

Annual Report & Accounts 2024-25



West Suffolk NHS Foundation Trust

Annual Report and Accounts 2024-25

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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 and Newmarket Community Hospital at NCH.

1. Performance report

1.1 Overview

The purpose of this overview is to give a short summary that provides sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and performance during the year.

1.1.1 A message from the chair and chief executive

Welcome to the 2024 Annual Report for the West Suffolk NHS Foundation Trust. This is an opportunity to look back over a year marked by taking a robust response to our significant financial challenges while continuing to provide safe, timely and quality care for our patients.

The necessity of focusing on our finances has made this a very challenging year for all our staff, as we have had to be proactive, making difficult decisions to live within our means. In spite of this, every day our colleagues deliver invaluable treatment and care to our patients and their loved ones, and support and kindness to their colleagues.

We greatly appreciate their hard work and are committed to highlighting their successes, which have seen our teams achieving national recognition. You can read more about our achievements later in the report, but we want to mention just a few of them here.

Our urgent and emergency care services teams have made Herculean efforts to improve our performance against the 4-hour target, a key metric where we aim to admit or discharge patients within four hours of attending the emergency department.

From December to February our performance ranged from 62 to 67%, below the 78% target we had to achieve by 31 March 2025. In March, however, we achieved 88.4%, testament to the hard work of our teams in both our hospitals and the community.

Throughout last year we progressed our elective recovery programme, to ensure our longest waiting patients are treated. On 31 March 2024, 407 patients were waiting more than 65 weeks and 47 waiting more than 78 weeks. By the end of March 2025, this reduced to just 31 patients waiting more than 65 weeks, 10 being capacity-related (insufficient capacity or the patient being medically unfit to undergo treatment) and no patients waiting more than 78 weeks.

We are now focused on reducing the number of patients waiting more than 18 weeks and to support those aims, since July, our teams have run 14 'Super Saturday' surgeries, completing 465 procedures.

We have cause for celebration in our services that have received national recognition for the outstanding care they offer our local population, which is supported by excellent, and heartening, feedback from our patients. We are a small Trust, but these results are truly an amazing testament to the skill, commitment and compassion of our colleagues.

Our diabetes team, as part of the local Integrated Care System, was recognised as providing the highest quality Type 1 diabetes care in England. For Type 2 diabetes care, this area ranks second, which is an incredible achievement.

Our trauma and orthopaedic team has again been identified as the highest performing in the UK National Hip Fracture Database for 2024. To claim the top spot, the team provided 95.4% of hip fracture patients with care in line with the best practice tariff (a benchmark for high-quality care) and ensured 92.2% of patients underwent surgery on the day of, or day after admission, which allows for rapid intervention and faster recovery.

The Trust's stroke service has maintained its rating of providing patients with the highest quality stroke care, putting it first among acute trusts in the eastern region and second in England. In the Sentinel Stroke National Audit Programme, the service has received an "A" rating for the past 26 quarters, more than six years, and scored 94 out of 100 in the most recent set of quarterly figures, from July to September 2024, their highest score to date.

In the NHS Adult Inpatient Survey for 2023 (published in 2024), people we have cared for as inpatients have rated their overall experience as being in the top five of the acute and combined trusts in England, and among the best in the region. Similarly, in the 2023 National Cancer Patient Experience Survey, our patients rated their cancer care nine out of 10.

The daily life of our Trust and efforts of our staff continue while we drive forward a programme of React, Recover, Renew. This is under way to reduce the significant deficit in our finances, through difficult, but necessary decisions, often taken at speed. We have strengthened our leadership team to help us tackle both our current deficit and plan for our financial future and are on track to deliver within our revised year end deficit target expected at £26.5m.

Measures in place to cut spending, for example reducing agency and bank costs, means our underlying deficit continues to reduce. Substantial planning is ongoing for cost improvement programmes in 2025-26 that will oversee £26m of savings. This has been achieved with support and ideas from colleagues across the Trust, and we are grateful to them for their cooperation and commitment.

After such a challenging year it is perhaps not surprising that our NHS Staff Survey 2024 results were disappointing. Our results show we have seen a fall across all nine key scores and are now below the national average in each area. In the coming months all our leaders will be working to identify priority areas where we need to improve.

Working with our four staff networks, we are committed to make our Trust an inclusive and supportive workplace, a place where people can develop their careers and become the best they can be. For example, we have introduced a comprehensive workplace adjustment package designed to support colleagues with health conditions to flourish in their roles.

Leadership and management programmes, mentoring and coaching, and apprenticeships are vital to ensure we can 'grow our own' and develop a workforce that has the skills and experience that we and our patients need.

It is a privilege for us to acknowledge and recognise colleagues who go above and beyond for our patients or their peers, and those who have given decades of service to the NHS. This year we have been delighted to present trophies to a midwife, and a specialist nurse, who have both marked an incredible 50 years' service with us.

The West Suffolk Hospital also marked a milestone this year, as it is 50 years since its official opening. The response not only of our staff, but also our whole community to this anniversary, underlined the unique importance of our hospital, and our whole Trust, to West Suffolk.

Looking to the future, in January, the Government confirmed that the building of a new hospital for West Suffolk would be in the first wave of projects that are expected to start building in 2027-28. We continue to plan for this vital new facility, including engaging with stakeholders and our community to ensure it will meet the needs of our future population.

We have enhanced our team looking at how we operate as a healthcare provider now, and how we can transform our strategy to ensure our services can meet the needs of our present and future population. In December we opened our Community Diagnostic Centre at Newmarket Community Hospital, which is having an early impact in helping us improve on our performance against the six-week target for patients to receive a diagnostic scan.

We have had successes in meeting the national priority to move services into community, and more importantly, to ensure our patients across West Suffolk have access to joined-up care

closer to home.

All this work is taking place against a background of significant change in the NHS. In March 2025, the Government announced the abolition of NHS England, alongside other policies that will have a profound impact on how healthcare is planned, managed and delivered across the country. At the same time, we are supporting the system-wide sustainability review being undertaken by Suffolk and North East Essex Integrated Care Board.

In a time of great change, nothing can be achieved if we do not work as a team. We are led by our Board, made up of our executive and non-executive directors, who themselves work closely with our Council of Governors. The council's 14 public governors, five staff governors and the seven governors who represent partner organisations, are a link between the Trust and the community, and have a key role in holding the Trust accountable and influencing its strategic direction.

We know that the coming year will bring further change for our Trust, and further challenges for all our colleagues. We face these having proved that our strength lies in what can be achieved by working together, for our community, our staff and for the future.



Jude Chin
Chair
20 June 2025



Dr Ewen Cameron
Chief executive
20 June 2025

1.1.2 About our Trust – a summary

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

The Trust 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. While mainly serving the population of Suffolk, WSFT also provides care for parts of the neighbouring counties of Essex, Cambridgeshire and Norfolk.

As part of this we provide community services in west Suffolk, but also some specialist community services across the county. This includes the delivery of care in a variety of settings including people's own homes, care homes, community hospital inpatient units and clinics, day centres, schools, GP surgeries and health centres.

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

Our vision and priorities align with our partners, including Suffolk and North East Essex Integrated Care Board (SNEE ICB), whose vision is to deliver the best possible outcomes for every one of the million people in Suffolk and North East Essex. Through our strategy, we put quality at the heart of everything we do.

Our vision and priorities align with our alliance partners, including:

- our NHS partner provider organisations: the Norfolk and Suffolk NHS Foundation Trust (NSFT), East of England Ambulance Service NHS Trust (EEAST) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT) through a commitment to work collaboratively reduce variation in the services available to our communities and to improve the wider determinants of health
- Suffolk and North-East Essex Integrated Care Board (SNEE ICB), whose vision is to deliver the best possible outcomes for every one of the million people in Suffolk and North East Essex within six 'Live well'. These domains have a focus on improving health and wellbeing, reducing health inequalities, and working collaboratively. More information available through the SNEE-ICB joint forward plan found here [Joint Forward Plan - NHS Suffolk and North East Essex ICB](#).
- at system level working within the [West Suffolk Alliance](#) with our Suffolk & North East Essex Integrated Care Partners across the NHS, local government, social care and the voluntary, community, faith and social enterprise (VCFSE) sector towards a 'Future Shift' in local health and care. More information about this can be found on the SNEE-ICS website here sneecs.org.uk
- our patients, both formally through our Council of Governors and through our 2025-26 experience of care quality priority

The Board monitors quality through its monthly performance management arrangements at Trust level (with an integrated quality and performance report using "making data count" methodology). At divisional level, monthly performance review meetings (PRMs) take place monthly and enable a focus on each division's progress against trust-wide priorities such as training, appraisal or staff turnover, as well as division specific such as elective surgical waits, diagnostics, time in the emergency department and community audiology assessments.

The Board receives assurance regarding quality across the organisation through the three assurance committees of the Board, which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. Our '3i' assurance committees provide a focus on finance, operations, culture, patient and staff safety and quality:

- **Insight Committee** with a focus on operations, finance and organisational risk
- **Involvement Committee** focussing on people (both patients and staff), organisational development, patient experience and engagement
- **Improvement Committee** with a focus on quality, patient safety, risk management and quality improvement.

At organisation level, the Improvement Committee receives updates from specialist groups focussing on quality, safety and effectiveness at topic level. These will include examples such as falls, pressure ulcers, nutrition, medicines management, infection prevention and safeguarding through the ‘patient safety and quality governance group’ (PSQGG). It also has oversight of clinical audit, public health, research and development, accreditation and the work of the quality improvement team through the ‘clinical effectiveness governance group’ (CEGG).

In 2025, we are taking the opportunity to refresh our Trust’s strategy to reflect national changes, planning guidance and the anticipated launch in June of the Department of Health and Social Care’s new 10 year Health Plan with its ‘three shifts’

- moving care from hospitals to communities
- from sickness to prevention
- from analogue to digital

Embedding our continuous quality improvement (CQI) approach will be supported through the development of quality management system (QMS) bringing together all aspects of quality: safety, effectiveness and patient experience. We will ensure that quality is embedded within operational ‘business as usual’, cost effectiveness, performance efficiency and service transformation.



Our sites and services

The Trust’s main facility is West Suffolk Hospital (WSH), a busy district general hospital 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 are mostly able go home on the same day. WSH has around 500 beds and 14 operating theatres, including three in the day surgery unit and two in the eye treatment centre. Early in 2025 we completed a comprehensive programme of structural maintenance. Access to specialist services is offered to local residents by WSFT networking with tertiary (specialist) centres, most notably Cambridge University Hospitals and Royal Papworth Hospital. The Trust operates a streaming service

embedded and co-located within the emergency department (ED). Patients who attend the ED during the operating hours of the streaming service are assessed and directed to either the ED or the primary care unit, meaning they access the service that best addresses their healthcare need.

A range of nursing and therapy services are provided by our community health teams and specialist community teams; these services are provided in patients' own homes, health clinics/centres and community buildings, including a clinical assessment and prescribing service for a county-wide community wheelchair and equipment service, working with community therapists and community neurological nurse specialists among other specialist nursing services. We also own and operate Newmarket Community Hospital (NCH), a community hospital with approximately 33 beds. These inpatient beds provide rehabilitation care to patients referred by GPs, or who are transferred from an acute hospital as a step-down facility prior to discharge. In 2024 we opened a Community Diagnostic Centre at NCH, providing a range of tests including X-ray, computed tomography (CT) and magnetic resonance imaging (MRI). We run outpatient clinics from NCH and some of our community teams use the hospital as a base. Oakfield GP surgery is also based at the site.

We provide a number of outreach services to our population across various sites in Newmarket, Botesdale, Thetford, Stowmarket, Haverhill, Sudbury, Needham Market and Watton. Linked to our early intervention team (EIT), we also have in place a 24/7 service to provide personal care to patients in their home. Delivered by a reablement support worker, this forms part of a wider service, working to prevent unnecessary admission to hospital.

The community midwifery teams operate from administrative bases in Thetford, Newmarket, Sudbury, Haverhill, and Bury St Edmunds. The Trust provides primary care services at Glemsford Surgery via a sub-contracting arrangement of the existing General Medical Services (GMS) contract. Existing GP partners continue to hold the GMS contract and, as employees of the Trust, provide primary care services on our behalf.

Our operational services are structured into divisions led by a triumvirate – associate director of operations, clinical director and head of nursing. Accountability for the divisions sits with the executive chief operating officer. Further detail of the Board and accountability framework is provided in section 2.2 (directors' report) and section 2.6 (annual governance statement).

Our staff

We are one of the largest employers in Suffolk, employing 5,487 staff as of April 2025.

We firmly believe in the benefits of working in partnership with staff and trade unions. Further detail is included in section 2.8 (staff report), including work we are doing regarding the employment of disabled people.

Our partners

The Trust is an active member in the SNEE Integrated Care System (ICS) through membership of the Integrated Care Partnership (ICP), Integrated Care Board (ICB), and through the West Suffolk Alliance (WSA). Through these groups, the Trust works closely with several public, private, and Voluntary, Community, Faith, and Social Enterprise (VCFSE) stakeholders to progress the development of services for the benefit of the populations we serve.

We work particularly closely with the Suffolk and North East Essex Integrated Care Board (SNEE ICB) itself, Suffolk County Council (SCC), the Suffolk GP Federation, Primary Care Networks (PCNs), and Healthwatch. We also engage with a wide range of other important local partners, such as the University of Cambridge, West Suffolk Council, and Abbeycroft Leisure as part of the delivery of a wide range of services.

Our relationship with East Suffolk and North Essex NHS Foundation Trust (ESNEFT) is going from strength-to-strength, as we look to enhance our Provider Collaborative arrangements by implementing the recommendations of the Sustainability Review, where we will collaborate across a wider range of clinical services and ultimately, improve access to high quality services for even more people across Suffolk and North East Essex.

Provider Collaborative

The Suffolk and North-East Essex Provider Collaborative (SNEE PC), established in 2024, brings together West Suffolk NHS Foundation Trust (WSFT) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT). Serving a population of over 1 million, the collaboration aims to improve patient outcomes amid rising demand and resource constraints. Strengthened governance structures ensure effective oversight, enabling both trusts to work closely and drive impactful change.

A key milestone was the launch of the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) on November 11, 2024. The centre has exceeded expectations, treating over 100 patients on its first day and introducing semi-elective ambulatory trauma care. Collaborative clinical initiatives have also focused on shared pathways, including the repatriation of paediatric urology patients from WSFT to ESNEFT, easing pressure on services and addressing child health inequalities.

Efforts to enhance efficiency and productivity include joint cost improvement projects (CIP), service consolidation, and automation. Digital integration has supported ESEOC's implementation, ensuring seamless clinical data transfer between trusts, while a contract register integration is set to drive further efficiency gains in 2025-26. Additionally, a memorandum of understanding (MoU) has been developed to reinforce collaborative governance, with its launch in Summer 2024.

Looking ahead, planning for 2025-26 aligns with the new 10-year NHS plan, guided by the SNEE ICB's sustainability review. The collaboration will continue advancing shared CIP plans and system-wide efficiencies. With ongoing stakeholder engagement and governance, SNEE PC remains committed to its role in providing strategic oversight and guiding the programme into 2025 and beyond.

Sustainability review

Suffolk and North East Essex ICB (SNEE ICB), East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and West Suffolk NHS Foundation Trust (WSFT) jointly commissioned a Sustainability Review to determine how NHS organisations across Suffolk and North-East Essex could best secure high quality, clinically and financially sustainable care for the communities they serve. External support from McKinsey was commissioned in order to ensure that the review is able to proceed with the necessary rigour and pace.

Work commenced in January 2025, overseen by a steering committee with chief executive and non-executive representation from the three organisations. Communication plan for this review included engagement with the Trust's governors and wider public communications. The review's final report was received in May and made a number of recommendations which can be broadly divided into those that reduce healthcare demand and those that reduce the unit cost of care. Included within this is the recommendation to appoint a joint chair between WSFT and ESNEFT to ensure that the productivity benefits of acute provider collaboration are delivered.

Going concern

After making enquiries, the directors have a reasonable expectation that the Trust will continue in operational existence for the foreseeable future. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is sufficient evidence of going concern.

The Trust has reported an adjusted deficit position of £25.3m in 2024-25 and is forecasting a deficit of £20.2m for 2025-26. The Trust has a Financial Recovery Plan in place to look at ways to address this deficit by reducing temporary staffing, non-pay and substantive vacancy controls. That aside, the expectation is that income will continue to be forthcoming from NHS England during 2025-26 and future years, along with any cash support required to support the Trust's cash position. The Trust is also supported by the Government for the New Hospital Programme.

As a result of the above, the directors have a reasonable expectation that the Trust is a going concern and continue to adopt the going concern basis in preparing the accounts.

1.2 Performance analysis

The Trust uses its organisational framework to gather and analyse complex information across a range of quality, operational and financial measures and indicators. This allows the Board to ensure effective action is being taken to address risks or uncertainty to the delivery of plans and objectives. External assessment of the Trust is an important part of this risk and control environment.

The Trust's annual business planning cycle is informed by the performance management framework to ensure future objectives address areas of risk or uncertainty. Similarly, the strategic and operational plans for the Trust inform the performance management framework to ensure that the Board is sighted on indicators that are relevant to future plans.

This section of the report sets out key issues and risks for the Trust as well as opportunities and risks that could affect the delivery of Trust objectives and/or its future success and sustainability.

1.2.1 Performance management framework

The Trust has a board assurance framework (BAF) in place that sets out the principal risks to the delivery of the Trust's strategic objectives. The executive director with delegated responsibility for managing and monitoring each risk is clearly identified. The framework 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. Controls and assurances include:

Performance monitoring:

- monthly quality and 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
- monthly quality and performance reports by divisions to executives
- quarterly reports to the Council of Governors on the work of the Board
- reports to the Board and its assurance committees setting out quality improvement and learning
- reports to the Board and its assurance committees from the Freedom to Speak Up Guardian and Guardian of Safe Working
- risk assessments and analysis of the risk register.

Governance framework:

- assurances provided through the work of the insight, involvement and improvement assurance committees of the Board
- reports from the future system scheme executive programme, digital board and the audit committee received by the Board
- self-assessment against delivery of the Care Quality Commission (CQC) registration requirements
- assurances provided through the work of internal and external audit, the CQC, NHS England, NHS Resolution and accountability to the Council of Governors.

Engagement and measurement:

- the NHS Fifteen Step Challenge focuses on seeing care through a patient or carer's eyes and exploring their first impressions. These include executive directors, non-executive directors (NEDs) and governors
- external regulatory and assessment body inspections and reviews, including Royal Colleges, post-graduate dean reports, accreditation inspections and Health and Safety Executive (HSE) reports
- benchmarking for clinical indicators
- the work of clinical audit, which within its scope includes national audits, audits arising from national guidance such as the National Institute for Health and Care Excellence (NICE), confidential enquiries and other risk and patient safety-related topics.

1.2.2 Principal activities and achievements

Care Quality Commission (CQC) registration

The Trust has unconditional registration with the CQC with no enforcement action. The Trust's overall rating is 'requires improvement'. The acute services are rated 'requires improvement' and the community services (adults, children & young people and inpatient services) are all rated as 'good'.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓↓ Jan 2020
Community	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Overall trust	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

Core areas were inspected last in inspections in 2016, 2018, 2019, 2021 and 2022 (see charts).






	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency care	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Medical care (including older people's care)	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Outstanding Aug 2016	Good Aug 2016
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Outstanding Jan 2018	Outstanding Jan 2018
Outpatients	Requires improvement ↓ Jan 2018	Not rated	Good ↔ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018

In the most recent comprehensive inspection (report published in January 2020) inspectors said staff “*treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions they worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care*”.

The Trust's maternity services were inspected in April 2021, whilst the score for 'Well-led' did improve, it did not affect the overall rating of the service. The report noted that “*Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.*”

Last inspection: 13 April 2021






Report published: 22 June 2021

Safe	Requires improvement 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

In 2022 we received a “Good” CQC rating for the Glemsford GP practice that is part of the WSFT, with the staff’s kindness and respect for patients highlighted.

Last inspection: 20 August 2022

Report published: 14 September 2022

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

The WSFT recognises that the CQC introduced a changed assessment framework since our last inspection. The trust anticipates a future inspection within this new regime and welcomes the opportunities this will bring to demonstrate how the organisation is working towards achieving a ‘Good’ rating.

Our services

We provide a range of patient services:

Indicators	2024/25	2023-24	2022-23	2021-22	2020-21
Adult Community Services	309,724	305,306	279,026	260,237	239,900
Paediatric Community Services	87,056	89,035	85,637	84,885	69,491
Inpatient planned	3,548	3,330	3,476	2,407	1,722
Inpatient non-planned	39,035	38,234	33,977	32,708	29,623
Day cases	29,786	30,706	29,104	28,903	18,747
Outpatient attendances (inc. ward	315,518	288,181	267,015	281,162	234,464
Outpatient procedures	126,033	110,719	79,420	58,503	37,749
ED attendances	101,855	94,254	89,588	86,312	64,764

Note Chemotherapy switched from being recorded as a day case in previous years to an outpatient attendance in

2024/25, hence the change in day case figures.

Further detail of our performance regarding quality and local or national targets is provided in the annual governance statement (section 2.6) along with arrangements for quality governance in WSFT.

Our financial performance

Our reported position as at the end of 2024-25 was a deficit of £33m. This reflects an impairment of £7.4m on our hospital site. Before this adjustment we would report a deficit of £25.3m which is £1.5m adverse to the Trust's adjusted control total for 2024-25.

	2024/25 £'000	2023/24 £'000	2022/23 £'000	2022/21 £'000	2021/20 £'000
Operating Income	427,951	397,307	383,628	352,179	321,282
Operating Costs	(436,995)	(383,973)	(363,322)	(336,573)	(307,751)
EBITDA* surplus / (deficit)	(9,044)	13,334	20,306	15,606	13,531
Depreciation, dividend and other costs	(16,672)	(19,947)	(20,610)	(15,386)	(12,767)
Fixed asset impairments net of reversals **	(7,380)	(89,638)	755	(4,647)	(1,496)
Retained earnings	(33,096)	(96,251)	451	(4,427)	(732)

*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.

Highlights of the year

First for Patients

Stroke care: Our stroke service has been rated as providing patients with the highest quality stroke care, putting it first among acute admitting trusts in the eastern region and second in England. According to the most recent set of figures, from July to September 2024, the service received a consistent “A” rating for the previous 26 quarters, more than six years. The team achieved an overall score of 94, its highest ever.

Hip fracture care: Data from the National Hip Fracture Database (NHFD) confirmed our patients were receiving some of the best hip fracture care in England and Wales, with the Trust rated top in the country for meeting best practice criteria for patients treated for a hip fracture. It also recorded its highest ever best practice score of 96.4 percent of patients meeting all eight criteria of delivering care, compared to a national average of 50.1 percent. This is an excellent example of multidisciplinary team working with ward, theatre and anaesthetic colleagues all contributing to enhanced patient care.

Our trauma and orthopaedic team were shortlisted for an award in this year's *Nursing Times Awards*. Colleagues entered the **Theatre and Surgical Nursing Award** category to showcase their work to support and improve patients' recovery from hip fracture surgery by providing targeted nutritional supplementation.

Experience of patients with cancer: Our Trust scored highly in the 2023 National Cancer Patient Experience Survey (published in 2024), with patients rating their cancer care nine out of 10.

The survey aims to understand the experiences of patients that have received cancer care across England, capturing their perspectives, and monitoring how services are progressing at the local, regional, and national level. This latest set of results highlights that the Trust scored in the upper end of the expected range for the majority of survey questions, with none scoring below the expected range compared to other trusts.

Experience of our inpatients: People we have cared for as inpatients have rated their overall experience as being in the top five of the acute and combined trusts in England, and among the best in the region.

In the NHS Adult Inpatient Survey for 2023, the Trust was rated at 8.5 out of 10 for overall experience, placing it fifth in England and second in the eastern region. The Trust also scored in the top two or top five in the region on most other criteria including admission and leaving the hospital, the hospital and ward, doctors, nurses, care and treatment, kindness, compassion, respect and dignity.

Services closer to home: This year saw the completion of the Newmarket Community Diagnostic Centre (CDC) which started to see patients in December 2024. In its first 100 days it had seen more than 6,000 patients and carried out more than 8,800 scans.

The facility is based at Newmarket Community Hospital and provides patients living in the west of the region with faster access to diagnostic tests, reducing the length of time between being referred for tests, having appointments, getting results, and beginning any treatment.

Closer working in the community: We know that for most people and if appropriate, being able to be cared for at home, rather than in hospital, will bring better outcomes and faster recovery. While joined-up working with services across the system is business as usual for our integrated neighbourhood teams (INTs), this year has seen further integration with Trust teams focused on providing holistic care to people where they live. The early intervention and virtual ward teams are now working even more closely with the INTs, keeping people at home and preventing admission or re-admission to hospital.

Improving quality and safety - Call 4 Concern: We have introduced Call 4 Concern (C4C) at the West Suffolk Hospital, a public patient safety initiative which allows inpatients and their loved ones to call for immediate help if they are worried about their condition deteriorating.

If patients and carers are concerned about their condition, or simply feel that something 'isn't quite right', they can contact the critical care outreach team (CCOT) which will triage and prioritise the referral, review and assess the patient, suggest potential treatments, and liaise with ward staff about any points of concern.

Radar: Launched in April 2024, this is the Trust's new system for recording incidents, logging risk assessments, undertaking compliance audits and sharing praise for peers. A comprehensive programme of support was undertaken to introduce staff to Radar, with feedback informed updates and further advice for users.

Patient Portal: The new patient portal introduced in 2024 offers patients a better experience in managing their health online, making it easier to access medical information such as test results or appointments.

NHS 15 Steps: Trust Chair, Jude Chin, governors and non-executive directors (NEDs) are following the 15 steps challenge, a national NHS initiative to improve quality, by visiting a variety of areas, speaking to staff and patients. These are an opportunity to recognise good work, and suggest where improvements might be made for the future.

Improving waiting times: Super Saturdays are part of a 12-month programme to reduce waiting times, where the Trust's multi-disciplinary teams of clerks, porters, nurses, theatre practitioners, support workers and doctors ensure patients are seen as quickly as possible. 15 Super Saturdays have been held since July 2024, with 465 procedures completed. For example, colleagues in the Day Surgery Unit at the West Suffolk Hospital completed 47 carpal tunnel surgeries in one 'Super Saturday' on 22 February 2025.

Progress on elective recovery: As well as Super Saturdays, our colleagues have been making progress generally to reduce waiting times for elective surgery. At the end of March 2025:

- 31 patients were waiting over 65 weeks: 10 of these were due to insufficient capacity (appointment or treatment slots) available to avoid the patient waiting 65 weeks.
- four patients over 78 weeks: this reduced month on month throughout 2024/25.
- the focus is now on reducing our 52 week waits to less than 1% of the total waiting list size.

Thirty years of our Day Surgery Unit: In April 2024 our Day Surgery Unit marked 30 years since it opened on the West Suffolk Hospital site. Patients benefit from innovative and high-quality care, and the unit has continued to adapt and transform, carrying out a wide variety of procedures on patients with often complex conditions.

Waiting times in our Emergency Department: Since May 2023, the Trust has been reporting on the national four-hour standard for the percentage of people attending our emergency department (ED) who are

admitted, transferred, or discharged within four hours of arrival. While we have not always achieved this target, especially in winter months when the ED was under significant pressure, data for the end of March 2025, shows that our teams have not just delivered against the 78% target, but significantly exceeded it.

Cancer care: This year, we have focused on the early detection of cancer and reducing waiting times for patients with cancer, aiming to improve our performance against the faster diagnosis standard to 77% - which means our patients having cancer confirmed or ruled out within 28 days, and 70% of patients beginning their cancer treatment within 62 days.

At the end of March 2025, the position was:

- 83.2% of patients were treated within 62 days, this is above the national requirement of 70% for 2024/25
- 79.1% of patients had cancer ruled out or confirmed within 28 days, also above the national requirement of 77% for 2024/25.

Digital innovation: The West Suffolk NHS Foundation Trust, in collaboration with Virtual Bones, was a winner in the *HSJ* (Health Service Journal) Digital Awards 2024, recognising excellence in digitising, connecting, and transforming health and care. The initiative won in the category: **Improving urgent and emergency care through digital:** enhancing efficiency in musculoskeletal injuries management and referral pathway.

Awards for sustainability: In the Awards for Excellence in Waste Management for the NHS in England, our waste management team were awarded silver in two categories: **Best reduction in clinical waste;** and **Best reduction in carbon emissions.**

Regional recognition: Teams and colleagues were well represented at the CanDo Health and Care Awards, presented by Suffolk and North East Essex Integrated Care System. The Trust was recognised in a variety of categories, showcasing innovative, compassionate, joined-up and imaginative care.

Reaching out to our community: Our Annual Members' Meeting in September celebrated the 50th anniversary of the West Suffolk Hospital, and the well-attended event emphasised its importance to our community and local people. It was also a chance to share plans for the new healthcare facility to be built at Hardwick Manor in Bury St Edmunds, and the Community Diagnostic Centre in Newmarket.

Baby life support sessions: More than 2,000 people across West Suffolk have now benefited from an initiative run by our colleagues that provides free basic life support and advice sessions for people looking after small babies and children.

Leg health advice: 'Looking after your legs – preventing ulcers and venous disease', was the focus of both a popular public event in Newmarket, and an online event to allow as many people as possible to benefit from the advice and support of our clinicians.

Cancer forum: Our annual cancer forum was held in October and aimed to support cancer patients we have cared for by giving them an opportunity to reflect on their treatments and improve the experience for others in the future.

First for Staff

Workplace adjustments: In a move set to transform the workplace environment for our colleagues, our organisational development team introduced a comprehensive workplace adjustment package. Designed to support colleagues with health conditions to flourish in their roles, this initiative underscores our commitment to fostering an inclusive and supportive workplace for all team members. This was supported by our disability staff network, one of four networks that supports the Trust in listening to staff and being more inclusive.

Recognition and reward: The Radar incident-recording system also introduced a method to put colleagues forward for a STAR (Special Thanks and Recognition), which has proved popular. We continue to present Putting You First awards to colleagues who go above and beyond for our patients or their peers.

The Trust is fortunate in having many staff who have been with the NHS for decades, often their whole working life, and we are delighted to recognise them with long service awards. This year midwife Diane Hele, and cardiac rehabilitation specialist nurse Kate Turner, have each received trophies to mark an incredible 50 years' service to the NHS.

Supporting our staff to achieve their potential: Leadership and management programmes, mentoring and coaching are just some of the ways we continue to ensure our colleagues, whatever their role, can progress in their careers. These initiatives have been well-received, with many colleagues taking part.

Meanwhile, our apprenticeships programme has grown, and seen dozens of our colleagues enabled to achieve a variety of qualifications in a broad sphere of roles and professions.

Awards for our team: In the regional national apprenticeship and skills awards organised by the Department of Education, our clinical education team was named T level Employer of the Year. Meanwhile, the preceptorship team was shortlisted in the category of Preceptorship Programme of the Year in the **Nursing Times** Workforce Awards.

Health and wellbeing: We continue to offer access to a wide range of physical and mental health support: our staff psychology team; reduced membership fee for Abbeycroft Leisure facilities; a staff physiotherapist; and a new employee assistance programme offering confidential advice on a broad range of topics.

We are in partnership with our integrated care board to offer the Nature at Work programme, introduced earlier this year and already proving popular with staff keen to get the benefits of being closer to nature.

Our in-house vaccination team once again offered Covid-19, seasonal influenza and respiratory syncytial virus (RSV) vaccinations to staff, with a flexible programme of clinics and visits to teams and bases.

First for the Future

A new healthcare facility: At the start of 2025, the Government reaffirmed its commitment to replacing the West Suffolk Hospital. Our plans for a new, state-of-the-art hospital on the Hardwick Manor site in Bury St Edmunds are moving forward, and we are working with our community and with system partners to ensure we meet current and future needs.

New facilities in the west of the county: The Community Diagnostic Centre will continue to grow and develop, and the Newmarket Community Hospital site is also set to have a new DEXA bone density scanning service; and an endoscopy unit.

ESEOC: The Essex and Suffolk Elective Orthopaedic Centre (ESEOC) opened on Monday, 11 November 2024 at Colchester Hospital. On the opening day of the centre, a team of West Suffolk Hospital-based colleagues delivered the first list of Trust patients, part of five operating lists running that day, alongside East Suffolk and North Essex NHS Foundation Trust clinicians.

The ESEOC provides state of the art facilities for patients needing orthopaedic surgery across our region and will see a significant number of elective procedures moving from West Suffolk Hospital to ESEOC each year, reducing waiting times. Our Trust supported a programme of engagement about the move of these services, with clinicians, system partners and the public in the summer of 2024.

Research and healthcare science: In the past year our research team has enrolled more than many local people in a broad variety of trials, supporting a vital area of work for the NHS in improving healthcare outcomes.

Meanwhile, healthcare scientists are a key part of the NHS workforce nationwide, and at our Trust we have people working in audiology, pathology, clinical engineering, rehabilitation engineers, diagnostic cardiology, research and development and respiratory disciplines. All these colleagues are part of a drive to ensure the NHS can access best practice and innovations that will improve patient diagnosis and care.

Developing our future workforce: 2024 saw the second year of the Trust offering work placements to health and care students from the West Suffolk College. As well as winning a prestigious award, and with the support of clinical teams across the Trust, the T Level programme has given young people the opportunity to explore careers in the NHS and received excellent feedback.

Our volunteer team organises opportunities for young volunteers at the hospital, while also working with our health and care academies, programmes for college students, and clinical shadowing. The health and care academy, run by the clinical education team, is a regular programme offering varied teaching sessions, advice on interviews and applications, professionalism, and the chance to meet people who work across the Trust.

Sustainability: In 2024 the Trust recruited Green Champions, colleagues who will help us meet the NHS net zero ambitions, implement sustainability changes and promote initiatives within their teams and departments.

A new Green Plan is being developed to ensure we meet our commitment to work within available resources, to protect and improve health, now and for future generations.

The Community Diagnostic Centre (CDC) was designed and built using sustainable methods of construction. Both at the CDC and across the Newmarket Community Hospital site, more than 120 solar panels have been installed. The CDC was built to achieve a 10% target of on-site energy generation, this target has been exceeded and the CDC now produces a minimum of 46% of on-site energy generation. This is also supported by heat pumps that will provide heating and cooling to the building year-round.

Plans for the new hospital are being developed to ensure that it will have a net zero carbon impact.

1.2.3 Quality and operational performance

Quality priorities for 2025-26

Our quality priorities have been developed to support our ambition to deliver high quality services and the best possible experience for all our patients who are receiving care at one of our hospitals or within the community. The quality priorities programme has been informed by listening to what our partners, community and staff tell us.

Patient safety priority:	To deliver safe care for patients being cared for in temporary escalation spaces
Patient safety priority:	Getting it right for patients and staff: place, service, pathway
Experience of care priority:	To reduce inequalities in healthcare for service users
Experience of care priority:	To use feedback and engagement to drive changes that matter to our patients and the public

Our quality priorities set out key improvements we aim to deliver and the measures that we will use to understand progress and success. These measures will be reviewed and developed as we progress.

Patient safety priority: To deliver safe care for patients being cared for in temporary escalation spaces

Why is this a priority?

Temporary escalation spaces (TES) is a term used to describe the practice of providing medical attention to patients who are being cared for in non-designated clinical spaces such as corridors, due to limited capacity and increasing demand on our resources. This is a phenomenon which has been highlighted nationally due to the implications for patient safety, dignity, experience and the ability of staff to deliver fundamental standards of care.

The impact on staff morale should also be considered because of the compromises staff are making in the delivery of healthcare. This is a priority for WSFT as it is nationally, because we want to ensure we are delivering the safest and high-quality care to our patients when we do need to open temporary escalation

spaces.

What is our target?

Our overarching aim is to reduce or eliminate the use of TES. However, when these areas are in use, we need to be assured that we are delivering safe care. This will be measured through quantitative and qualitative metrics that support patient flow across our organisation.

What will we do to improve our performance?

