgery is low. All results are reviewed to ensure that plans are in place to systematically deliver good performance.

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	2014/15 (Up to Jan)
Aged 0 to 15	7.06%	12.62%	5.77%
Aged 16 or over	16.65%	14.38%	15.63%

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	2014
WSFT	76.9	79.0	77.7
National average	75.6	76.5	76.9
Highest NHS trust	87.8	88.2	87.0
Lowest NHS trust	67.4	68.0	67.1

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 several questions within the survey grouped under this heading. Review of this data shows that WSFT is performing better than the national average and has done consistently over the last three years.

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	2014
WSFT	79%	77%	79%
Median (acute and specialist trusts)	63%	66%	74%
Highest NHS trust (acute and specialist trusts)	94%	94%	86%
Lowest NHS trust (acute and specialist trusts)	35%	40%	60%

Source: Picker Institute

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	2014/15 (Up to Nov)
WSFT	98.86%	99.25%	99.51%
National average	93.96%	95.76%	96.07%

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 data set and to the local commissioners.

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

	2012/13	2013/14	2014/15
WSFT	25.6	17.9	16.9*
National average	17.3	14.7	Not yet published

Source: Health Protection Agency (HPA).

* Trust PAS & infection prevention data up to March 2015

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

During the second half of 2014/15 WSH maintained the number of *C. difficile* cases below the ceiling agreed with the CCG as part of our contract. WSFT performance when compared with national data must be interpreted in the context of a high background prevalence of *C. difficile* carriage/infection in the community. This issue has previously been discussed with and confirmed by the Public health England Regional Epidemiologist. The reasons are not fully understood, but in part are likely to be due to rurality and the levels of animal contact in our area.

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 (rate / 100 admissions)	Median (all small acute trusts) Rate/100 admissions	Comparison to peer group
Apr'13 – Sept '13	2121 (7.7 / 100 admissions)	8.1 / 100 admissions	Middle 50% of trusts
Oct '13 – Mar '14	2008 (7.28 / 100 admissions)	8.77 / 100 admissions	Middle 50% of trusts
Apr '14 – Sept '14	2085 *	Not yet published	Not yet published
Oct '14 – Mar '15	2241 *	Not yet published	Not yet published

Data sources: NRLS and *Local incident system

Annex B: Nationally Mandated Quality Indicators

Patient safety incidents resulting in severe harm or death

	WSFT number (% of total reported)	Average (all small acute trusts) % of total reported	Comparison to peer group
Apr '13 – Sept '13	25 (1.2%)	0.7%	Above peer group average
Oct '13 – Mar '14	16 (0.8%)	0.6%	Above peer group average
Apr '14 – Sept '14	11 (0.5%) *	Not yet published	Not yet published
Oct '14 – Mar '15	15 (0.7%) *	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 both the interests of the Trust as a whole and the interests of the public.

The Governors are keen to harness the power of our local community and use the Trust's position in the wider Suffolk economy to promote local interests.

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

During 2014/15 we have strengthened our work through:

- Regular contact with patients and their supporters
- Encouraging the public to join as members of the Foundation Trust and engaging with our 5,500 public members to take an interest in the hospital
- Capturing patients' feedback, sharing this with hospital management and receiving updates on action taken
- Taking part in 'Quality Walkabouts' and 'Environmental Walkabouts'
- Taking part in hospital inspections to support preparation for CQC review
- Regular attendance at Workshops organised by the Trust
- Attending induction training events organised by the Trust after election of the new Council of Governors, to support learning and development
- Attendance at the first national NHS Providers "Development Day for Governors"
- Supporting regular clinical talks for Foundation Trust members and the public
- Regular attendance at Board of Directors meetings and informal meetings with both Executive and Non-executive Directors
- Working with the Non-executive Directors to strengthen quality assurance processes within the Trust
- 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. Governors have been consulted and contributed to the Trust vision as encapsulated in the key document 'Our Strategic Framework of the Future'.

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.

Annex C: Comments from third parties

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 2014/2015. 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 managers from the Trust and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and good patient/carer 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 does not intend to comment individually on the NHS Quality Accounts for 2015. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. The Committee has taken the view that it would be appropriate for Healthwatch Suffolk to consider the content of the Quality Accounts in light of views and comments received from patients and local residents, and comment accordingly.

County Councillor Michael Ladd

On behalf of the Suffolk Health Scrutiny Committee

Annex C: Comments from third parties

Healthwatch Suffolk

A clear, well laid-out document is presented. This is generally easy to read with appropriate use of annexes, glossary and explanations for data presented. The CEO provides a clear overview and summary of the Quality Report.

The incidence of hospital associated harm disappointingly shows an increase of 8.5% of inpatient falls, so will form a focus for 2015/16. The Trust is clearly addressing Acute Kidney Injury and Sepsis, highlighting future work. In 'Delivering Reliable Care' the issue of nursing numbers is discussed but no data is presented, have numbers of RNs increased? Also, ensuring the appropriate specialist care is provided to hospital patients, notes that staffing of diabetic teams has not increased, despite more service demands.

CQUIN targets for 2014/15 are listed, but only partially addressed in the report, with significant areas not discussed: NHS Safety Thermometer, Improving care for patients with dementia, Psychiatric liaison, Integrated working, 7 day working, Ambulatory care, Clinical forums and Shared care drugs. The Trust received over £3.3 million for work in these areas, so discussion should perhaps have been included in this report.

A useful table is presented, showing national targets and benchmark indicators across a range of provision. Of the 12 areas presented 10 are above the 2014/15 target with only 2 falling short: 1) 31 day diagnosis to treatment wait for first treatment of all cancers (statistically very small 0.35% under target) and 2) the four hour wait from arrival to admission/discharge in A&E (93.54% achieved against 95% target, following a challenging Dec-Feb period). Other quality areas, including Strokes, Incident Reporting, Patient Safety Incidents, Never Events are discussed with appropriate action taken.

Complaints Management is important and whilst there is discussion about 2014/15, perhaps mention could be made of how this will be taken forward to reduce numbers, for example training staff regarding attitude and communication skills.

The Trust participates in a large number of National Clinical Audits and action taken from these is discussed. In relation to the National Audit of Dementia there is specific mention of training for junior doctors, as an example of good practice. We understand that all staff are given training in dealing with patients who have dementia.

There was no CQC review 2014/15, with the previous being March 2014, the Quality Report states the Trust has since strengthened its Assurance Framework, added operational self-assessment and thus ensuring future compliance. The Trust was placed in Band 5, the second lowest risk band.

Feedback received by Healthwatch Suffolk has been generally good with some specific issues which we have raised directly with the Trust. Healthwatch Suffolk looks forward to working with the West Suffolk NHS Foundation Trust in the year ahead and to hearing of progress made to improve services and outcomes for patients and service users in Suffolk.

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 to prepare Quality Accounts for each financial year.

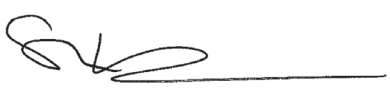
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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 2014/15 and supporting guidance
- 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 2014 to 22/05/2015
  - papers relating to Quality reported to the board over the period April 2014 to 22/05/2015
  - feedback from commissioners dated 19/05/2015
  - feedback from governors dated 14/05/2015
  - feedback from Suffolk Healthwatch dated 27/05/2015
  - feedback from Suffolk Health Scrutiny Committee dated14/05/2015
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 18/05/2015
  - the 2014 national patient survey 21/05/2015
  - the 2014 national staff survey 24/02/2015
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 24/04/2015
  - CQC Intelligent Monitoring Report dated 01/12/2014
- 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
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

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

By order of the Board



Roger Quince
Chairman
28 May 2015

Dr Stephen Dunn
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 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

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 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:

- board minutes and papers for the period April 2014 to 22/05/2015
- papers relating to Quality reported to the board over the period April 2014 to 22/05/2015
- feedback from commissioners dated 19/05/2015
- feedback from governors dated 14/05/2015
- feedback from Suffolk Healthwatch dated 27/05/2015
- feedback from Suffolk Health Scrutiny Committee dated14/05/2015
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 18/05/2015
- the 2014 national patient survey 21/05/2015
- the 2014 national staff survey 24/02/2015
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 24/04/2015
- CQC Intelligent Monitoring Report dated 01/12/2014

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.