We will create a TES quality group to develop reporting metrics to measure and ultimately support the improvement of flow alongside operational performance. We will look at services across our system to understand barriers to flow and a proactive approach to measuring ourselves on the quality of service we provide and review if patient outcomes are impacted.

This will be undertaken by reviewing incident data, assessing patient harm by conducting clinical harm reviews and completing regular audits to measure our performance against the fundamental standards as set out by NHS England (NHSE). We will use data to understand how and when we need to open temporary escalation spaces, working with system partners to understand contributory factors.

How will we measure and monitor our performance?

It will be measured through a programme of safety insight, including audit, incident, harm reviews, experience data and risk, which we will align with improvement opportunities.

How and where will progress be reported?

Through the Patient Safety and Quality Governance group and the Improvement committee (four-monthly).

Patient safety priority: Getting it right for patients and staff: place, service, pathway

Why is this a priority?

As part of our Patient Safety Incident Response Framework (PSIRF), we consider the complex and dynamic systems in which we deliver healthcare and produce safety actions and areas for improvement. Safety actions allow us to mitigate risk, often in the locality or service in which the incident occurred and are often completed during the investigation.

Areas for improvement are insights which have been gleaned during the investigation and allow us to think much more broadly about how we can implement system changes. These are often complex and have no obvious boundary, but they allow us to think differently about change and look at by working collaboratively across the organisation, we have the ambition to deliver sustainable, improvements in safety across the Trust.

We undertook a thematic analysis of all areas for improvement following our first two years of operating PSIRF and presented three overarching areas of improvement at a Trust-wide safety summit. Colleagues chose 'Getting it right for patients and staff: place, service, pathway' as the safety improvement idea they would like to take forward.

What is our target?

To develop a programme of improvement which will help us improve communication about the placement of patients, including safe handover, minimising ward moves, following correct referral processes and ensuring we are caring for the right patient, in the right place at the right time. We will use the principles of NHS England » NHS IMPACT to support the development of our Quality Improvement (QI) programme.

What will we do to improve our performance?

We will establish a multi-professional project group and use QI methodology to plan a programme of improvement. We will draw on relevant safety insight to help us prioritise individual work streams.

How will we measure and monitor our performance?

We will use QI methodology and map our programme of improvement on our digital improvement platform LifeQI.

How and where will progress be reported?

This will be shared at the Trusts Improvement committee which convenes three times a year.

Experience of care priority:

To reduce inequalities in healthcare for service users

To use feedback and engagement to drive changes that matter to our patients and the public

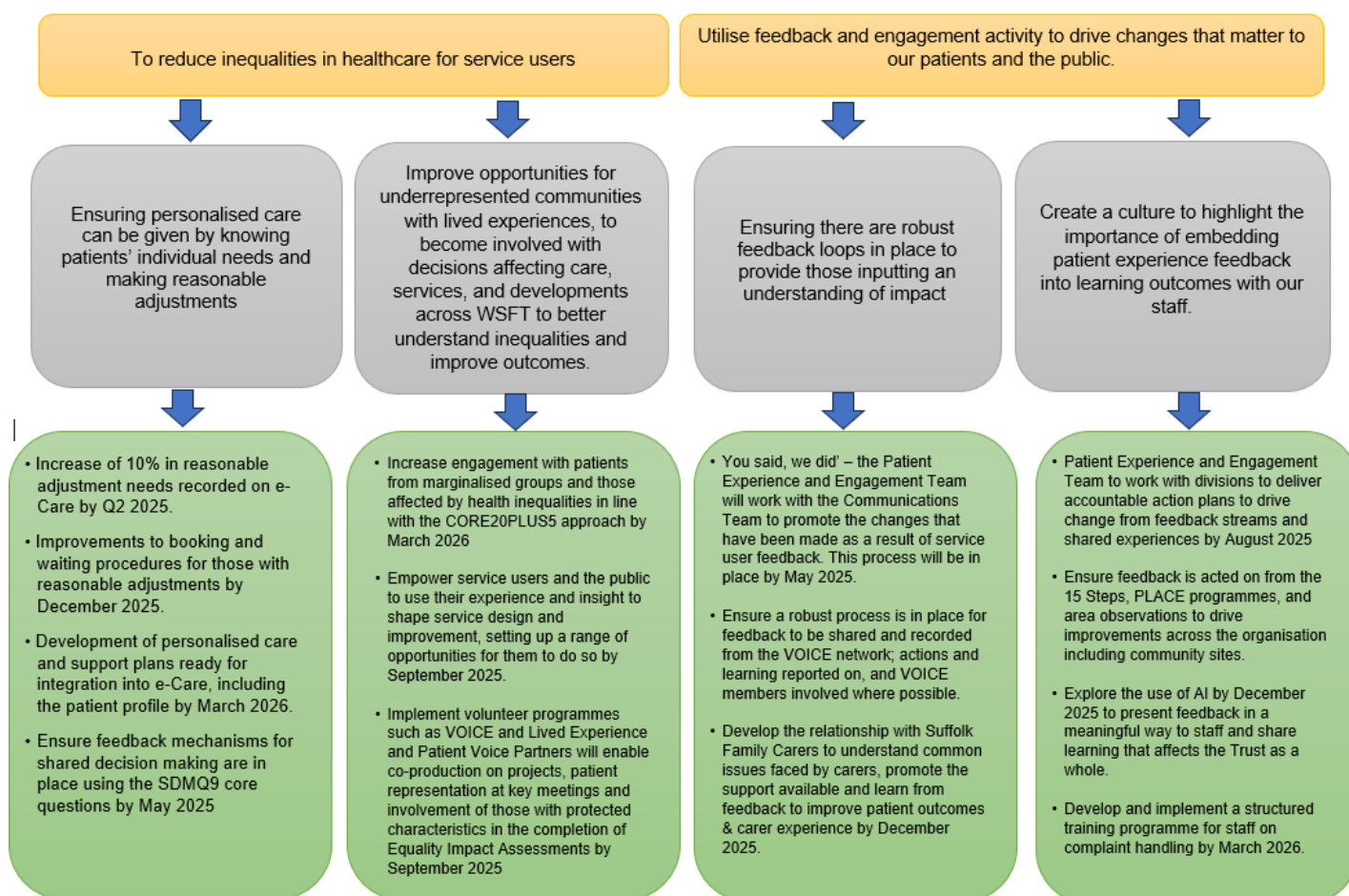
Why are these a priority?

The two proposed priorities have been determined based on assessment that there is further work to do to reduce inequalities in healthcare for service users, in line with NHS England's approach (NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities) and from recommendations from the internal 'well-led' audit findings. Continuing and extending some of last year's priorities, which were broad and ambitious, will ensure strategies and objectives are truly embedded and help to form part of the culture and ethos of the organisation.

What are our targets?

- to ensure personalised care can be provided because we know patients' individual needs and can make reasonable adjustments
- to improve opportunities for underrepresented communities with lived experience to become involved with decisions affecting care, services, and developments across WSFT, so we can better understand inequalities and improve outcomes
- to ensure people sharing feedback can see where their input is having an impact
- to create a culture where our staff understand the importance of embedding the feedback our patients share about their experience.

What will we do to improve our performance?



How will we measure and monitor our performance?

Individual actions will be tracked monthly to understand progress and success. The approach reflects the triangulation between the Trust's vision, our Experience of Care strategy, and our statutory requirements under the Public Sector Equality Duty (Equality Act, 2010).

All our engagement activity is in line with NHS England's 10 key principles for working with **people** and communities.

How and where will progress be reported?

Through the Experience of Care and Engagement group and the Involvement committee.



Performance against 2024-25 priorities

The quality priorities agreed for the year 2024-25 were driven by our strategy and set out key improvements we aimed to deliver and the measures that we used to understand progress and success. Recognising that the strategy is a long-term plan, the expectation is to demonstrate progress on the priorities as described in this section.

Delivering our strategy

Use feedback, learning, research and innovation to improve our care and outcomes:

- we will give everyone the tools and support they need to put quality and safety first by ensuring staff have the confidence to raise concerns and to make changes when things go wrong
- we will ensure patients and families can share their experiences, positive and negative, to help us improve.

Priorities for 2024-25

Quality priority 1 - to improve the **quality** and **timeliness** of discharge summaries to ensure appropriate communication at the point of transfer of care (EFFECTIVE)

Quality priority 2 - reduction of rates of hospital and community onset healthcare associated Clostridium difficile infection (SAFE)

Quality priority 3 - To reduce **inequalities in experience** for service users through our 'Experience of care' workplan (EXPERIENCE)

Discharge summaries quality and timeliness (EFFECTIVE)

The following describes progress against our agreed delivery measures.

Why was this a priority?

Effective communication is critical across all patient pathways and especially so when a patient's care and treatment is being handed over to other care providers. After hospital admission, completion of a transfer of care summary letter is mandated by the NHS contract. The primary purpose of this document is to ensure that ongoing treatment and care needs are met by other healthcare providers following discharge and usually by the patient's GP. In addition, the document serves as a comprehensive record of the patient's inpatient admission which can be used by referrers (GPs).

Like many trusts, the West Suffolk NHS Foundation Trust (WSFT) strives to meet the **95% target of getting the letter to the GP within 24 hours** but has found this difficult to achieve.

Incident analysis, complaints received, and anecdotal evidence suggested that our Trust should actively aim to improve the quality of communication at this point in the patient's journey.

What was our target?

To improve the quality and timeliness of discharge summaries to ensure appropriate communication at the point of transfer of care

Timeliness measures

- percentage of elective summaries sent to GPs within 24 hours of discharge
- percentage of non-elective summaries sent to GPs within 24 hours of discharge
- percentage of emergency department summaries sent to GPs within 24 hours of discharge.

Quality

- incident data and PALS information review

- consultation survey with GP colleagues to better understand quality issues.

What did we do to improve our performance?

- new clinical guidelines approved which set expectations and standardise best practice
- performance data shared at departmental clinical governance meetings which inspires ownership and leadership
- medical staff worked with digital (eCare) team and Human Factors colleagues to explore new ways of working including protecting time for completion, senior clinical leadership to ensure timely completion and early document preparation in the days before discharge using existing documentation.
- Work is underway to provide a more streamlined approach to producing the GP summary. This will be achieved using the latest tools now available to the Trust in the e-Care electronic patient record. This change is expected to improve productivity and efficiency reducing the time required to complete and send the summary.
- Once negotiated with the local integrated care board, the Trust intends to adopt a new approach to managing summaries for same day emergency care patients. This approach will ensure that national standards are met, and compliance data can be measured specifically for this group of patients against the same 95% standard.

How did we measure and monitor our performance, and did we meet our target?

Timeliness

Initial reporting against the 95% requirement showed below-target compliance, however analysis during the year has demonstrated that the exclusion criteria needed to be more clearly defined for departments that issue a standard clinic letter as a substitute for a GP discharge letter.

Following clarification of the data-set criteria, validated data is now being produced (from September 2024 onwards) and this will enable ongoing monitoring in 2025. Data is only available two to three months in arrears, as it requires completion of clinical coding to produce department level data.

While the data can now be measured against the target, there has not been a sufficient reporting time to be able confidently to assure the target is being met. This will continue to be monitored at Trust and divisional level to ensure continued progress.

Monthly review of metrics has revealed improvements in a small number of clinical areas and members of the steering group are identifying lessons learned from these areas that can be extended more widely.

The practice of issuing clinic letters has typically been adopted as a productivity gain by departments that offer a short stay episode of care. The care is started as an inpatient admission, rapidly followed and completed, by an outpatient follow-up. This includes same day emergency care activity and some elective procedures that are completed in the outpatients department.

Quality

A detailed analysis of incident data was undertaken by the patient safety team as part of a wider thematic review of discharge, transfer and follow-up arrangements, forming part of a patient safety incident investigation (PSII). This was wider than the focus of the quality and timeliness of discharge letters but was able to provide some useful qualitative learning points.

A consultation survey with GP colleagues to better understand quality issues is planned for 2025, and is currently being tested with our partners at Glemsford Surgery.

How and where was progress reported?

Following the creation of the Transfer of Care Group (TOCG), the Transfer of Care Summary Group was established as a sub-group. Its aims to ensure that WSFT monitors the quality of the transfer of care communications shared with other providers at the point of discharge from acute inpatient care; learnings from incidents that may occur as part of the process; and supports quality improvement initiatives to improve the process.

The TOCG reports quarterly to the Improvement committee, the Trust Board assurance sub-committee with responsibility for quality and safety. This includes updates on the progress of this quality priority.

Updates on the individual metrics have also been shared at departmental clinical governance meetings and there is discussion about the regular presentation of the metrics at a divisional level.

What next for 2025?

A communications plan has been agreed which uses staff bulletins including the medical director’s bulletin, resident doctors’ group messaging app, a new intranet page and the bimonthly All Staff Update on Microsoft Teams.

Resident doctor training is to be revised to reflect new workflows and qualitative feedback.

It is planned to promote the use of the Patient Portal to view transfer of care summaries. An “instructions for patient” document using data recorded by the discharging clinician will be presented in an easier-to read document. Currently, patients are provided with a printed copy of the GP letter.

A project to oversee adoption of the latest Oracle (Cerner) “module is planned A revised workflow would provide an improved method for creating the transfer of care documentation in the patient record.

A GP survey is being tested by our partners in Glemsford Surgery before a wider rollout.

Reduction of rates of hospital and community onset healthcare associated C. difficile infection (SAFE)

Why was this a priority?

Healthcare-associated infections (HAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or contact in a healthcare setting.

Clostridioides difficile (C. difficile) are bacteria found in the bowel, usually causing no harm. These bacteria can cause diarrhoea, especially in older persons (data suggests that West Suffolk has an older population age than the national average); those who have been in contact with a contaminated environment; have undergone bowel procedures; or have been or are being treated with certain antibiotics.

HAIs such as C. difficile pose a serious risk to patients, staff and visitors. They may have significant adverse health impacts and incur considerable costs for the NHS. Infection prevention and control processes are a key priority for all NHS providers.

It is recognised nationally that the rates of C. difficile have increased significantly over the last two reporting years. WSFT was identified as being the third lowest performing Trust (i.e. higher rates of C. difficile) nationally (NHSE May 2024) and the lowest performing Trust regionally for C. difficile infection rates (UKHSA September 2024).

What was our target?

The NHS Standard Contract 2024-25 (June 2024) states that trusts are required to minimise rates of C. difficile (and Gram-negative bloodstream infections) so that they are no higher than the threshold levels set by NHS England.

Table 1: C. difficile and Gram-negative bloodstream infections

Org Code	Name	Case thresholds for 2024-25
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		C. difficile	E. coli	P. aeruginosa	Klebsiella spp.
RGR	WSFT	91	56	9	21

What did we do to improve our performance?

- antimicrobial hard stop automatically sets a reminder to clinicians that the antimicrobial treatment will be stopped on day seven if no further action is taken, addressing the course length challenge
- reducing the overall use of the antibiotic Meropenem usage across the Trust
- monitoring using specialist software
- peer auditing of clinical areas
- dirty utility audit embedded on regular ward audit programme
- emergency department matron working with eCare and housekeeping team to support improved cleaning in the department between patients
- new hand hygiene training and presentation.
- improving audit data on the five moments of hand hygiene
- daily review of side room usage by infection prevention and control team
- stool specimen collection form browser report now available to support decision making on sample collection
- dedicated governance support from the Trust patient safety and quality team.

What are the challenges that impact upon this topic?

C. difficile specific:

- capacity of pharmacy team to continue to carry out antimicrobial audits
- clinical awareness and engagement in principles of prescribing/managing antimicrobials
- duplication of sampling, leading to potential extended use of isolation facilities
- new emerging Ribotype (955) suspected to have an increased transmissibility and greater impact on patients.

Wider infection prevention agenda:

- continued challenges due to capacity across the emergency department footprint
- no designated decant ward and limited ability to carry out rolling deep cleans due to capacity challenges
- time for staff to engage and deliver audits and understand the implications and results
- staff engagement across various professions and varied compliance
- training all staff in accordance with Trust policy, and management of non-compliance
- capacity, patient flow and limited number of isolation facilities that do not meet required standards, e.g. ensuite bathrooms.

How did we measure and monitor our performance?

Number of C. difficile infections are reported in our integrated quality and performance report (IQPR) overseen by the Improvement committee (one of our 3i Board assurance committees).

Chart 1: Cumulative healthcare associated C. difficile cases

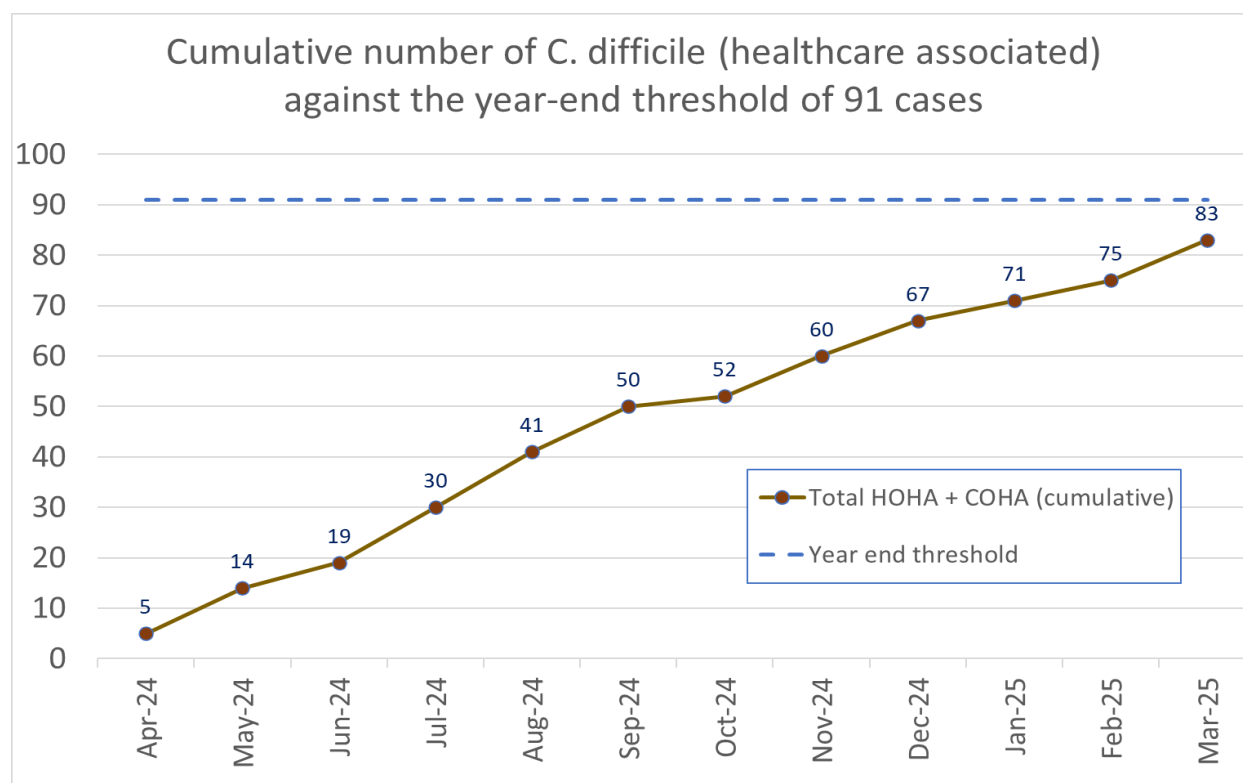


Table 2: Our data, year to date

Class	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Hospital Onset Healthcare Associated (HOHA)	4	7	2	6	6	6	2	5	5	4	3	6
Community Onset Healthcare Associated (COHA)	1	2	3	5	5	3	0	3	2	0	1	2
Community Onset Community Associated (COCA)	4	0	2	4	2	6	1	2	2	2	1	1
Community Onset Indeterminate Association (COIA)	1	1	1	2	1	0	1	2	0	1	1	0

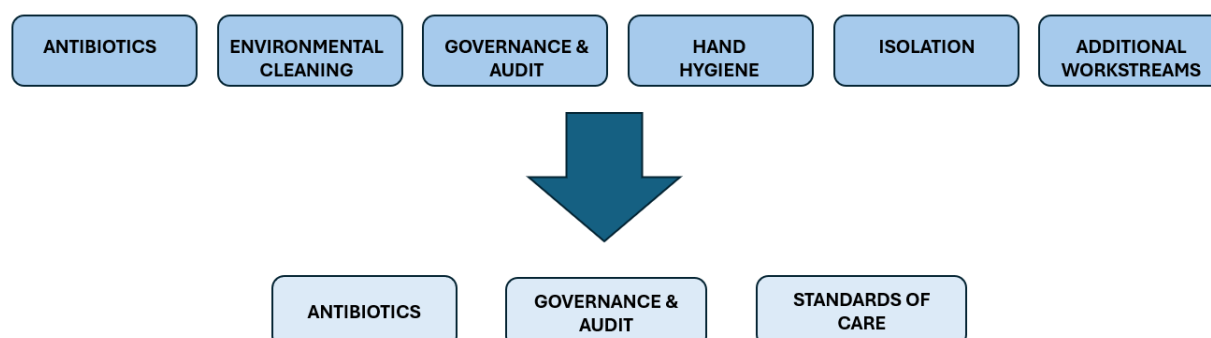
Did we meet our target?

The year-end cumulative total for Hospital Onset Healthcare Associated and Community Onset Healthcare Associated was 83. This met the requirement to be below a maximum threshold of 91 cases.

How and where was progress reported?

A Quality Improvement Programme (QIP) began in March 2024 with a plan to run for at least 12 months. An initial programme of six sub-groups was later aggregated into three with oversight by a programme board (chaired by the deputy chief nurse) from September 2024.

Fig 1 – Programme board sub-groups



What next for 2025?

The Trust introduced a new risk management and compliance software system (Radar) in 2024-25. The RadarAudit module contains a programme of infection prevention and control compliance audits. These are in the process of being streamlined and focussed to ensure that they:

- allow a focus on hand hygiene
- provide Trust-wide (inpatient) standards to enable analysis
- model standards against the national infection prevention and control manual (NIPCM) for England: Standard infection control precautions (SIPC)

In addition to the RadarAudit module the quality priority work includes

- review of single side room isolation signage
- quarterly information bulletins on relevant infection prevention hot topics and seasonal illness
- developing a Trust cleaning poster
- review of cleaning processes to include chemicals and equipment methods and modes
- review of reporting process for C. difficile and other HCAI cases.

Reduce inequalities in experience for service users (EXPERIENCE)

Why was this a priority?

Our engagement activity is in line with NHS England's 10 key principles for working with people and communities and our statutory requirements under the Public Sector Equality Duty (Equality Act, 2010).

What was our target?

To reduce inequalities in experience for service users through our Experience of care workplan.

Experience of care measures

- development of personalised care and support plan datasets into e-Care, including integration of the patient profile by March 2025
- increase of 10% in recording protected characteristics on patient records
- implementation of a reasonable adjustment policy to support service access by March 2025
- increase of 10% in reasonable adjustment needs recorded on e-Care by December 2024
- improvements to booking and waiting procedures for those needing reasonable adjustments by March 2025
- accessibility improvements to web content and software by March 2025
- assessment/completion of the Equality Delivery System to provide better working practices and environments by March 2025
- accessible guides and improvement plans for all Trust sites by September 2024.

What did we do to improve our performance?

See Table below for a progress update for each item.

How did we measure and monitor our performance, and did we meet our target?

Of our eight measures of success, we completed one, two are on track for completion in early 2025, three will progress towards completion in 2025-26 and two will require a longer-term framework which is scheduled in the Trust's workplan.

How and where was progress reported?

To the Experience of care and engagement committee (ECEC) and its parent committee the Involvement

(board assurance) committee.

What next for 2025?

Progress update

Measures of success	Activities/progress
Development of personalised care and support plan datasets into e-Care, including integration of the patient profile	29 patient profiles have been completed since April 2024, designed for vulnerable patients or those lacking capacity. We are now looking to incorporate communication passports into patient profiles for patients who have acquired disabilities due to a stroke or neurological condition. The generic patient profile template incorporates elements of the personalised care and support plan datasets. This is subject to review to ensure usability for maximum impact by ascertaining what information is most useful for patients. This longer term project has a final timescale for implementation of the datasets in December 2026.
Increase of 10% in recording of protected characteristics on patient records	An audit of ethnicity recording in the emergency department and outpatients in October and November 2024 showed 91.5% ethnicity coding. This compares to a baseline of ethnicity coding of 75.3% in all eCare records. The outpatient audit highlighted that the deficit in ethnicity coding was due to patient choice (not wishing to disclose their ethnicity) and some posters to encourage sharing this information have been developed. Other protected characteristics require further work and a task and finish group is being set up to look at how the Trust can better record these, including how patients might be able to do this themselves through the Patient Portal or possibly the digital outpatient check-ins.
Implement a reasonable adjustment policy	The reasonable adjustment policy has been drafted and is anticipated to be published in early 2025/26.
Increase of 10% in reasonable adjustment needs recorded on e-Care	The ability to record reasonable adjustments on our electronic patient record has been delayed but should be available in the second quarter of 2025-26. Training and education for staff on how to complete these assessments is part of the implementation plan.
Improvements to booking and waiting procedures for those needing reasonable adjustments	This is part of the 2025-26 work plan for the Patient Equity Group.
Accessibility improvements to web content and software	There is a three-year implementation plan to develop a fully accessible website. Transferring patient leaflets from PDF to HTML format will ensure they are accessible and easy to navigate. This transition will bring us into full compliance with government regulations.
Assessment/completion of the Equality Delivery System	The Equality Delivery System assessment has been finalised and submitted.
Accessible guides and improvement plans for all Trust sites	All accessibility guides for West Suffolk NHS Foundation Trust sites (West Suffolk Hospital, Newmarket Community Hospital and King Suite at Glastonbury Court) have been completed and published.

Other quality indicators

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 SNEE ICB. Performance against agreed indicators is monitored by the Board on a regular basis. A range of nationally-mandated quality indicators is reported in Annex B.

National standards

	2024-25 Target	2024-25 Actual	2023-24 Actual	2022-23 Actual	2021-22 Actual
C. difficile - health care associated ¹	91	83	67	52	37
Ambulance handover within 30 minutes	95.0%	95.7%			
Maximum waiting time of four hours in ED from arrival to admission, transfer or discharge 2	76% (Mar 25)	88.4%	73.95%	-	-
62-day combined referral-to-treatment wait for first treatment - all cancers	70% (Mar 25)	83.2%	76.2%	65.3%	71.5%
28-day Faster diagnosis standard	77% (Mar 25)	79.07%	66.4%	67.3%	69.4%
Maximum six-week wait for diagnostic procedures	95% (Mar 25)	53.2%	68.2%	60.1%	67.1%
Referral to Treatment – no patient waiting longer than 65 weeks as at 31/03/25	0	31			

Positions are at March 25 unless otherwise stated

- 1 From 2022-23 target and performance includes both hospital and community onset healthcare associated cases, prior data only includes hospital associated cases
- 2 WSFT piloted new emergency department reporting standards between 2018-19 and 2022-23 and therefore did not report performance against this standard during this period.

We recognise the underperformance in a number of areas and this has been the subject of scrutiny at Board, assurance committees and governance groups. Plans to achieve the agreed standards for 2025-26 are monitored and reviewed through our specialist committees and governance groups, in line with the organisational governance framework.

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

There has been significant progress in reducing the elective waiting times for patients over 2024-25. Following positive progress throughout the year, the number 65-week waits did not reach the 0 ambition but achieved the lowest reported number was 31.

Eliminating and maintaining a zero position of 65 week waits, remains a significant focus with the national requirement to reduce to zero by the end of Q1. We will also focus on reducing of the 52 week waits to 1% of our total waiting list size.

The two-year objective of 95% of diagnostic tests delivered within six weeks by March 2025 was not achieved, with capacity constraints specifically in Ultrasound, DEXA (dual x-ray absorptiometry), Endoscopy and community Audiology. The Community Diagnostic Centre (CDC) at Newmarket, opening in December 2024 has provided a significant improvement in performance within in magnetic resonance imaging (MRI) and computed tomography (CT), however recruitment challenges in Ultrasound have impacted the ability to recover this position as forecast. DEXA is expected to improve throughout 2025-26 in line with the implementation of a new service from the end of May 2025 and options for increased activity in Endoscopy will need to be reviewed.

Performance remains strong in echocardiography, cystoscopy and urodynamics. While there is no national standard for diagnostics in 2025-26, reducing the wait times and improving the Diagnostics Waiting Times and Activity (DM01) performance will be key to delivery of the elective and cancer performance standards.

Cancer performance standards were met in March 2025, and overachieved for both the 28-day faster

diagnosis and 62-day referral to treatment standards. This followed large drops in performance throughout the year, owing to challenged pathways in both breast and skin, with skin making significant recovery throughout Q4.

With the national standards increasing in both these areas for 2025-26 sustained improvements will be needed to respond to increases in demand across high volume pathways in breast, skin and gynaecology cancers, with working groups already in place to build on improvements and transformation work.

Urgent and emergency care

Having reintroduced the 4-hour standard for the emergency department (ED) in May 2023, WSFT has demonstrated improved performance throughout 2024-25 with significant progress again in March, ending the year at 88.4% against the standard of 78%.

The headline metric for urgent and emergency care (UEC) will continue to be the 4-hour standard, which will remain at 78% to March 2026. Additional indicators of average ambulance handover times will need to be maintained below 30 minutes and the number of patients waiting 12 hours or more in the emergency department (ED) will need to be reduced from current levels towards an ambition of fewer than 2% of attendances.

Key to delivery and further improvement will be consolidating and continuing workstreams from 2024/25 plans, building on the work undertaken to reduce delays and improve flow by dedicated taskforces in ED, the transfer of care hub, community assessment beds and inpatient acute wards. Successful Improvement initiatives from last year have already been made substantive, such as the minor emergency care Unit (MECU), and within the department, lessons learned from the additional senior operational and clinical leadership support in March 2025 will be captured and evolved into further initiatives owned and delivered by the clinical and operational team. This additional support may need to be deployed again should performance significantly deviate from trajectory.

Community and primary care

Adult community services have consistently met the 2-hour urgent community response standard. However, demand for Integrated Neighbourhood Team INT nursing continues to rise month on month. Compliance with the 2-hour response activity has been maintained by the nursing teams cancelling and/or deferring less urgent planned care. The impact of postponing home visits on the delivery of community patient care is being monitored. Regarding primary care access, the percentage of patients seen within two weeks at Glemsford Surgery is reported to be significantly improved from 78% to 99%.

An AI triage and booking system has been introduced at Glemsford Surgery – initially some concerns were raised regarding access to appointments through the AI platform and some changes have been made to improve this along with communication to patients and offers of support and training on how to use the AI booking system.

Integrated community paediatric services (ICPS)

The eight core services in our integrated community paediatric services (ICPS) continue to support a rising number of referrals in response to growing needs of children with special educational needs and disabilities (SEND). Caseloads are also high in the community paediatric medical team and paediatric speech and language therapy service.

Over the last year the paediatric teams have received a large backlog of referrals for autism assessments in school age children up to the age of 11 years which were held in the previously commissioned coordination function for the neurodevelopmental pathway. Using funding from the Integrated Care Board ICB, 850 referrals were triaged and over 500 children received their assessment from an external provider. This was completed by November 2024, bringing an end to a period of extended wait for assessment for these families. The paediatric team is receiving unprecedented levels of referrals for autism assessments in the school age pathway and is working with the ICB and mental health trust to consider the model for neurodevelopmental assessment in the future.

In December 2024 the community paediatric audiology team supported an external review of the service by NHS England and the ICB. This review was part of a national programme focusing on paediatric audiology standards after concerns arose from some services elsewhere in the country. The review report highlighted that the community team was a high assurance service with no risks identified. This was a pleasing outcome and reinforced the great work of the team which has also been supporting a high referral demand and had capacity challenges in the clinical team. Waiting times for initial assessments in the audiology team for initial assessments in the audiology team are not meeting the required standard of first appointment within six weeks but the team are focusing on recovery of this position and working with colleagues in the acute hospital audiology team to improve levels of compliance.

Stroke services

The focus nationally and at WSFT has been on performance against the sentinel stroke national audit programme (SSNAP). SSNAP is a major national quality improvement programme and is the source of stroke data for the NHS assessing stroke care against 43 key indicators. It reviews the whole patient journey from admission to hospital, across the whole inpatient stay, including rehabilitation at home or in the community, and outcomes at six months after stroke.

At the end of September 2024 our stroke team successfully retained its top-grade A ranking, something that has been achieved for more than five years, with the team being ranked second nationally during the reporting period from July to September 2024.

In October 2024 SSNAP underwent a significant update with new metrics and targets to measure performance against. These targets have been designed to be challenging in order to drive further improvement for stroke patients nationally. For the first reporting quarter of the new dataset, October to December 2024, Trusts did not receive an A-E rating. WSFT are measuring above national average in most key areas, however we are expecting that all teams nationally will drop their ratings and that we will be unable to achieve an A rating moving forward. An action plan is in place to improve performance in line with the new targets. The results for the final quarter of 2024-25 are not yet available.

We have a contract in place to deliver an early supported discharge service (ESD) for stroke patients across Suffolk. This provides up to six weeks of intensive stroke rehabilitation in patients' own homes following their discharge from hospital, helping them to regain their mobility and independence. The service is provided by the Suffolk Alliance, which is a partnership of WSFT, East Suffolk and North Essex NHS Foundation Trust, and Suffolk County Council, and is supported by a variety of third sector partners.

Incident reporting and learning

The Trust introduced a new cloud-based risk management system (Radar) in 2024/25. This enables multidisciplinary reporting of patient, staff and organisational incidents. By reviewing investigations and thematic learning, key learning can be identified, and actions put into place to prevent recurrence.

The Trust transitioned to the national Learn from Patient Safety Events (LFPSE) system alongside the change to Radar. This includes a national structured question-set template for patient safety incidents different to that used in the previous system (Datix).

More information about LFPSE can be found on the NHS England website at [Learning from patient safety events](#)

WSFT uses the national Patient Safety Incident Response Framework (PSIRF) to manage its incident reporting, investigation and learning programmes. PSIRF is a national initiative designed to further improve safety through learning from patient safety incidents and forms part of the wider national patient safety strategy.

More information about PSIRF can be found on the NHS England website at [Incident response framework](#).

During 2024-25 the total number of patient safety incidents reported was 6229. From that number, there were

two patient safety incident investigations (PSIIs) commissioned.

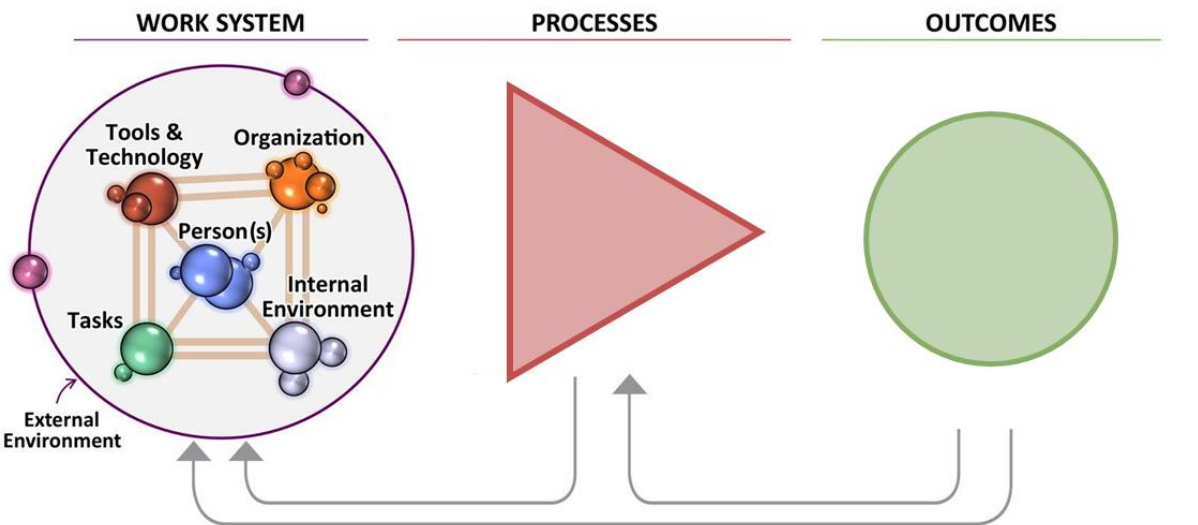
PSIIs are conducted for systems improvement. They are not inquiries into the cause of death, nor to apportion blame or hold individuals or organisations to account. Recommendations and improvement plans are then designed to effectively and sustainably address those system factors and help deliver safer care for our patients.