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

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 2015, 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.*

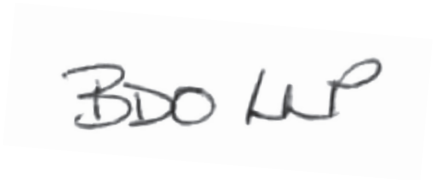
The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by West Suffolk NHS Foundation Trust.

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

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 2015:

- 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 above;
- the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual.*
- the maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual.*



Lisa Clampin

For and on behalf of BDO LLP

Ipswich, UK

28 May 2015

Annex F: Glossary

Acute Kidney Injury (AKI)	Acute Kidney Injury (AKI) has now replaced the term acute renal failure and a universal definition and staging system has been proposed to allow earlier detection and management of AKI.
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. **The CQC Intelligent Monitoring tool** has been developed to give our inspectors a clear picture of the areas of care that need to be followed up within an NHS acute trust or a specialist NHS trust. The system is built on a set of indicators that look at a range of information including patient experience, staff experience and performance. The indicators relate to the five key questions we will ask of all services: are they safe, effective, caring, responsive, and well-led?
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	Hospital Standardised Mortality Ratio 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.

Annex F: Glossary

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 includes 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). NCEPOD promotes improvements in health care. They published reports derived from a vast array of information about the practical management of patients.
Never event	Never events are a sub-set of SIRIs and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.
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.
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.

Annex F: Glossary

SEPSIS	In sepsis, the body's immune system goes into overdrive, setting off a series of reactions including widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced. If not treated quickly, sepsis can eventually lead to multiple organ failure and death. **'Sepsis Six'** is a set of six tasks including oxygen, cultures, antibiotics, fluids, lactate measurement and urine output monitoring - to be instituted within one hour by non-specialist practitioners at the front line.
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.
SIRI	Serious incidents requiring investigation in healthcare are rare, but when they do occur, everyone must make sure that there are systematic measures in place to respond to them. These measures must protect patients and ensure that robust investigations are carried out, which result in organisations learning from serious incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.
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 (2014). 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 2014

The 2014 NHS staff survey places WSFT in the top 20% of trusts nationally in 11 key areas, including: staff engagement, recommending the hospital as a place to work or receive treatment, job satisfaction levels and staff agreeing their role makes a difference to our patients. They also feel they are able to work effectively as a team and are motivated when they come to work.

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 3.90 was in the highest (best) 20% when compared with trusts of a similar type.

	WSFT Score 2014	National average 2014	WSFT Score 2013	WSFT Score 2012
Overall staff engagement	3.90	3.74	3.82	3.83

	2014	National average	2013	National average	+/- last year	Acute Trusts
KF25. Staff motivation at work	3.94	3.86	3.91	3.74	+0.03	Better than average
KF24. Staff recommendation of the Trust as a place to work or receive treatment	3.98	3.67	3.92	3.68	+0.06	Top 20%
KF22. Staff ability to contribute towards improvements at work	74%	68%	70%	68%	+4%	Better than average

Approach to staff engagement

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

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

- The core brief – monthly briefing cascade
- Monthly team briefings
- Monthly Medical Staff Bulletin for Consultants and Junior Doctors

- Staff conversation events – facilitated by Staff Governors
- The weekly staff newsletter, 'The Greensheet'
- The Buzz – an electronic community area communication via the intranet
- InfoX – a confidential electronic channel to raise issues and concerns
- The Bright Ideas Scheme
- Staff awards – annual Shining Lights Awards, monthly 'Putting you First' Award, and The Michael Williams Shield recognising the WSFT Porter of the Year.

Summary of Staff Survey response

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

Overall staff survey response	No. eligible staff	Sample size	Returned	Trust response rate % and performance against previous survey	
2012 sample	2,818	798	430	54%	9% (deterioration)
2013 sample	2,955	797	453	57%	3% (improvement)
2014 sample	2,956	798	419	53%	4% (decrease)

Top / Bottom Five Ranking Scores

	2013		2014		Target trend (Up / Down)	Improve-ment / Deteriora-tion (% since 2013)	Trust KF result against other trusts
	WSFT	Nat. Avg.	WSFT	Nat. Avg.			
Top five ranking scores							
KF6. Percentage of staff receiving job-relevant training, learning or development in the last 12 months.	82%	81%	90%	81%	+	+8%	Best 20%
KF24. Staff recommendation of the Trust as a place to work or receive treatment.	3.92	3.68	3.98	3.67	+	+0.06	Best 20%
KF4. Effective team working.	3.77	3.74	3.84	3.74	+	+0.07	Best 20%

KF22. Percentage of staff able to contribute towards improvements at work.	70%	68%	**74%**	**68%**	+	+4%	Best 20%
KF23. Staff job satisfaction.	3.64	3.60	**3.71**	**3.60**	+	+0.07	Better than average
Bottom five ranking scores							
KF7. Percentage of staff appraised in last 12 months	75%	84%	**79%**	**85%**	+	+4%	Worst 20%
KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	18%	15%	**20%**	**14%**	-	+2%	Worst 20%
KF26. Percentage of staff having Equality & Diversity training in the last 12 months	44%	60%	**44%**	**63%**	-	no change	Worst 20%
KF5 Percentage of staff working extra hours	72%	70%	**74%**	**71%**	-	+2%	Worse than average
KF13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	94%	90%	**89%**	**90%**	+	-5%	Worse than average

Action plan for areas of concern and future priorities

The 2014 staff survey reveals that the Trust could improve in 5 areas as identified in the Key Findings (KF). We also need to be mindful of the 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	• Booking arrangements and take up of mandatory training programmes and refresher programmes will continue to be monitored. • Verbal and written feedback and evaluation of the training to be analysed to identify benefits • Internal learning programmes on Dementia, Confusion and Detox to continue as well as access to a specialist nurse and 'Dementia Champions' on the wards.
KF17. Percentage of staff experiencing physical violence from staff in the last 12 months	• Initial discussions of how to prevent further incidences will start in the Medical & Surgical Directorates • Trust Policy on Bullying & Harassment was updated in 2014. All managers and Union representatives to make staff aware of content and purpose • Staff are to be reminded of the 'Trusted Partners' role.
KF12, 13 & 15. Percentage of staff witnessing potential harmful errors, those reporting errors, near misses or incidents witnessed in the last month and those not feeling secure in raising concerns.	• Confidentiality and other factors of incident reporting will be addressed through clarification of the reporting process, and review of teaching, learning and benefits to staff, patients and organisation. • Introduce a mechanism of giving feedback about changes made in response to reported errors.
KF 26. Percentage having Equality and Diversity (E&D) training in last 12 months	• E&D training is available through e-learning for all staff groups. • In addition E&D issues are also included as part of Trust Induction • Medical lunchtime face to face learning sessions are also being used to promote E&D to medical 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 will continue through Healthroster to ensure staff are not consistently working over their contracted hours, and managers are being encouraged to cap working over at two 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.

7. Staff Survey

Key factor	Proposed actions
KF7. Percentage of staff appraised in the last 12 months	• We will continue to vigorously report compliance at all levels in the organisation. The system for reporting will be refined to try and reduce the anomalies that are occurring. This will start in June 2015 • Two members of HR staff will be seconded specifically to work with Line Managers to deliver this and other key performance indicators • An internal audit process will commence where a spot check by directorate will take place. The person undertaking the audit will ask to see completed appraisal documents and Personal Development Plans (PDPs)
KF29. Agreeing feedback from patients/ service users is used to make informed decisions in their directorate/ department	• Improve communication in ward and department areas as to feedback received and decisions made • Publicise outcomes of public consultation/ feedback initiatives.

8. Regulatory ratings

Monitor updates foundation trusts' ratings each quarter and in 'real time' to reflect regulatory action they take. The regulatory rating system used during 2014/15 is the Risk Assessment Framework.