The two PSIIs were commissioned in 2024-25 according to the following (local and national) categories from our patient safety incident response plan (PSIRP).

Local	1C. Barriers to effective discharge due to issues in coordination of system	0
	2C. Diabetes, problems with the clinical care / management of diabetic patients when diabetes is not the primary reason for admission to service / hospital	0
	4C. Barriers to effective inclusivity	0
	6C. Identified increase in incidence of subject of theme which has potential for harm	0
National	7C. Never Event 1	1
	8C. Deaths more likely than not due to problems in care 2	1

1 7C Never Event – Piece of equipment retained in patient following a procedure (no adverse impact)
2 8C Deaths more likely than not due to problems in care - Late/missed diagnosis

All other patient safety incidents were subject to another method of review. This could be through our risk management system Radar or other centrally coordinated learning responses such as ‘after action review’, patient safety audit or ‘structured judgement review’. This is part of the overall principles of PSIRF to enable focus on improvement following system-based learning to improve patient safety for the future. WSFT uses Systems Engineering Initiative for Patient Safety (SEIPS) as a model for understanding the dynamic system factors of a given situation.

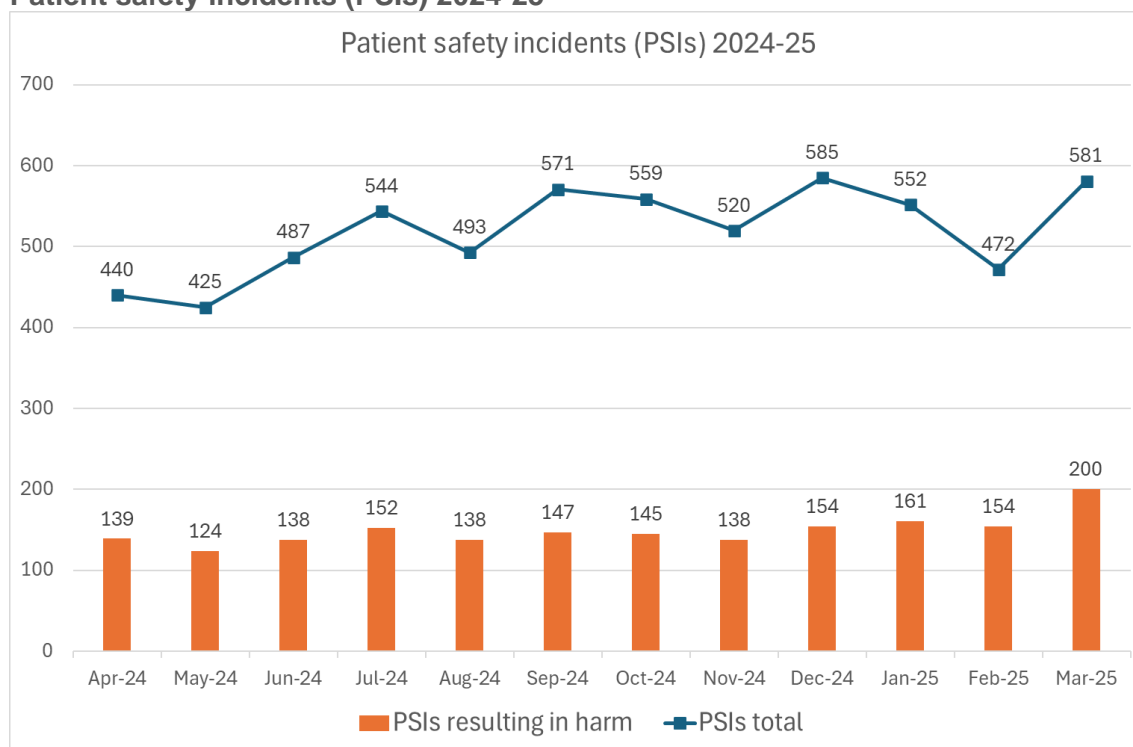


Overview of the SEIPS model, taken from Holden et al (2013), and Holden and Carayon (2021)

Patient safety incidents reported

The chart below shows how many patient safety incidents were reported in 2024-25. The organisation reviews these data on a monthly basis and recognises a high reporting rate as a positive reflection of an open culture within the organisation which supports learning from incidents.

Patient safety incidents (PSIs) 2024-25



Source: Radar

Learning and identification of safety actions and areas for improvement from patient safety incidents

All patient safety incidents produce learning outcomes. These can be divided into safety actions and areas for improvement. Where incident investigation is not timely and the quality of learning has been diminished due to time, review of the incident will be undertaken by the central patient safety team and closed.

Safety actions are formally assigned to a divisional representative and tracked following an investigation pathway using Radar. Overdue safety actions will be flagged to staff responsible and their manager at regular intervals by an automated email and reported through appropriate governance processes (in development). Capture of safety actions are reported through the patient safety report to the Improvement committee (through the Patient Safety and Quality governance group).

The Trust has adopted the term 'Area for Improvement' (AFI) instead of recommendations to reduce the likelihood of identifying solutions at an early stage of the incident process, in line with the NHS England 'safety action development guide' (August 2022). The patient safety team has undertaken a thematic review of areas for improvement which were identified following the first two cycles of PSIRF. These areas for improvement were themed for organisational opportunity to improve care and presented at the Safety Summit in September 2024.

The total number of safety actions assigned to staff in 2024-25 in relation to incidents was 1816. These are managed locally with divisional and specialist lead accountability. 1634 of these safety actions have been completed. AFIs identified from the two PSII reports completed in 2024-25 are currently being finalised.

Wider learning can be gained from thematic review of common events such as pressure ulcers and falls, which feed into quality improvement programmes overseen by the specialist teams.

Patient Safety Incident Response Plan (PSIRP)

We are on our third iteration of our PSIRP and we have been following this plan since 01 June 2023. During 2025-26 we will refresh our plan for the fourth time to ensure we are investigating topics of risk for patient safety for our organisation.

In September we held our inaugural Patient Safety Summit; an opportunity to review areas for improvement

highlighted through patient safety investigation and showcase examples of safety improvement work taking place across the organisation. This work was linked to our first two years of PSIRF. At the summit colleagues were asked to vote for the organisational theme they would like to see taken forward as a safety improvement project.

An organisational quality improvement programme has been launched for 'Getting it right for patients and staff - place, service, pathway'. Colleagues have been asked to join a project group to establish programmes of work and measurable outcomes. Initial focus will be on appropriate referral and service provision. This has been accepted as a quality priority and will be monitored through the Improvement committee.

Areas for improvement not adopted will be risk assessed and added to the corporate risk register if deemed to be an ongoing clinical risk for patient care. The patient safety team will undertake an annual review of areas for improvement ahead of the next safety summit in September 2025.

Duty of candour

Duty of candour (DoC) applies to notifiable patient safety incidents. A notifiable patient safety incident is an incident which is unintended or unexpected and in the reasonable opinion of a healthcare professional, already has, or might result in death, or severe or moderate harm to the person receiving care. This is a legal requirement requiring NHS organisations to:

- have a face-to-face discussion and offer an apology to the patient or relevant person following a safety incident resulting in moderate harm or above
- provide written communication following the face-to-face discussion with the patient, to include: an account of the known facts about the incident, details of any enquiries to be undertaken, the results of any enquiries into the incident and an apology.

The aim of this regulation is to ensure health service bodies are open and transparent when an incident happens. DoC can make an important contribution to creating a culture of openness and honesty which always places the safety and the needs of the patient and family above the reputation of the organisation

In 2023-24 WSFT introduced a new DoC audit which enabled a greater focus on the quality of the DoC process, rather than a simple proxy measure of 10 working day timeliness (the national target is 'as soon as reasonably practicable').

In 2024-25, the average time to complete the verbal duty of candour was 6 working days, while the average for the written of candour was 11 days. The largest incident category requiring duty of candour was pressure ulcers.

Patient safety will meet the ICB in 2025-26 to have a system discussion about approaches to duty of candour. This is to gauge how individual organisations are approaching timescales across the region in view of the 10-day requirement no longer being included in CQC guidance.

Learning from deaths

During 2024-25, 1048 of WSFT's patients died (including deaths in ED and community hospitals). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 278 in the first quarter, of which 275 were adults, three were people with learning disabilities and three had a severe mental illness; one was a neonatal death and two were stillbirths
- 205 in the second quarter, of which 205 were adults, one was a person people with learning disabilities. There were no deaths for people with a severe mental illness, and no neonatal deaths or stillbirths.
- 264 in the third quarter, 262 of which were adults, five were people with learning disabilities and one had a severe mental illness; there were two neonatal deaths and no stillbirths.
- 301 in the fourth quarter, of which 299 were adults, one was a person with learning disabilities and three were people with severe mental illness; there no neonatal deaths and two stillbirths.

By March 2025, 80 case record reviews and 9 investigations had been carried out in relation to the deaths

included above. In 2 cases, a death was subjected to both a case record review and an investigation.

4 (0.38%) of the 1048 patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. These are all subject to a detailed incident review to ensure all aspects of learning are captured and addressed.

The number of deaths in each quarter for which a case record review or an investigation was carried out was as follows:

Quarter	Patient deaths			
	total	case record review	investigation	judged preventable
Q1 (Apr-Jun24)	278	25	3	0
Q2 (Jul-Sept24)	205	32	4	3 (1.46% of total deaths)
Q3 (Oct-Dec24)	264	17	2	0
Q4 (Jan-Mar25)	301	4	2	1 (0.33% of total deaths)

- case record review: Royal College of Physicians' Structured Judgement Review (SJR)
- investigation: incident investigation/reviews as per PSIRF (see below)
- judged preventable: using the Hogan preventability scoring >50% likelihood and/or PMRT led criteria D (likely to have made a difference)

Collation of mortality data and case review methodology

All inpatient deaths excluding neonatal death and stillbirths are collated via the Trust's electronic patient record and recorded on a bespoke mortality database. Neonatal deaths and stillbirths are collated via the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) UK perinatal mortality surveillance system. Deaths of patients with a learning disability are recorded on the Trust mortality database but also reported to the national learning disabilities mortality review programme (LeDeR).

Any maternal deaths are also reported to the MNSI for external review (there were no deaths of women during or immediately following delivery in 2024-25). Feedback from local MNSI reviews and wider learning from the national MNSI maternity reporting programme are included in the maternity programme of improvement.

For adult deaths, the case record review is undertaken using the Royal College of Physicians' structured judgement review (SJR) method. The objective of the SJR method is to review the quality of the care provided, to provide information about what can be learned about the hospital systems where care goes well, and to identify points where there may be omissions or errors in the care process.

Stillbirths and neonatal deaths are reviewed locally using the PMRT (Perinatal mortality toolkit) or through external review by the MNSI for cases meeting the notification and reporting requirement definitions of MBRRACE.

WSFT uses a local 'patient safety review' template and the national patient safety incident investigation (PSII) toolkit for a small number of deaths where an incident investigation is warranted including for those 'judged preventable' in line with the national patient safety incident response framework (PSIRF). More details on PSIRF can be found in section 20.

Bereaved families are invited to give feedback on the care their relative received, this can be via the medical examiner, the learning from deaths reviewer, the patient safety incident investigator or MNSI. The Trust records and reviews deaths of patients with a learning disability and patients with a severe mental illness. Feedback from these reviews to enhance wider learning is included as scheduled agenda items in the monthly mortality oversight group meetings. This includes feedback from external reviews to incorporate wider national learning.

Our learning themes

Case record reviews and investigations conducted in relation to the deaths have highlighted the following themes:

- The early involvement and input of the critical care outreach team for patients who are identified as at higher risk of deterioration.
- Delays in timely ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) conversations and subsequent form completion.
- The importance of quality ReSPECT form conversations and transcription of this into the health record. Where ReSPECT wishes have not been explicitly clear with a concise plan of escalation, has at times resulted in end-of-life wishes not being met.
- Communication between healthcare staff with patients and patient-relatives continues to be an area that requires improvement. Some mortality reviews have highlighted that patient relatives have been shocked when their relative has passed away so quickly, despite the patient following a poor trajectory. Clinical staff are being encouraged to use phrases such as 'your relative is sick enough to die' and to convey a clear message when having difficult conversations.
- Recognition of end-of-life remains a local priority to review. Although more recent reviews demonstrate some improvement in this area over the past year, there are still reviews that highlight that some areas may require more support to make end-of-life decision-making. If end-of-life is recognised at an appropriate time, it opens the lines for end-of-life communication and planning to proceed.
- Fluid balance monitoring being infrequent or incomplete continues to be a theme noted in SJRs.
- Extended wait times in the emergency department continues to be a national concern. This results in more patients dying in the department itself rather than a ward-based environment. This may include those that are identified as end-of-life early on in their presentation. The care for these patients has been a local drive with good palliative team input within the emergency department. However, it is not the ideal environment for the end-of-life care the Trust would aim to deliver.
- Three of the reported deaths within the maternity unit were at an extreme preterm gestation (less than 22 weeks). There was no overarching theme identified among these cases. Placental histology was not facilitated in some qualifying cases.

Actions and improvement programmes

- In 2024 the implementation of the ReSPECT tool went live across the organisation. It continues to be formally monitored for quantitative compliance and has a quality audit for qualitative data, with a task and finish steering group.
- refinement for the pain management of patients with chest wall injuries was highlighted for service improvement work. A new guideline is being formed to improve the care given and outcomes of this cohort of patients.
- fluid balance monitoring. The deteriorating patient group is undertaking a project considering potential solutions to overcome the barriers preventing teams completing this care requirement.
- relatives tend to feedback that a side room or quieter area would have improved the care they felt their relative received at end-of-life. This has been a topic of focus at the local end-of-life steering group for quality improvement drive, such as a 'quiet bay' bed space.
- using the 'Grand round' resident doctors education session to review examples of real cases that clearly demonstrate how early recognition of end-of-life. This can affect upon the ability to offer best supportive comfortable care for patients for whom invasive procedures (such as blood tests) are not beneficial.
- Automatic referral to the preterm birth clinic will be facilitated in cases where information regarding previous caesarean sections is unavailable or cannot be retrieved, such as births that occurred at another Trust.
- Improvement in safe storage and record keeping of placenta to enable diagnostics following pregnancy loss to ensure appropriate investigations facilitated in qualifying cases. The criteria for histological examination have also been reinforced among the broader team.

Complaints management

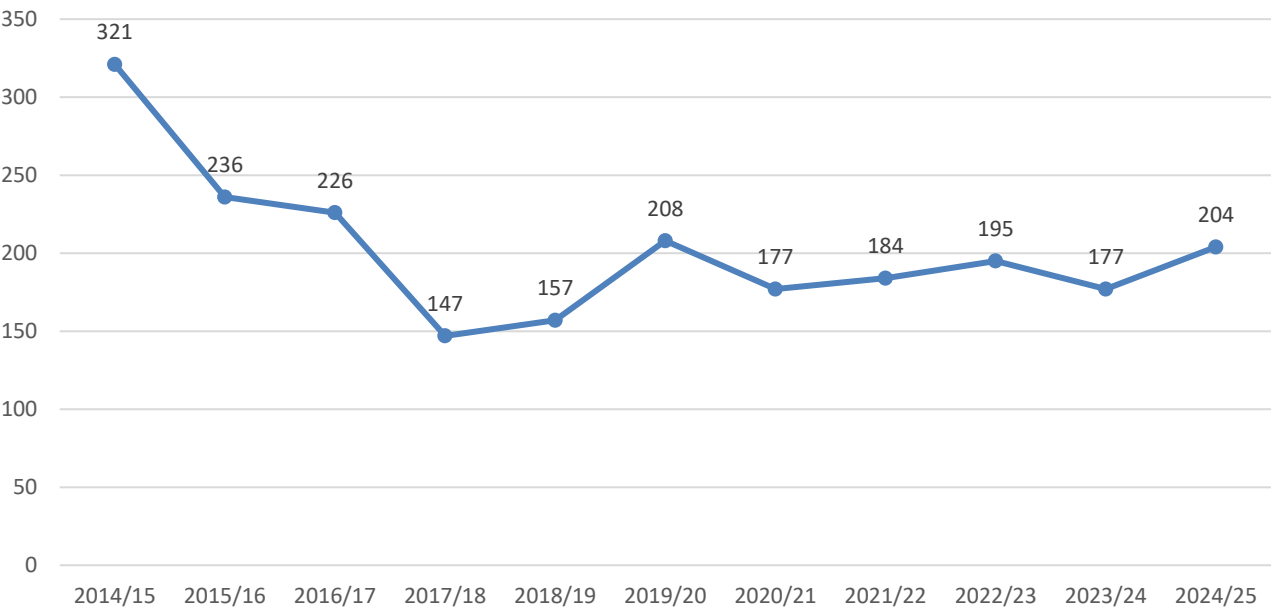
WSFT is committed to providing an accessible, fair and effective means of communication for anyone who wishes to express concerns about the care, treatment or service provided by the Trust. In responding to and reviewing complaints, WSFT adheres to the NHS Complaints Standards published in December 2022 by the Parliamentary and Health Service Ombudsman (PHSO).

Complaints are reviewed with service managers, associate directors, clinical directors and the senior nursing team to ensure that issues are addressed, learning takes place and trends identified.

Examples of learning are detailed below. Themes and lessons learned are also reviewed at the Experience of care and engagement committee and the Involvement committee.

WSFT received 204 formal complaints during 2024-25. The Board monitors complaints and learning each month as part of the quality reporting arrangements.

Number of formal complaints received



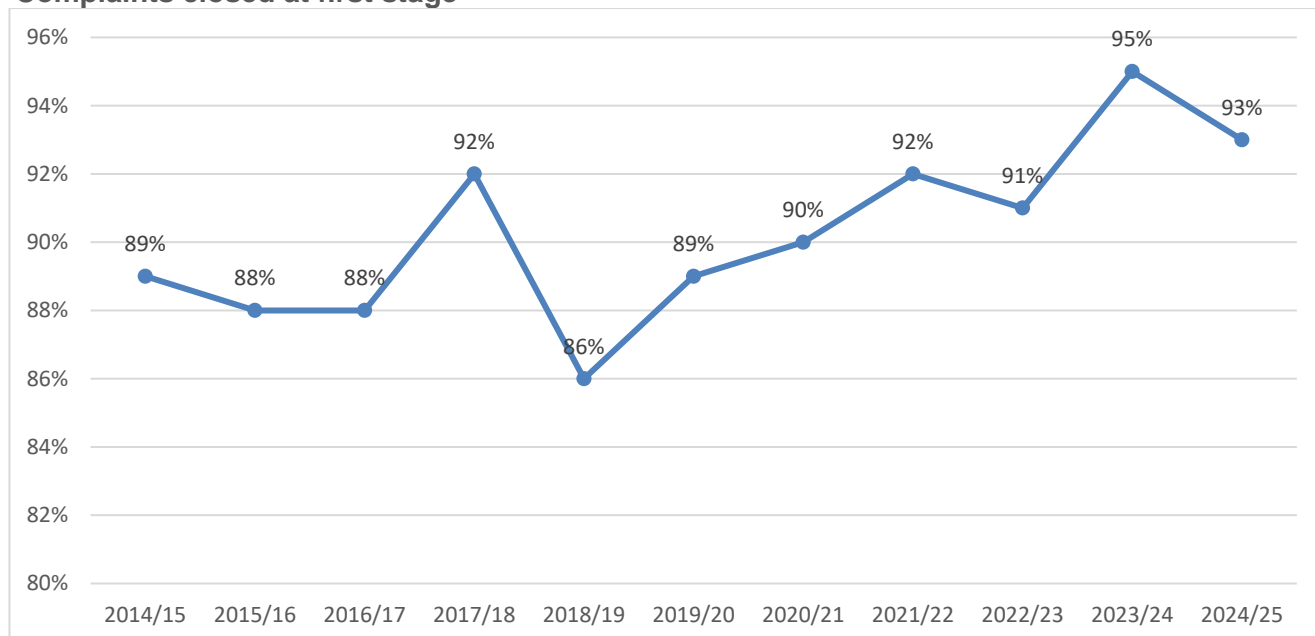
Source: Datix and Radar

As a Trust we aim to resolve complaints at the first stage, resolving a person’s concerns upon receipt of their first contact. On occasion, people are dissatisfied with the outcome of our investigations and request a review, at this stage we would consider this to have gone beyond the first stage.

In 2024-25 the Trust successfully resolved 193 complaints at the first stage, with 15 investigations escalating to second stage throughout the year, reflecting a 93% first-time resolution rate.

The consistently high number of complaints resolved at first stage demonstrates quality investigations at local level. New complaints management processes were implemented to improve the complainants’ experience, with the aim of ensuring complaints are resolved at the first stage.

Complaints closed at first stage



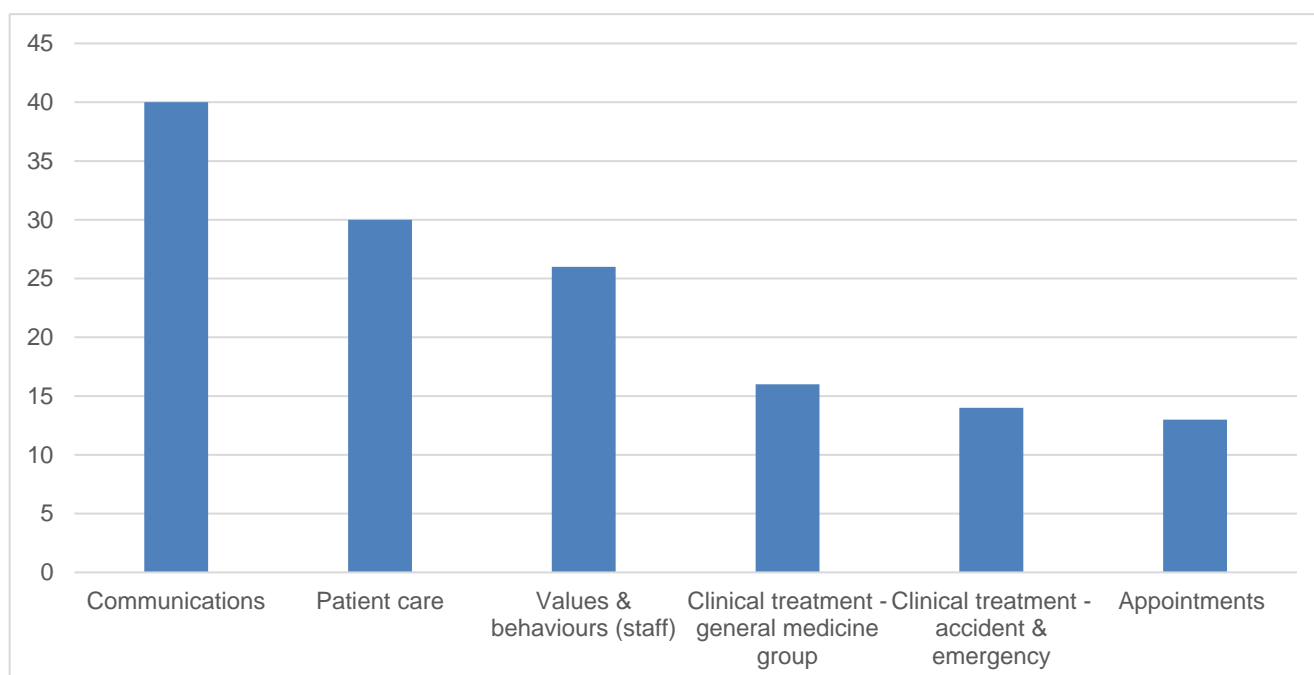
Source: Datix and Radar

Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the PHSO or the Local Government and Social Care Ombudsman (LGSCO) for an independent review. During 2024-25, one complaint was referred to the PHSO and following investigation this was found to not be upheld.

Of the two cases referred to the PHSO in 2023-24, the investigations were concluded in 2024-25 and one was not upheld. The other investigation was referred to both the PHSO and LGSCO. The LGSCO concluded that the complaint was not upheld, however, the PHSO partially upheld the complaint. The recommendations made by the PHSO for this case have been completed.

There are currently no ongoing PHSO or LGSCO investigations and with only one complaint being referred in 2024-25. This further demonstrates the thorough investigations completed at local level.

Top six primary subjects of complaints



Source: Radar

The numbers identified in the chart above list only primary concerns; many complaints have multiple categories. Four out of the six top categories have remained the same since the previous financial year, however, clinical treatment in the emergency department, and appointments have become among the highest subjects for formal complaints in 2024-25.

Communication remains the top category of concern and the number of complaints have increased from 28 in 2023-24 to 40 in 2024-25. Patient care complaints have increased from 23 in 2023-24 to 30 in 2024-25. Values and behaviours of our staff has also increased from 19 in 2023-24 to 26 in 2024-25. Clinical treatment – general medicine group has decreased from 20 in 2023-24 to 16 in 2024-25.

As well as responding to and learning from individual complaints, WSFT identifies themes and trends from local complaints and national publications such as the PHSO. We have provided a sample of the learning outcome from complaints, which has support WSFT's quality priorities and other service improvements:

- actions have been completed to improve communications between staff, patients and relatives
- Oliver McGowan training recommended for staff
- gastroenterologist of the week introduced to aid with communication and continuity (same named person) for patients
- visiting times for birthing partners changed to allow them to stay on the ward overnight
- additional training for midwives on tongue tie assessments to increase number of staff able to complete this
- timing of breakfast on ward F11 changed to first delivery of the day, to better accommodate patients who need to control blood sugars
- adrenal pathway established between radiology and endocrinology to ensure appropriate referrals if adrenal lesions incidentally found during scans
- nutritional values to be added to patient menus to assist with diabetes management
- additional safeguarding training given to staff for both adults and paediatric patients
- catheter passports and additional training for these being rolled out Trust-wide.
- additional equipment provided to ward staff to improve pressure area care.

There were some complaints that were also investigated simultaneously with serious incident investigations and the actions identified through these investigations are being progressed and reported via this route.

Managing compliments

A total of 666 compliments have been formally received by WSFT. This figure only includes “thank you” correspondence shared with the patient experience team.

National CQC patient surveys

The Care Quality Commission (CQC) carries out a variety of patient surveys, the most frequent of which occurs annually. Feedback from national as well as local surveys is used to monitor service performance and focus on quality improvement. WSFT was involved in the following CQC surveys which have been reported on during 2024-25:

- 2023 Adult Inpatient Survey (published August 2024)
- 2024 Urgent and Emergency Care Survey (published November 2024)
- 2024 Maternity Survey (published November 2024).

Interpreting our data

These reports show how the Trust scored for each evaluative question in the surveys, compared with other trusts that took part.

It uses an analysis technique called the “expected range” to determine if the Trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the

performance of individual trusts and identify areas for improvement.

2023 Adult Inpatient Survey (published August 2024)

Respondents and response rate

- 559 WSFT patients responded to the survey
- The response rate was 48.95%.

Banding

Much better than most trusts on 0 questions

Better than most trusts on these three questions:

- did you have confidence and trust in the nurses treating you?
- do you think the hospital staff did everything they could to help control your pain?
- did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

Somewhat better than most trusts on these three questions:

- how would you rate the hospital food?
- when you asked nurses questions, did you get answers you could understand?
- before you left hospital, did you know what would happen next with your care?

Worse than most trusts on 0 questions

About the same as other trusts on 43 questions

2024 Urgent and Emergency Care Survey (published November 2024)

Respondents and response rate

443 WSFT patients responded to the survey

- the response rate was 37%.

Banding

Much better than expected on one question

- Q38. From the information you were given by hospital staff, did you feel able to care for your condition at home?

Better than expected on seven questions

- Q12. After your first assessment, did the nurse or doctor tell you what would happen next?
- Q17. Did you have enough time to discuss your condition and treatment with the doctor or nurse?
- Q18. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?
- Q27. Were you involved as much as you wanted to be in decisions about your care and treatment?
- Q35. Thinking about any new medication you were to take at home, were you given any of the following? (list given in questionnaire)
- Q41. If you contacted any health or social care services after leaving A&E, was the care and support available when you needed it?
- Q43. Overall, how was your experience while you were in A&E?

Somewhat better than expected on seven questions

- Q21. Did you have confidence and trust in the doctors and nurses examining and treating you?
- Q22. If a family member, friend or carer wanted to talk to a doctor or nurse, did they have enough opportunity to do so?
- Q28. If you had any tests, did a member of staff explain why you needed them in a way you could understand?

- Q29. Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?
- Q30. Do you think the hospital staff helped you to control your pain?
- Q36. Before you left A&E, did hospital staff give you information on how to care for your condition at home?
- Q42. Overall, did you feel you were treated with respect and dignity while you were in A&E?

Somewhat worse than expected on 0 questions

Worse than expected on 0 question

About the same on 15 questions

2024 Maternity Survey (published November 2024)

Respondents and response rate

126 WSFT patients responded to the survey

- the response rate was 42%.

Banding

Much better than expected on one question

- C4. Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?

Better than expected on two questions

- B12. Thinking about your antenatal care, were you spoken to in a way you could understand?
- E2. Were your decisions about how you wanted to feed your baby respected by midwives?

Somewhat better than expected on four questions

- B11. During your pregnancy, if you contacted a midwifery team, were you given the help you needed?
- B14. During your pregnancy did midwives provide relevant information about feeding your baby?
- B17. If you raised a concern during your antenatal care, did you feel that it was taken seriously?
- F10. Did a midwife ask you about your mental health?

Somewhat worse than expected on one question

- D2. On the day you left hospital, was your discharge delayed for any reason?

Worse than expected on 0 questions

About the same as other trusts on 49 questions

Action plan

Results are reviewed by relevant groups and reported to the Experience of care and engagement committee. Action plans are established with the support of the patient experience and engagement team alongside any existing work in our workstreams. Actions from the CQC survey results have included:

- the creation of focus groups in particular areas
- in-depth local surveys to determine support patients feel they need
- working closely with the Transfer of Care group
- development of personalised care plans
- a week focusing on time-critical medications
- improved communication with patients waiting in an ambulance
- review of “what to do at home” leaflets.

Further details regarding quality and operational performance and risks are provided in the annual governance statement (section 2.6).

Health inequalities

Under the First for the Future ambition, the Trust strategy makes a commitment to ‘Make the biggest possible contribution to preventing ill-health, increasing wellbeing and reducing health inequalities.’. The Board adopted the prevention, health inequalities and personalised care (PHIPC) strategy in December 2023 with an action plan covering to March 2025. The Trust invests in an in-house public health service which provides leadership, advocacy, specialist expertise, and clinical health improvement services across prevention, health inequalities, personalised care and population health management.

The Trust has analysed information on health inequalities in line with NHS England’s statement under section 13SA(1) of the NHS Act 2006 on how NHS bodies should exercise their powers to collect, analyse and publish information related to health inequalities. Our analysis has three components:

1. Creating a population profile which provides key insights into the characteristics of the population that we serve
2. Assessing the presence of healthcare inequalities for the population groups and services prioritised in NHS England’s Core20PLUS5 framework
3. Analysing the indicators in NHS England’s Statement on Information on Health Inequalities which are relevant to WSFT.

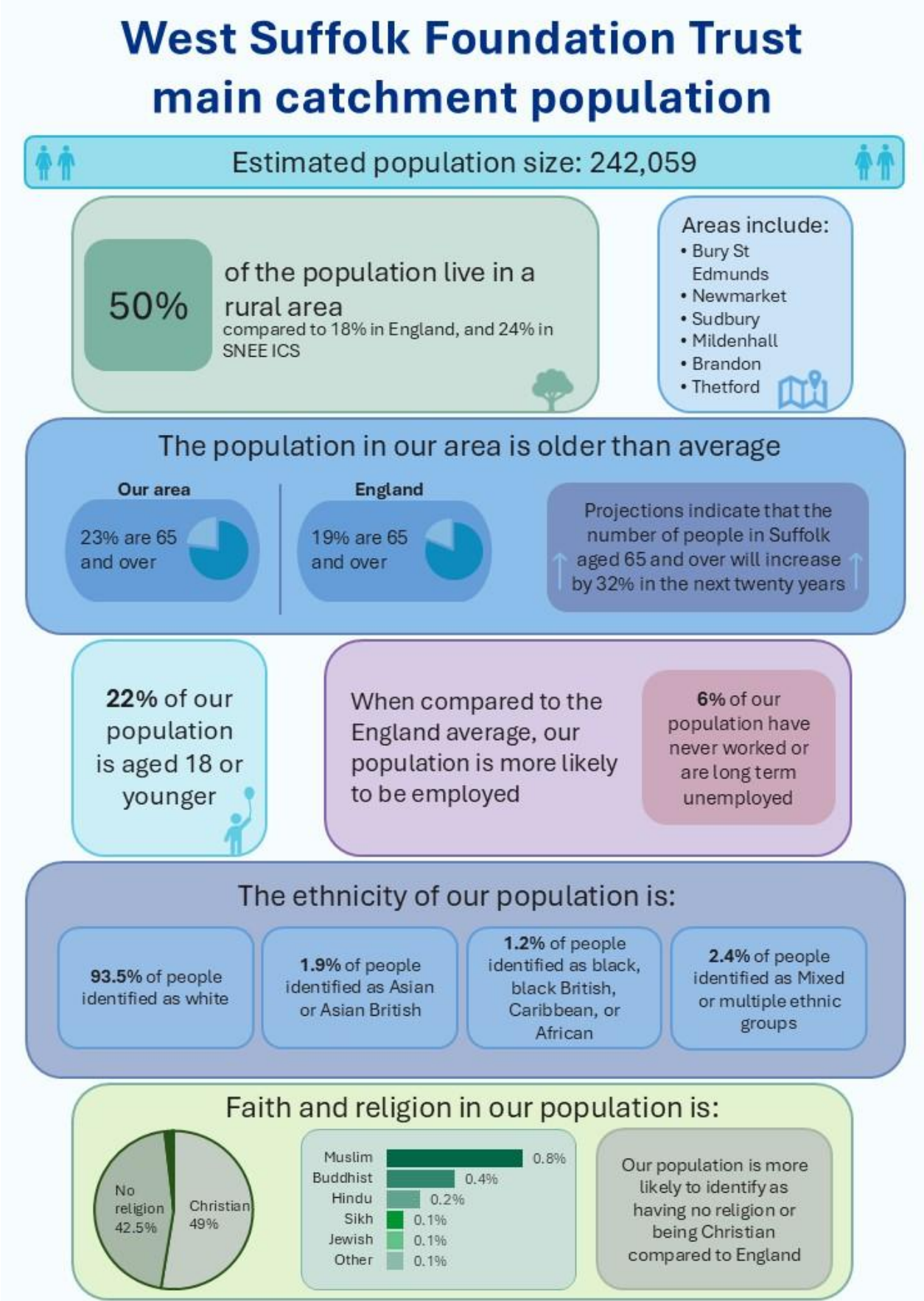
The insights that we generate inform the actions that the Trust takes to address both health inequalities and healthcare inequalities. These actions are executed and governed under the PHIPC strategy.

Trust’s population profile

Defining the catchment population of the Trust is difficult. There are no hard boundaries, and we care for anyone who is referred to us or who attends our Emergency Department. For hospital services, we can look at areas where more than 50% of the population are admitted to us rather than went to be cared for elsewhere. For community services, it is even harder, as we work with several other organisations and look after people over a much wider geography than use our hospital services. In 2024-2025, analysis of the community paediatric service catchment demonstrates some of these differences in boundaries and service provision.

Our population profile remains similar to that presented in the 2023-2024 annual report, shown in Figure 1. Our catchment area for acute services and for adult community services crosses west Suffolk, parts of south Norfolk, North East Essex and east Cambridgeshire.

Figure 1: WSFT population profile from 2021 census data



During 2024-2025, we have added a community paediatric catchment profile to enhance our knowledge and understanding of the population served by the children and young people's community services.