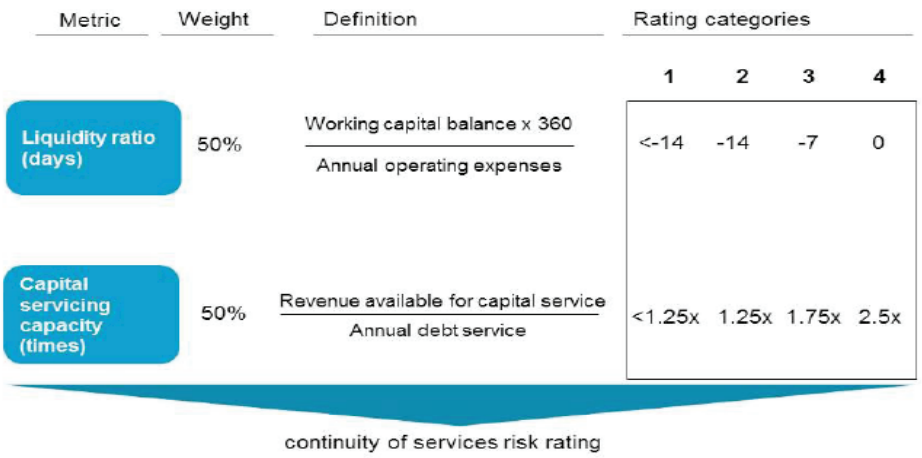
The Continuity of Services Risk Rating (CoSRR) focuses on liquidity and debt service. The impact of this measure is that deficits are less important than the ability to support a deficit through cash balances, i.e. a trust can make deficits as long as it has sufficient cash.

In line with our plan we achieved a Continuity of Services Risk Rating of 1 for 2014/15.

Risk Assessment Framework

Continuity of Service Risk 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



8. Regulatory ratings

Calculating the risk rating

Risk Rating		Capital Service Capacity			
		1	3	3	4
Liquidity	1	1	2/2*	2/2*	3
	2	2/2*	2/2*	3	3
	3	3	3	3	4
	4	3	3	4	4

As at March 2015 WSFT score 1 on liquidity and 1 on capital servicing.

The Trust has met all national targets in 2014/15 with the exception of:

- **Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge**
  Over the last 18 months the Trust has seen improvements in the flow of patients and the patient experience and in general has achieved the 4 hour A&E target. However, this performance has been fragile and the Trust struggles to manage significant variations in demand. Following a particularly challenging December to February period where performance significantly deteriorated, the target for the year was not achieved. High levels of acuity (illness) amongst patients presenting to the Emergency Department over the winter period, as well as norovirus incidents affecting a number of inpatient wards, severely impacted patient flow during this period. The Trust continues to work in collaboration with partners to ensure effective arrangements are in place to improve patient flow from the hospital and undertook a review of the winter period to ensure lessons were learned internally and for the health and care system. During February the Trust implemented a 'Perfect Week' within the local health and social care system. This coupled with concerted efforts across the system, enabled the Trust to recover its position and we achieved the target during March.

- **18-week maximum wait from point of referral to treatment (admitted patients)**
  WSFT's performance for the 18-week target has historically been excellent. During quarter 2 in response to NHS England's announcements on reducing patients waiting over 18 weeks and incentive payments, the Trust submitted a plan to the Area Team which included reducing long wait patients. The consequence of this was failure of the 18-week admitted target during July and August. Performance in September returned to above 90% in line with agreed plans. While the target was achieved in quarter 3 the significant operational pressure over the winter holiday period negatively impacted on performance in January and February.

  The emergency pressures within the hospital during December and January resulted in the closure of ring fenced elective beds (ring fenced due to clinical imperatives). This caused a significant number of patient cancellations for elective surgery. All of these patients were rebooked during quarter 4 and therefore a significant number of patients breached the 18-week target (admitted).

In May 2014 Monitor opened an investigation into concerns regarding the Trust's sustainability. This is reflected in the Governance Risk Rating reported below. Monitor closed the investigation in March 2015, taking no further regulatory action against the Trust. This returned the Trust's Governance Risk Rating to Green (No evident concerns).

8. Regulatory ratings

	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Continuity of Service Rating	1	1	1	2	1
Governance Risk Rating	Green	Under investigation	Under investigation	Under investigation	Green (No evident concerns)

	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 WSFT's sustainability and financial governance before deciding next steps.	Monitor is requesting further information following concerns about 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

9. Other disclosures

9.1 Health and Safety report

WSFT's health and safety performance is reported to and monitored by the Health and 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 the 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 divisions to manage, monitor and review their own risks. The responsibility lies with each departmental manager to ensure all of their local risk assessments are transferred onto the Datix risk register. Datix risk register training is provided by the Health, Safety and Risk Manager.

During the period April 2014 to March 2015, 34 members of staff were trained in the fundamental principles of health and safety and risk assessment. This has improved the quality and quantity of risk assessments undertaken across the Trust and has helped to promote the use of the Datix Risk Register.

The Trust took the decision to implement a new approach to undertaking workplace inspections through qualified (RSPH Level 2 award in health and safety) health and safety link persons. So far 26 members of staff have become qualified health and safety link persons.

Reporting of Incidents, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)

During the period April 2014 to March 2015 a total of 17 incidents were reported to the Health and Safety Executive as required under RIDDOR. This is a decrease of 12 incidents from the previous year. The main areas which saw a decrease in RIDDOR reportable incidents were Moving and Handling which decreased by 5 incidents and non-clinical slips, trips and falls which decreased by six incidents.

However there was an increase of four incidents in the category of Violence and Aggression. The clinical state of the patient was attributed to all of the incidents. Three of the incidents were on Ward F9 and one incident on Ward G9.

Out of the 16 incidents reported to the HSE, 13 incidents (81%) were due to being off work for more than seven 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 violence and aggression incidents through appropriate policy and procedures, including:

- Violence and Aggression Policy and Procedure PP082
- All front line staff attend mandatory conflict resolution training
- Breakaway training offered to staff in high risk areas
- Restrictive Physical Intervention (RPI) team in place
- All wards and departments required to have security risk assessment in place
- Zero Tolerance Panel set up and in place
- Trust Local Security Management Specialist (LSMS) in place

RIDDOR description	2014/15
Result of slip, trip or fall	3
Caused during the moving and handling of patients	5
Occurred during the moving and handling of objects	4
Violence and Aggression	4
Occurred due to contact with object	1

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 Divisional Clinical Governance Steering Groups. The Board of Directors receives a monthly report summarising incident trends and action.

For the period April 2014 to March 2015 there were 147 violence, abuse and harassment incidents - a decrease of 28 from the previous year. These incidents take into account physical assaults, verbal abuse, harassment and physically threatening behaviour towards staff by patients. Of the 64 physical assaults reported, 54 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 1,310 reported incidents of `personal accident/ill health' for 2014/15. This is a decrease of 33 incidents (2%) from the previous year. 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'.

9.2 Occupational Health Report / Occupational Health & Wellbeing Service

Occupational Health & Wellbeing vision:

"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. In 2014 the service merged with Cambridge Health at Work and is accredited as a single organisation.

Cambridge Health at Work provides a full range of occupational health services. The service continues to strive to improve service quality and effectiveness working with teams and specialties across the organisation. As well as serving members of WSFT staff, the service has contracts to other sectors including agriculture, biotechnology, housing, light engineering, pharmaceuticals,

research and development, education, and software, as well as to local councils. This income generation helps to reduce the cost per capita for NHS staff. Our focus is on ensuring those we care for are safe, healthy and motivated. Over the coming year we aspire to provide enhanced health promotion and wellbeing activity to WSFT colleagues as part of the Trust's Health & Wellbeing strategy.

Public Health Responsibility Deal

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

Health at work pledge - Chronic Conditions

To support the policy for improving employee attendance the Occupational Health and Well-being Service continues with a rehabilitation program which is led by the Physiotherapist and Moving and Handling Advisor. The Physiotherapist and Moving and Handling Advisor continue to carry out in-depth assessment of the employee in the workplace to enable appropriate interventions to be initiated. The functional capacity evaluation is one of the tools demonstrating various tasks ensuring that there is no risk of further injury. The Physiotherapist also carries out a functional test using a weighted box gradually increasing the weight to assess the employees ability. Self-referral to physiotherapy commenced in January 2015.

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 and Well-being Service has developed case management guidance, triggered following two weeks sickness absence by an employee. On receipt of information received from the manager an OHNA contacts the employee to discuss their condition and identify any support or initiative that may be required.

'First Aid Counselling' continues to be carried out by the Occupational Health & Wellbeing Service and referring on to external counsellors has continued (60 referrals April 2014 - March 2015). In addition, since March 2015 the Trust is now using Care First which is a 24-hour support service offering advice, information and counselling for all staff who are able to self-refer, either online or by phone.

Health at work pledge - Healthier staff restaurants

Information on the nutritional content of food remains available for all food served in the staff Time Out restaurant (with exception of daily specials). To encourage healthy eating the cost of fruit has reduced. Advice on allergens is available on request in the restaurant and 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.

The catering department are now working in partnership with the Soil Association towards the Bronze Catering Mark, aiming to ensure all the meat we use is traceable back to the farm and meets UK legal animal welfare standards.

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.

Health at work pledge - 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 & Wellbeing section of the Trust's intranet.

Physical activity pledge - Physical activity in the workplace

WSFT belongs to the Cycle to Work Scheme and promotes cycling to work. 253 employees have joined the scheme since it started in 2011 with 28 over the last financial year. 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.

20 + employees regularly attend Tae Kwon Do sessions which happen twice a week.

The Trust participated in Walk for Wards in October 2014, and held a charity football match against Ipswich Town Football Club.

WSFT worked in partnership with St Edmundsbury Borough Council to facilitate the third '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. Now in its fourth year, It's a Bury Knockout will return to Hardwick Heath on Sunday 26th July 2015.

The Trust's 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.

The Gardening Club continues to run throughout the year.

9.3 Details of consultation

The stakeholder management processes associated with the plans for WSFT estate have included:

- **Local Liaison Forum - Sudbury Sites**
  The Trust has maintained a Local Liaison Forum which includes representatives of the local population from Sudbury with the purpose of providing a communication channel between the project team, the Trust and local people whilst the Trust disposes of its assets in Sudbury.
- **Formal public consultation event - Staff Residential Accommodation**
  Formal public consultation event was held for the reprovision of the staff residential accommodation prior to the submission of the planning application. 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. A drop-in session was held at the hospital on Wednesday 1st October 2014.
- **Formal public consultation event - Hardwick Lane Site Masterplan**
  The Trust is consulting on its draft masterplan to guide development in the short to medium term on the site of the hospital at Hardwick Lane. The draft masterplan is being published for a four week consultation, beginning on Monday 23rd March 2015 and ending on Monday 20th April 2015. A public exhibition is also planned for Thursday 2nd April 2015. The draft masterplan and supporting documents are available online throughout the consultation period.www.wsh.nhs.uk/masterplanning

9. Other disclosures

Consultation with local groups and other public & patient involvement activities

During 2014/15 WSFT reviewed how the members of our Patient Panel were involved in supporting us to improve patient experience. To strengthen divisional accountability for patient experience improvement we have established a new Patient & Carer Experience Group which includes patient representatives and replaces the Patient Panel. It has adopted a collaborative approach with patients and staff working together to identify learning and areas for improvement from patient feedback. Representatives from Healthwatch Suffolk & Suffolk Family Carers are also members of the group.

Representatives from the Trust's Patient & Carer Experience Group 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).

WSFT engages with the public, in particular 'seldom heard groups', through attendance at meetings such as the Healthwatch Equality & Diversity Group and through the annual Suffolk Disability Day. This annual forum is an opportunity for the Trust to learn about the needs of various of people with disabilities from all walks of life and is attended by a senior nurse and human resources representatives.

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. The Cancer Services User Group holds an Open Forum annually to gain patient views on services to identify areas for improvement. A further 'Listening & Learning' event was held in August 2014 where 20 patients and carers attended to give feedback on their experiences as service users.

WSFT's Strategic Framework document **'Our patients, our hospital, our future, *together'*** sets out the Trust's vision, priorities and ambitions to ensure a sustainable future and was approved at the February Board meeting. There followed a comprehensive 8-week period of consultation; hearing and discussing the views of staff, stakeholders, patients and our community.

Regular Trust-wide communications including emails, Green Sheet, Core Brief and the Medical Staff bulletin alongside the use of established internal team/department briefings gave all staff an opportunity to ask questions and share their views. This was supported by banners and wall displays around the hospital and at the end of the consultation over 1,000 members of staff had received a direct briefing. The consultation actively engaged with the Council of Governors, our volunteers and Friends of WSH and over 40 partner organisations and our 5,600 public members were written to about the *Together* document. A successful community meeting was held where the Trust's future plans were shared with over 100 attendees including members, volunteers and Friends of WSH.

Deadline for feedback was 8 May 2015 and this will be used to finalise the Trust's proposals and future action plans which will go to the Board meeting for approval in May. A similar programme of communications used during the consultation period will be adopted to ensure staff, stakeholders, patients and our community are informed of the outcome.

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 review these objectives as part of the EDS annually.

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

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

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

1. To comply with the 2010 Equality Act, including the public sector duties, in respect of the three aims of the general duty and the Trust's obligations under the specific duties
2. To improve information and data collected, in respect of protected characteristics, to ensure that the right services are delivered, and in order to improve patient experience and staff satisfaction for all. This will include:
   - Review of information gathered on the Electronic Staff Record (ESR) in respect of protected characteristics
   - Review of the current patient information system(s) – to look at ways to improve the recording and reporting of protected characteristics
3. To focus on the patient experience and care of older age patients (including those with dementia), and those patients with learning disabilities by:
   - Monitoring the experience of elderly patients and those with dementia against the dignity in care recommendations
   - Completing dementia screening and assessment for patients over 75 years of age and facilitating specialist referral as necessary
   - Completing an assessment of the Trust's position against the East of England Quality Assurance Framework for Learning Disabilities and implementation of the associated improvement plan
4. To further engage with staff, particularly those with protected characteristics, by the setting up of a specific focus group made up of staff members covering all protected characteristics (where possible). The focus group will then inform the Trust Equality & Diversity (E&D) Technical Group as to E&D issues
5. To review the Trust's 'Patients First' standards to ensure that they encompass EDS objectives 3 & 4, and to ensure they contribute to an improved understanding of the standards and the management of those who are unable/unwilling to meet those standards.

All of the above will be achieved by April 2016, but 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.

9. Other disclosures

Employees and public members protected characteristics

	Staff in post			Public Members		
	2014/15	2013/14	2012/13	2014/15	2013/14	2012/13
Age						
16	**0**	1	0	0	1	2
17-21	**68**	65	67	41	49	59
22+	**2,993**	3,078	3,020	5,317	5280	5,021
Not Specified	**-**	-	-	144	129	127
Total	**3,063**	3,144	3,087	5,502	5,459	5,209
Ethnicity						
White	**2,701**	2,776	2733	5,280	5,234	5022
Mixed	**27**	24	29	21	23	23
Asian or Asian British	**239**	232	194	69	67	57
Black or Black British	**20**	22	30	22	22	23
Other Ethnic Group	**33**	34	45	26	16	14
Not Stated	**41**	50	46	84	97	70
Undefined	**2**	6	10	-	-	-
Total	**3,063**	3,144	3,087	5,502	5,459	5,209
Gender						
Female	**2,444**	2,499	2453	3,154	2,392	2348
Male	**619**	645	634	2,348	3,067	2844
Undefined	**-**	-	-	-	-	17
Total	**3,063**	3,144	3,087	5,502	5,459	5,209
Disability						
No	**917**	852	725	-	-	-
Not declared	**331**	346	76	-	-	-
Undefined	**1,739**	1,882	2,231	4,708	4619	4,358
Yes	**76**	64	55	794	840	851
Total	**3,063**	3,144	3,087	5,502	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 01.04.2015.

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"

The Trust has continued to make strides in reducing our 'Carbon Footprint' and provides the example to the community. Our commitment to the environment and sustainability is highlighted in our actions.

- **Phone recycling scheme –** We continue to provide this service for staff and patients and at present the Trust is renegotiating this contract.
- **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.
- **Confidential waste paper –** Recycled at a cost
- **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 per 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 £300 per 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 is ongoing and continues to save the Trust in energy and carbon reduction. From July 2014 the unit runs 24 hours per day
- **Revised Travel Technology –** The Trust has introduced an online business travel system which now allows us to measure its business travel carbon footprint and to be able to calculate sustainable improvements. The Trust encourages staff to use low emission hire cars and provides an incentivised lease car deal for those who choose a low emission car
- **Green Travel Plan –** A new Travel Plan has been approved by the Trust Board and the local borough council. It includes promoting cycling, walking and public transport as an alternative

as an alternative form of travelling to the hospital. The Trust is investigating the establishment of further secure cycle storage and in addition has established two charging points for electric cars. The Trust also encourages car sharing for business trips

- **Patient Transport –** All newer non-emergency ambulance vehicles have been or are being fitted with speed limiters which will restrict speed to 62mph. The impact will be reduced fuel consumption and fuel costs
- **PC power savings –** The Trust purchased the IE Power Management System for PCs and this went live January/February 2014. This is a programme to monitor PC usage and to shut down those computers which remain inactive for designated periods of time
- **Inhalers -** The Trust are running an inhaler recycling scheme working with Glaxo-Smith Klein. This enables patients and staff to return empty inhalers to the Trust's Pharmacy Department. This is cost neutral to the Trust
- **Ink and Toner Cartridges -** The Trust purchases recycled cartridges
- **Procurement –** Sustainability has been embedded in all Trust tendering processes and the East of England Procurement Hub always includes requests for environmental sustainability policies in all tenders and scores on this.