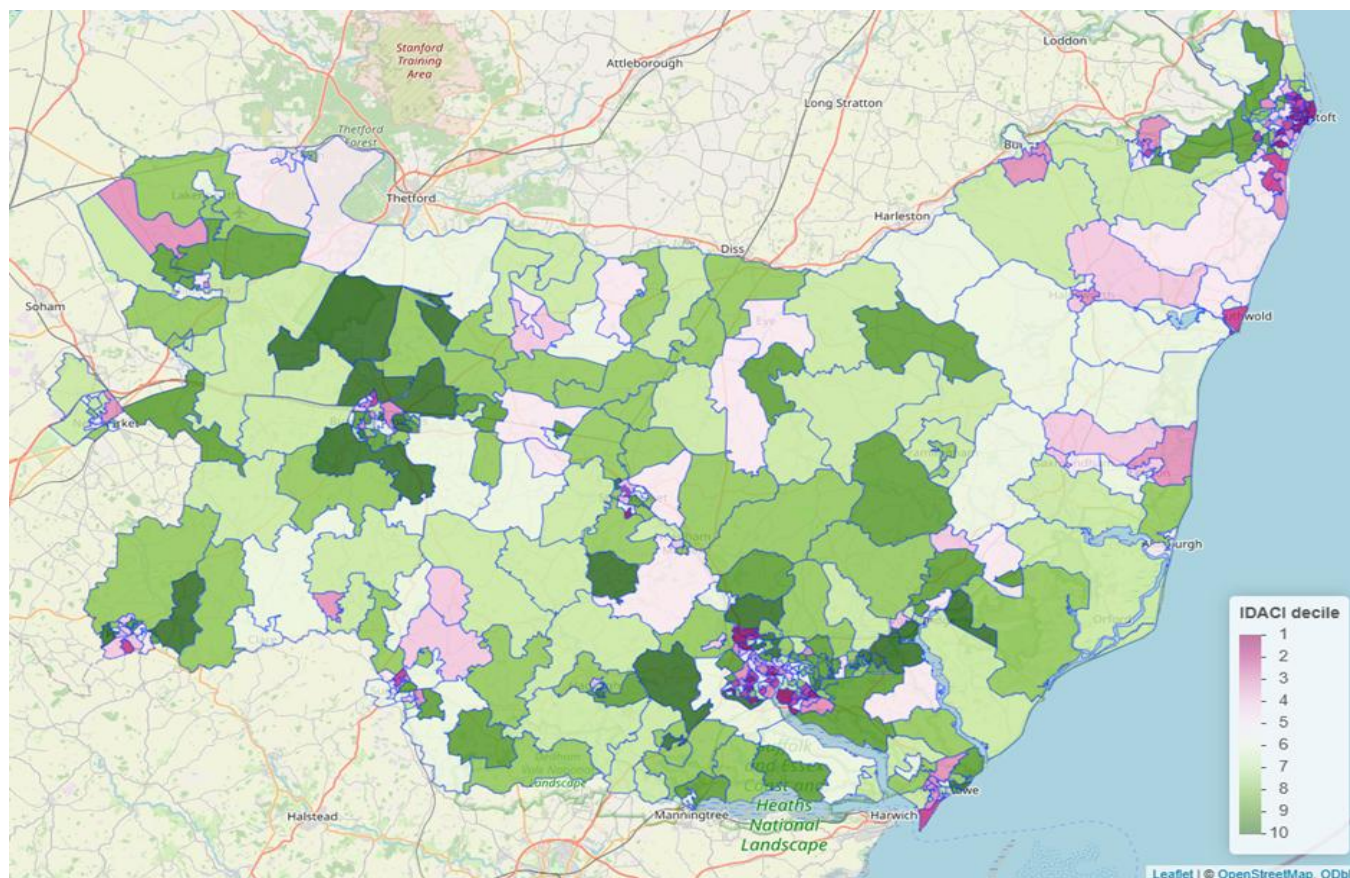
Community paediatric service catchment population

The integrated paediatric community service (ICPS) aligns to the borders of the county of Suffolk. Suffolk County Council publishes the [State of children in Suffolk report](#) as part of the Joint Strategic Needs Assessment (JSNA).

The population served by ICPS has the following characteristics:

- There are more than 200,000 children and young people aged 0-24 years living in Suffolk.
- The size of 0-24 age group will decrease by 1.9% by 2043, despite an overall population growth of 6.5%
- Children and young people in Suffolk are less ethnically diverse compared to England, with one in six (17.1%) in ethnic minority groups compared to one in three (32.9%) nationally. Ipswich has the highest proportion of children and young people from ethnic minority backgrounds (32.6%).
- Many children and young people are affected by poverty. Figure 2 shows that most childhood deprivation is concentrated in Suffolk's urban and coastal regions. The towns and villages with the highest levels of deprivation affecting children and young people are Mildenhall, Newmarket, Haverhill, Glemsford, Sudbury, Bury St Edmunds, Stanton, Stowmarket, Ipswich, Felixstowe, Leiston, Reydon, Bungay, and Lowestoft.

Figure 2: Map of Suffolk showing income deprivation affecting children and young people (pink indicates high deprivation, green indicates low deprivation)



Sources: [English indices of deprivation 2019 - GOV.UK](#); Office for National Statistics licensed under the Open Government Licence v.3.0; Contains OS data © Crown copyright and database right [2025]

Figure 3: Infographic showing the health, care and social needs of children and young people in Suffolk



Analysing the referrals to the ICPS, we can see that referral rates are higher from the more deprived areas (Figure 3). This is a positive finding. It means that the families who have the greatest needs are successfully finding their way into the services that can help them. Healthcare inequalities are often created by people from less deprived areas being able to navigate complex referral systems more effectively.

Box plot showing the rate per 100 children aged 15 or less for the largest community populations for each deprivation decile. The y-axis is 'Rate per 100 children aged 15 or less' (0-30) and the x-axis is 'IMD decile (1=the most disadvantaged)'. The plot shows a general downward trend in rates as deprivation decreases, with decile 1 having the highest median rate (~15) and decile 10 the lowest (~7).

Conclusions

- providing services within a county boundary allows joined up working with key partners.
- the highest proportion of economically disadvantaged children are in the urban and coastal regions of Suffolk
- access to services is most needed in north east Suffolk, including Lowestoft, and in Haverhill, Newmarket and Sudbury in the west of the county, which are served by the Trust.
- there are 373 children with child protection plans and 20,268 children with special educational needs or an Education, Health and Care Plan (EHCP). They will all require an enhanced level of health and care support.
- the health of children and young people is an important factor in their future health and care needs and demand
- mental health in young people remains a significant issue
- asthma is the most common long-term condition
- self-care of diabetes appears to be improving which must continue.

Core20PLUS5 priority groups and services

The Core20PLUS5 programme is a well-established NHS England programme to reduce healthcare inequalities in adults and children and young people. It prioritises population groups and healthcare services under three headings:

1. Core20 areas – the local areas which, when ranked nationally, are the most disadvantaged 20% in the country
2. PLUS populations – population groups chosen by integrated care systems experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone
3. Five clinical priority areas (plus smoking for adults) – clinical topics where significant inequalities are already known to exist, or which contribute most to the overall inequality in life expectancy. Clinical priority areas are defined for both adults and children and young people. Smoking is added to the framework for adults only as a cross-cutting topic because it drives poorer health outcomes and health inequalities for all five clinical priority areas.

Core20 areas

There are four Core20 areas in the Trust's acute catchment area, where 6,900 people live. One is in Bury St. Edmunds, part of the Howard Estate, and three are in Thetford, which lies within the Norfolk County Council boundary (Figure 4). Understanding these communities and their health is important to reducing healthcare inequalities.

Figure 5: Maps showing the location of Core20 areas in the main WSFT catchment area (Bury St Edmunds left, Thetford right)

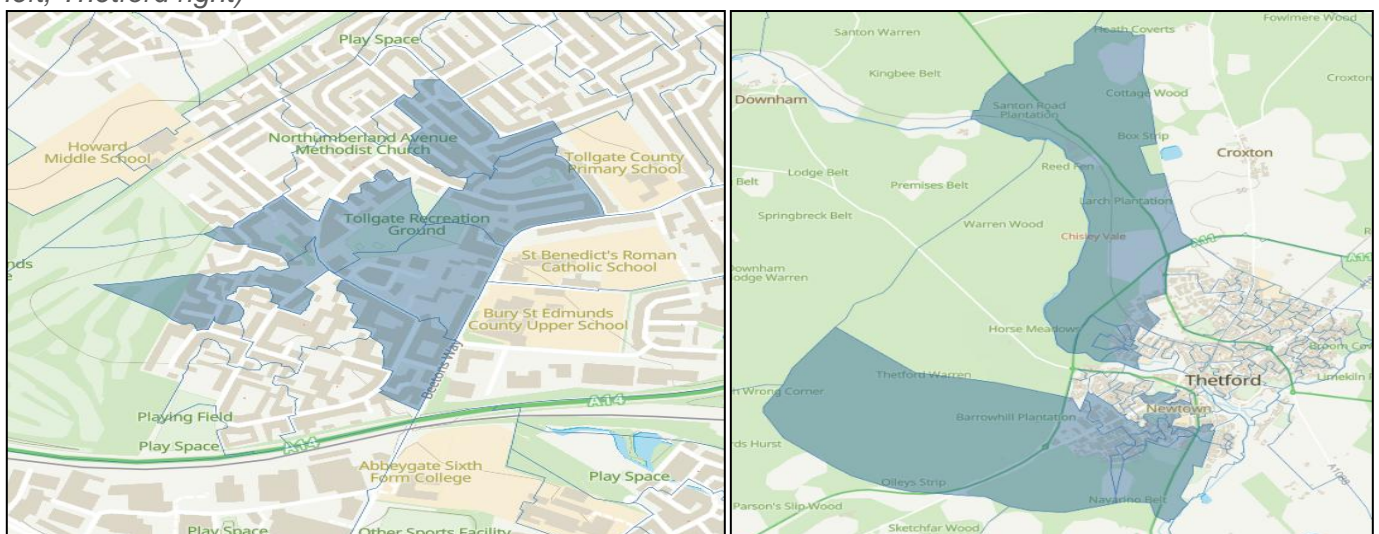
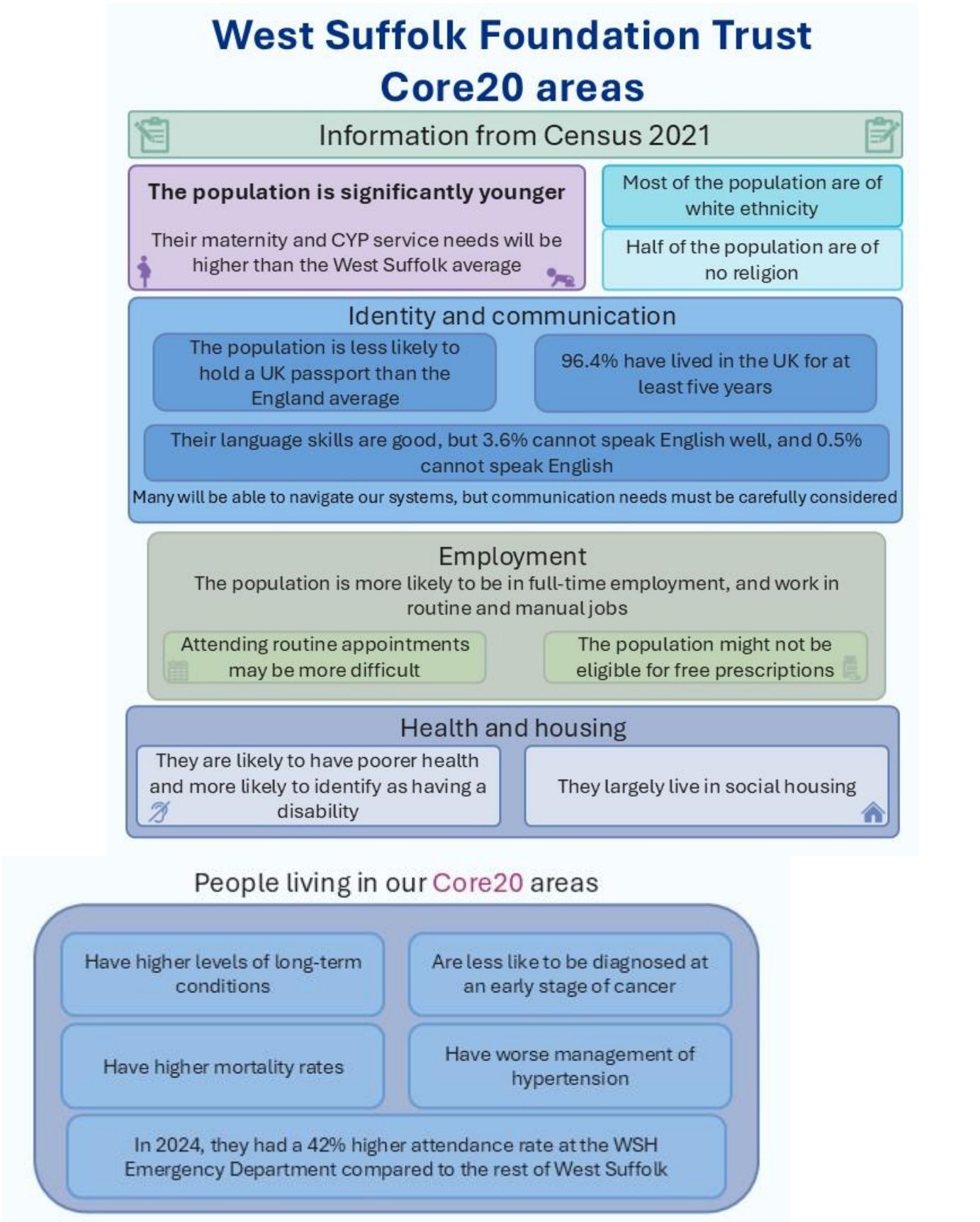


Figure 6: Population and health statistics for residents of Core20 areas in the WSFT acute catchment area



Action taken in 2024-2025

The WSFT public health team have been working with partners across the health and care system to address some of the inequalities faced by people living in the Core20 areas.

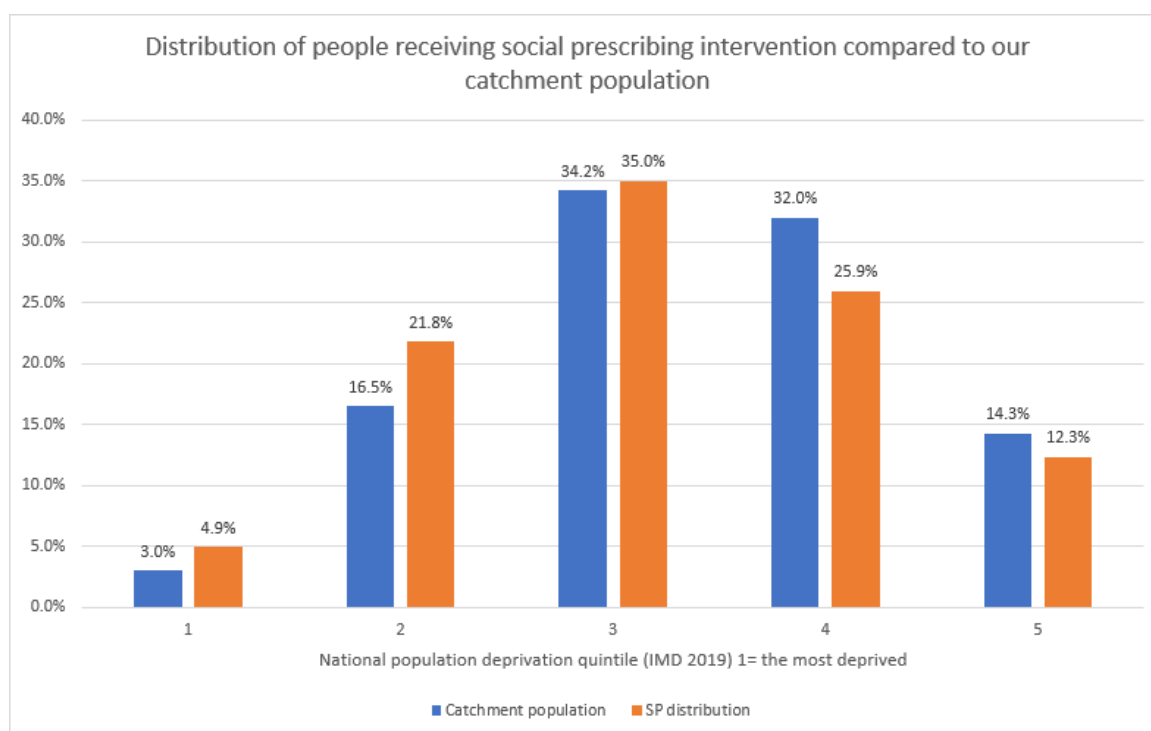
Working with West Suffolk Alliance (WSA) partners to conduct asset-based community engagement in Bury St. Edmunds and Haverhill has guided the actions in these areas. The key needs identified were:

- frailty and complex co-morbidity
- mental health
 - children and young people: behavioural management, attention deficit hyperactivity disorder (ADHD), autism, learning disability
 - adults: anxiety, depression
 - substance misuse
- maternal and postnatal support
- access to primary care and community support e.g. urgent care advice for admission avoidance, and community management

Bury St Edmunds Primary Care Network has undertaken targeted work with its community promoting blood pressure management and supporting people to make any lifestyle behaviour changes they want to, such as quitting smoking.

Social prescribers support more people who are socioeconomically disadvantaged than our population in general (Figure 6). This is a positive finding. It means that more people with the greatest needs are getting the benefit of social prescribing and personalised care.

Figure 7: Distribution of people benefitting from social prescribing, by deprivation quintile



PLUS populations

The PLUS populations for Suffolk remain unchanged from last year. They are:

- people in minority ethnic groups
- coastal communities
- rural communities

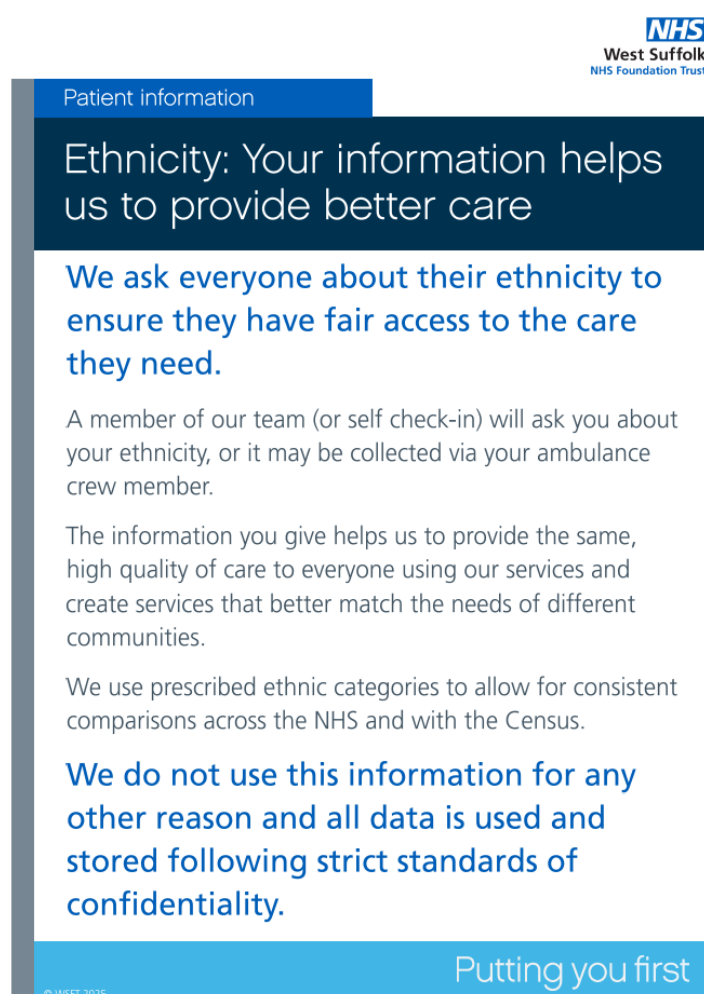
- people and groups facing the sharpest health inequalities in Suffolk such as groups at risk of disadvantage, includes migrants, travelers, people who are homeless, people who are in prison, and sex workers.

People who are in minority ethnic groups

Recording accurate and comprehensive ethnicity provides an important foundation when assessing how fair and accessible our services are. Analysis of the information in eCare, (the hospital electronic patient record) in 2023-2024 showed that 75.3% of people had their ethnicity recorded. A goal was adopted in the prevention, health inequalities and personalised care strategy to increase the accuracy of ethnicity data in eCare by 50%.

To assist with this goal, posters were placed in the outpatients and emergency departments to explain why staff ask people about their ethnicity (Figure 7). The self-check-in kiosks in outpatients were programmed to ask about ethnicity too. By November 2024, ethnicity coding was fully completed for 91.5% of patients visiting outpatients or the emergency department.

Figure 8: Ethnicity data collection poster



NHS
West Suffolk
NHS Foundation Trust

Patient information

Ethnicity: Your information helps us to provide better care

We ask everyone about their ethnicity to ensure they have fair access to the care they need.

A member of our team (or self check-in) will ask you about your ethnicity, or it may be collected via your ambulance crew member.

The information you give helps us to provide the same, high quality of care to everyone using our services and create services that better match the needs of different communities.

We use prescribed ethnic categories to allow for consistent comparisons across the NHS and with the Census.

We do not use this information for any other reason and all data is used and stored following strict standards of confidentiality.

Putting you first

© WSFT 2025

Rural communities

Half of the people who live in our main catchment area live in a rural area. This is much higher than the national average (18%) and the average in SNEE ICS (34%). Accessing health services can be particularly difficult for people in rural communities. For example, only one third of people in our main catchment area can travel to the West Suffolk Hospital in less than an hour.

The proportion of appointments conducted by telephone or video appointments remained 22%, the same as 2023-24. The Trust's aim is to increase that proportion to 25%.

The West Suffolk Alliance partners have started working with Suffolk County Council and community transport schemes to improve access to health services by bus. The Suffolk and North East Essex Integrated Care Board (SNEE ICB) has funded a scheme aimed at reducing healthcare inequalities in maternity patients. Pregnant women and people from Haverhill, Newmarket, Mildenhall and parts of Bury St Edmunds can receive a free ‘Bump and Baby bus pass’ with Stephenson’s Coaches if they are affected by transport poverty. We believe this scheme is the first of its kind nationally. It is intended to improve maternal and neonatal outcomes, for example reducing the number of babies who are born with a low birth weight. It will be evaluated in 2025-2026 to see if it has a positive impact.

The Newmarket Community Diagnostic Centre has reduced travel times for diagnostic tests for people living in the deprived and rural communities to the west of our catchment area.

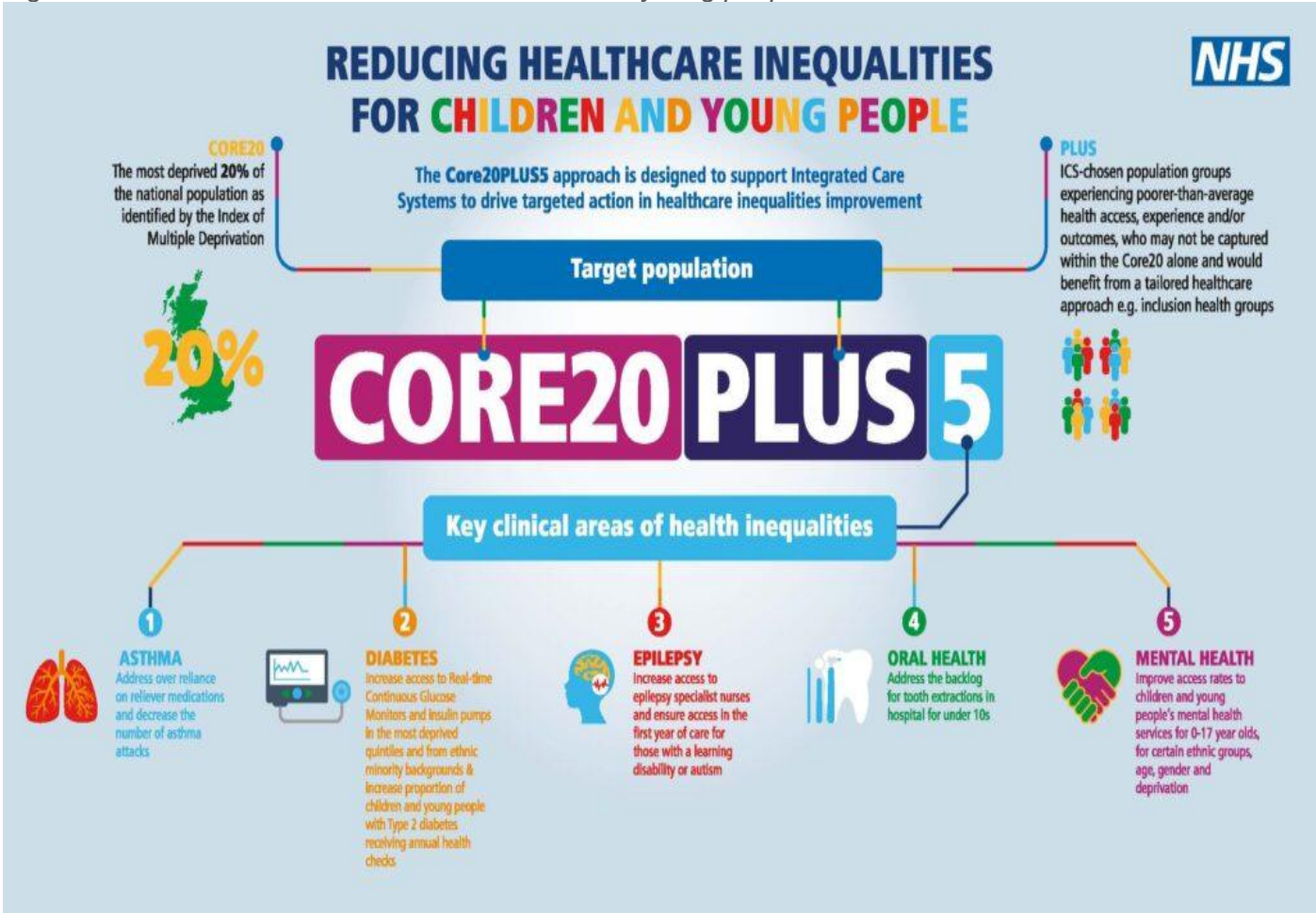
People and groups facing the sharpest health inequalities in Suffolk: Refugees

Two bespoke health improvement classes were provided in 2024-25 for the Suffolk Refugee Support charity in Ipswich which supports refugees. The topics covered were hypertension and mental wellbeing.

Five clinical priority areas for children, young people and adults

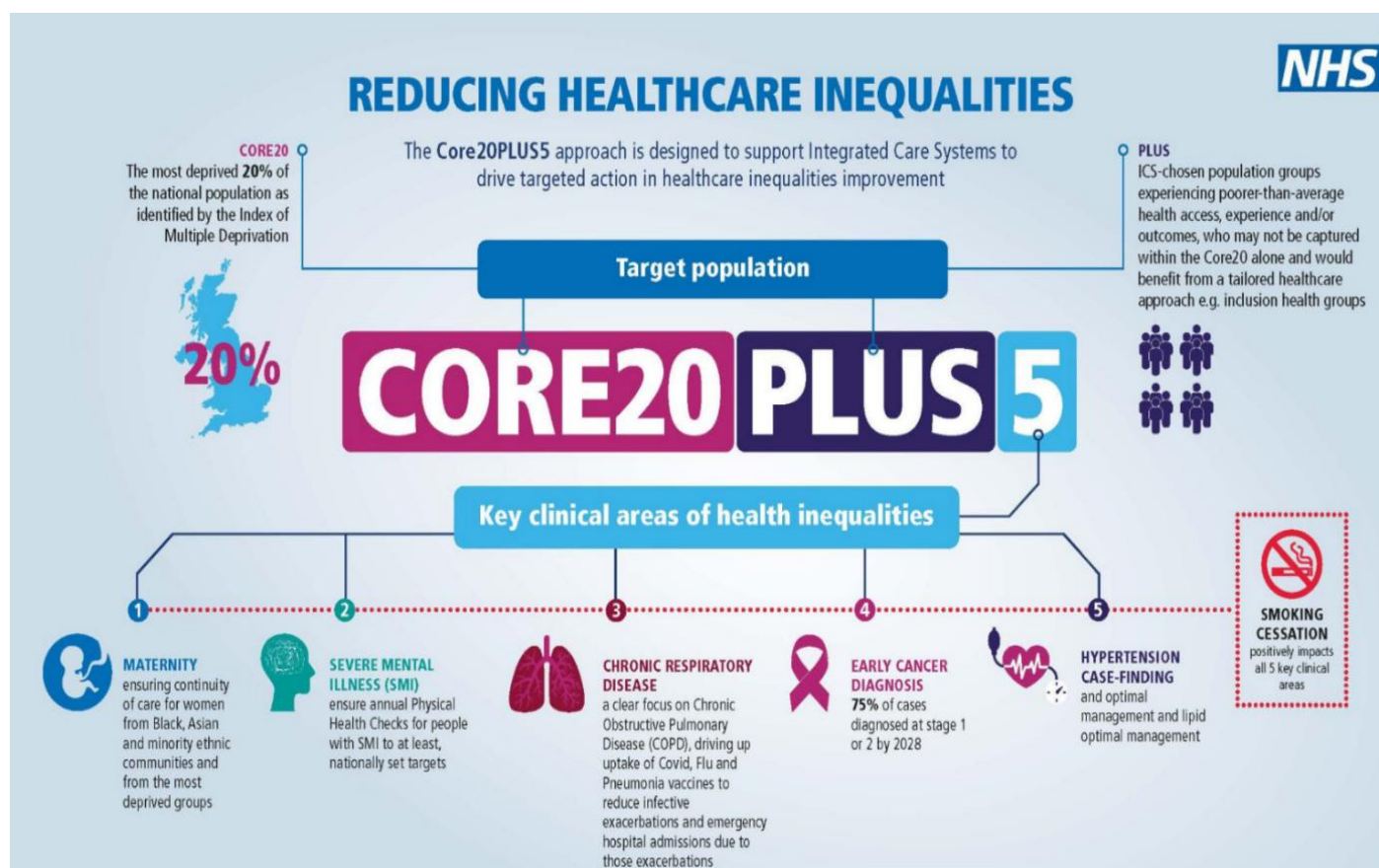
The five clinical priority areas for children and young people are shown in the Core20PLUS5 graphic in Figure 8. The five clinical priority areas for adults alongside smoking are shown in the Core20PLUS5 graphic in Figure 9.

Figure 9: Core20PLUS5 framework for children and young people



[NHS England Core20PLUS5 for children and young people](#) - an approach to reducing healthcare inequalities

Figure 10: Core20PLUS5 framework for adults



In most cases the clinical priority areas require coordinated action across several organisations to address them; only the epilepsy and maternity priorities are uniquely controlled by the Trust. Some of the data analysis and the actions that the Trust has undertaken in 2024-25 is described here.

Diabetes in children and young people

In 2024-2025, the public health team analysed the provision of insulin pumps in WSFT. There was no evidence of inequalities in children and young people's access to insulin pumps. This is a positive finding. It means that all children and young people who need a pump are equally likely to get one.

Asthma in children and young people

Working with West Suffolk Alliance and Suffolk County Council, inequalities in children and young people's asthma outcomes were investigated. Most children and young people living in the 30% most disadvantaged areas do not experience any inequalities. This is a positive finding. Children living in the disadvantaged areas around Sudbury were found to have higher admission rates to hospital for asthma and the Alliance has formulated a plan to do further targeted work in the area.

Maternity

The priority is to ensure continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. Nationally available data shows the percentage of all people receiving continuity of care and does not break it down by ethnicity.

Continuity of care requires appropriate staffing levels to be implemented safely. Due to national and local staffing shortages, progress towards the national ambition to provide continuity of care to all people in a Black, Asian and minority ethnicity group has been slow.

WSFT was delivering more continuity of care than the England average up until May 2022 (23% of women)

but since then this has been much lower: 12.1% at the last data collection in January 2025 against a national average of 17.4%. Ethnicity population data from Census 21 would suggest around 15% of births could be in Black, Asian and minority ethnic groups.

Chronic respiratory disease in adults

People with chronic respiratory disease often suffer from social and economic problems, either related to the circumstances that have caused their respiratory disease or because of the effects it has on their quality of life. Building on the success that the Trust's inpatient social prescriber had helping patients with their social needs and wider wellbeing, a partnership was agreed with Suffolk County Council for a social prescriber funded to work specifically with patients with respiratory disease across the Trust in 2025/26.

Early cancer diagnosis in adults

During 2024/25, specialists across the Trust have worked with partners to plan the launch of the targeted screening for lung cancer programme (TSLCP) in March 2025. The TSLCP is aimed at people aged between 55 and 74 who are current or former smokers. The programme will lead to more lung cancers being diagnosed earlier in this high-risk group, improving survival through earlier treatment.

Hypertension case finding in adults

The aim of this priority is to help people who do not know that they have high blood pressure to be diagnosed and treated, reducing their risk of having a heart attack or stroke. In the year up to September 2024, West Suffolk was above the England average, as:

- 69.5% of patients with GP-recorded hypertension had a blood pressure recording below the age-appropriate treatment threshold.

People in West Suffolk are equally likely to have their blood pressure well-controlled whether they live in the most deprived or the least deprived communities (68.6% vs 69.3%). However, people of Black ethnicity and missing ethnicity are less likely to have their blood pressure well-controlled than people of White ethnicity (61.1% and 62.0% versus 69.9%).

Cholesterol management has improved slowly and remains slightly above the England average. There are no inequalities in effective cholesterol control by deprivation or ethnicity.

The Trust Board adopted a strategic priority in 2024/25 to play its role in reducing the population's risk of cardiovascular disease, which included helping West Suffolk Alliance to target its efforts using data and to use its own contacts with patients to promote hypertension awareness.

Targeting hypertension case-finding using data

The Trust's public health team has provided extensive support to West Suffolk Alliance to refine their work on hypertension case finding, including using artificial intelligence to try to identify the best people to target. In the end, no method was deemed more effective than universally encouraging people aged between 45 and 80 to know their blood pressure.

Using hospital footfall to help find people with undiagnosed hypertension

A SiSU Health Station has been placed in the West Suffolk Hospital Courtyard Café Trust since July 2024. Funded by SNEE ICB, 2028 patients, staff and visitors had used the machine by December 2024 to get a free health check, including measuring their blood pressure and other cardiovascular risk factors. People that the machine identifies as being at risk are advised to visit their GP:

- 994 men used the machine and 1034 women. Men are known to be harder to engage in prevention than women so this result was very positive.

- 11% of people were identified as having hypertension
- 28% of men and 15% of women who used the machine were identified as having a 10% or higher chance of having cardiovascular disease in the next 10 years (called the QRISK score)
- This preliminary data is promising as it means we are identifying patients who are at risk and encouraging them to take action to improve their health and prevent future ill health.
- Using our media channels to raise awareness of hypertension and how to prevent it

The Trust has run a health promotion campaign throughout 2024/25 focusing on hypertension awareness and its causes. A total of 33882 people have been reached through channels as diverse as Facebook and Instagram, the NextDoor app, the annual members meeting and the staff Green Sheet newsletter.

Smoking cessation

Smoking remains the single biggest cause of preventable illness and death in England. Smoking is also the biggest cause of health inequalities. Supporting people to manage their dependence on tobacco and to achieve abstinence from tobacco addiction is a recurrent theme in the health inequalities policy agenda. Smoking prevalence in the west of Suffolk remains as reported in the 2023-2024 annual report at around 10%. Suffolk continues to aim for a prevalence of 5% by 2030.

The one most important thing the Trust can do to reduce healthcare inequalities is to promote smoking cessation at every opportunity. Not addressing tobacco dependence in healthcare settings and contacts is simply exacerbating the healthcare inequalities that people who smoke experience.

Acute and community inpatient tobacco dependence service

Through collaborative working with SNEE ICB, Suffolk County Council Public Health and Communities team and other healthcare system partners, WSFT continued to offer an inpatient tobacco dependence service throughout 2024/25.