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. The Trust has established a Fraud Awareness Group which reports to the Quality and Risk Committee. The role of the group is to monitor the work undertaken on fraud awareness and ensure that actions are taken to reduce the risk of fraud and corruption taking place.

9.7 Pension liabilities for ill health retirement

There were six ill health retirements during the year to 31 March 2015; the additional pension liability borne by NHS Pensions was estimated as £397,000. There were no ill health retirements 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 2014	2,624
FTE-Days Available	590,476
FTE-Days Lost to Sickness Absence	21,847
Average of 12 Months (2014 Calendar Year)	3.70%
Average Sick Days per FTE	8.3

Source: based on data from ESR, period covered January to December 2014

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 2014 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 Income statement

WSFT has met the requirement of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that the Trust's income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. Other income which the Trust has received has had no impact on its provision of goods and services for the purposes of the health service in England.

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 2014/15 or the comparative year.

	2014/15		2013/14	
	Number	**£000**	Number	£000
Total non-NHS trade invoices paid in the year	**46,121**	**53,288**	46,420	53,289
Total non-NHS trade invoices paid within target	**41,567**	**44,458**	40,726	43,545
Percentage of non-NHS trade invoices paid within target	**90%**	**83%**	88%	82%
Total NHS trade invoices paid in the year	**1,529**	**10,530**	1,657	12,197
Total NHS trade invoices paid within target	**1,257**	**7,385**	1,420	8,177
Percentage of NHS trade invoices paid within target	**82%**	**70%**	86%	67%

West Suffolk NHS Foundation Trust
Annual accounts for the year ended 31 March 2015

Foreword to the accounts
West Suffolk NHS Foundation Trust

These accounts, for the year ended 31 March 2015, have been prepared by West Suffolk NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Name **Dr Stephen Dunn**
Job Title Chief Executive
Date 28 May 2015

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 2015 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 the NHS Foundation Trust Annual Reporting Manual 2014/15 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

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 2015 and of its income and expenditure for the year then ended
- have been properly prepared in accordance with NHS Foundation Trust Annual Reporting Manual 2014/15
- have been prepared in accordance with the National Health Service Act 2006.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer, the Accounting Officer is responsible for the preparation of the financial statements 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 Ethical Standards for Auditors.

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 2014. 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.

An overview of the scope of our audit

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.

Our assessment of risks of material misstatement

In arriving at our opinion on the financial statements the risks of material misstatement that had the greatest effect on our audit, and the principal procedures we adopted to address them, were as set out below.

Risk	How the scope of our audit responded to the risk
There is a risk of fraudulent revenue recognition arising from the use of inappropriate accounting policies, failure to apply the Trust's stated accounting policies or from an inappropriate use of estimates in calculating revenue. This risk relates to revenue received from other NHS bodies.	In responding to this risk, our audit procedures included: • Consideration of the appropriateness of accounting policies applied by the Trust in the recognition of income • Reviewing and considering the design and implementation of controls in place for the revenue system covering NHS income • Investigation of differences identified as a result of the NHS "agreement of balances and transactions" exercise which is a mandated and formal process run on a national basis and which aims to ensure agreement of balances and transactions values between NHS bodies (for example, between the Trust and Clinical Commissioning Groups (CCGs)), and also with other government bodies • Agreeing income with CCGs back to source documentation where differences above a threshold were identified by the agreement of balances and transactions exercise • Ensuring that all income items and estimated income items tested were accounted for in line with the revenue recognition policy adopted by the Trust.
The calculation of the fair value of land and buildings is subject to a high level of estimation uncertainty. There is a risk of material misstatement if inappropriate or inaccurate estimates or assumptions are used in the calculation of these fair values.	In responding to this risk, our audit procedures included: • Consideration of the independence, expertise and qualifications of the valuer acting as the management expert • Confirming the basis of valuation for assets valued at year end was appropriate, based on their usage and specialist nature • Comparing the movement in asset value recorded by the Trust to our expectation of movement from review of other available indices and price information for classes of assets, and challenging where the movement was not in accordance with our expectations • Challenging the assumptions adopted by the Trust's management expert in valuing their assets.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in both planning the scope of our audit and in evaluating the results of our work.

The materiality for the financial statements as a whole was set at £3.45m million. This has been determined by reference to the benchmark of gross expenditure (of which it represents 2.0%) which we consider to be one of the principal considerations for the Council of Governors in assessing the financial performance of the Trust.

We agreed with the Audit Committee to report to it all material corrected misstatements and all uncorrected misstatements we identified through our audit with a value in excess of £100,000, in addition to other audit misstatements below that threshold that we believe warranted reporting on qualitative grounds.

Opinion on other matters on which we are required to report

In our opinion the:

- part of the remuneration report identified as subject to audit in the Annual Report has been properly prepared in accordance with the Foundation Trust Annual Reporting Manual
- 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:

1. 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 West Suffolk NHS Foundation Trust acquired in the course of performing our audit; or
   - is otherwise misleading.

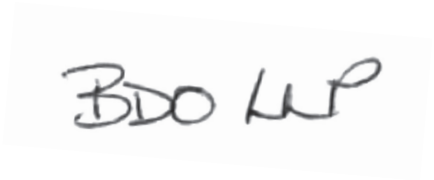
In particular, we consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we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

2. Under the Audit Code for NHS Foundation Trusts 2014 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 and is not misleading or inconsistent with other information that is forthcoming from the audit; or
   - West Suffolk 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.

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

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 2014 issued by Monitor.



Lisa Clampin (Senior Statutory Auditor) 28 May 2015

for and on behalf of BDO LLP, Statutory Auditor

Ipswich, UK

Statement of Comprehensive Income

	Note	2014/15 £000	2013/14 £000
Operating income from patient care activities	3	152,304	151,299
Other operating income	4	20,939	20,984
Total operating income from continuing operations		**173,243**	**172,283**
Operating expenses	5	(176,858)	(173,855)
Operating deficit from continuing operations		**(3,615)**	**(1,572)**
Finance income		22	24
Finance expenses		(76)	(25)
PDC dividends payable		(1,753)	(2,066)
Net finance costs		**(1,807)**	**(2,067)**
Deficit for the year		**(5,422)**	**(3,639)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluations	11	(4,747)	-
Total comprehensive expense for the period		**(10,169)**	**(3,639)**

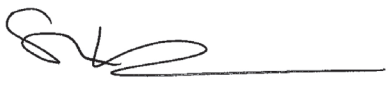
All income and expenditure arises from continuing operations.

Statement of Financial Position

	Note	31 March 2015 £000	31 March 2014 Restated £000	1 April 2013 Restated £000
Non-current assets				
Intangible assets	10	7,193	5,953	4,172
Property, plant and equipment	11	62,447	67,228	67,656
Trade and other receivables		340	408	489
Total non-current assets		**69,980**	**73,589**	**72,317**
Current assets				
Inventories		2,718	2,583	2,697
Trade and other receivables	13	9,332	8,786	7,301
Non-current assets for sale and assets in disposal groups		-	2,600	1,000
Cash and cash equivalents	14	3,253	2,134	8,076
Total current assets		**15,303**	**16,103**	**19,074**
Current liabilities				
Trade and other payables	15	(19,232)	(16,306)	(16,542)
Other liabilities		(295)	(1,129)	(1,720)
Borrowings	16	(65)	-	(500)
Provisions		(62)	(94)	(77)
Total current liabilities		**(19,654)**	**(17,529)**	**(18,839)**
Total assets less current liabilities		**65,629**	**72,163**	**72,552**
Non-current liabilities				
Trade and other payables		(912)	(978)	-
Borrowings	16	(5,035)	(1,500)	-
Provisions		(220)	(245)	(264)
Total non-current liabilities		**(6,167)**	**(2,723)**	**(264)**
Total assets employed		**59,462**	**69,440**	**72,288**
Financed by				
Public dividend capital		59,232	59,041	58,250
Revaluation reserve		2,151	8,958	9,159
Income and expenditure reserve		(1,921)	1,441	4,879
Total taxpayers' equity		**59,462**	**69,440**	**72,288**

The notes on pages 161 to 190 form part of these accounts.

Name **Dr Stephen Dunn**
Position Chief Executive
Date 28 May 2015



Statement of Changes in Equity for the year ended 31 March 2015

	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2014 - brought forward		**59,041**	**8,958**	**1,441**	**69,440**
Deficit for the year		-	-	(5,422)	**(5,422)**
Other transfers between reserves		-	(18)	18	**-**
Revaluations	11	-	(4,747)	-	**(4,747)**
Transfer to retained earnings on disposal of assets		-	(2,042)	2,042	**-**
Public dividend capital received		191	-	-	**191**
Taxpayers' and others' equity at 31 March 2015		**59,232**	**2,151**	**(1,921)**	**59,462**

Statement of Changes in Equity for the year ended 31 March 2014

		Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2013 - brought forward		**58,250**	**9,159**	**4,879**	**72,288**
Deficit for the year		-	-	(3,639)	**(3,639)**
Other transfers between reserves		-	(198)	198	**-**
Transfer to retained earnings on disposal of assets		-	(3)	3	**-**
Public dividend capital received		791	-	-	**791**
Taxpayers' and others' equity at 31 March 2014		**59,041**	**8,958**	**1,441**	**69,440**

Information on reserves

Public dividend capital

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. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by West Suffolk NHS Foundation Trust (the Trust), is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments pr eviously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2014/15 £000	2013/14 £000
Cash flows from operating activities			
Operating deficit		(3,615)	(1,572)
Non-cash income and expense:			
Depreciation and amortisation	5.1	5,274	4,469
Impairments and reversals of impairments	6	335	-
(Gain)/loss on disposal of non-current assets	4, 5.1	(1,388)	12
Non-cash donations/grants credited to income	4	-	(313)
Increase in receivables and other assets		(337)	(1,349)
(Increase)/decrease in inventories		(135)	114
Increase in payables and other liabilities		1,465	778
Decrease in provisions		(62)	(7)
Net cash generated from operating activities		**1,537**	**2,132**
Cash flows from investing activities			
Interest received		22	24
Purchase of intangible assets (2013/14 restated)	10.5	(2,834)	(2,705)
Purchase of property, plant and equipment (2013/14 restated)		(3,432)	(5,834)
Sales of property, plant, equipment and investment property		4,000	791
Net cash generated used in investing activities		**(2,244)**	**(7,724)**
Cash flows from financing activities			
Public dividend capital received		191	791
Movement on loans from the Independent Trust Financing Facility		1,500	1,500
Movement on loans from the Department of Health		2,100	(500)
Other interest paid		(71)	(20)
Public Dividend Capital dividend paid		(1,894)	(2,121)
Net cash generated from/(used in) financing activities		**1,826**	**(350)**
Decrease in cash and cash equivalents		**1,119**	**(5,942)**
Cash and cash equivalents at 1 April		**2,134**	**8,076**
Cash and cash equivalents at 31 March	**14**	**3,253**	**2,134**

Notes to the Accounts

Note 1 Accounting policies and other information

Basis of preparation

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the FT ARM which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2014/15 issued by Monitor. The accounting policies contained in that manual follow 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.

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.

Going concern

These accounts have been prepared on a going concern basis.

Critical accounting estimates and judgements

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.

Note 1.1 Interests in other entities

Subsidiaries

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

Joint ventures

Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

Note 1.2 Income

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.

Note 1.3 Expenditure on employee benefits

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 annual leave entitlement 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."

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme."

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 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.

Measurement

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value. Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	10	68
Dwellings	8	49
Assets under construction	-	-
Plant & machinery	5	29
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	5	8

Note 1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the trust intends to complete the asset and sell or use it;
- the trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset; and
- the trust can measure reliably the expenses attributable to the asset during development.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised through operating expenditure over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life	Max life
Intangible assets - internally generated	Years	Years
Information technology	5	15

Note 1.7 Revenue government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.8 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.

Note 1.9 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.

Note 1.10 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.

Note 1.11 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 17 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The NHS foundation 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 when the liability arises.

Note 1.13 Public dividend capital

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, and (iii) 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.

Note 1.14 Value added tax

Most of the activities of the NHS foundation 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.

Note 1.15 Foreign exchange

The functional and presentational currencies of the trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at "fair value through income and expenditure") are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.16 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.17 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 NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.18 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2014/15.

Note 1.19 Standards, amendments and interpretations in issue but not yet effective or 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.

Note 1.20 Critical accounting estimates and judgements

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.

Note 1.21 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.

Note 2 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 of the Trust's total income. The Trust has identified four reportable segments. The main source of income for the Trust is from commissioners in respect of healthcare services from CCGs 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.

2014/15	Medicine £000's	Surgery £000's	Womens and Childrens £000's	Corporate £000's	Other £000's	Total £000's
Income	57,117	57,533	21,073	22,290	15,230	**173,243**
Expenditure	(52,122)	(44,632)	(14,268)	(22,057)	(43,779)	(176,858)
Contribution	**4,995**	**12,901**	**6,805**	**233**	**(28,549)**	**(3,615)**
2013/14						
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)**

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2014/15 £000	2013/14 £000
Elective income	32,039	31,484
Non elective income	47,998	47,561
Outpatient income	32,861	31,658
A & E income	6,295	5,989
Other NHS clinical income	31,800	32,746
Private patient income	934	1,447
Other clinical income	377	414
Total income from activities	**152,304**	**151,299**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2014/15 £000	2013/14 £000
CCGs and NHS England	150,937	149,438
Other NHS foundation trusts	56	-
Non-NHS: private patients	896	1,402
Non-NHS: overseas patients (chargeable to patient)	38	45
NHS injury scheme (was RTA)	377	414
Total income from activities	**152,304**	**151,299**
Of which:		
Related to continuing operations	152,304	151,299

Note 4 Other operating income

	2014/15 £000	2013/14 £000
Research and development	549	-
Education and training	7,036	6,481
Receipt of capital grants and donations	341	501
Charitable and other contributions to expenditure	379	417
Non-patient care services to other bodies	6,633	6,956
Profit on disposal of non-current assets	1,388	-
Other income (see below)	4,613	6,629
Total other operating income	**20,939**	**20,984**
Of which:		
Related to continuing operations	20,939	20,984
Further analysis of other income		
Car parking	1,308	1,085
Estates recharges	1,212	226
Pharmacy sales	31	29
Staff accommodation rentals	430	453
Catering	1,313	1,263
Grossing up consortium arrangements	-	3,188
Other	319	385
Total	**4,613**	**6,629**

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its Provider License, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2014/15 £000	2013/14 £000
Income from services designated (or grandfathered) as commissioner requested services	151,370	149,852
Income from services not designated as commissioner requested services	21,873	22,431
Total	**173,243**	**172,283**

Within the 2014/15 financial statements management has taken the view to define the following as commissioner requested services: all NHS clinical income billable to NHS England and CCGs.

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 5.1 Operating expenses

	Note	2014/15 £000	2013/14 £000
Purchase of healthcare from non NHS bodies		438	407
Employee expenses - executive directors	7	941	975
Employee expenses - non-executive directors		98	92
Employee expenses - staff	7	115,845	114,671
Supplies and services - clinical		17,579	16,686
Supplies and services - general		3,176	3,508
Establishment		3,186	2,957
Transport		815	890
Premises		5,002	4,890
Increase in provision for impairment of receivables		17	29
Inventories written down		58	41
Inventories consumed		17,031	15,458
Rentals under operating leases		1,472	1,221
Depreciation on property, plant and equipment (2013/14 restated)		3,680	3,545
Amortisation on intangible assets (2013/14 restated)		1,594	924
Impairments		335	-
Audit fees payable to the external auditor			
audit services- statutory audit		59	52
Clinical negligence		2,981	2,839
Loss on disposal of non-current assets		-	12
Legal fees		65	110
Consultancy costs		928	229
Training, courses and conferences		572	456
Patient travel		-	33
Hospitality		35	72
Insurance		165	138
Other services, eg external payroll		426	207
Grossing up consortium arrangements		-	3,188
Other		360	225
Total		**176,858**	**173,855**
Of which:			
Related to continuing operations		176,858	173,855

In the comparative year the Trust managed the finances for the establishment of the Pathology Partnership. These costs were accounted for as a grossing up consortium arrangement. This arrangement ceased in the 2014/15 year.