Provisional outcomes for April 2024 to March 2025:

- 1409 inpatients who were smokers were offered smoking cessation support
- 31% of people were from the 40% most deprived areas
- 50% of people seen chose to make a quit attempt. Every person who chose not to try and quit received very brief advice, harm reduction information and/or support for temporary abstinence for a smokefree stay instead.
- 32% of people who chose to quit were successful and were still smokefree four weeks later, including 31% of those in the 40% most deprived areas
- This demonstrates that people from deprived areas are equally likely to stop smoking with the help of the Trust's inpatient service, which is excellent progress towards reducing health inequalities.

In June 2024, the inpatient tobacco dependence team followed up everyone who made a quit attempt in 2023-24 to investigate the long-term outcomes. The findings were extremely positive:

- amongst the people who had achieved a 4-week quit, 79% of those who responded were still smokefree
- amongst the people who had not achieved a 4-week quit on their initial attempt, 25% of those who responded had gone on to stop smoking after discharge.
- some people had switched to vapes, which also counts as a quit, and some smokers had succeeded in cutting down even if they had not quit completely.

Further analysis in October 2024 investigated the effect of treating inpatients' tobacco dependence on their risk of readmission to hospital. Based on data from 907 admissions, the rate of admissions amongst inpatients seen by the tobacco dependence service dropped from two events per person-year before they were seen to one event per person-year after. That is to say, the support and treatment that the tobacco dependence service provides halves the rate of re-admission to hospital.

The inpatient tobacco dependence service has made an important difference to the health of people who smoke in West Suffolk since it was set up in 2022.

Outpatient smoking cessation services

The Trust continued to work closely with community smoking cessation services in Norfolk and Suffolk to ensure good quality referrals and transfers of care into their services. In 2024-25, 207 outpatient referrals were made to community stop smoking partners.

The Trust's public health team has also provided training and advice to Feel Good Suffolk, assisting with the development of the community smoking cessation service that Feel Good Suffolk provides to Suffolk residents. This has included developing practitioner confidence to provide specialist care to members of the homeless community in Bury St Edmunds.

Expansion of the Trust's own tobacco dependence service into the emergency department, the outpatients department, and for staff, has also been planned and begun. This expansion has been achieved through close working and funding from the Suffolk County Council Public Health and Communities team, under the national Smokefree Generation ambitions.

Maternity smokefree pathway

With the benefit of strong partnership commitment, the maternity smokefree pathway continued to see 100% of pregnant people who smoked, offering support to all their household members who smoke too.

The service continues to deliver all the mandated requirements of Element 1: Reducing smoking in pregnancy of the Saving Babies Lives Care Bundle. The pathway is offered at the pregnancy booking appointment on an opt-out basis. It continues until 6-weeks post-birth.

The provisional outcomes achieved in 2024-2025 are:

- approximately 50 pregnant people who book with the Trust maternity service each month smoke
- there is a 50/50 split between people who have recently quit, who go onto a surveillance pathway, and people who are currently smoking, who go onto the treatment pathway
- around 60% of smokers made at least one quit attempt during their pregnancy with the support of the service
- smoking at the time of delivery – the principal national outcome measure - has reduced from 11% to be reliably below the national target of <6% since July 2024 (six-month rolling average). This is a phenomenal outcome for families and their babies.

The maternity team shared in the Suffolk and North East Essex Local Maternity and Neonatal System's win at the Baby Lifeline UK Maternity Unit Marvels (MUM) awards (Promoting Collaboration and Team Working category) in February 2025, recognising the success that the West Suffolk, Ipswich and Colchester maternity teams have achieved together in less than two years.

Smokefree site policy and improvements

The Trust has built on human factors research and stakeholder engagement, which was conducted during 2022-2023, to establish a comprehensive tobacco control plan and a smokefree site implementation plan. The smokefree site working group has included representation from patients, staff, and West Suffolk Council.

In September 2024, the Trust Board signed the NHS Smokefree Pledge. This commits the Trust to helping smokers quit and to provide smokefree environments that support them. To start with, the Trust is implementing a comprehensive, compassionate approach to achieving a smokefree site at West Suffolk Hospital. Smokefree Generation funding from Suffolk County Council Public Health and Communities team has paid for help and advice from the National Social Marketing Centre about the best ways to redesign the acute hospital site and use effective behaviour change messaging. The new smokefree policy is expected to launch in late spring-summer 2025.

Indicators in NHS England’s Statement on Information on Health Inequalities

The final tranche of analysis on health inequalities presents the statutory indicators in NHS England’s Statement on Information on Health Inequalities.

As an acute and community Trust, the indicators in the statement which relate to WSFT are:

- a. elective recovery – elective activity vs pre-pandemic levels for under 18s and over 18s
- b. unplanned emergency care – emergency admissions for under 18s
- c. smoking cessation – the proportion of adult acute inpatient settings and maternity inpatient settings where a smoking cessation service is offered
- d. oral health – inpatient admissions for tooth extractions due to decay in children aged 10 and under. As our clinicians do not provide dental extraction services, this is not a measure we report.

The statement requires trusts to publish an analysis of the indicators by age, sex, deprivation and ethnicity. In most cases, we have found no evidence of inequalities.

In 2023-24, we reported an incidental, but crucial, finding that both ethnicity and postcode are under-recorded in the Trust’s hospital electronic patient record eCare, which impairs the quality of the analysis and creates a risk of inequalities being hidden. As reported above, ethnicity coding has increased. Further investigation of postcode recording demonstrated that it is being recorded well. The incidental finding is a data artefact caused by overseas patients, such as those on holiday or American serving forces and their families, having a dummy postcode inserted (ZZ99). This is an NHS requirement for routine statistical reporting.

The sources of data used for the analysis are:

1. the Trust’s hospital episode statistics datasets on the secure data environment, Axym, commissioned by Suffolk and North East Essex Integrated Care Board
2. the elective catchment population in the Office for Health Improvement and Disparities’ NHS Acute (Hospital) Trust Catchment Populations dashboard.

Elective activity vs pre-pandemic levels

We compared the characteristics of people undergoing elective procedures in 2024, 2023 (calendar years) and 2019 (calendar year, defined as pre-pandemic).

Age

- people aged 65 and over are the largest age category receiving elective care. People aged 65 and over make up a quarter of our elective population and half of the people who receive elective care from us.
- there has been no significant change in distribution between the age categories between 2019, 2023 and 2024.

Percentage of the population by age	WSFT elective catchment (2020)	People receiving elective procedures, 2019	People receiving elective procedures, 2023	People receiving elective procedures, 2024
65 and over	26%	52%	51%	51%
19-64	74%	45%	46%	45%
0-18		4%	3%	3%

Sex

- more females than males undergo elective procedures, in line with the sex distribution in our elective catchment population
- there has been no significant change in distribution between the sex categories between 2019, 2023

and 2024.

Percentage of the population by sex	WSFT elective catchment (2020)	People receiving elective procedures, 2019	People receiving elective procedures, 2023	People receiving elective procedures, 2024
Female	52%	54%	52%	52%
Male	48%	46%	48%	48%

Deprivation

- the distribution of deprivation amongst people undergoing elective procedures roughly matches that of the catchment population.
- in 2023 and 2024, the distribution of deprivation of those having the procedure matched the distribution seen on the waiting list
- the category “unknown” has been investigated in 2024/25 and relates to people with an overseas postcode/address or who are homeless.

Percentage of the population by deprivation quintile*	WSFT elective catchment (2020)	People on the waiting list, 2023	People receiving elective procedures, 2023	People receiving elective procedures, 2024
1	3%	2%	2%	4%
2	17%	15%	16%	14%
3	34%	30%	35%	38%
4	32%	25%	29%	27%
5	14%	14%	15%	13%
Unknown	Nil	14%	3%	4%

*

Quintile 1 = most disadvantaged

Ethnicity

- there has been no significant change in distribution between the ethnicity categories between 2019, 2023 and 2024.
- there are differences in the distribution of people receiving elective procedures and the West Suffolk population of the Integrated Care Board (ICB). Fewer people have an unknown ethnicity in the joined up ICB data. The population catchment has higher levels of people with recorded ethnicities that are not White. This can be explained by the difference in ethnicity distribution by age; there is more ethnic diversity in younger people in our catchment, but the patients receiving elective care are generally older than the population. For comparison, the distribution by ethnic category is presented for those aged 65 and above

Percentage of the population by ethnicity	West Suffolk catchment area (2021)	West Suffolk catchment area aged 65+ (2021)	People receiving elective procedures, 2019	People receiving elective procedures, 2023	People receiving elective procedures, 2024
Asian or Asian	2.61%	0.40%	0.36%	0.42%	0.65%

British					
Black or Black British	1.27%	0.31%	0.21%	0.30%	0.36%
Mixed ethnicity	1.36%	0.31%	0.26%	0.33%	0.40%
Other ethnic groups	1.45%	0.56%	0.87%	0.74%	0.88%
White	87.67%	96.06%	89.71%	87.14%	85.66%
Not stated	5.65%	2.37%	8.31%	10.79%	11.82%
Not known			0.28%	0.29%	0.22%

Emergency admissions for under 18s

The total number of emergency admissions of patients under 18 years of age reduced by 12.6% from 2019 to 2023 (6671 and 5878 admissions respectively). The number has increased again by 11.9% between 2023 and 2024 to 6,581 admissions.

Age

- children aged 0-4 years make up the majority of paediatric emergency admissions
- there has been no significant change in distribution between the age categories between 2019, 2023 and 2024.

Percentage of the 0-18 population by age	WSFT emergency catchment (2020)	Paediatric emergency admissions, 2019	Paediatric emergency admissions, 2023	Paediatric emergency admissions, 2024
10-17	44%	15%	15%	17%
5-9	29%	10%	12%	13%
0-4	26%	75%	73%	70%

Sex

- more males than females are admitted to hospital in an emergency, in line with the sex distribution in our emergency catchment population.
- there has been no significant change in distribution between the sex categories between 2019 and 2023.

Percentage of the 0-18 population by sex	WSFT emergency catchment (2020)	Paediatric emergency admissions, 2019	Paediatric emergency admissions, 2023	Paediatric emergency admissions, 2024
Female	49%	47%	48%	48%
Male	51%	53%	52%	52%

Deprivation

- the distribution of deprivation amongst children and young people admitted to hospital in an emergency roughly matches that of the catchment population
- there has been no significant change in distribution between the deprivation categories between 2019, 2023 and 2024, where data is known
- there has, however, been a small amount of additional growth in emergency admissions from the 20% most disadvantaged areas. Looking at this growth closely suggests it is the growth from areas on the outskirts of our catchment near Haverhill, Newmarket and Thetford. There appears to be a small shift in 2024 of children and young people coming to West Suffolk Hospital for emergency care

instead of going to neighbouring hospitals.

Percentage of the population by deprivation quintile*	WSFT elective catchment (2020)	Paediatric emergency admissions, 2019	Paediatric emergency admissions, 2023	Paediatric emergency admissions, 2024
1	3%	4%	2%	6%
2	17%	19%	18%	16%
3	34%	32%	30%	33%
4	32%	26%	24%	23%
5	14%	16%	13%	11%
Unknown	Nil	2%	10%	10%

* Quintile 1 = most disadvantaged

Ethnicity

- there has been no significant change in distribution between the ethnicity categories between 2019, 2023 and 2024.
- notably, the paediatric service captures more complete ethnicity data than average. In 2019, 1.9% of ethnicity data was missing. It rose to 3.5% in 2023, but nevertheless is much lower than for the adult dataset. This suggests an area of good practice in the paediatric service which could be shared.

Percentage of the population by ethnicity	West Suffolk catchment population (2021)	Paediatric emergency admissions, 2019	Paediatric emergency admissions, 2023	Paediatric emergency admissions, 2024
Asian or Asian British	3.40%	1.65%	2.59%	3.21%
Black or Black British	1.99%	0.49%	1.16%	1.49%
Mixed ethnicity	3.28%	3.90%	0.91%	3.31%
Other ethnic groups	1.40%	1.59%	1.31%	0.97%
White	83.40%	90.47%	87.82%	87.69%
Not stated	6.53%	1.63%	3.13%	3.04%
Not known		0.27%	0.37%	0.29%

The proportion of adult acute inpatient settings and maternity inpatient settings where a smoking cessation service is offered

The Trust offers a smoking cessation service in 100% of its adult acute inpatient wards and in the maternity inpatient setting at West Suffolk Hospital.

Adult acute inpatient setting:

Please note the 2023-24 figures in this section have been recalculated using a different method from the 2023-24 annual report to allow comparison with 2024/25. Quit rates are measured as a percentage of patients who opted in to receive support to stop smoking.

Age:

- People aged 65 and older were more likely to successfully quit at four weeks compared to those aged 18-64. This difference is statistically significant and reverses the trend seen in 2023/24.

Percentage of service users by age	2023/24 4-week quit rate	2024/25 4-week quit rate
65 and over	30%	39%
18-64	38%	28%

Sex:

- The 2023-24 statistics suggested that the quit rate in women was lower than in men. An evidence review conducted in response found that nicotine replacement therapy (NRT) is not always as effective in women as it is in men. This knowledge has been factored into service delivery and if women are finding NRT ineffective, adjustments are made to support alternative treatment options.
- In 2024-25, men and women were equally likely to stop smoking.

Percentage of service users by sex	2023/24 4-week quit rate	2024/25 4-week quit rate
Female	31%	33%
Male	34%	31%

Deprivation:

- There is variation in the quit rates between people in different deprivation quintiles, but the differences are not statistically significant. This is a positive finding, because it means that deprivation is not a barrier to getting effective help from the service.

Percentage of service users by deprivation quintile*	2023/24 4-week quit rate	2024/25 4-week quit rate
1	41%	23%
2	20%	34%
3	33%	34%
4	41%	34%
5	30%	31%

*Quintile 1 = most disadvantaged.

Ethnicity:

The small numbers of service users in ethnic minority groups means that detailed analysis of outcomes by ethnicity category is not possible. Instead, to investigate whether people in ethnic minority groups receive a worse quality service than people in the White British group, outcomes have been analysed for people in all minority ethnic groups compared to White British people and people from any other White background.

- There is variation in the quit rates between people in different ethnic groups, but the difference is not statistically significant. This is a positive finding, because it means that ethnicity is not a barrier to getting effective help from the service.

Percentage of service users by ethnicity	2023/24 4-week quit rate	2024/25 4-week quit rate

White - British	34%	30%
White – Any other white background	21%	42%
All other ethnicities	34%	39%

Maternity setting:

Statistics on inequalities in the maternity smoking cessation service are presented for the first time this year.

Age:

- There is a trend towards women who are younger having a higher quit rate than women who are older, but the difference is not statistically significant.

Percentage of service users by age	2024/25 4-week quit rate
16-17	100%
18-24	74%
25-34	67%
35-44	53%

Deprivation:

- The quit rates for women in different deprivation quintiles are similar. This is a positive finding, because it means that deprivation is not a barrier to getting effective help from the service.

Percentage of service users by deprivation quintile*	2024/25 4-week quit rate
1	75%
2	63%
3	65%
4	73%
5	64%

*Quintile 1 = most disadvantaged.

Ethnicity:

The small numbers of service users in ethnic minority groups means that detailed analysis of outcomes by ethnicity category is not possible. Instead, to investigate whether people in ethnic minority groups receive a worse quality service than people in the White British group, outcomes have been analysed for people in all minority ethnic groups compared to White British people and people from any White background.

There is variation in the quit rates between women in different ethnic groups, but the difference is not statistically significant. This is a positive finding, because it means that ethnicity is not a barrier to getting effective help from the service.

Percentage of service users by ethnicity	2024/25 4-week quit rate
White - British	65%
White – Any other white background	73%
All other ethnicities	75%

Analysis of outcomes for women from Eastern European communities

An evidence review conducted in 2024-25 found that smoking during pregnancy is more common in Eastern European countries than it is in England. Although many Eastern European women quit smoking

when they become pregnant, the relapse risk is high, especially for those women who have a partner who continues to smoke. Specific analysis was performed on local data to understand if Eastern European women experience an inequality in their engagement with and outcomes from the WSFT maternity smokefree pathway.

The results showed some similarities:

- Eastern European women made up ~10% of patients seen by the WSFT smokefree pregnancy team in 2024. They live predominately in and around Haverhill and Thetford.
- Eastern European women were similar to women from England and other countries in terms of smoking status at the time of booking and carbon monoxide readings. That is to say, the higher prevalence observed in Eastern European countries is not reflected amongst Eastern European women living in West Suffolk and Thetford. Their level of need is equal to women from England and other countries.
- Eastern European women appear to have an equal rate of smoking at the time of delivery as women from England and other countries, but this statistic is very uncertain

The research also revealed some important inequalities:

- Eastern European women who smoke are less likely to engage with the smokefree pregnancy team
- Eastern European women are more likely to be living with a partner or household member who smokes
- These partners and household members are less likely to try to stop smoking, and are more likely still to be smoking when the baby is born, than the partners and family members of women from England and other countries
- Eastern European women mostly live around the Thetford and Haverhill areas, although they are sparsely distributed throughout the WSFT catchment area

In response to these findings, research is planned with women from the community to understand their expectations and experiences, to determine how the service can be improved to meet their needs and their families' needs better.

1.2.4 Principal risks and uncertainties

The Trust 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)

During 2024-25 the BAF was regularly reviewed in accordance with the workplan to ensure that it provided an adequate evidence base to support the effective and focused management of the principal risks to meeting strategic objectives.

This builds on the Board workshops and the new approach to assessing the BAF first implemented in 2023-24. The BAF illustrates the escalation processes to the Board 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 of the 10 risks 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 are reviewed by the Board of directors. 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. A summary of the BAF is provided in the annual governance statement (section 2.6).

Effective risk and performance management

The Trust 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 are connected from 'board to ward'. This is achieved through two-way communication between the Board, its assurance committees and management areas. Relevant aspects of the integrated quality and performance report (IQPR) are reviewed by the Board assurance committees to identify areas to share good practice and for more detailed review and improvement. This information is underpinned and informed by reviews from divisions and wards, with action-planning at these levels.

Delivery of improvement at an operational level is reported through the directorate executive performance review meetings, and is also tested through observational visits by Board members and governors as part of area observations. A programme of presentations and patient stories is also delivered to the Board and its subcommittees.

The Trust actively engages with its Foundation Trust membership and the public through regular talks, events and communications.

The Trust is a member of the NHS Resolution's Clinical Negligence Scheme for Trusts (NHSR CNST). Additional commercial insurance is in place to mitigate the risk for assets and services.

Mandatory service risk

The Trust'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 that would improve clinical processes, efficiency and, where required, release additional capacity to ensure the needs of patients could be met.

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.

Contractors and suppliers

The Trust is committed to sourcing, ordering and delivering a complete range of healthcare products, services and infrastructure, whilst maintaining value for money, and is a committed member of the East of England NHS Collaborative Procurement Hub. This network, together with our local team, allows us to keep up with developing markets, benchmark products and services, and build close relationships with suppliers.

All purchasing falls in line with the Procurement Act 2023 in addition to our standing financial instructions and standing orders.

We have assessed the risk of supplier failure. Where risks have been assessed as high due to credit risks or inability to find an alternative quickly, additional controls have been put in place.

Additional disclosures required by the financial reporting manual (FReM)

The accounts have been prepared under direction issued by NHS Improvement (NHSI) under the National

Health Service Act 2006:

- chief executive's responsibilities statement (section 2.5)
- accounting policy note 1 (part of accounts).

The accounting policies for pensions and other retirement benefits are set out in note 9 to the accounts, and details of senior employees' remuneration can be found in section 2.7 (remuneration report).

Audit committee's review of the annual report and accounts

The audit committee did not identify or raise any significant issues when reviewing the annual report and accounts in relation to the financial statements.

Social, community, anti-bribery and human rights issues

The West Suffolk NHS Foundation Trust, as an NHS provider and employer, operates within the requirements of UK and European law, including its responsibilities for equity of access to services, employment and opportunities. The Trust operates within the NHS Constitution and has employment and service policies that address equality and human rights issues.

The Trust is an anchor institution, i.e. a large organisation which has a mission to advance the welfare of the populations it serves; supports local community development through employment and procurement of local services; and receives significant public resources. Through this we deliver our social responsibilities through widening workforce participation; engaging young people through apprenticeships and career development activities; and act as a good employer, supporting the health, wellbeing, professional and career development of our staff, and supporting fair pay and conditions of employment.

The Trust continues to embed 'Just Culture' principles within its policy approval and decision-making frameworks. The Trust has also developed a comprehensive equality impact assessment (EIA) process and accompanying documentation, guidance and resources to support and empower colleagues to complete these fully and efficiently. The EIA process seeks to explore both the positive and negative impacts of organisational activities upon groups of our staff and patients with protected characteristics and from health inclusion groups. The Trust has also committed to delivering the actions within Unison's Anti-Racism Charter and has quarterly meetings with Unison to monitor and advance progress, and has also recently committed to the Sexual Safety in Health Charter.

The Trust remains committed to the effective implementation of policies and procedures in respect of fraud and corruption as well as the Bribery Act. It also has a nominated local counter fraud specialist (LCFS) 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 LCFS reports to the audit committee.

Over the past year the LCFS has delivered the following:

- undertaken obligatory tasks specified by NHS Counter Fraud Authority (CFA) to inform the Counter Fraud Functional Standard Return
- delivered fraud awareness training to staff across the Trust, including training as part of the staff induction
- shared invites to interactive training sessions delivered by the firm RSM UK on recruitment and cyber fraud awareness
- 'Notice Frauds' are sent to the Trust as and when LCFS receives a fraud alert, which is responded to and recorded by LCFS (to report back to NHS CFA). These notices cover mandate and cyber frauds completed compliance exercises on pre-employment checks and NHS CFA Procurement controls.

Our modern slavery statement is published on our website and outlines the approach we have taken, and continue to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain.

Emergency preparation, resilience and response (EPRR) core standards annual assurance report

Annual EPRR core standards reporting is the means by which NHS England obtains assurance that NHS-funded organisations are sufficiently capable of responding to emergencies. Organisations carry out a self-assessment against the core standards, which is subject to Integrated Care Board and Regional NHS England review, and then to Trust approval before formal submission.

The NHS requires compliance reporting on 67 core standards for which there are grades of achievement; full, partial or non-compliance. Core standards require the 'completion' of all activities to record 'full compliance'.

As a result of self-assessment, the Accountable Emergency Officer (AEO) considered that the Trust overall level of compliance was 'partially compliant' in that there were 12 (up from seven last year) core standards in six capability areas where there was not full compliance:

- training and exercising (three standards)
- response (one standard)
- cooperation (one standard)
- business continuity (two standards)
- decision logging (one standard)
- decontamination (five standards)

There were mitigations and development plans in place for each of these standards, and there was confidence that the Trust could operate in the interim until each standard became fully compliant. The Trust has committed to achieving full compliance by the next assessment in September 2025.

For context, in recent consecutive years starting in 2022-23, the Trust did not meet full compliance in five standards; the next year that expanded to 10 standards (of which only one standard was the same as 2021); and last year this was reduced to seven standards. The current assessment of 12 standards requiring work is a product of extreme operational pressures de-prioritising some of the work required. The Trust can declare overall partial compliance as there are plans to address all the non-compliant areas.

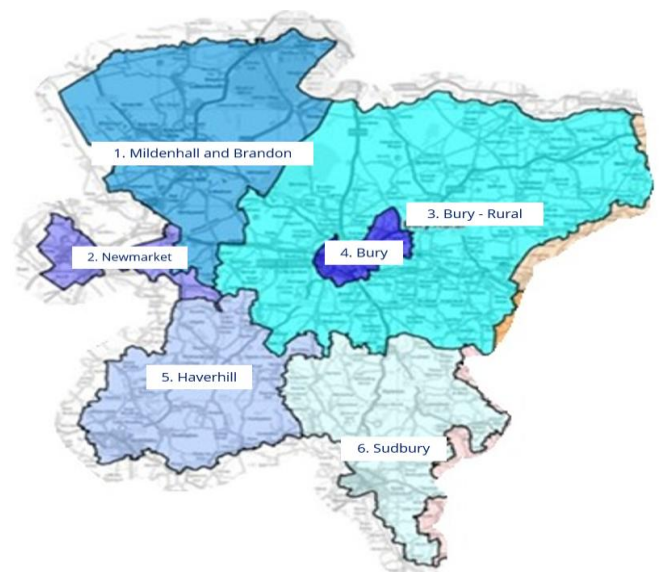
1.2.5 Future business plans

1.2.5.1 Integrated care system (ICS)

West Suffolk Alliance

Purpose

West Suffolk Alliance is one of three place-based alliances across the Suffolk and North East Essex integrated Care System (ICS). The alliance purpose is to 'Improve Health through Partnership' using the 'Live Well' model (below), working in six localities and also joint working themes on premises, workforce, locality working, digital and data.



The Alliance is led in this purpose by a committee of senior West Suffolk leaders. This committee also functions as a part of SNEE ICB Board to commission community health services, primary care and medicines optimisation for West Suffolk. The Alliance is led by the West Suffolk alliance director who is also a member of the WSFT executive team and Board. This builds on the long tradition of integration in practice philosophy in West Suffolk.

West Suffolk Alliance Partners

<ul style="list-style-type: none"> • Babergh and Mid Suffolk District Councils • Community Action Suffolk • Healthwatch • Norfolk and Suffolk NHS Foundation Trust • Primary Care Networks • Suffolk County Council • Suffolk and North East Essex Integrated Care Board • West Suffolk District Council • West Suffolk NHS Foundation Trust 	<ul style="list-style-type: none"> • Abbeycroft Leisure • Allied Health Professionals Suffolk • Care UK • Citizens Advice West Suffolk • Home-Start • Local Pharmaceutical Committee • Primary care (24 GP surgeries) • St. Nicholas Hospice • Suffolk Constabulary • Suffolk GP Federation • Suffolk MIND • West Suffolk College
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2024-25 progress

The WSFT Board received regular updates on the progress being made by Alliance partners. Some key areas of progress are as follows:

Primary care

- Community pharmacies in west Suffolk began providing seven new direct patient pathways under the Pharmacy First scheme (67,000 appointments across SNEE). This provides a direct one stop alternative for patients previously needing to contact GP surgeries.
- GP Access - all GP practices are live with an online consulting platform and cloud based telephony services to support patient access. Four of the six primary care networks (PCNs) in West Suffolk have patient satisfaction results for access above the national average.
- Unity Healthcare have opened a new virtual hub in Haverhill town centre in new premises developed with West Suffolk District Council. The service includes virtual patient services and face to face consultations at sites in Haverhill, Long Melford and Lavenham.
- Prescribing - GP practices and the ICB medicines optimisation team have together delivered a balanced West Suffolk primary care prescribing budget, which has not been achieved before
- Priority dental care – a new dental service started in April 2024 to provide priority access to specific groups of patients by referral or NHS 111. This includes unscheduled care, stabilisation, access for patients undergoing cancer or CHD treatment and other vulnerable groups (1000 per month across SNEE).

Health and well being

- Transport - Suffolk County Council enabled new direct bus routes to the West Suffolk Hospital. These have started and have seen high uptake by patients and staff.
- Citizen’s Advice – three-year contract agreed with ICB to provide enhanced one to one support for people not able to access help though usual routes
- Prevention – blood pressure equipment loan service has started in libraries; self-check equipment is live and in use in target locations; community involvement work completed in Haverhill to advise on how to address key prevention improvement objectives.
- Physical activity partnership – formed between ICB and councils to jointly commission services with Abbeycroft. The health pathways service was positively evaluated for its impact and has been recommissioned. Worked with Active Suffolk to support people in the Lakenheath and surrounding

area using Sport England funding. the percentage of physically inactive adults reduced from 19% to 17% across west Suffolk.

Integrated community health and care services

- Discharge – alliance partners have used Better Care Funds to achieve and sustain lower numbers of people in hospital without criteria to reside
- Home First reablement evaluation demonstrated reduced care hours with 55% of people fully re-abled and not requiring ongoing care, and further 23% partially re-abled with reduced care. The target group has also needed fewer attendances at emergency departments
- End of Life care - St Nicholas Hospice grant has been increased and extended, this includes six extra beds opened. Good progress also made with Norfolk commissioners on a single agreement with St Nicholas for support to the Thetford population.

1.2.5.2 Performance improvements and developments

Operational achievements during 2024-25

The NHS 2024-25 priorities and operational planning guidance set out 32 national NHS objectives, the majority of which applied to WSFT across our acute, community and primary care services. Performance and activity trajectories against selected objectives are agreed on an annual basis in conjunction with the Suffolk and North East Essex Integrated Care Board (SNEE ICB).

Many were continuations of 2023-24 objectives, but included increased thresholds or represented targets that were not fully met the previous year.

Continuing to tackle the elective backlog and reducing long waits has been a key priority nationally and for the Trust. We ended the year with 31 patients waiting more than 65 weeks for elective care, of which 10 were capacity related. However, during the year the Trust was placed in “tier two” for elective and diagnostic delays. In response to our recovery of long waits we exited this arrangement. However, our performance against cancer standards proved challenging and as a result of under-performance in November 2024, the Trust was placed into “tier one” support which involved national scrutiny. Due to focused work in key pathways, the Trust has improved performance month on month since November 2024, ending the year achieving above the national standards for both 28-day Faster Diagnosis Standard at 79.07% against 77% standard; and 62-day referral to treatment at 83.2% against 70% standard.

Performance against diagnostic standards has not recovered in the same way, six-week diagnostic performance has continued to underperform; this is due to a number of factors including the delay in the Community Diagnostic Centre (CDC) opening, staffing issues, reduction in additional sessions for endoscopy and the change in DEXA (bone density scanning) provision. The areas of focus to reduce waiting times are in DEXA, endoscopy and ultrasound. Whilst additional staffing resources have been approved in some of these services, there has been insufficient take up to provide sufficient confidence in recovery. Addressing these staffing challenges will be critical to recovery and ensure we maximise the opportunity from the new Community Diagnostic Centre (CDC) in Newmarket which opened in December 2024, providing additional capacity and local access for the population.

Urgent and Emergency Care (UEC) performance deviated from trajectory in the second half of the year, for 4-hour, 12-hour and ambulance handover standards. A comprehensive, Trust and system-wide recovery plan is under way as well as a specific focus in March. The recovery in March was significant, with performance far exceeding trajectory and the national standard of 78%. In March, four hour performance was 88.4%, we had reduced 12-hour waits to 2% of total attendances and ambulance handovers to an average of 15 minutes against a plan of 22.5 minutes.

Work on the RAAC (reinforced autoclaved aerated concrete) programme concluded in March 2025 following a programme of failsafe work. This will ensure that the existing hospital building can continue to be used safely until the move to the new hospital.

Priorities and operational planning guidance for 2025-26

For elective care, the Trust is committing to delivering a 5% improvement in the percentage of patients on Referral to Treatment (RTT) pathways waiting less than 18 weeks to 63.6%, through reducing first outpatient wait times and increasing activity across outpatients, diagnostics and treatments. Seven specialties have been identified where the impact will be greatest, having high volumes but low RTT performance. These will be the focus for outpatient transformation with the aim of increasing first appointment activity.

This commitment assumes that maximum outpatient and theatre utilisation is delivered and maintained, i.e., delivering more activity within the same resource. Any 'cost out' schemes as part of the clinical productivity cost improvement plan must be delivered in addition to, not instead of this. The Trust has also submitted a plan to meet the requirement for no more than 1% of patients to be waiting over 52 weeks by the end of March 2026.

The Trust has committed to achieving the 62-day standard (75%) and Faster Diagnosis Standard (FDS) (80%) for 2025-26 in cancer care. Gynaecology, skin and lower gastrointestinal (LGI) pathways are the focus for transformation to support this and central funding has been made available to support trusts to attain improvements in performance.

For urgent and emergency care, the Trust is forecasting delivery of the requirement to meet the 4-hour standard to 78% in March 2026. Performance has been modelled on the seasonal pattern observed since reporting recommenced in May 2023, with similar growth in attendances and improvement in performance modelled to that which was observed between 2023-24 and 2024-25.

The Trust has also committed to a reduction in 12-hour waits and has accepted the fair shares allocation of ambulance handover delays. Maintenance of urgent and emergency care performance will require transformational change, particularly ahead of winter 2025-26, including the development of sub-acute frailty services. No separate planning trajectory is required for the expectation to improve access to general practice, applicable to the Trust's Glemsford Surgery, and achievement of this ambition will be monitored through the national GP patient survey.

Business planning for 2025-26

Robust business plans are the foundations of well-led services, providing structure and clarity to decision making, as well as supporting budget setting, business cases, workforce and succession planning. Each of our divisions across medicine, surgery, women's and children's and clinical support services, community and corporate services have produced a business plan covering:

- introduction to the division and service
- summary of the previous year
- national operational planning guidance requirements
- divisional strategy, linked to the Trust and West Suffolk Alliance strategic priorities
- transformation objectives
- performance trajectories
- quality and safety objectives
- financial forecast, including capital planning
- workforce ambitions
- sustainability objectives
- risks, issues and dependencies
- detailed deliverables, including measures of success and timeframes for delivery.

Joint forward plan and capital resource plan

As mandated by the Health and Care Act 2022, ICBs and partner NHS Trusts / Foundation Trusts must prepare a five-year joint forward plan (JFP) in collaboration with local Health and Wellbeing Boards (HWBs). The JFP describes how SNEE ICB, and its partner trusts intend to arrange and provide NHS services to meet its population's physical and mental health needs, and how it will work with partners across the integrated care system to achieve this. This includes consideration for the delivery of universal NHS commitments and addressing the ICS's four core purposes.

The JFP proposed vision is for everyone at all stages of their life to be able to Live Well across SNEE. The JFP therefore adopted and defined the outcomes to be achieved using the six domains of the Live Well model:

- **Start Well** – giving children and young people the best start in life
- **Feel Well** – supporting the mental wellbeing of our local population
- **Be Well** – empowering adults to make healthy lifestyle choices
- **Age Well** – supporting people to live safely and independently as they grow older
- **Stay Well** – supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives
- **Die Well** – giving individuals nearing end of life choice around their care.

The JFP continues to provide the structure through which improvement and transformation are delivered to achieve the outcomes of the six domains. The Trust has been involved in providing progress updates against the JFP.

The Trust worked with SNEE ICB to agree the system capital resource plan including capital resource which is available for specific areas, for example urgent and emergency care and for discharge capacity.

Efficiency and productivity

The Trust has established a clinical productivity programme board which oversees improvements in the utilisation of our resources, across clinics, outpatients, inpatients, urgent and emergency care, elective care and community services.

New healthcare facility (Future System programme)

In September 2019, the Government announced its Health Infrastructure Plan, which aims to deliver a long-term programme of investment in health infrastructure. It includes the New Hospital Programme which is providing funding for 48 hospitals. The West Suffolk NHS Foundation Trust was named as one of the 48 hospitals and has embarked on a journey to bring a new hospital, replacing the existing West Suffolk Hospital, to fruition.

This is an exciting opportunity to transform the way that healthcare is currently delivered in West Suffolk. The aspiration is to create a state-of-the-art healthcare facility that provides a 21st century model of care and maximises use of digital technology for both clinical service delivery and building management. The aim is also that all new buildings will meet the net zero carbon standard. In essence, we want to provide the highest quality services in a new and improved setting, that are joined up appropriately with our local partners and most suited to the needs of our patients and community, in the greenest and most digitally advanced way possible. Better for our patients, community, staff and partners.

The Trust, its partners within the local integrated care system (ICS) and members of the central new hospitals programme (NHP) team and West Suffolk Alliance, are involved in a comprehensive and inclusive programme of work that will encourage input from a broad set of stakeholders.

Progress to date

Government commitment to RAAC schemes

In January, following a review of the National New Hospital Programme, the Government reaffirmed its commitment to prioritising the replacement of reinforced autoclaved aerated concrete (RAAC) hospitals, including West Suffolk Hospital.

This statement was accompanied by a broad budget for each scheme and a start date for when construction was expected to start (details of which can be found on the DHSC [website](#)).