Note 5.2 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £0.5m (2013/14: £0.5m).

Note 6 Impairment of assets

	2014/15 £000	2013/14 £000
Net impairments charged to operating deficit resulting from:		
Changes in market price	335	-
Total net impairments	**335**	-

Note 7 Employee benefits

	Permanent £000	Other £000	2014/15 Total £000	2013/14 Total £000
Salaries and wages	87,163	8,408	**95,571**	95,226
Social security costs	7,069	684	**7,753**	7,735
Employer's contributions to NHS pensions	9,898	959	**10,857**	10,844
Termination benefits	-	-	**-**	45
Agency/contract staff	-	4,477	**4,477**	4,344
Total gross staff costs	**104,130**	**14,528**	**118,658**	**118,194**
Recoveries in respect of seconded staff	-	-	**-**	(1,163)
Total staff costs	**104,130**	**14,528**	**118,658**	**117,031**
Included within:				
Costs capitalised as part of assets	1,872	-	**1,872**	1,385

Note 7.1 Average number of employees (WTE basis)

	Permanent Number	Other Number	2014/15 Total Number	2013/14 Total Number
Medical and dental	335	39	**374**	367
Administration and estates	541	38	**579**	577
Healthcare assistants and other support staff	538	91	**629**	548
Nursing, midwifery and health visiting staff	819	67	**886**	943
Scientific, therapeutic and technical staff	305	11	**316**	372
Other agency and contract staff not analysed above	-	15	**15**	9
Total average numbers	**2,538**	**261**	**2,799**	**2,816**
Of which:				
Number of employees (WTE) engaged on capital projects	59	-	59	53

Note 7.2 Retirements due to ill-health

During 2014/15 there were 6 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2014). The estimated additional pension liabilities of these ill-health retirements is £397k (£0k in 2013/14).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 7.3 Reporting of compensation schemes - exit packages 2014/15

There were no exit packages during 2014/15.

Note 7.4 Reporting of compensation schemes - exit packages 2013/14

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	1	-	**1**
£10,001 - £25,000	-	-	**-**
£25,001 - 50,000	1	-	**1**
Total number of exit packages by type	**2**	**-**	**2**
Total resource cost (£)	£45,000	£0	**£45,000**

Note 7.5 Directors' remuneration

The aggregate amounts payable to directors were:

	2014/15 £000	2013/14 £000
Salary	844	922
Taxable benefits	10	6
Employer's pension contributions	93	110
Total	**947**	**1038**

Further details of directors' remuneration can be found in the remuneration report.

Note 8 Pension 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:

Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 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.

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 2012.

The Scheme Regulations 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.

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) has been used and replaced 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.
- 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.

Future scheme contributions

The Trust anticipates that it will make contributions to the pension scheme totalling £11,214k.

Note 9 Operating leases

Note 9.1 West Suffolk NHS Foundation Trust as a lessor

	31 March 2015 £000	31 March 2014 £000
Future minimum lease payments due:		
• not later than one year;	1,318	1,077
• later than one year and not later than five years;	2,203	2,465
• later than five years.	73	102
Total	**3,594**	**3,644**

Note 10 Intangible assets

Note 10.1 Intangible assets - 2014/15

	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2014 - brought forward	**10,344**	**1,012**	**11,356**
Additions	807	2,027	**2,834**
Reclassifications	503	(503)	**-**
Gross cost at 31 March 2015	**11,654**	**2,536**	**14,190**
Amortisation at 1 April 2014 - brought forward	**5,403**	**-**	**5,403**
Provided during the year	1,594	-	**1,594**
Amortisation at 31 March 2015	**6,997**	**-**	**6,997**
Net book value at 31 March 2015	**4,657**	**2,536**	**7,193**
Net book value at 1 April 2014	**4,941**	**1,012**	**5,953**

Note 10.2 Intangible assets - 2013/14

	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2013 - as previously stated	**-**	**-**	**-**
Prior period adjustments	7,939	712	**8,651**
Gross cost at 1 April 2013 - restated	**7,939**	**712**	**8,651**
Additions	1,895	810	**2,705**
Reclassifications	510	(510)	**-**
Valuation/gross cost at 31 March 2014	**10,344**	**1,012**	**11,356**
Amortisation at 1 April 2013 - as previously stated	**-**	**-**	**-**
Prior period adjustments	4,479	-	**4,479**
Amortisation at 1 April 2013 - restated	**4,479**	**-**	**4,479**
Provided during the year	924	-	**924**
Amortisation at 31 March 2014	**5,403**	**-**	**5,403**
Net book value at 31 March 2014	**4,941**	**1,012**	**5,953**
Net book value at 1 April 2013	**3,460**	**712**	**4,172**

Note 10.3 Intangible assets financing 2014/15

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Net book value at 31 March 2015			
Purchased	4,657	2,536	**7,193**
NBV total at 31 March 2015	**4,657**	**2,536**	**7,193**

Note 10.4 Intangible assets financing 2013/14

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Net book value 31 March 2014			
Purchased	4,941	1,012	**5,953**
NBV total at 31 March 2014	**4,941**	**1,012**	**5,953**

Note 10.5 Intangible assets prior period adjustment

	Intangible assets			Property, plant and equipment		
	Internally generated informa-tion technology £000	Intangible assets under construc-tion £000	Total £000	Informa-tion technology £000	Assets under construc-tion £000	Total £000
Prior period adjustments	3,460	712	**4,172**	(3,460)	(712)	(4,172)
Net book value 1 April 2013 - restated	**3,460**	**712**	**4,172**	**(3,460)**	**(712)**	**(4,172)**

The Trust during the year recognised its software costs as intangible assets. This was a material change and therefore the comparative figures have been restated.

Note 11 Property, plant and equipment

Note 11.1 Property, plant and equipment - 2014/15

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2014 - brought forward	**10,576**	**48,112**	**3,471**	**956**	**16,006**	**4**	**4,201**	**84**	**83,410**
Additions	-	2,426	-	678	547	-	291	51	**3,993**
Reclassifications	-	949	-	(956)	6	-	1	-	**-**
Revaluations	(2,506)	(6,979)	(510)	-	-	-	-	-	**(9,995)**
Disposals / derecognition	-	-	-	-	(2,628)	-	(274)	-	**(2,902)**
Valuation/gross cost at 31 March 2015	**8,070**	**44,508**	**2,961**	**678**	**13,931**	**4**	**4,219**	**135**	**74,506**
Accumulated depreciation at 1 April 2014 - brought forward	**-**	**2,295**	**77**	**-**	**10,581**	**4**	**3,202**	**23**	**16,182**
Provided during the year	-	2,464	77	-	818	-	307	14	**3,680**
Impairments	-	335	-	-	-	-	-	-	**335**
Revaluations	-	(5,094)	(154)	-	-	-	-	-	**(5,248)**
Disposals/ derecognition	-	-	-	-	(2,616)	-	(274)	-	**(2,890)**
Accumulated depreciation at 31 March 2015	**-**	**-**	**-**	**-**	**8,783**	**4**	**3,235**	**37**	**12,059**
Net book value at 31 March 2015	**8,070**	**44,508**	**2,961**	**678**	**5,148**	**-**	**984**	**98**	**62,447**
Net book value at 1 April 2014	**10,576**	**45,817**	**3,394**	**956**	**5,425**	**-**	**999**	**61**	**67,228**

As at 31 March 2015 an independent external valuer undertook a valuation of the Trust's land and buildings in accordance with the accounting policy set out in Note 1. The values of land and buildings reduced as a result of a change in valuer and the assumptions used during the course of the valuation.