In the case of West Suffolk Hospital, our plans to construct a modern replacement hospital on the Hardwick

Manor site, adjacent to the current location in Bury St Edmunds, are progressing well and broadly align with the estimates cited on the DHSC website. Working closely with the Government's New Hospital Programme team, we will continue to ensure this critical project is completed in the most effective way.

Stage 2 designs

As our project advances, so does the detail of our physical design and the services within it. Our project is committed to several guiding strategic principles, including ensuring our staff, patients and their families remain engaged in the development of a new hospital and our team remain committed to this principle. The latest stage of design is defined by the Royal Institute of British Architects (RIBA) and is called RIBA 2 - the concept level. This phase establishes the layout of departments and the infrastructure of the building - covering structural, plumbing, and electrical elements at a scale of 1 meter for every 200 meters (1:200).

To ensure the design meets the needs of patients and staff, our architects collaborate with the national design team to integrate local designs with national best practices. The resulting layouts are shared with our dedicated co-production leads for each department. Their feedback is incorporated into the designs, and this iterative process continues until we achieve an optimal design.

Our Stage 2 report, which includes drawings at a 1:200 scale, is currently undergoing assurance and discussion with the New Hospital Programme team. Once approved the designs, whilst still several stages away from finalisation, will be shared with staff, patients and the local community as part of the teams regular updates.



RIBA stages as explained by the Royal Institute of British Architects.

Estates progress

Our programme of enabling works (i.e. those early activities that can or need to be completed in advance of the main construction) continues with full support from NHP.

Enabling works

In 2024 we completed the translocating (moving) of approximately one hectare of fungi from its current location on Hardwick Manor (the development site) in Bury St Edmunds to two new donor sites, with similar soil characteristics. Habitat recreation is continuing at the receiver sites.

The team also completed archaeological trial trenching on the site, delivering this in two phases. Findings included a piece of Roman pottery, a square headed nail, and a piece of struck flint. Our Deputy Estates Lead, Hannah Sharland, talks through the process in our [video](#).

Finally, we completed the temporary access road. The temporary access road connects the old hospital site on Hardwick Lane to the Hardwick Manor development site.

The road is not our final access road to the new hospital. However, the temporary access road does mean that we can minimise disruption to our neighbours and bring construction vehicles and contractors through our own site until our construction compound is ready, which will be when we begin building our new hospital. This is anticipated to be in the latter half of the decade.

The Future System Deputy Estates Lead, Hannah Sharland, talks you through the process [here](#)

As we continue with further enabling works, the team will continue to focus on:

- Ground source heat pump test bore holes
- Infiltration and soil testing
- The detailed design of the power network

Active travel routes

As part of West Suffolk NHS Foundation Trust's (WSFT) outline planning approval for a replacement hospital, the Trust agreed to improve walking and cycling links and active travel infrastructure from the north, east and west of the town to encourage the use of sustainable modes of travel to the new hospital site at Hardwick Manor.

As part of this work, and with the support of Suffolk County Council, it was suggested that a 20mph speed limit zone on Rembrandt Way and Barons Road be implemented upon opening the new hospital, to improve the safety for pedestrians and cyclists accessing the new site.

To support the Highways technical approval process, and the discharge of the related pre commencement planning condition, the Trust were required to source initial feedback from residents potentially impacted.

A feedback period of nearly four weeks was launched on the 30 September 2024 with letters directly sent to approx. 400 residents in the vicinity of the proposed changes. Iterative draft plans were hosted on a dedicated webpage on the future system planning website with a feedback form to capture responses. Paper copies of the plans and the feedback form were sent to residents upon request by writing to a free post address. Only one resident requested a paper copy. The feedback remained open until midnight on Friday 25 October 2024. All comments received were shared with Suffolk County Council to assist with plan development.

The Future System programme continues to work with those most affected by the new hospital, staff, patients and members of the community. Full details on engagement activity to date can be found in section 16 (c).

Next steps

The Trust is currently preparing an outline business case and, as part of the New Hospital Programme, is continuing to work closely with national colleagues to ensure designs and activities take full advantage of the centralised programmatic approach.

The programme is governed by a board that has drawn its membership from across the Suffolk and North East Essex ICS as well as members from the central NHP team. This membership has collectively committed to making the new facility the most co-produced in the country – a tall ambition that confirms our commitment that the programme is designed by our people for our people.

For further information please visit [New healthcare facility facility.aspx](#)

Trust digital programme

Clinical systems

The work to deliver digital tools to support the Trust ambitions and objectives has continued throughout the year driven by many of the continually developing products and services targeted at healthcare.

This year has seen the implementation of phase 5 of the e-Care programme. e-Care is the main electronic patient record and phase 5 encompasses developments which remove the remaining paper-based medicines prescribing and administration, particularly related to complex medications and infusions, and brings critical care to use e-Care thereby integrating it further into wider hospital workflows and processes.

Associated with this is a much-improved Patient Portal linked to the NHS App and uses the same login credentials to simplify registrations. It provides a much richer picture of the patient's own record and will enable additional data to be requested from a patient to support progress through a pathway or to get feedback following treatment or surgery.

Additional funding has allowed us to install and implement automated medicines-dispensing cabinets in the Emergency Department, to support simpler and more efficient administration of medicines with improved audit trail and associated quality of care.

We have continued the roll out of a digital tool to support shared decision-making, which ensures people are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment and considers the consent for treatment a key element of the care. We have rolled out digital consent forms speciality by specialty to support this improved decision making, to provide better information for patients about their procedure and to detail any associated risks. It offers a much more efficient process than the equivalent paper-based approach.

We have supported and completed numerous upgrades for a wide variety of departmental systems from mortuary, through pathology and oncology to ophthalmology. These ensure that we get the benefits of the latest features and functionality and remain on supported releases of the software required for any relevant security patches.

We have worked with the pathology department in their implementation of a digital pathology solution which allows histopathology slides to be scanned and then accessed digitally with all the associated benefits of long-term storage, accessibility from different locations and improved efficiency.

Our clinical messaging solution has been enhanced to give a clearer indication of which of the clinical roles are held by specific individuals by virtue of the 'halo' which highlights the roles in use. This has given much more clarity about whom to contact and which roles are available.

Supporting digital technology

In recent years we have been progressing the replacement of large parts of the network infrastructure covering core and edge switches, firewalls and Wi-Fi. This has been carried out with minimal disruption and the final phase of work will be to install external Wi-Fi access points to ensure continuous network connectivity between buildings to the rear of the site. The work is planned for completion during 2025.

We have been progressing upgrades to Windows 11 which includes new hardware required to run the operating system. The work will continue through 2025 and is targeted to be completed before the removal of support for Windows 10 in October 2025.

We are also replacing our mobile device management software to use the latest Microsoft products to manage not just mobile devices but also computers using the Windows operating system. This will enable smoother and more reliable deployment of apps, packages and upgrades.

We are actively planning our next steps in our move to use cloud-based services where feasible and financially viable. This is supported by the NHS England Cloud Centre of Excellence and follows national guidance on adopting cloud technologies. This will enable a smaller on-site digital footprint in the new hospital.

While we can never feel fully protected given the ever-changing nature of threats and increasing attention on healthcare targets, we have been able to further strengthen our cyber defences with the widespread introduction of multi-factor authentication and additional products. This has been reinforced through external

validation of our resilience.

Digital across West Suffolk and the wider community

Colleagues in our digital team are active members of the West Suffolk Alliance digital change group which aims to coordinate digital activities and align to the alliance strategic direction in support of the Live Well domains' objectives. There is growing demand for tools to support shared care pathways across the full range of providers involved in someone's care.

We continue to run the Health Information Exchange (HIE) on behalf of the ICS which delivers a shared care record capability. We have seen further uptake in monthly usage, reaching a peak of over 175,000 in a month with connections to all the main providers in health and social care across the ICS. We estimate the patient population covered by HIE to be about two million people, and more than 9,000 staff are using it every month.

A programme of familiarisation and training in the capabilities and scope of HIE has been undertaken with colleagues from our integrated neighbourhood teams to help them get the benefit that visibility of the full patient record brings.

We now integrate with the NHS App which enables the display of forthcoming hospital appointments. Future development will enable cancellation and re-booking of appointments in due course.

The Trust is an active participant in regional networks including the East region digital imaging network, cancer and pathology networks. The digital imaging network is implementing an improved solution for sharing radiology images across all the acute hospitals to give greater visibility, responsiveness, resilience, and capability as well as layering on artificial intelligence (AI) solutions for improved diagnosis.

Future foundations

While digital solutions can support environmental protection through reducing travel for live interactions, or reducing paper usage, digital is also part of the problem. Additional digital platforms incur running costs in terms of server and disk space, and capacity, as well as increased power and cooling consumption. We are looking at ways to quantify the environmental cost of using digital technology to help us work towards our net zero ambitions.

NHS England introduced a digital maturity assessment for all acute trusts, community providers and ICSs on the dimensions of their published 'What Good Looks Like' framework. The Trust was scored as one of the highest in the region, reinforcing our position as a global digital exemplar.

The Trust's strong position in digital technology is helping to support the plans for the new hospital. The national new hospital programme expects a 'smart' hospital of the future to deliver a wider range of digital solutions that support staff productivity, engage with patients and carers, and deliver smart building management. We are well placed to rise to the challenge and have recently completed assessments of our digital competencies and capabilities.

Artificial Intelligence (AI) continues to offer productivity benefits at the same time as presenting significant risks around its governance, reliability and acceptance. We will be engaging widely with our communities on developing our approach to AI and have seen positive outcomes from its use in a number of specialities.

Procurement

The procurement landscape is still being impacted by inflation increases, and reduced supply chain routes leading to limited availability of certain products. Our procurement team continues to engage with SNEE and regional clinical networks to align contracts and explore collaboration opportunities where benefits have been identified.

The areas of direction currently under review are:

- ensure implementation of the new Public Contract Regulations in 2024
- implement the new carbon emission requirements for the NHS

- monitor key performance indicators around identified social value metrics
- undertake a review of procurement functions under the Commercial Continuous Improvement Assessment framework introduced in 2022
- establish pipelines and saving across the ICS by utilising the national procurement system Atamis.

Priorities for Trust procurement over the coming 12 months are to:

- support the directorates to identify and achieve cost improvement targets
- successful implementation of the new inventory management solution funded by NHS England
- align the procurement strategy with the ICS procurement strategy.

Procurement continues to develop to support the both the local and national landscape. The Procurement Act 2023 was launched on 24 February 2025. The impacts of this will become clearer over the coming years as the Trust procures large contracts or use new framework awarded under the new act. Our procurement team continue to explore collaborative opportunities identified across the ICB, networks and the wider region.

Areas of achievement

- training and education on the new act across the Trust
- sustainability apprentice to support the Trust moving towards the NHS net zero targets
- savings targets reported and achieved.
- contract and pipeline modules of Atamis live and shared across the ICB and collaborative partners.
- implementation and rollout of a new Inventory Management solution
- Point of Care rolled out in theatre – recording location, patient and implant to support GS1 requirements and tracking of implants.

Priorities for Trust procurement over the coming 12 months are to:

- undertake a review of procurement functions under the new Commercial Continuous Improvement Assessment framework introduced in 2022.
- support the development of a ICB procurement strategy for the next five years.

Agency rules

The two main clinical staff groups where agency staff are used are doctors and nurses. During 2024-25 we continued to use the agencies on the collaborative procurement partnership (CPP) framework preferred supplier list for nursing staff and medical staff, which was developed with the East of England procurement hub. The CPP framework is audited by the procurement hub for framework compliance. In 2024-25 our agency usage decreased by 41.9%.

Capital planning

In preparing for the delivery of the Future System Programme (FSP) and the submission of the outline business case, in the past 12 months we have been updating the previously developed capital programme, to ensure we have a plan in-place to support risks specifically around the infrastructure of the RAAC estate. This builds upon the plan identified in the 2023-2028 estates and facilities strategy and ensures that planned investment in community and acute services are identified.

2024-25 represented a challenging capital programme. Our financial recovery programme required support from the capital programme to deliver the end-of-year position, which led to the delay of about £1.0m of schemes for 2025-26. These mainly relate to backlog investment in areas such as ward kitchens, public toilets and sluice rooms. High-risk items (fire doors, water safety etc.) continued to be delivered. As in previous years, the programme was developed by input and review from a multi-professional group using a risk ranking process. This assesses the benefits of investment against four criteria: compliance with the estate strategy; operational/clinical need; financial impact; and statutory compliance.

The assessment ensures that:

- risk priorities remain relevant and have not changed

- any changes are incorporated from statute, alerts, NHS estates, etc.
- any previously unidentified issues arising in the year are considered and incorporated.

The estates and facilities strategy includes development control plans to demonstrate key strategic developments linked to clinical service delivery, with each development subject to a Board-approved business case.

The reinforced aerated autoclaved concrete (RAAC) element of the West Suffolk Hospital estate is 50 years old with an original design life of 30 years. This continues to be reflected in the high backlog maintenance costs, with the hospital identified as an outlier in the Model Hospital data from NHS Improvement. In the short to medium term, the Trust faces the challenge of providing a level of care appropriate to the 21st century, within ageing buildings, making it increasingly difficult to meet this challenge. In May 2019 the Standing Committee on Structural Safety (SCOSS) published an alert advising that parts of the structure could be affected by shear failure with very limited warning. The alert related to a significant proportion of the hospital which is constructed of RAAC planks. The Trust has a multi-year programme supported with Public Dividend Capital (PDC) to failsafe the RAAC panels, this supports the mitigation of risk to life but does not reduce the backlog liability. 2024-25 represented the last planned year of significant capital investment, with future years expected to be ongoing surveying costs and remedial work if an issue is identified.

With Public Dividend Capital (PDC) the Trust completed the development of the Community Diagnostic Centre (CDC) on the Newmarket Community Hospital (NCH) site through the NHS England Procure23 partnering framework. This project was delivered on time and within budget, with high levels of satisfaction, a testament to the work completed by all stakeholders and the robust Procure23 procurement.

Significant schemes planned for delivery include:

- **Newmarket CDC endoscopy** – as part of the ongoing CDC programme, the Trust has submitted a bid to deliver four rooms and associated accommodation at the NCH site to support low-complexity diagnostic activity. The CDC was designed to support the addition of this building alongside it, ensuring that enhanced diagnostic care is available in our community.
- **imaging equipment** – we have continued to invest in imaging equipment on both the WSH and NCH sites. Along with the CDC, we have replaced all mammography equipment, a CT scanner and are completing the replacement of an MRI scanner at the WSH. The last major investment in this cycle is an MRI scanner planned for replacement in 2026-27.
- **endoscopy equipment** – the programme of scope replacement starts in 2025-26 with 11 endoscopes being replaced, and over the next three years the plan is to replace the final three stacks and the remaining fleet of scopes
- **structural issues** – we will continue to monitor RAAC with the support of PDC investment and inform the national programme on any lessons learned as the first acute site to be fully failsafe.

Key schemes planned for 2025-26 include:

- refurbishment of ward G3, and with the failsafe programme complete, we have the capacity to support this
- completion of the refurbishment of the level three containment room in pathology, a key compliance challenge for the microbiology team
- supporting the enabling programme for the Future System programme
- theatre refurbishments to assure the building fabric for the remaining life of WSH.

Backlog projects – these are prioritised on an annual basis using risk-based methodology assessed by a range of disciplines including electrical, mechanical, architectural etc. Key schemes covered during 2025-26 include:

- hot and cold water systems associated with the Legionella bacillus
- fire compartmentation investment as a result of the updated survey
- electrical infrastructure in operational areas
- sluice room refurbishments

- ward kitchen refurbishments
- public toilet refurbishments.

Medical devices – the Trust has an allocation in the capital programme to invest in medical device replacement. These are prioritised using a risk-based methodology through the multidisciplinary medical devices group. Where possible, replacement devices are ‘connected’ to maximise the opportunity to interact with and capture data in the patient record to provide an assurance loop of patient safety. Having replaced the high risk and high life risk devices that were overdue for investment, we are moving on to the medium life risk items while programming the replacement of high risk and high life risk devices as they are due.

Digital – the Trust continues to invest in digital solutions wherever possible to support the digital first but not digital only programme. Improving the network performance and communications across the organisation are central to this along with ensuring investment in cyber security. The digital team is also undertaking extensive replacement of equipment, mainly purchased during the pandemic, that is not Windows 11 compliant, a significant amount of that work for 2025-26.

1.2.5.3 Sustainability

As an NHS organisation and a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long-term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

To fulfil our responsibilities, WSFT has the following sustainability mission statement in our Green Plan:

“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 plan captures the social, environmental and economic impact of our actions.”

The current Green Plan was approved by the Trust Board in December 2022, the new 2025-2029 Green Plan is in draft and awaiting Board approval and continues to describe the actions we will take. It will evolve over time as we achieve our goals and set ourselves even more ambitious targets. We are committed to playing a leading role in securing a healthy and sustainable Suffolk. The executive lead for sustainability and net zero is the chief finance officer and the programme is managed by the sustainability net zero steering group.

The NHS is committed to tackling climate change by reducing emissions to net zero.

Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- for the emissions we control directly (the NHS carbon footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032 from a 1990 baseline, equivalent to a 47% reduction from a 2019 baseline
- for the emissions we can influence (our NHS carbon footprint plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039 from a 1990 baseline, equivalent to a 73% reduction from a 2019 baseline.

Delivering a ‘Net Zero’ National Health Service October 2020

To embed sustainability in our business it is important to explain where sustainability features in our processes and procedures. The Board-approved travel plan includes active approaches such as walking, cycling and car sharing and is reviewed annually. The procurement sustainability policy provides direction for the management of sustainable procurement which enables the Trust to contribute to the delivery of government sustainable development aims, policy, strategy and targets.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve

that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Task Force on Climate Financial Rated Disclosures (TCFD)

NHS England's foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, which will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023-24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

As the Trust moves to compliance with the above legislation by 2025-26, in 2023-24 we completed a programme of training for the Trust Board to understand their obligations to report on governance, strategy and risk management to tackle climate change and identify key metrics to monitor the Trust's activity.

The annual report and the metrics which monitor our performance support TCFD, and the Trust's Green Plan is the strategy that supports this. We have updated the governance structure of the sustainability net zero group to develop the focus onto wider sustainability and have key sub-groups that support specific workplans (i.e. travel, transport and access, energy) and committees adapted to ensure sustainability forms part of their agenda (e.g. medical gases committee). The changes in accountability for the sustainability net zero group will strengthen the governance for the Board on climate-related issues. The changes will provide management oversight through the management executive group and Board assurance through the insight committee. This will provide regularly oversight to review and monitor organisational plans at senior level.

Adaptation

Climate change brings new challenges to the Trust.

Examples in recent years include the effects of heatwaves, extreme temperatures and prolonged periods of cold, floods and droughts. Our Board-approved plans address the potential need to adapt the delivery of the organisation's activities and infrastructure to climate change and adverse weather events, which are expected to increase. Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change.

The Trust has the responsibility to ensure all current and future planning includes measures to address climate-induced hazards. Our business continuity and emergency response plans for climate-induced incidents include such awareness, and the overarching command and control capability has a programme of training and exercises to reinforce this. All purchasing, transformation and improvement planning are to include the same requirement.

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Evidence of this commitment is provided in part through our work with strategic partners.

Strategic partnerships are already established with the following organisations:

- Suffolk and North East Essex Integrated Care System
- East of England Greener NHS
- Suffolk Growth Programme Board
- East of England Procurement Hub
- Alliance partners – Suffolk County Council, Suffolk GP Federation, Norfolk and Suffolk NHS Foundation Trust, working closely wider stakeholders such as the ambulance service, independent

care providers, the voluntary community sector, employers, the education sector and business.

- The East Anglian Waste Consortium

Energy

West Suffolk Hospital

Resource		2020-21	2021-22	2022-23	2023-24	2024-25
Gas	Use (kWh)	27,222,128	25,555,792	27,248,895	23,686,716	24,811,583
	tCO ₂ e	5,656	4,681	5,511	4,324	4528
Oil	Use (litres)	0	0	15,639	3,424	1339
	tCO ₂ e	0	0	43	9	4
Grid Electricity	Use (kWh)	5,217,833	5,694,398	4,111,584	6,777,019	6,995,875
	tCO ₂ e	1,503	1,209	795	1,389	1448.50
Total energy CO ₂ e		7,159	5,890	5,949	5,722	5980
Total energy spend		£1,159,217	£1,515,326	£1,911,066	£2,257,582	£2,961,864

Source of data Site readings, invoices and distribution on site

Newmarket Community Hospital

Resource		2021-22	2022-23	2023-24	2024-25
Gas	Use (kWh)	1,495,016.79	1,622,246.92	1,379,091	1,360,306
	tCO ₂ e	274	328	252	248
Oil	Use (kWh)	0	0	0	0
	tCO ₂ e	0	0	0	0
Electricity	Use (kWh)	489,502.80	494,096	539,124	746,063
	tCO ₂ e	103	95	110	154
Total energy CO ₂ e		377	423	364	402
Total energy spend		£122,080	£166,583	£193,834	£268,898.07

Energy output PV panels (kWh)	2020-21	2021-22	2022-23	2023-24	2024-25
Quince House	10,891	9,680	10,928	9,645	6,766
Accommodation (Beeton, Bloomfield and Clarke)	27,036	25,309	25,284	20,035	21,520
G10	N/A	10,824	19,758	20,006	18,771

Photovoltaic panels – energy generation at the WSH site

2021-2022 data correct at 21-4-22

The Trust joined the Feed-in-Tariff (FIT) scheme and receives an income per kWh generated from the photovoltaic panels placed on Beeton, Bloomfield and Clarke House accommodation. During 2023-24 this has generated an income of £801.

The Trust has been awarded £420,000 through NHS England for the installation of solar PV panels at Newmarket Community Hospital, Quince House and Glemsford Surgery. This will increase the proportion of renewable energy generation across the estate, reducing energy related carbon emissions associated with the grid. The Trust is currently on a 100% **Renewable Energy Guarantees of Origin (REGO)** backed renewable energy tariff for electricity until March 26. The Trust will need to decide whether to continue with this strategy for electricity production, or instead divert funds for further solar PV generation across its estate.

	2020-21	2021-22	2022-23	2023-24	2024-25
Fossil energy input to the CHP system (kWh)	15,971,654	14,023,976	17,308,104	10,231,300	9,088,370

Electrical energy output of CHP system (kWh)	5,128,958	4,557,809	5,665,645	3,361,400	3,022,176
Thermal energy output of CHP system (kWh)	7,479,210	5,761,290	7,427,276	4,524,000	3,780,135

Combined heat and power (CHP) unit

Work is underway to investigate opportunities to increase the efficiency of the CHP and reduce the amount of usable heat wasted.

Paper

Paper (A4)		2020-21	2021-22	2022-23	2023-24	2024-25
Volume used	Tonnes	38	39.8	37.8	37.9	33.8
Carbon emissions	tCO ₂ e	36	29.4	27.9	27.7	31.8

The Trust buys recycled A4 paper, so the carbon factor applied in 2024-25 is paper from a closed loop source.

Travel

We can improve local air quality and the health of our community by promoting active travel to our staff and to the patients and public that use our services

Every action counts, and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO₂e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

A travel expenses policy has been approved by the Trust executive group which reiterates the Trust travel hierarchy and expectations regarding business travel. The travel plan has been reviewed and active travel options are promoted through staff communications.

The Trust reviews all requests for pool vehicles and ensures only low or ultra-low emission vehicles are leased. The option for electric and hybrid vehicles is also reviewed considering location, infrastructure and cost.

There are a number of electric vehicles in the Trust fleet, including two estates vans, two estates and facilities pool vehicles and a digital services van, each with on-site charging facilities at the West Suffolk Hospital. In 2024 the existing public and staff access electric vehicle charge points were replaced, and further charge points were added. There are now seventeen charging spaces, a mix of single and double 22kw fast chargers.

Business Travel – Agenda for Change and junior doctors

	Mileage	tCO ₂ e*
2019-20	574,593	160
2020-21	402,668	111
2021-22	1,115,310	307
2022-23	1,201,342	330
2023-24	1,366,975	379

2024-25	1,317,990	366
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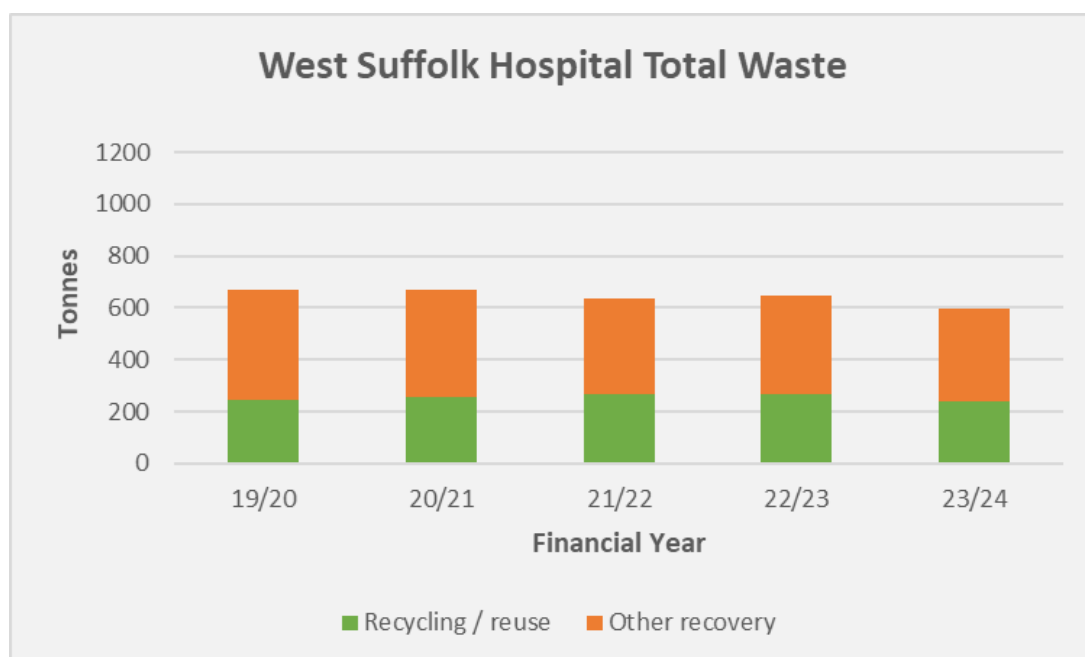
(*DESNZ carbon factor 2024 medium car, unknown fuel type 0.27771 kgCO₂e/m)

West Suffolk Hospital total waste (clinical and non-clinical):

Waste		2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Recycling/ re-use	(tonnes)	246.1	257.94	268	267	240.44	269.84
	tCO ₂ e	5.36	5.5	5.7	5.68	5.11	1.73
Other recovery	(tonnes)	423.74	414	366	382	358.49	747.44
	tCO ₂ e	9.22	8.82	7.79	8.12	7.62	4.79
High temp disposal	(tonnes)	445.54	517.71	533	554	562.77	172.95
	tCO ₂ e	98.02	113.90	117.26	*489.98	*507.22	*155.88
Landfill	(tonnes)	0.00	0	0	0	0	0
	tCO ₂ e	0.00	0	0	0	0	0
Total waste (tonnes)		1,115	1,189	1,168	1,203	1162	1190.23
% Recycled or re-used		22%	22%	23%	22%	21%	23%
Total waste tCO ₂ e		112.60	128.22	130.75	503.78	520.01	162.40

Data source – quarterly waste returns, DESNZ carbon factors

*Emission factor taken from recently launched 'Waste carbon reduction tool' developed by NHS England



Recycling target

Current recycling rate: 23%

Target: 30% by end of 2025-26 financial year.

Recycling streams

The Trust sent 9.17 tonnes of plastic waste for recycling from West Suffolk Hospital and 2.4 tonnes of dry mixed recycling from Newmarket Community Hospital.

The rigid plastic and aluminium recycling streams are now fairly established across West Suffolk Hospital. These streams are being gradually introduced to clinical areas on an ad hoc basis to ensure buy in for the effective use of these streams. The dry mixed recycling waste stream has now been removed from Newmarket Community Hospital, with the introduction of the aforementioned streams. The next stage for recycling at the Trust is to ensure compliance with the Simpler Recycling regulations, by making food and glass recycling available to employees and members of the public.

The Trust has successfully introduced the soft plastic recycling stream at West Suffolk Hospital, which is being used by the Catering, Estates, Porters and Procurement teams for soft plastic packaging waste.

The circular economy and waste hierarchy

The Trust is committed to driving down the amount of waste created by removing waste from the way we operate. This will be achieved through sustainable procurement and waste avoidance, such as through reuse and refurbishment of existing equipment.

Food waste will be weighed and tracked as per the following categories in order to reduce the amount of food waste generated; production waste; plate waste; unserved meal and spoilage.

The Trust sent 2.3 tonnes of waste electronic and electrical equipment (WEEE) on for reuse and 4.4 tonnes of WEEE for recycling, out of a total of 11.39 tonnes collected. The Trust waste management policy outlines our commitment to applying the principles set out in the waste hierarchy. The Trust also partners with a medical device auction company which refurbishes clinical equipment no longer required so it can be reused.

The Trust works with reuse specialists Ramco, a nationwide company which collects items no longer fit for purpose. After refurbishment, these items are auctioned to a network of customers.

Reusable sharps containers have been introduced at Newmarket Community Hospital, to reduce carbon emissions related to the disposal of single use sharps containers along with providing a safer system for sharps disposal. Following the successful introduction of the offensive waste stream, focus will now turn to improving waste segregation, in particular ensuring that non-healthcare waste items such as paper hand towels, packaging and food waste, which are often disposed of incorrectly in a healthcare waste stream. West Suffolk Hospital will also move to the soft compaction of offensive waste, reducing truck movements on site and road miles associated with the disposal of this waste stream.

Newmarket Community Hospital total waste

Waste		2021-22	2022-23	2023-24	2024-25
Recycling/ re-use	(tonnes)	8.20	9.63	6.58	9.28
	tCO ₂ e	0.17	0.20	0.14	0.06
Other recovery	(tonnes)	47.66	47.08	46.15	92.94
	tCO ₂ e	1.01	1	0.98	62.94
High temp disposal	(tonnes)	16.73	18	17.58	0.35
	tCO ₂ e	3.68	*16.22	15.84	0.32
Landfill	(tonnes)	0.00	0	0	0
	tCO ₂ e	0.00	0	0	0
Total waste (tonnes)		72.58	74.71	70.31	72.57
% recycled or re-used		11%	13%	9%	13%
Total waste tCO ₂ e		4.86	17.42	16.96	0.78

* Emission factor taken from recently launched 'Waste carbon reduction tool' developed by NHS England

Finite resource use – water

West Suffolk Hospital

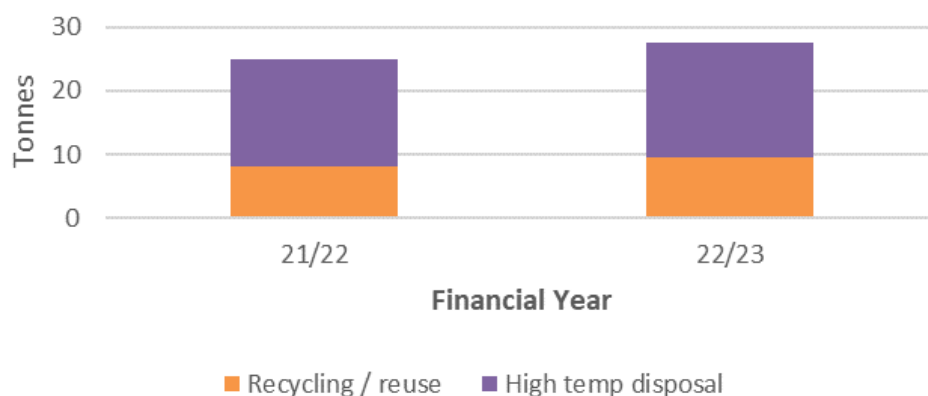
Water		2021-22	2022-23	2023-24	2024-25
Mains water	m ³	145,244.22	158,015	184,089	132,715
	tCO ₂ e	21.6 (supply) 35.4 (treatment)	23.54 (supply) 36.53 (treatment)	32.58 (supply) 31.45 (treatment)	22.09 (supply) 22.71 (treatment)
Water and sewage spend	£	£333,995	£295,889	£346,364	£358,905.24

Source of data - ERIC returns to the Information Centre.

Newmarket Community Hospital

Water		2021-22	2022-23	2023-24	2024-25
Mains water	m ³	3,402	5,011	4,967	4,348
	tCO ₂ e	1.7 (supply) 0.79 (treatment)	0.75 (supply) 1.23 (treatment)	0.88 (supply) 0.84 (treatment)	0.66 (supply) 0.68 (treatment)
Water and sewage spend	£	£10,139.99	£16,015.27	£16,103.57	£17,563.95

Newmarket Community Hospital Total Waste



Other initiatives

There are many examples of good sustainable development practice in the Trust, ranging from work in the community through the alliance partnership, health and wellbeing of staff, sustainable procurement practices, estates management and capital project development, for example:

Reducing the use of environmentally damaging gases

The Trust have been awarded £13,000 funding through NHS England to help mitigate the waste of nitrous oxide, a harmful greenhouse gas used in anaesthetics. The funding will ensure the Trust moves to a lean portable supply of the gas in specified areas and the decommissioning of the manifold which removes the piped supply, known to be the cause of leaks into the atmosphere.

Nature at Work Programme

The Trust have launched a nature at work programme, a health and wellbeing initiative which encourages staff to feel more connected to nature. The programme is designed to improve the wellbeing of staff as well as promote pro-environmental behaviours within the Trust. This project is a collaboration with the Royal Society for the Protection of Birds (RSPB) our Integrated Care Board (ICB) and other local NHS Trust.

Procurement developments

- Monitoring of social value KPI's annually to track social values.
- Include in procurement tenders the requirement for supplier to publish a carbon reduction plan
- Link with SNEE ICB to implement a supplier road map
- Introduction of and generate case studies for sustainability projects
- Embedded a sustainability apprentice role into the organisation.
- Reduced the use of disposable consumables including plastic bowls, dishes and surgical gowns.
- 40 %Reduction in the use of couch roll across the Trust.
- Recycling of staff uniforms and plastic dispensers.

Community Diagnostics Centre – Newmarket Community Hospital

The Newmarket CDC project saved 238 tonnes of CO₂e through the material procurement and build processes, and collaboration with our supply chain partners. The building's embodied, operational and whole life carbon (also known as the 'building carbon footprint') was tracked using construction partners Morgan Sindall's innovative carbon reduction tool, CarboniCa. The CDC has photovoltaic (PV) and heat pump technology contributing to 45% of the building and energy requirements. The hot water is provided solely by air source heat pumps and 10% biodiversity net gain was included in the build.

CarboniCa will continue to be used to track, reduce and report the CDC's whole life usage.

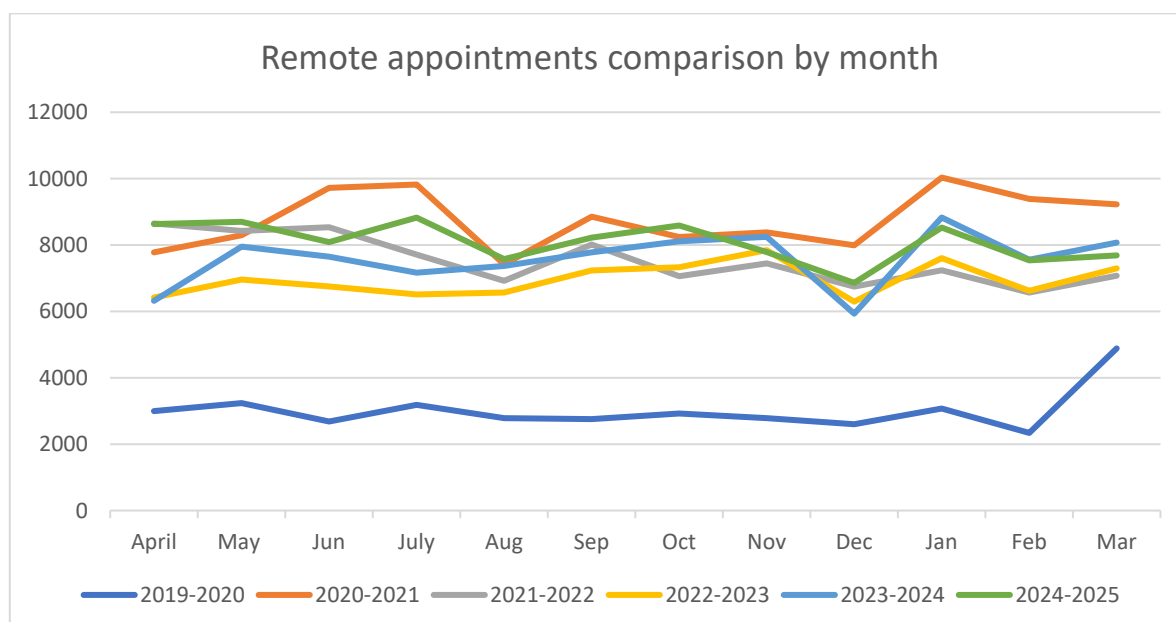
Remote appointments:

The number of remote appointments for patients in 2024-25 was 97,031. The associated benefits, based on the avoidance of the appointments, are:

- 3,752,512 patient miles saved, equivalent to going around the world 150 times
- 1,617 hours of patient time saved through avoided face to face appointments
- 44,880 car park spaces saved.

A reduction of 643.0 tonnes of CO₂ emissions. It would take 338.2 hectares of forest a year to capture that amount of CO₂. (using the outpatient transformation benefits calculator v1 January 2021).

Month	2020-21	2021-22	2022-23	2023-24	2024-25
Apr	7,777	8,649	6,419	6,317	8,631
May	8,295	8,427	6,961	7,951	8,702
Jun	9,720	8,537	6,754	7,649	8,087
Jul	9,825	7,712	6,509	7,166	8,826
Aug	7,417	6,920	6,571	7,368	7,575
Sep	8,856	8,014	7,234	7,777	8,223
Oct	8,241	7,059	7,331	8,112	8,589
Nov	8,383	7,444	7,846	8,248	7,787
Dec	7,991	6,747	6,294	5,932	6,858
Jan	10,033	7,238	7,605	8,829	8,526
Feb	9,390	6,567	6,622	7,555	7,538
Mar	9,227	7,075	7,299	8,074	7,689



1.2.5.4 Equality of service delivery to different groups

As an NHS organisation, there are number of statutory requirements that West Suffolk NHS Foundation Trust (WSFT) is required to adhere to, and which guide a number of internal policies and activities related to equality, diversity and inclusion.

The Public Sector Equality Duty (PSED) requires organisations to demonstrate how they are achieving objectives as set out by the Equality Act 2010. WSFT is required to protect staff and service users against direct and indirect discrimination, harassment and victimisation, as well as advance equality of opportunity.

WSFT must also ensure, in keeping with the Equality Act, that staff and service users are not discriminated against because of one of the nine protected characteristics. These include but are not limited to age, disability, race, religion or belief, sex and sexual orientation.

Health inequalities

We know that those who experience health inequalities are more likely to have poorer health outcomes. There are several barriers service users may face in accessing healthcare, one of which is a lack of inclusivity. A diverse workforce and inclusive environment in NHS organisations are crucial to ensuring better health outcomes for service users.

Over the past year, work has gone into engaging with and supporting those who may be more likely to experience barriers in accessing healthcare services, with the following outcomes:

- recording of patient stories which represent a diverse range of experiences, including those with communication difficulties
- option to translate surveys into top 5 most commonly used languages at the Trust
- inclusion of questions related to dementia, mental health, and learning disabilities/autism on key surveys
- veterans awareness training provided to Patient Experience and Engagement Team
- attendance at locality meetings to better understand the local community
- creation of a Patient Equity Oversight Group
- roll-out of Equality Impact Assessments (EIAs) to understand impact of service changes to those with protected characteristics
- creation of a survey on reasonable adjustments (RA) to better understand how the Trust can support people with a physical or mental impairment when they access our services. This in turn is feeding into a task and finish group responsible for creating a RA policy, roll out of the RA digital flag and staff

- training on reasonable adjustments
- growth of our VOICE network to ensure diverse representation.

This year's Equality Delivery System (EDS) submission assessed the accessibility of the Trust's radiology department for those with protected characteristics.

Actions identified included:

- finalise and implement reasonable adjustments policy
- improve recording of reasonable adjustments needs on e-Care by 10%
- integration of the Patient Profile and development of personalised care plan datasets into e-Care
- identify gaps in those who currently provide feedback and work with local partners to engage with those groups.

From a workforce perspective, the Trust's inclusion workplan brings together actions and priority areas arising from several of our EDI commitments, including: the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Unison's Anti-Racism Charter, NHS EDI Improvement plan, data from staff survey and other statutory reports.

It includes actions relating to:

- becoming an anti-racist organisation
- upholding our commitments to ensure sexual safety within our healthcare settings
- improving the EDI disclosure rates of protected characteristics amongst our staff
- supporting our four staff network.

Following the launch of our Equality Impact Assessment (EIA) process, it is aimed to provide resources to empower and educate colleagues on how to complete EIAs efficiently for all change activities that impact colleagues and/or patients with protected characteristics and from health inclusion groups. Further information is provided within section 2.8.8 (equality and diversity).

2. Accountability report

2.1 Governors' report

2.1.1 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.

2.1.2 Composition

The Council of Governors comprises 14 elected public governors, five elected staff governors and seven partner-nominated governors. The term of office for all governors is three years.

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

Carol Bull ⁽¹⁾
Anna Conochie
Val Dutton
Sarah Hanratty
Elizabeth Hodder
Robin Howe ⁽²⁾
Ben Lord
Gordon McKay
Tom Murray
Jayne Neal
Adrian Osborne
Becky Poynter
Clare Rose
Michael Simpkin ⁽³⁾
Jane Skinner
David Slater ⁽⁴⁾

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

Anna Clapton
John-Paul (J-P) Holt ⁽⁵⁾
Louisa Honeybun
Andy Morris
Adam Musgrove
Diana Stroh ⁽⁶⁾

Partner governors – nominated by partner organisations of WSFT

Councillor Rowena Lindberg	West Suffolk Council also representing Mid Suffolk District Council and Babergh District Council
Councillor Heike Sowa	Suffolk County Council
Dr David Brandon ⁽⁷⁾ ⁽¹⁰⁾	West Suffolk Alliance
Evelin Hanikat ⁽⁸⁾ ⁽⁹⁾	West Suffolk Alliance
Vacant (second representative)	SNEE ICB in consultation with local general practitioners and West Suffolk Alliance

Elspeth Lees ⁽¹¹⁾	University Campus Suffolk (UCS) in consultation with West Suffolk College
Lisa Parish ⁽¹²⁾	University Campus Suffolk (UCS) in consultation with West Suffolk College
Dr Thomas Pulimood	University of Cambridge
Sue Kingston	Volunteers and Friends of West Suffolk Hospital

Notes:

- 1) Carol Bull stepped down in May 2025
- 2) Robin Howe appointed in April 2025
- 3) Michael Simpkin passed away in February 2025
- 4) David Slater appointed in June 2025
- 5) J-P Holt stepped down in February 2025
- 6) Diana Stroh appointed in February 2025
- 7) David Brandon stepped down in June 2024
- 8) Evelin Hanikat nominated in August 2024
- 9) Evelin Hanikat stepped down in January 2025
- 10) David Brandon renominated in January 2025
- 11) Elspeth Lees stepped down in October 2024
- 12) Lisa Parish nominated in January 2025

Governor attendance at Council of Governors' meetings 2024-25

There were six formal meetings of the Council of Governors: 9 May 2024; 26 June 2024 (held in private); 2 September 2024; 24 September 2024 (Annual Members Meeting); 19 November 2024; and 26 February 2025.

The following governors were in attendance (note that attendance at AMM is not included in figures below):

Name	Title	Attendance (out of five meetings)
Carol Bull	Public governor	4 (of 5)
Anna Conochie	Public governor	3 (of 5)
Val Dutton	Public governor	2 (of 5)
Sarah Hanratty	Public governor	4 (of 5)
Elizabeth Hodder	Public governor	3 (of 5)
Robin Howe ⁽¹⁾	Public governor	0 (of 0)
Ben Lord	Public governor	5
Tom Murray	Public governor	2 (of 5)
Jayne Neal	Public governor	4 (of 5)
Adrian Osborne	Public governor	4 (of 5)
Becky Poynter	Public governor	5
Clare Rose	Public governor	1 (of 5)
Michael Simpkin ⁽²⁾	Public governor	4 (of 5)
Jane Skinner	Public governor	5
Gordon McKay	Public governor	3 (of 5)
Anna Clapton	Staff governor	5
John-Paul (J-P) Holt ⁽³⁾	Staff governor	4 (of 5)
Louisa Honeybun	Staff governor	5
Andy Morris	Staff governor	5
Adam Musgrove	Staff governor	2 (of 5)
Diana Stroh ⁽⁴⁾	Staff governor	1 (of 1)
Councillor Rowena Lindberg	Partner Governor	2 (of 5)
Councillor Heike Sowa	Partner Governor	3 (of 5)

Name	Title	Attendance (out of five meetings)
Dr David Brandon ^{(5) (7)}	Partner Governor	1 (of 2)
Evelin Hanikat ^{(6) (8)}	Partner Governor	0 (of 2)
Elspeth Lees ⁽⁹⁾	Partner Governor	0 (of 3)
Lisa Parish ⁽¹⁰⁾	Partner Governor	1 (of 1)
Dr Thomas Pulimood	Partner Governor	2 (of 5)
Sue Kingston	Partner Governor	3 (of 5)

Notes:

- 1) Robin Howe appointed in April 2025
- 2) Michael Simpkin passed away in February 2025
- 3) J-P Holt stepped down in February 2025
- 4) Diana Stroh appointed in February 2025
- 5) David Brandon stepped down in June 2024
- 6) Evelin Hanikat nominated in August 2024
- 7) Evelin Hanikat stepped down in January 2025
- 8) David Brandon renominated in January 2025
- 9) Elspeth Lees stepped down in October 2024
- 10) Lisa Parish nominated in January 2025

Jude Chin, non-executive director/chair as chair of the Council of Governors attended five out of five meetings. Others in attendance at these meetings (public meetings) were: Craig Black, executive director of resources/deputy chief executive (0 of 0); Ewen Cameron, chief executive (3 of 4); Nicola Cottington chief operating officer (1 of 1); Tracy Dowling, non-executive director (1 of 3); Richard Flatman non-executive director (3 of 3); Heather Hancock non-executive director (1 of 3); Antoinette Jackson, non-executive director (3 of 4); Michael Parsons non-executive director (3 of 4); Louisa Pepper, non-executive director (1 of 1); Roger Petter non-executive director (3 of 4); Paul Zollinger-Read associate non-executive director (2 of 3); Jonathan Rowell interim chief finance officer (2 of 2); Sam Tappenden Director of Strategy & Transformation (1 of 1); David Weaver associate non-executive director (0 of 3); Alison Wigg non-executive director (1 of 3).

2.1.3 Register of interests

All governors are asked to declare any interests on the register 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.

2.1.4 Governors and directors working together

Governors and directors have developed a professional working relationship, on both a formal and informal basis. Governors attend and observe the monthly Board of directors' meetings. This gives them an insight into and an understanding of the performance of the Board, particularly from a quality and finance perspective, and provides an insight into the role and performance of the non-executive directors (NEDs). Governors were invited to act as observers at the three assurance committees of the Board – the insight, involvement and improvement committees.

The NEDs present summary reports from the three assurance committees at the Council of Governors (CoG) meetings. When required they also present reports on any other areas they lead on.

The senior independent director (SID) attends Council of Governors' meetings and workshops. Governors are aware that they should discuss any matters with the SID that they do not feel can be addressed through the chair.

To support governors in their role a range of joint board/governor briefings took place during 2024-25:

- 29 April 2024 - Virtual Ward
- 13 June 2024 - Essex and Suffolk Elective Orthopaedic Centre Engagement
- 13 August 2024 - Living the Trust's Values
- 23 October 2024 - Future System Programme Update
- 13 November 2024 - ESNEFT and WSFT Provider Collaboration Briefing
- 5 December 2024 - Making Data Count
- 5 February 2025 - Strategy Refresh
- 4 March 2025 - Introduction to the ICB
- 3 April 2025 - CQC Inspection Framework

At joint workshops, presentations and formal and informal meetings, WSFT governors contribute to Trust's forward plan, including its objectives, priorities and strategy, and their views are communicated to the board of directors.

To support governors in engaging with staff, patients and the public they take part in activities including quality and environmental walkabouts, area observations and engagement sessions in the West Suffolk Hospital Site and Newmarket Community Hospital Cafés.

The Membership and Engagement Committee, which is a sub-committee of the Council of Governors, meets quarterly and a report on the committee's activities is provided to the Council of Governors. In 2024-25, the committee refreshed the WSFT Council of Governors' membership and engagement strategy. The purpose of this strategy is to outline our vision and methods to develop our membership and ensure it is representative, communicate with members and the public and engage with members and the public to understand and facilitate feedback from members of the public to the Trust.

The Council of Governors has established a Standards Committee as a standing committee. The purpose of the Standards Committee is to take responsibility to review issues relating to standards and governance of the council. Part of this remit is to review the constitution and specifically consider membership of the council in terms of number of seats and partner organisations.

2.1.5 Membership

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

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.

In May 2023 the Trust consolidated the existing membership area into a single public constituency for members living within the whole of Suffolk, Norfolk, Cambridgeshire or Essex.

Staff membership

All WSFT staff who are employed by the Trust under a contract of employment which has no fixed term; 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.

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. This does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

Membership numbers

On 31 March 2025 there were 6,424 public members and 5,487 staff members.

Membership

Our foundation trust membership is reviewed by the Membership and Engagement Committee. We aim to maintain and, where possible, increase our public membership and to ensure that staff membership is maintained at an appropriately high level. Experience has shown that engaging with the public is a very effective way of recruiting new members and gaining their views.

Governors use a short questionnaire to engage with members of the public during recruitment initiatives. As well as recruiting new members, this provides valuable feedback from patients and the public on their experiences and views of WSFT.

The Council of Governors' Membership and Engagement committee regularly reviews the membership numbers and to ensure it is representative. It also considers ways of increasing membership in areas where numbers are low. The chair of this committee gives a report to the quarterly Council of Governors meeting.

During the year the Trust organised its membership interest events on the services we provide, including 'Looking after your legs' (May and December 2024). The Annual Members Meeting was held at the Apex in Bury St Edmunds in September 2024.

Contact procedures for members

Contact details for the Foundation Trust Office are on the website and queries or comments directed to the appropriate governors/directors.

A newsletter is sent to all members two or three times a year to update members on WSFT news, and give details of how to contact the Trust.

2.1.6 Nominations committee

The governors' Nominations, Appointments and Remuneration Committee is responsible for making recommendations to the Council of Governors on the appointment of the chair and other non-executive directors. The committee also makes recommendations for chair and non-executive director remuneration and terms and conditions.

The committee is chaired by the Trust chair, except when considering the appointment, remuneration and terms and conditions of the Trust chair, or feedback from their appraisal, when it is chaired by the senior independent director or lead governor.

In July 2024, the committee reviewed the feedback from the appraisals of the NEDs and key messages were fed back to each individual. In 2025, the appraisal process was brought forward to May/June following the NHS England framework on chair's appraisals. The appraisal process for NEDs was in line with the new board member appraisal process issued by NHSE.

In March 2024, the committee met to discuss the process and timetable for the recruitment of NEDs to fill existing and future vacancies. The committee met in May 2024 to longlist potential candidates for the NEDs position and in June to shortlist candidates for interview. Following a comprehensive interview process five NEDs (three non-executive directors and two associate non-executive directors) were appointed and approved at a closed Council of Governors' meeting on 26 June 2024.

Attendance at nominations committee meetings 2024-25

Name	Title	Attendance (out of 4)
Jude Chin	Chair	4 (of 4)
Carol Bull	Partner governor	4 (of 4)
John-Paul Holt ⁽¹⁾	Staff governor	4 (of 4)
Ben Lord	Public governor	4 (of 4)
Andy Morris	Staff governor	3 (of 4)
Jayne Neale	Public governor	4 (of 4)
Adrian Osborne	Public governor	3 (of 4)
Thomas Pulimood	Partner governor	3 (of 4)
Jane Skinner	Public governor	3 (of 4)
Heike Sowa ⁽²⁾	Partner governor	0 (of 4)

Shortlisting/longlisting discussions are not recorded or included in the figures above.

⁽¹⁾ Stepped down in February 2025

⁽²⁾ Apologies sent ahead of the meetings due to unavoidable professional commitments

Meeting dates: 8 July 2024; 10 October 2024; 11 November 2024 and 14 January 2025

Shortlisting/longlisting discussions: 16 May 2024 (NED longlisting); 4 June 2024 (NED shortlisting).

2.2 Directors’ report

2.2.1 Responsibilities

The Board of directors’ functions as a unitary corporate decision-making body. Non-executive directors (NEDs) 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 executive directors and part-time NEDs; 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.

Disagreements between the Board of directors and Council of Governors (CoG) are resolved through a process which aims to achieve informal resolution in the first instance, following which a formal process will be taken that involves a resolution for discussion at a Board meeting. The Trust’s policy for engagement between the Trust Board and the Council of Governors describes the methods by which governors can engage with the Board of directors when they have concerns about the Board’s performance, the compliance with the provider terms of authorisation or the welfare of the Trust.

The descriptions below demonstrate the balance, completeness and relevance of the skills, knowledge and expertise that each of the directors brings to WSFT.

2.2.2 Composition

(a) Non-executive directors

<p>Jude Chin - non-executive director and chair <i>(Appointed on a three-year term from 2 June 2023)</i></p> <p>Areas of special interest/responsibility: Jude is chair of the Board of directors and chair of the Council of Governors of WSFT. He is also chair of the remuneration committee of the Board and chair of the governors’ nominations, appointments and remuneration committee.</p> <p>Previously, Jude was vice-chair of Colchester Hospital University NHS Foundation Trust and a partner at KPMG.</p> <p>Independent director – yes (satisfies criteria of code of governance B. 2.6)</p>
<p>Antoinette Jackson: non-executive director and senior independent director <i>(Appointed from 1 November 2022)</i></p> <p>Areas of special interest/responsibility: chair of the insight committee, member of the remuneration committee, audit committee, involvement committee and charitable funds committee, lead NED Board freedom to speak up guardian, including whistleblowing.</p> <p>Antoinette has a background in local government and was the chief executive of Cambridge City Council between 2009 and 2020. She began her career at Reading Borough Council before joining the London Borough of Camden in roles focusing on quality and customer services. Antoinette is also chair of trustees for Arthur Rank Hospice Charity.</p> <p>Antoinette was appointed as senior independent director in April 2023.</p> <p>Independent director – yes (satisfies criteria of code of governance B. 2.6)</p>

Tracy Dowling: non-executive director

(Appointed from 1 November 2022 and stepped down 17 November 2023 on to take-up interim Chief Executive role at Mid and South Essex ICB. Tracy re-joined the WSFT Board on 1 August 2024)

Areas of special interest/responsibility: chair of the involvement committee from April 2023, member of the audit committee, remuneration committee and improvement committee.

Tracy is the former chief executive of Cambridgeshire and Peterborough NHS Foundation Trust. Prior to this she was chief officer of the Cambridgeshire and Peterborough Clinical Commissioning Group and held director-level roles in commissioning and the acute sector. Tracy has qualifications in radiography, an MBA and a management qualification from the Institute for Health Service Management. Tracy is also chair of the Eastern Academic Health Science Network (AHSN).

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Dr Roger Petter (University of Cambridge nominated non-executive director)

(Appointed from 1 March 2023)

Areas of special interest / responsibility: remuneration committee, insight committee (deputy chair), improvement committee, board neonatal and maternity safety champion.

Roger was appointed to the Board through the University of Cambridge. He recently retired from a general practice partnership in Cambridge. For many years he provided welfare support to medical students at the University of Cambridge School of Clinical Medicine, as well as to Cambridge University Hospitals doctors. He is actively involved in medical education: for two decades he was a GP trainer, and he continues with medical student teaching.

Independent director – yes (see Note 1)

Michael Parsons: non-executive director

(Appointed from 1 May 2023)

Areas of responsibility: chair of the audit committee and Future System Scheme Executive Programme, member of the insight committee.

A Chartered Institute of Public Finance and Accountancy qualified accountant, Michael developed his career at Cambridgeshire, and Hertfordshire County Councils.

Michael moved into central Government as director general for capabilities and resources (chief operating officer) for the Home Office. In 2017 he moved to the Cabinet Office as director general for Government property and also as chief operating officer.

In 2021 he left Government and took up his current role as bursar of Christ's College Cambridge. He has also been a non-executive director of Thera Trust, a learning disability service provider, and is a non-executive director on the University of Cambridge's Property Board. He is also a non-executive director at the Parliamentary and Health Services Ombudsman.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Richard Flatman: non-executive director

(Appointed from 1 September 2024)

Areas of special interest/responsibility: Chair of the Charitable Funds Committee, member of the Remuneration Committee, Audit Committee, Insight Committee and SNEE ICB Finance Committee.

Richard is a Chartered Director, a Fellow of the Institute of Chartered Accountants in England and Wales and has extensive business and commercial expertise.

Richard was, until recently, the Group Chief Financial Officer at London South Bank University Group and for many years combined this with a wide range of non-executive roles. Before joining London South Bank, Richard specialised in audit and risk consulting services with Deloitte.

Richard joined the Trust in September 2024, and experience in other non-executive responsibilities included being a Board member, Senior Independent Director and Chair of Audit & Risk Committee at South West London & St George's Mental Health Trust. He is also a member of the audit committee at the British Accreditation Council, which for over 40 years has been responsible for setting standards within the independent further and higher education sector.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Dr Paul Zollinger-Read C.B.E.: associate non-executive director

(Appointed from 1 September 2024)

Areas of special interest/responsibility: member of the remuneration, improvement, charitable funds committees and doctors' revalidation support group.

Paul has joined the Trust holding several non-executive positions in health organisations. Paul worked as a GP in Braintree, Essex, for almost 25 years, and during that time he became the CEO of many Primary Care Trusts in the East of England.

Paul is a former director of primary care to the East of England Strategic Health Authority, was an advisor to the King's Fund and has spent time as the global chief medical officer for BUPA. In 2012, Paul was appointed a Commander of the British Empire for services to the NHS.

Paul works part time for Re-Cycle, repurposing bicycles to be sent to partners in Africa.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Heather Hancock: non-executive director

(Appointed from 1 September 2024)

Areas of special interest/responsibility: members of the Remuneration Committee, Involvement Committee, Insight Committee, Charitable Funds Committee, NED lead for equality, diversity and inclusion for both patients and workforce.

Heather has over 25 years of experience in the healthcare industry, beginning her career as a scientist and progressing to operational delivery in hospitals and leading businesses in software and analytics.

Heather is currently the CEO of DigitalFutureway Ltd and the Chief Strategist and Change Maker at The Conclusion People Ltd, where she advises biotech companies on global expansion.

Heather joined the Trust in September 2024, with extensive experience in leading transformative projects and promoting inclusive culture initiatives at the executive level.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Alison Wigg: non-executive director

(Appointed from 1 September 2024)

Areas of special interest/responsibility: member of the involvement committee, Future System Executive Programme Board and Digital Programme Board

Alison is on the board of Suffolk Libraries, a charity that runs the 45 libraries in Suffolk, and is also a STEM ambassador, helping to promote science and technology in schools. Alison joins the Trust with experience working as a non-executive director for the East of England Ambulance Service NHS Trust for the past 6 years and has also chaired a regional digital committee for the ICB.

Alison has a background in technology, working in global telecoms in the US and UK, and set up a network and ran a programme of Women in Technology events to encourage and promote gender diversity in technology.

Alison joined the Trust in September 2024 and is passionate about exploring how technology can make a difference to staff and patients within the NHS.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Note 1

Dr Roger Petter is a nominated appointment by the University of Cambridge. The appointment as a NED is reviewed and approved by the Council of Governors. This review considered relevant skills and experience, including his ability to provide independent challenge to the Trust. As such the role is considered to be an independent director, despite his nominated status.

Non-executive directors who left the Trust

Dr Geraldine O'Sullivan: non-executive director

(Appointed from 1 November 2022 until April 2024)

Areas of special interest/responsibility: deputy chair of the improvement committee, member of the remuneration committee and involvement committee.

Geraldine brings extensive experience gained within the NHS, including as a psychiatrist and then as executive medical director at Hertfordshire Partnership NHS Trust. She is an experienced NED with experience gained in healthcare and the not-for-profit sectors. Geraldine brings a wealth of knowledge around safety and quality improvement in healthcare as well as a detailed understanding around corporate governance.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Louisa Pepper - non-executive director and deputy chair

(Appointed: 1 September 2018 until 31 August 2021; reappointed until 31 August 2024)

Areas of special interest/responsibility: chair of the improvement committee, member of the insight committee, audit committee, remuneration committee, RAAC risk committee, lead NED for safeguarding adults, security and emergency preparedness, resilience and response (EPRR), access and pathology.

Louisa joined Suffolk Constabulary in 1991, gaining promotion through all ranks from constable to assistant chief constable, until her retirement in September 2017. She undertook a number of roles, working with partners at all levels in the public, private and voluntary sector, including working for both Norfolk and Suffolk Constabulary as head of strategic change, head of professional standards and head of criminal justice.

Louisa is an elected parish councillor for Thorpe Morieux.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Krishna Yergol: non-executive director

(Appointed from 1 November 2022 until April 2024)

Areas of special interest/responsibility: deputy chair of the involvement committee, member of the remuneration committee, digital programme board and Future System programme board.

Krishna is chief technology officer at Suffolk County Council, leading the council's technology services across operations, change and innovation. Prior to this, he worked as an associate director for digital enablement within NHS North West and for the Scottish Government as head of digital transformation & national programmes. Krishna spent his early career working in the private sector. He joined the NHS in 2018.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

David Weaver: associate non-executive director

(Appointed from 1 September 2024 until 30 April 2025)

Areas of special interest/responsibility: member of the remuneration, insight, improvement committees and Future System Executive Programme Board.

David began his career in public sector finance and this interest has continued to his non-executive career. He spent most of his executive career advising and financing technology and growth companies.

David joined the Trust in September 2024 with 35 years of experience in leadership positions in the financial services sector.

David is also Chair of Orbit Group, a housing association managing over 47,000 homes in the Midlands and East of England.

Independent director – yes (satisfies criteria of code of governance B. 2.6)

Executive directors

Dr Ewen Cameron – chief executive officer

(from February 2023)

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

Ewen joined the Trust in February 2023 from Cambridge University Hospitals NHS Foundation Trust, where he was executive director of improvement and transformation.

He was previously interim chief operating officer, divisional director, director of the Cambridge Bowel Cancer Screening Centre and clinical lead for endoscopy over his 17 years as a consultant gastroenterologist at Cambridge University Hospitals NHS Foundation Trust.

Ewen has 28 years of experience within the NHS. Having graduated from the University of Cambridge, he has worked in hospitals across the East of England and the East Midlands.

Jonathan Rowell - interim chief finance officer

(from July 2024, joined as Financial Recovery Director on 8 July and appointed as interim chief finance officer on 11 August 2024)

Areas of special interest/responsibility: lead for finance, resourcing, capital investment, procurement, contracts commissioning, estates and environment.

Jonathan has joined the Trust as interim chief finance officer (CFO), on secondment from NHSE for a period of 12 months to help the Trust to recover its financial position. Jonathan has worked for the NHS for 26 years and has most recently been director of finance for specialised commissioning nationally where he has looked after a budget of £27bn across England.

Spending most of his career in hospitals, Jonathan worked at Kings College Hospital NHS Foundation Trust in London for nine years, and Cambridge University Hospitals (CUH) for five years, including as Interim CFO. He is a Fellow of the Chartered Institute of Public Finance and Accountancy (CIPFA).

Nicola Cottington - chief operating officer

(from 1 November 2021)

Areas of responsibility: executive lead (with chief finance officer) for insight committee, executive lead for digital and information services, Senior Information Risk Owner (SIRO) for Trust, executive lead for delivery of NHS operational standards, chair of West Suffolk Alliance operational group, accountable officer for emergency planning, chair of investment panel, chair of workforce resource group, senior responsible officer and chair (with medical director) for Productivity Programme Board, executive sponsor for PRIDE network, Trust representative at integrated care partnership, strategic sponsor for Stay Well domain in West Suffolk Alliance, senior responsible officer for East Coast Pathology Network, senior responsible officer for Eastern Physiological Sciences Network

Before returning to the Trust in November 2021, Nicola was deputy chief operating officer at James Paget University Hospitals NHS Foundation Trust, and previously held associate director of operations roles at West Suffolk NHS Foundation Trust and Mid Essex Hospital Service NHS Trust, and assistant director roles at Suffolk Community Healthcare and Bromley Healthcare.

Julie Hull – interim chief people officer

(from June 2025)

Areas of responsibility: oversees all aspects of the Trust's workforce strategy and practice, including organisational development and culture; leadership and management development; education and training; staff wellbeing including occupational health; equality, diversity and inclusion; pay and reward; employee relations, recruitment and workforce planning. He is also executive lead for internal and external communications, fundraising and volunteers.

Julie is a very experienced NHS HR and organisational development practitioner, who has been a chief people officer in the NHS for over 25 years. She is passionate about the NHS and committed to providing the best employment arrangements for staff so that everyone can give of their best in a supportive and caring workplace.

Julie is a Fellow of the Chartered Institute of Personnel and Development.

Sam Tappenden - executive director of strategy and transformation

(from 24 June 2024)

Areas of special interest/responsibility: leadership on matters pertaining to corporate strategy, lead the co-creation and development of strategic vision, responsibility to direct the annual business planning process, lead the overall approach to improvement and transformation, responsible for capacity and capability for change and improvement.

Sam has many years of experience in NHS transformation, having previously held the role of director of development at the East and North Hertfordshire Health and Care Partnership, and director of strategy at the Hertfordshire Community NHS Trust.

Sam has also held senior roles in local government, policing, and the voluntary sector. Sam holds an MSc in Public Management from the University of Birmingham, completed the Accelerated Director's Development Scheme in Hertfordshire, and completed the Oxford Executive Strategy Programme at Said Business School. Sam has voluntary experience as a trustee for Age UK Hertfordshire, has been a board member at Hertfordshire Independent Living Services, and a special constable for South Wales Police.

Dr Richard Goodwin - medical director

(from 4 November 2024)

Areas of special interest/responsibility: professional leadership for medical workforce, responsibility for medical training and education, joint responsibility with executive chief nurse to enhance patient experience, quality of care and ensure patient safety, lead representative for WSFT at Alliance / ICS level for patient safety and quality, as responsible officer, lead the arrangements for medical appraisal and revalidation for all doctors, executive responsibility for quality improvement, responsibility for Caldicott Guardian and Maternity and Neonatal Safety Champion, responsibility to contribute to the development of a culture of 'speaking up safely, responsibility for public health team

Richard has many years of clinical and leadership experience. A consultant radiologist with a specialist interest in musculoskeletal radiology, he held a range of roles during his 18-year tenure at Norfolk and Norwich University Hospitals NHS Foundation Trust, the most recent being the Chief of Division, Clinical Support Services. He also chaired the Norfolk and Waveney ICB Diagnostics Board.

After serving as the East of England regional clinical imaging lead for three years, Richard is now the lead national specialty advisor for imaging with NHS England. Richard obtained a BSc in Physiology and his MBBS from the University of London. He is a Fellow of the Royal College of Radiologists. Richard also has an executive MBA from Cranfield School of Management.

Susan Wilkinson – executive chief nurse

(from June 2020)

Areas of responsibility: professional leadership for nurses, midwives and allied health professionals (AHPs), nursing, midwifery and AHP strategy and management, non-medical pre and post professional education, clinical governance and quality, safeguarding children, young people and vulnerable adults, risk management, integrated governance, complaints and patient feedback and experience, litigation, chaplaincy and CQC compliance lead for the Trust. Sue is also the director of infection prevention and control. She holds joint operational responsibility with the chief operating officer and medical director for the operational management and delivery of all clinical services.

Sue is a registered nurse and Florence Nightingale Scholar, she has a BSc in health care studies, including advanced practice and non-medical prescribing and an MSc in health care management and leadership.

Sue has been in post since June 2020. Sue joined WSFT from East and North Hertfordshire acute trust where she was deputy director of nursing. Prior to this she worked at Cambridge University Hospitals where she held roles including clinical nurse specialist in colorectal surgery; divisional head of nursing for surgery, and assistant director of nursing.

During 2024-25 Clement Mawoyo, director of integrated adult health and social care, which is a joint appointment funded by WSFT and Suffolk County Council and Peter Wightman West Suffolk Alliance director, which is a joint appointment funded by SNEE ICB, attended WSFT Board meetings on a regular basis.

Executive directors who left the Trust

Jeremy Over – executive director of workforce and communications

(from November 2019 until May 2025)

Areas of responsibility: all aspects of the Trust's workforce strategy and practice, including organisational development and culture; leadership and management development; education and training; staff wellbeing including occupational health; equality, diversity and inclusion; pay and reward; employee relations, recruitment and workforce planning. He was also executive lead for internal and external communications, fundraising and volunteers.

Jeremy worked at director level in the NHS since 2014, with over 25 years' experience in people management and development roles in the NHS, having started out as a training officer in his hometown of Hereford. As a Suffolk resident, Jeremy was proud to be part of the leadership team of his local healthcare Trust, supporting staff and serving our local population, and of the organisation's role as one of the largest employers in our geography.

Jeremy was a fellow of the Chartered Institute of Personnel and Development.

Craig Black – executive director of resources and deputy chief executive

(from February 2023 until September 2024)

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

Craig joined the Trust in April 2011 from Cambridge University Hospitals NHS Foundation Trust, where he was director of commissioning. Following his role as executive director for resources and deputy chief executive at this Trust, Craig stepped into the role of interim chief executive in August 2021.

He was previously deputy director of finance at both Cambridge University Hospitals NHS Foundation Trust and The Ipswich Hospital NHS Trust. Craig has 28 years' experience within the NHS. Having graduated from the national financial management training scheme he worked in health authorities, a community and mental health trust and a primary care trust, as well as a number of acute hospitals in Surrey and East Anglia.

Following a substantive appointment of the chief executive, the interim CEO returned to the post of executive director of resources on 20 February 2023.

Dr Paul Molyneux - executive medical director

(from June 2021 until November 2024)

Areas of responsibility: professional leadership for doctors, responsibility for undergraduate and post graduate medical education, Trust responsible officer, responsibility for Caldicott Guardian, mortality oversight group, medical examiners, executive responsibility for quality improvement, joint operational responsibility with executive chief nurse and chief operating officer for operational management and delivery of all services, responsibility for public health team, liaison with primary care through local negotiating committee (LNC), delivery of the clinical and care strategy.

Prior to being appointed medical director in June 2021, Paul has been a consultant neurologist at WSFT and Cambridge University Hospitals since 2003. He has previously held roles of clinical lead for neurology, clinical director for specialist medicine, deputy medical director and secondary care specialist at North-east Essex clinical commissioning group.

2.2.3 Register of interests

All directors are required to declare any interests on the register 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, Foundation Trust Office, West Suffolk NHS Foundation Trust, West Suffolk Hospital, Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ.

2.2.4 Appointment of chair and non-executive directors

The Council of Governors (CoG) has the responsibility for appointing the chair 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 CoG makes a recommendation for appointment for a non-executive director to the CoG. This committee comprises the chair of WSFT, a minimum of four public governors (one of whom is the lead governor), up to two staff governors and two partner governors. 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 director appointments are normally for a term of three years. Following their first term, and subject to satisfactory appraisal, a non-executive director will normally be reappointed for a second term without competition. This assumes Board competency requirements have not changed. Following this second term, and subject to satisfactory appraisal, a non-executive director can be considered by the Council of Governors for a further term of office subject to annual renewal. Vacant non-executive directors' positions will be subject to an open competition 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 chair, non-executive directors and senior managers are given in the remuneration report (section 2.7).