Note 11.2 Property, plant and equipment - 2013/14

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equip-ment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2013 - as previously stated	**12,613**	**44,301**	**3,471**	**754**	**16,329**	**15**	**11,933**	**70**	**89,486**
Prior period adjustments (Note 10.5)	-	-	-	(712)	-	-	(7,939)	**-**	**(8,651)**
Valuation/gross cost at 1 April 2013 - restated	**12,613**	**44,301**	**3,471**	**42**	**16,329**	**15**	**3,994**	**70**	**80,835**
Additions - purchased/ leased/ grants/ donations	-	3,810	-	949	564	-	183	**14**	**5,520**
Reclassifications	-	1	-	(35)	-	-	34	**-**	**-**
Transfers to/ from assets held for sale	(2,037)	-	-	-	-	-	-	**-**	**(2,037)**
Disposals / derecognition	-	-	-	-	(887)	(11)	(10)	**-**	**(908)**
Valuation/gross cost at 31 March 2014	**10,576**	**48,112**	**3,471**	**956**	**16,006**	**4**	**4,201**	**84**	**83,410**
Accumulated depreciation at 1 April 2013 - as previously stated	**-**	**-**	**-**	**-**	**10,299**	**15**	**7,333**	**11**	**17,658**
Prior period adjustments (Note 10.5)	-	-	-	-	-	-	(4,479)	**-**	**(4,479)**
Accumulated depreciation at 1 April 2013 - restated	**-**	**-**	**-**	**-**	**10,299**	**15**	**2,854**	**11**	**13,179**
Provided during the year	-	2,295	77	-	803	-	358	**12**	**3,545**
Disposals / derecognition	-	-	-	-	(521)	(11)	(10)	**-**	**(542)**
Accumulated depreciation at 31 March 2014	**-**	**2,295**	**77**	**-**	**10,581**	**4**	**3,202**	**23**	**16,182**
Net book value at 31 March 2014	**10,576**	**45,817**	**3,394**	**956**	**5,425**	**-**	**999**	**61**	**67,228**
Net book value at 1 April 2013	**12,613**	**44,301**	**3,471**	**42**	**6,030**	**-**	**1,140**	**59**	**67,656**

Note 11.3 Property, plant and equipment financing - 2014/15

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2015									
Owned	8,070	41,385	2,961	678	4,424	-	968	11	**58,497**
Donated	-	3,123	-	-	724	-	16	87	**3,950**
NBV total at 31 March 2015	**8,070**	**44,508**	**2,961**	**678**	**5,148**	**-**	**984**	**98**	**62,447**

Note 11.4 Property, plant and equipment financing - 2013/14

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2014									
Owned	10,576	43,122	3,394	956	4,816	-	984	15	**63,863**
Donated	-	2,695	-	-	609	-	15	46	**3,365**
NBV total at 31 March 2014	**10,576**	**45,817**	**3,394**	**956**	**5,425**	**-**	**999**	**61**	**67,228**

Note 11.4 Revaluations of property, plant and equipment

The properties comprising the West Suffolk NHS Foundation Trust estate were valued as at 31 March 2015 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuations were prepared in accordance with the requirements of the RICS Valuation – Professional Standards: December 2014, the International Valuation Standards and International Financial Reporting Standards. The valuations of these properties were on the basis of Fair Value, equated to Market Value. For in-use properties these were primarily derived using the Depreciated Replacement Cost (DRC) method and subject to the prospect and viability of the continued occupation and use.

Note 12 Inventories

Inventories recognised in expenses for the year were £29,380k (2013/14: £30,065k).

Note 13 Trade receivables and other receivables

Note 13.1 Trade receivables and other receivables

	31 March 2015 £000	31 March 2014 £000
Current		
Trade receivables due from NHS bodies	4,000	4,795
Receivables due from NHS charities	138	143
Provision for impaired receivables	(55)	(52)
Prepayments (non-PFI)	1,255	1,329
Accrued income	23	233
Interest receivable	2	2
PDC dividend receivable	284	143
VAT receivable	379	278
Other receivables	3,306	1,915
Total current trade and other receivables	**9,332**	**8,786**
Non-current		
Other receivables	340	408
Total non-current trade and other receivables	**340**	**408**

Note 13.2 Analysis of impaired receivables

	31 March 2015 £000	31 March 2014 £000
Ageing of non-impaired trade receivables past their due date		
0 - 30 days	1,787	242
30-60 Days	78	572
60-90 days	373	117
90- 180 days	484	56
Over 180 days	289	515
Total	**3,011**	**1,502**

Note 14 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2014/15 £000	2013/14 £000
At 1 April	**2,134**	**8,076**
Net change in year	1,119	(5,942)
At 31 March	**3,253**	**2,134**
Broken down into:		
Cash at commercial banks and in hand	114	103
Cash with the Government Banking Service	3,139	2,031
Total cash and cash equivalents as in SoFP	**3,253**	**2,134**
Total cash and cash equivalents as in SoCF	**3,253**	**2,134**

Note 15 Trade and other payables

	31 March 2015 £000	31 March 2014 £000
Current		
NHS trade payables	2,568	2,782
Other trade payables	7,030	5,310
Capital payables	1,706	1,145
Social security costs	1,096	1,119
Other taxes payable	1,164	1,219
Other payables	1,754	2,926
Accruals	3,914	1,805
Total current trade and other payables	**19,232**	**16,306**
Non-current		
Other payables	912	978
Total non-current trade and other payables	**912**	**978**

Note 16 Borrowings

	31 March 2015 £000	31 March 2014 £000
Current		
Loans from the Independent Trust Financing Facility	65	-
Total current borrowings	65	-
Non-current		
Loans from the Independent Trust Financing Facility	2,935	1,500
Loans from the Department of Health	2,100	-
Total non-current borrowings	**5,035**	**1,500**

Note 17 Clinical negligence liabilities

At 31 March 2015, £40,469k was included in provisions of the NHSLA in respect of clinical negligence liabilities of West Suffolk NHS Foundation Trust (31 March 2014: £29,085k).

Note 18 Financial assets and liabilities

Note 18.1 Financial assets

	Loans and receivables £000	£000
Assets as per SoFP as at 31 March 2015		
Trade and other receivables excluding non financial assets	6,880	**6,880**
Cash and cash equivalents at bank and in hand	3,253	**3,253**
Total at 31 March 2015	**10,133**	**10,133**

	Loans and receivables £000	£000
Assets as per SoFP as at 31 March 2014		
Trade and other receivables excluding non financial assets	5,904	**5,904**
Cash and cash equivalents at bank and in hand	2,134	**2,134**
Total at 31 March 2014	**8,038**	**8,038**

Note 18.2 Financial liabilities

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2015		
Borrowings excluding finance lease and PFI liabilities	5,100	**5,100**
Trade and other payables excluding non financial liabilities	17,044	**17,044**
Provisions under contract	282	**282**
Total at 31 March 2015	**22,426**	**22,426**

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2014		
Borrowings excluding finance lease and PFI liabilities	1,500	**1,500**
Trade and other payables excluding non financial liabilities	9,465	**9,465**
Provisions under contract	260	**260**
Total at 31 March 2014	**11,225**	**11,225**

Note 18.3 Maturity of financial liabilities

	31 March 2015 £000	31 March 2014 £000
In one year or less	17,391	11,225
In more than one year but not more than two years	130	-
In more than two years but not more than five years	623	-
In more than five years	4,282	-
Total	**22,426**	**11,225**

Note 18.4 Fair values of financial liabilities at 31 March 2015

	Book value £000	£000
Provisions under contract	220	220
Loans	5,100	5,100
Total	**5,320**	**5,320**

Note 19 Related parties

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 (with the exception of The Pathology Partnership) are:

	Receivables		Payables	
	31 March 2015 £000	31 March 2014 £000	31 March 2015 £000	31 March 2014 £000
The Pathology Partnership	2,658	-	3,876	-
East Anglia Area Team	350	324		
Health Education England	500	41		
Cambridge University Hospitals NHS Foundation Trust			1,215	2,106
Total	**3,508**	**365**	**5,091**	**2,106**

	Income		Expenditure	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
NHS West Suffolk CCG	105,431	105,032		
NHS Ipswich And East Suffolk CCG	14,882	15,025		
NHS South Norfolk CCG	13,050	13,047		
Health Education England	5,664	5,924		
NHS Cambridgeshire And Peterborough CCG	3,131	3,006		
East Anglia Area Team	11,647	10,866		
Cambridge University Hospitals NHS Foundation Trust			1,665	3,491
NHS Litigation Authority			2,981	2,974
Total	**153,805**	**152,900**	**4,646**	**6,465**

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 £720,000 was received from the charitable fund during the year.

Note 20 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. During the year management have engaged independent valuers to provide land and building values. These have been valued at £55,539,000 (2013/14 £59,787,000)

Note 21 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.

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 2015 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.

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☎ 01284 713000 🌐 www.wsh.nhs.uk ✉ together@wsh.nhs.uk

West Suffolk NHS Foundation Trust, Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ

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