2.2.5 Evaluation of the Board of directors' performance

Attendance at Board of directors (open) meetings 2024-25

Name	Title	Attendance (out of 6)
Jude Chin	Chair	6
Ewen Cameron	CEO	6
Craig Black ^(a)	Executive director of resources	-
Nicola Cottington	Chief operating officer	6
Jeremy Over	Executive director of workforce and communications	5 (of 6)
Paul Molyneux ^(b)	Executive medical director	-
Ravi Ayyamuthu	Acting medical director	3 (of 3)
Richard Goodwin ^(c)	Executive medical director	2 (of 3)
Susan Wilkinson	Executive chief nurse	6
Sam Tappenden ^(d)	Director of transformation and strategy	4 (of 5)
Jonathan Rowell ^(e)	Interim chief finance officer	4 (of 5)
Louisa Pepper ^(f)	Non-executive director/deputy chair	2 (of 2)
Krishna Yergol ^(g)	Non-executive director	0 (of 0)
Geraldine O'Sullivan ^(h)	Non-executive director	0 (of 0)

Tracy Dowling ⁽ⁱ⁾	Non-executive director/deputy chair	3 (of 4)
Antoinette Jackson	Non-executive director/senior independent director	5 (of 6)
Roger Petter	Non-executive director	5 (of 6)
Michael Parsons	Non-executive director	4 (of 6)
Richard Flatman ⁽ⁱ⁾	Non-executive director	4 (of 4)
Heather Hancock ^(k)	Non-executive director	4 (of 4)
Paul Zollinger-Read ^(l)	Associate non-executive director	2 (of 4)
Alison Wigg ^(m)	Non-executive director	3 (of 4)
Individuals no longer on the Board		
David Weaver ⁽ⁿ⁾	Associate non-executive director	2 (of 4)

- a) Jonathan Rowell appointed as Financial Recovery Director from July 2024 and started as interim chief finance officer from August 2024
- b) Ravi Ayyamuthu acted as medical director from May until new medical director in post.
- c) Richard Goodwin appointed as Medical Director from Nov 2024
- d) Sam Tappenden appointed as Director of Transformation & Strategy from Jun 2024
- e) Jonathan Rowell appointed as Financial Recovery Director from July 2024 and started as interim chief finance officer from August 2024
- f) Louisa Pepper stepped down after end of term in Aug 2024
- g) Krishna Yergol stepped down from the role from April 2024
- h) Geraldine O'Sullivan stepped down from the role from April 2024
- i) Tracy Dowling appointed as non-executive director on 1 Nov 2022 and stepped down on 17 Nov 2023, reappointed w.e.f. 1 Aug 2024
- j) Richard Flatman appointed as non-executive director from Sep 2024
- k) Heather Hancock appointed as non-executive director from Sep 2024
- l) Paul Zollinger-Read appointed as associate non-executive director from Sep 2024
- m) Alison Wigg appointed as non-executive director from Sep 2024
- n) David Weaver appointed as associate non-executive director from Sep 2024 and stepped down w.e.f. 1 May 2025

Meeting dates: 24 May 2024; 26 July 2024; 27 September 2024; 29 November 2024; 31 January 2025; and 28 March 2025.

Attendance at Board of directors' meetings (held in private) 2024-25

Name	Title	Attendance (out of 10)
Jude Chin	Chair	10
Ewen Cameron	CEO	10
Craig Black ^(a)	Executive director of resources/deputy CEO	1 (of 1)
Nicola Cottington	Chief operating officer	9 (of 10)
Jeremy Over	Executive director of workforce and communications	9 (of 10)
Paul Molyneux	Executive medical director	1 (of 1)
Ravi Ayyamuthu ^(b)	Acting medical director	2 (of 5)
Richard Goodwin ^(c)	Executive medical director	3 (of 4)
Susan Wilkinson	Executive chief nurse	9 (of 10)
Sam Tappenden ^(d)	Executive director of transformation and strategy	4 (of 5)
Jonathan Rowell ^(e)	Interim chief finance officer	4 (of 5)
Louisa Pepper ^(f)	Non-executive director/deputy chair	2 (of 4)
Krishna Yergol ^(g)	Non-executive director	0 (of 0)
Geraldine O'Sullivan ^(h)	Non-executive director	0 (of 0)
Tracy Dowling ⁽ⁱ⁾	Non-executive director/deputy chair	5 (of 5)
Antoinette Jackson	Non-executive director/senior independent director	9 (of 10)
Roger Petter	Non-executive director	8 (of 10)
Michael Parsons	Non-executive director	7 (of 10)
Richard Flatman ⁽ⁱ⁾	Non-executive director	5 (of 5)
Heather Hancock ^(k)	Non-executive director	4 (of 5)
Paul Zollinger-Read ^(l)	Associate non-executive director	4 (of 5)

Alison Wigg ^(m)	Non-executive director	4 (of 5)
Individuals no longer on the Board		
David Weaver ⁽ⁿ⁾	Associate non-executive director	2 (of 5)

- a) Jonathan Rowell appointed as Financial Recovery Director from July 2024 and interim chief finance officer from August 2024
- b) Ravi Ayyamuthu acted as medical director from May until new medical director in post.
- c) Richard Goodwin appointed as Medical Director (w.e.f.) 4 Nov 2024
- d) Sam Tappenden appointed as Director of Transformation & Strategy w.e.f. 24 Jun 2024
- e) Jonathan Rowell appointed as Financial Recovery Director from July 2024 and interim chief finance officer from August 2024
- f) Louisa Pepper stepped down after end of term in Aug 2024
- g) Krishna Yergol stepped down from the role w.e.f. 30 April 2024
- h) Geraldine O'Sullivan stepped down from the role w.e.f. 30 April 2024
- i) Tracy Dowling appointed as non-executive director on 1 Nov 2022 and stepped down on 17 Nov 2023, reappointed w.e.f. 1 Aug 2024
- j) Richard Flatman appointed as non-executive director w.e.f. 2 Sep 2024
- k) Heather Hancock appointed as non-executive director w.e.f. 2 Sep 2024
- l) Paul Zollinger-Read appointed as associate non-executive director w.e.f. 2 Sep 2024
- m) Alison Wigg appointed as non-executive director w.e.f. 2 Sep 2024
- n) David Weaver appointed as associate non-executive director w.e.f. 2 Sep 2024 and stepped down w.e.f. 1 May 2025

Meeting dates: 3 May 2024; 24 May 2024; 25 June 2024; 26 July 2024; 27 September 2024; 14 November 2024; 29 November 2024; 31 January 2025; 24 March 2025; and 28 March 2025.

Drawing on best practice from the commercial sector the Board undertakes a regular review of its governance arrangements. The review takes into account regulatory guidance on quality and governance.

2.2.6 Committees of the Board

The Trust's governance structure was strengthened during 2022-23 to provide a greater focus on culture, patient safety and quality through three assurance committees of the Board. The Board has three assurance committees, each chaired by a non-executive director:

- **Insight committee** with a focus on operations, finance and organisational risk
- **Involvement committee** focussing on people (both patients and staff), organisational development, patient experience and engagement
- **Improvement committee** focussing on quality, patient safety and change management.

A report from each meeting is 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 in the governance structure ensure timely and effective escalation from directorates and specialist committees to the Board via the management executive group (MEG). The committee key issues reports from the assurance committees and governance report are standing agenda items for the Board meeting agendas and include escalation of risks from Board committees and other sources. Committees of the Board of directors describe their activities through reports. These provide assurance to the Board on its committees' activities and effectiveness.

The chair and trust secretary have worked with the Council of Governors to develop an appropriate appraisal process for the chair and non-executive directors. The chair is formally appraised by the lead governor and senior independent director. Appraisal of non-executive directors is carried out by the chair. Governors and directors contribute to these appraisals through feedback questionnaires.

A 360° appraisal process is used for executive directors. The chief executive is subject to annual formal appraisal by the chair. Executive directors are subject to annual appraisal by the chief executive which informs development plans. 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 internal and external expertise is used to support delivery of this programme.

Each Board committee reviews its terms of reference and undertakes a review of its effectiveness at least annually.

Insight Committee - attendance 2024-25

Name	Title	Attendance (out of 12)
Antoinette Jackson	Non-executive director and chair	12
Louisa Pepper <i>(until Aug'24)</i>	Non-executive director	3 (of 5)
Dr Roger Petter <i>(member until Aug'24)</i>	Non-executive director	5 (of 5)
Michael Parsons	Non-executive director	9 (of 12)
Richard Flatman <i>(from Sep'24)</i>	Non-executive director	7 (of 7)
David Weaver <i>(from Sep'24)</i>	Associate non-executive director	5 (of 7)
Heather Hancock <i>(from Sep'24)</i>	Non-executive director	5 (of 7)
Krishna Yergol <i>(until Apr'24)</i>	Non-executive director	1 (of 1)
Craig Black ^(a)	Executive director of resources / deputy CEO	1 (of 1)
Nicola Cottington	Chief operating officer	12 (of 12)
Dr Paul Molyneux ^(b)	Executive medical director	1 (of 1)
Richard Goodwin <i>(from Nov'24)</i>	Executive medical director	4 (of 5)
Ravi Ayyamuthu <i>(until Nov'24)</i>	Acting medical director	4 (of 5)
Sue Wilkinson	Executive chief nurse	12 (of 12)
Jonathan Rowell <i>(from Jul'24)</i>	Interim chief finance officer	9 (of 9)
Sam Tappenden <i>(from Jun'24)</i>	Executive director of strategy and transformation	7 (of 8)

a) Jonathan Rowell was member of the committee from July 2024

b) Ravi Ayyamuthu acted as medical director from May until new medical director in post.

The chair, other non-executive directors and chief executive are not members but have an open invitation to attend meetings of the committee – Jude Chin attending three, Tracy Dowling attending one and chief executive officer attending 11 of 12 meetings.

The attendance figures above include attendance by deputies: Matt Keeling, deputy chief operating officer (2), Dan Spooner, deputy chief nurse (1).

Involvement committee - attendance 2024-25

Name	Title	Attendance (out of five)
Tracy Dowling ^(a)	Non-executive director / chair	4 (of 4)
Antoinette Jackson	Non-executive director / SID <i>(chair until July 2024)</i>	4 (of 5)
Geraldine O'Sullivan ^(b)	Non-executive director	-
Krishna Yergol ^(c)	Non-executive director and chair	-
Craig Black ^(d)	Executive director of resources / deputy CEO	-
Jonathan Rowell <i>(from Jul 2024)</i>	Interim chief finance officer	1 (of 4)
Sam Tappenden <i>(from Jun'24)</i>	Executive director of strategy and transformation	2 (of 4)

Nicola Cottington	Chief operating officer	5 (of 5)
Jeremy Over	Executive director of workforce and	5
Dr Paul Molyneux ^(e)	Executive medical director	-
Richard Goodwin (<i>from Nov 2024</i>)	Executive medical director	1 (of 2)
Ravi Ayyamuthu (<i>until in Nov'24</i>)	Acting medical director	3 (of 3)
Sue Wilkinson	Executive chief nurse	4 (of 5)
Roger Petter	Non-executive director	3 (of 5)
Alison Wigg (<i>from Sep'24</i>)	Non-executive director	2 (of 3)
Heather Hancock (<i>joined Sep'24</i>)	Non-executive director	1 (of 3)

(a) left in November 2023 and returned in August 2024

(b) left in April 2024

(c) left in April 2024

(d) Jonathan Rowell was a member from July 2024

(e) Ravi Ayyamuthu acted as medical director from May until new medical director in post.

The chair, other non-executive directors and chief executive are not members but have an open invitation to attend meetings of the committee – chair attending three of five and CEO attending four of five meetings.

The attendance figures above include attendance by deputies: Matt Keeling, deputy chief operating officer (2)

Improvement committee - attendance 2024-25

Name	Title	Attendance (out of 12)
Tracy Dowling (<i>returned in Aug 2024</i>)	Non-executive director	7 (of 8)
Geraldine O'Sullivan (<i>until May'24</i>)	Non-executive director	2 (of 2)
Louisa Pepper (<i>until Aug'24</i>)	Non-executive director (chair until Aug 2024)	4 (of 5)
David Weaver (<i>from Sep 2024 until Feb'25</i>)	Associate non-executive director	5 (of 6)
Paul Zollinger-Read (<i>from Sep'24</i>)	Associate non-executive director	7 (of 7)
Dr Roger Petter	Non-executive director and chair	12
Nicola Cottington	Chief operating officer	11 (of 12)
Dr Paul Molyneux	Executive medical director	1
Ravi Ayyamuthu (<i>until Nov'24</i>)	Acting medical director	7 (of 8)
Richard Goodwin (<i>from Nov'24</i>)	Executive medical director	4 (of 5)
Sam Tappenden (<i>from Sept'24</i>)	Executive director of strategy and transformation	7 (of 7)
Jeremy Over	Executive director of workforce and communications	10 (of 12)
Sue Wilkinson	Executive chief nurse	12 (of 12)

The chair, other non-executive directors and chief executive have an open invitation to attend meetings of the committee, chief executive attending nine, chair attending five meetings

The attendance figures above include attendance by deputies: Matt Keeling, deputy chief operating officer (1), Dan Spooner, deputy chief nurse (2) and Carol Steed, deputy director of workforce (1).

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 NHS England (NHSE) in exercise of powers conferred on it by paragraphs 24 and 25 of schedule 7 of the National Health Service Act 2006.

External audit

KPMG was appointed as WSFT's external auditor in October 2021. KPMG reports to the Council of Governors through the audit committee. KPMG'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 NHS England, independent regulator of foundation trusts.

The responsibility of the Trust's external auditors is to independently audit the financial statements and the part of the remuneration report to be audited in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

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 annually with the external auditor without officers present.

The Council of Governors in its closed session appointed KPMG as the Trust's external auditors for a three-year contract on 13 October 2021. The appointment covers three financial years 2021-22, 2022-23 and 2023-24. The estimated cost of statutory services/audit fee was £126k for the financial year 2023-24 (base fee without overruns). The Council of Governors approved the recommendation to extend the contract for the Trusts' external auditors for an additional year, covering appointment for the financial year 2024-25.

The Council of Governors in its closed session on 19 November 2024 approved the appointment of EY as the Trust's external auditors for a five-year period from 1 April 2025.

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 2024-25.

Internal audit

RSM, WSFT's internal auditor, is responsible for undertaking the internal audit functions on behalf of the Trust. Its role is to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively. The head of internal audit reports to each meeting of the audit committee on the audit activity undertaken.

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 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)
Michael Parsons	Non-executive director / chair	5
Antoinette Jackson	Non-executive director / senior independent director	5
Louisa Pepper <i>(until Aug'24)</i>	Non-executive director/deputy chair	2 (of 2)
Tracy Dowling <i>(until No'23 and reappointed in Aug'24)</i>	Non-executive director/deputy chair	2 (of 3)
Roger Petter <i>(member from Oct'24)</i>	Non-executive director	2 (of 3)
Richard Flatman <i>(from Nov'24)</i>	Non-executive director	2 (of 3)

All NEDs were invited to attend audit committees (including deep dive presentations) but only those specified above are members of the committee. Meeting dates: 20 June 2024 (extraordinary), 25 June 2024, 1 October 2024, 10 December 2024 and 18 March 2025.

2.2.7 Well-led 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 that we have made in patient safety are given elsewhere in this report, including section 2.6 (annual governance statement). The annual governance statement also describes the arrangements the Board of directors has put in place to deliver and monitor quality.

The Board of directors reviews the arrangements in place to deliver quality as part of the annual governance review it undertakes. This includes a review of relevant assurances within the board assurance framework. Further details of the structure are provided in the annual governance statement (section 2.6).

In line with good governance practice, during 2023-24 the Board commissioned ConsultOne (the consultancy arm of AuditOne) to undertake a well-led developmental review of leadership and governance at the Trust. The review took place between December 2023 and March 2024, to inform further development work to support continuous improvement of our governance arrangements.

The review process included documentary assessment, interviews with Board members, members of staff, governors and external stakeholders as well as meeting observations for the Board and its committees, Council of Governors and operational management meetings.

The final report was issued in May 2024 and highlighted well-led strengths and areas of further focus by the WSFT Board. An improvement plan to address the findings of the report was prepared which was structured around the Care Quality Commission and NHS England well-led framework guidance. The Trust ensures that the relevant Board assurance committee is updated on the actions from the well-led improvement plan, specifically the progress that has been made and any areas of concern that may delay the completion of the action.

2.2.8 Details of consultation

Local groups and the public and patient involvement activities

VOICE

The VOICE network continues to grow, with a diverse membership representing patient support groups and charities in the local community. Members' feedback from their respective groups and their input into developments at the Trust, ensures service user involvement whilst also providing groups with ongoing opportunities to support patient experience improvement initiatives.

Groups with which we have engaged include:

- Steel Bones
- Alzheimer's Society
- Chronic Pain Support Group
- Our Special Friends
- Parkinson's Support Group
- Lymphoedema Support Group
- Ace Anglia
- Upbeat Heart Support
- Women's Health Hope
- Suffolk Libraries
- Cancer Services User Group
- Communities Together
- Suffolk Sight
- BSE 4 Black Lives

Following the restructure of the Trust's patient and public engagement group, VOICE, the group has grown in membership and has supported the following projects over the past year:

- trialling the digital check-in kiosk in the outpatients department
- providing feedback on designs for the Newmarket Community Diagnostic Centre in Newmarket
- signage review
- car park cabin accessibility
- involvement in the Food as a Medicine workshops

There are several new groups which have signed up to be part of VOICE including Suffolk Libraries, Churches Together and the Befriending Scheme.

Public health

It is vital that we engage with those who face barriers when accessing healthcare services, and who are also less likely to share their views and issues using typical feedback methods.

Our engagement work is planned with NHS England's CORE20PLUS5 approach in mind, ensuring a focus on groups that suffer health inequalities within our local community have these gaps reduced.

As part of this work, we have engaged with the Suffolk Refugee Support group in Ipswich, to better understand the needs of the refugee community it supports. Following their feedback about areas the group would like to better understand, a session took place May 2024 where the public health team met the group to talk about hypertension.

The session with the public health team was so successful that a further session was arranged with the Suffolk Refugee Support group.

Public engagement activities

Activities over the past year have included engaging with existing contacts and establishing other new connections such as:

- Suffolk Refugee Support Group
- PHOEBE Centre
- Combat2Coffee
- Suffolk Hearing Advisory Service
- Women's Health Hope
- Suffolk User Forum
- Suffolk Sight
- Disability Forum.

This engagement has led to a number of key outcomes for these community groups which enhances the

relationship and increases a better understanding of some of the barriers and challenges patients face whilst using our services. Some of these outcomes include:

- the Public Health Team gave a talk to the Suffolk Refugee Support Group on hypertension
- the PHOEBE Centre charity is also in contact with the maternity team and now has a regular support group meeting in Bury St Edmunds.
- a member of Norfolk and Suffolk NHS Foundation Trust (NSFT) veterans support team has since given a talk on veteran's awareness to the Patient Experience and Engagement Team.
- Women's Health Hope is now part of VOICE and a support group has been set up in Bury St Edmunds, with meetings taking place at WSFT.
- the Suffolk User Forum, an independent mental health user-led, involvement, peer support, and advocacy organisation, is now part of the Trust's mental health transformational group
- Suffolk Sight Charity has invited the Patient Experience and Engagement Team to have a stand at their annual event in the summer to obtain feedback from lived experiences and promote the services available.

Throughout May and June 2024, in conjunction with the SNEE ICB (Suffolk and North East Essex Integrated Care Board), an extensive engagement exercise was carried out regarding the proposal to move a percentage of West Suffolk NHS Foundation Trust's elective orthopaedic surgery to the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) in Colchester.

During this engagement period, a number of events were held across West Suffolk and talks were given to groups. Members of the public were encouraged to share their views of the proposal in a survey managed by Healthwatch Suffolk and over 2,200 responses were received.

Healthwatch Suffolk

In the past 12 months, the patient experience and engagement team has organised four patient engagement sessions with Healthwatch Suffolk. Areas of focus have been:

- endoscopy
- pre-assessment
- gynaecology
- audiology

Feedback obtained from these sessions has been shared with leads of these areas and compared against Patient Advice and Liaison Service (PALS) and complaints data.

Public involvement activities

The patient experience and engagement team has ensured that the collection of patient and carer stories covers a wide range of experiences and includes those with a protected characteristic. These stories are shared at the Trust Board and other forums as an effective, impactful way to share feedback and are also uploaded to the Trust's learning platform, Totara. Those who share their stories are told where their stories have been shown, as well as what actions and learning have been identified.

Future events

Experience of Care Week will take place from 28 April to 2 May 2025; this is an international initiative to celebrate work that is happening across healthcare services to improve patient experience.

Due to ongoing demand for patient representatives and the legal requirement (National Health Service Act 2006) to involve patients and the public in decisions affecting services at the Trust, a more formal set up with Patient Voice Partners as registered volunteers is being rolled out.

This will enable us to support patient representatives with structured pieces of work, such as involvement in Equality Impact Assessments and attendance at key meetings, depending on their interest and level of expertise.

Opportunities for those with lived experience (such as the current VOICE membership) to share feedback will still exist.

We are looking specifically to improve opportunities for underrepresented communities with lived experiences to become involved, in line with the Core20PLUS5 approach.

Future System programme

Meaningful engagement

A new healthcare facility is set to be built for the people of West Suffolk by the people of West Suffolk. Members of the local community, staff and stakeholders of West Suffolk NHS Foundation Trust (WSFT) are involved in meaningful engagement to help develop the new hospital and its services. The result will be a building design and clinical model that is fit for the needs of our population now and for generations to come.

With this in mind, the Future System programme prides itself on aspiring to be the most co-produced scheme as part of the wider Government New Hospital Programme. To meet this aim, we have carried out meetings and conversations with specific audiences which have included, but are not exclusive to:

- those with learning disabilities
- those with severe mental health requirements
- homeless and rough sleeper community
- young adults and students
- clinical patient support groups
- Romany, Gypsy and traveller community
- staff
- patients who have suffered a stroke or care for someone who has
- women's Institute groups
- resident associations
- local councils and councillors

As a part of the Future System clinical co-production, the team has been working with staff and patients to understand how clinical services could (and arguably should) look like in the future. This has included the possibility of some clinical services being delivered in a different way and/or from a different location.

Duty to involve

NHS and foundation trusts have a duty to involve users of health services when planning or engaging on the provision of health services (s.242 NHS Act 2006) and this involvement can be in a variety of ways.

The Future System team is committed to involving our staff, patients and local community and a local Health Overview Scrutiny Committee Task and Finish group is linked to the Future System programme.

For any formal public involvement, the Trust will follow advice and hold this over a period which is proportionate to the scale of change in line with best practice guidelines.

Engagement activity

Overview

Emphasis needs to be placed on the quality of output rather quantity of interactions however, key stats include:

- nearly 10,000 people spoken with over the course of the programme
- 50 clinical co-production workshops, including a further 20 Estates and Facilities Management co-production workshops, delivered during 2024 - 2025
- 150 letters sent to the residents during 2024 - 2025

All 5,000 members of staff are reached on a regular basis via news updates, online and face to face staff briefings as well as dedicated co-production workshops for each specialty. To co-produce the clinical visions, which provides a blueprint for how we could work in the future, we have spoken directly to nearly 1,700 members of staff.

Stakeholder engagement

Following the change in Government, the team continue to develop and foster relationships with local MPs, both new and existing. The Programme Director and Chief Executive have met with Peter Prinsley, MP for Bury St. Edmunds and Stowmarket, Nick Timothy, MP for West Suffolk and James Cartlidge, MP for South Suffolk. The meetings went well with Dr Prinsley and Nick Timothy receiving tours of the new hospital site. James Cartlidge has visited the new hospital site numerous times previously.

Transformation

In readiness for potential new ways of working in the new hospital, engagement work was undertaken to understand the challenges faced by clinicians to adopt and undertake virtual consultations particularly when delivering outpatient appointments.

A series of in-person meetings were held with departments and individuals as well as on-line and in-person workshops. This was combined with the previous digital engagement research which took place during 2023-2024.

An overall way forward, based on the engagement, is being drafted and will be shared in the 2025-2026 annual report.

Estate

The team continues to engage with local residents regrading key estates milestones including the development of the temporary access road.

Engagement has been in the form of in-person resident meetings and direct communication. Alongside this, specific pieces of engagement have been delivered.

Active travel engagement

As part of the Trust's outline planning approval for a replacement hospital, the Trust agreed to improve walking and cycling links and active travel infrastructure from the north, east and west of the town to encourage the use of sustainable modes of travel to the new hospital site at Hardwick Manor.

As part of this work, and with the support of Suffolk County Council, it was suggested that a 20mph speed limit zone on Rembrandt Way and Barons Road be implemented upon opening the new hospital, to improve the safety for pedestrians and cyclists accessing the new site.

To support the highways technical approval process, and the discharge of the related pre commencement planning condition, the Trust was required to source initial feedback from residents potentially impacted.

A feedback period of nearly four weeks was launched on the 30 September 2024 with letters directly sent to about 400 residents in the vicinity of the proposed changes. Iterative draft plans were hosted on a dedicated webpage on the future system planning website with a feedback form to capture responses. Paper copies of the plans and the feedback form were sent to residents upon request by writing to a Freepost address. Only one resident requested a paper copy.

The feedback closed on 25 October 2024. All comments received were shared with Suffolk County Council to assist with plan development.

Clinical services

The development of the clinical model for the new hospital is led by 12 co-production workstreams, recruited from the WSFT workforce.

Each workstream includes relevant clinical and operational staff, supported by the Future System team and includes viewpoints from patients and the local community. Co-production leads are also tasked with working with peers and partners across the health and care system to develop plans fit for now, the future, and the healthcare system as a whole.

The clinical team has focused on ratifying the designs developed through co-production, reconciling them with national standards and expectations shared by the New Hospital Programme team.

Communications

Webpages

Information all about the new hospital is available at our [new healthcare facility website](#).

The site features engagement opportunities, up to date information on the programme, including news updates, frequently asked questions and contact details.

A dedicated website regarding the pre-application planning engagement and indicative designs was launched and can access by [visiting the planning website](#).

Newsletter

More than 500 people have subscribed to a newsletter about the progress of the Future System programme.

Communication with residents

It is important for the programme team to maintain transparency and build good relations with our close neighbours. To this end, regular communications have been sent to local residents, particularly relating to milestones and updates which may impact them. Feedback routes are also clear, allowing the relationship to be mutually beneficial.

Stakeholder briefings

Briefings are supplied to key stakeholders at each milestone, providing clear and transparent information which may be of interest.

2.2.9 Other disclosures

Companies Act disclosures

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 with information on matters of concern to them
- 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.

Cost allocation

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

Income statement

The Trust 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 that the Trust has received has had no impact on its provision of goods and services for the purposes of the health service in England.

Political donations

The Trust did not make any political donations during 2024-25.

Better payments practice code

The Trust is a signatory to the better payments 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 paid £18k of interest under the Late Payment of Commercial Debts (Interest) Act 1998 in 2024-25. In 2023-24, the figure was £26K.

	2024-25		2023-24	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in the year	24,626	147,902	35,879	177,192
Total non-NHS trade invoices paid within target	15,789	124,541	26,594	152,236
Percentage of non-NHS bills paid within target	64.1%	84.2%	74.1%	85.9%
Total NHS trade invoices paid in the year	1,180	17,486	1,197	11,727
Total NHS trade invoices paid within target	532	11,121	642	7,569
NHS trade invoices paid within target (%)	45.0%	63.6%	53.6%	64.5%
Total percentage of bills paid within target	63.2%	82.0%	73.4%	84.6%

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.

A handwritten signature in blue ink, appearing to read 'Ewen Cameron', is positioned above the printed name.

Dr Ewen Cameron
Chief Executive Officer
20 June 2025

2.3 Foundation trust code of governance compliance

The Trust 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 October 2022, is based on the principles of the UK corporate governance code issued in 2014 and 2012. The code of governance 2022 is applicable from April 2023.

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.

Disclosures relating to the Council of Governors and its committees are in the governors' report (section 2.1). Disclosures relating to the Board of directors and its committees are in the directors' report (section 2.2).

2.4 NHS oversight framework

NHS England's NHS oversight framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four segments.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity. An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

The Trust has been placed in segment 3. This segmentation information is the Trust's position as at 9 May 2025. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

2.5 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 NHS England.

NHS England, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require West Suffolk NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. 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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, 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 (and the Department of Health and Social Care Group Accounting 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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



Dr Ewen Cameron
Chief Executive Officer
20 June 2025

2.6 Annual governance statement

West Suffolk NHS Foundation Trust annual governance statement – 1 April 2024 to 31 March 2025

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of West Suffolk NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in West Suffolk NHS Foundation Trust for the year ended 31 March 2025 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 policy and strategy which make it clear that managing risk is a key responsibility for the Trust and all staff employed by it.

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

The audit committee provides an independent and objective view of WSFT's internal control environment and the systems and processes by which the Trust leads, directs and controls its functions to achieve organisational objectives, safety, and quality of services, and in which they relate to the wider community and partner organisations. It reviews implementation of the board assurance framework to assure itself that risks are being appropriately identified and managed and appropriate assurance obtained. This is supported by 'deep dive' assurance reviews by the assurance committees of the Board as well as the audit committee.

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.

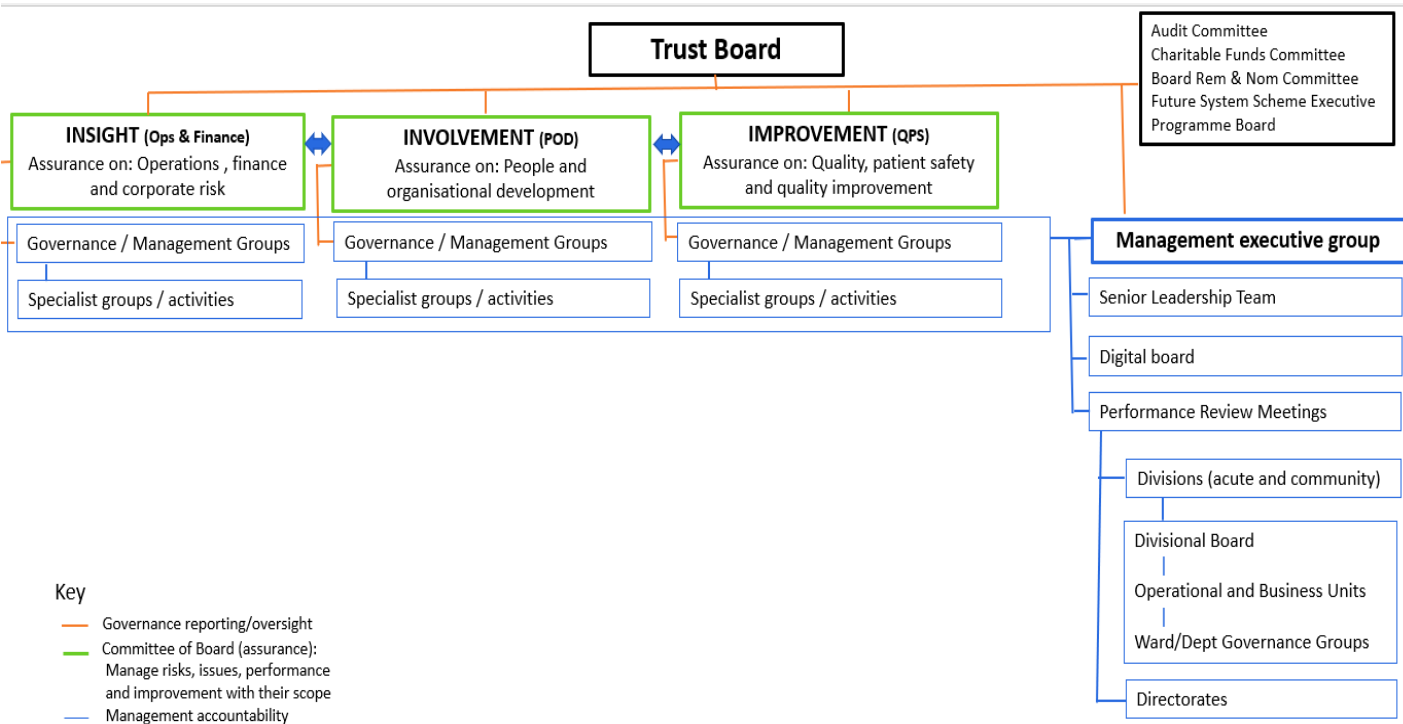
The audit committee is supported by the three assurance committees of the board in order to improve understanding and provide assurance to the board in relation to:

- **Insight committee** – operational delivery, financial control and organisational risk
- **Involvement committee** – focussing on people (both patients and staff), organisational development, patient experience and engagement
- **Improvement committee** - quality, patient safety and risk management and quality Improvement.

The assurance committees of the Board are supported by a range of governance and specialist groups. Management accountability remains with the executive and divisional leadership. This framework was introduced in September 2021 and has been subject to review and refinement.

The management executive group, the senior management-level decision making group in the Trust with clinical, financial, people and operational oversight of performance, advising the Board, Board committees and executive directors as required.

Chart 1: Governance structure



The Council of Governors hold the non-executive directors individually and collectively to account for the performance of the Board of directors.

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 is 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. Further detail of the risk management arrangements are contained in the Trust’s risk management policy.

The risk and control framework

The risk management strategy and policy sets out the key responsibilities for managing risk in the organisation, including the ways in which risk is identified, evaluated, transferred and controlled. This is supported by the Board-approved organisational framework for governance which outlines the structure, accountabilities and processes by which governance and onward assurance to the board is achieved.

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 level of risk that the Trust is willing to take (risk appetite) is managed through this structured framework of risk assessment and appropriate escalation.

The Trust has in place a board assurance framework (BAF) 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 those controls are in place and operating effectively. These controls and assurances include:

- monthly quality and performance reports, statistical process control (SPC) charts and performance dashboard. These include the Trust's priorities for improvement in the quality report, analysis of patient experience, incidents and complaints
- monthly financial performance reports
- self-assessment against delivery of the CQC registration requirements
- quarterly reports to the Council of Governors from the Board and its assurance committees covering quality, operational performance and finance
- assurances provided through the work of the three board assurance committees, using their committee key issues report to summarise issues for the board and governors
- reports from the future system scheme executive programme board and the audit committee received by the Board
- assurances provided through the work of internal and external audit, the Care Quality Commission, NHS England, NHS Resolution and accountability to the Council of Governors
- the work of clinical audit, whose scope includes national audits, audits arising from national guidance such as National Institute for Health and Care Excellence (NICE), confidential enquiries and other risk and patient safety-related topics
- 15-step visits, including executive directors, non-executive directors and governors. During these visits executives, non-executives and governors engage with staff
- risk assessments and analysis of the risk register and board assurance framework
- benchmarking for clinical indicators
- 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):** an overall rating of "requires improvement"
- **performance against national standards** - meeting a number of national targets in 2024-25
- **focus on elective recovery** – the need to reduce the number of people waiting for treatment, usually surgery
- **integration with partners across the health, social care and voluntary sector** – as a key driver in improving the quality and outcomes of care
- **stroke care:** our stroke service has been rated as providing patients with the highest quality stroke care, putting it first among acute admitting trusts in the eastern region and second in England
- **Sentinel Stroke National Audit Programme (SSNAP)** - a major healthcare quality improvement programme for stroke care. At the end of September 2024 our stroke team successfully continued to retain its top-grade A ranking
- **Experience of our inpatients:** people we have cared for as inpatients have rated their overall experience as being in the top five of the acute and combined trusts in England, and among the best in the region.
- **Digital innovation:** the West Suffolk NHS Foundation Trust, in collaboration with Virtual Bones, was a winner in the HSJ Digital Awards 2024, recognising excellence in digitising, connecting, and transforming health and care

- **Awards for sustainability:** in the Awards for Excellence in Waste Management for the NHS in England, our waste management team were awarded silver in two categories: Best reduction in clinical waste; and Best reduction in carbon emissions
- **National Hip Fracture Database (NHFD):** data from the National Hip Fracture Database (NHFD) confirmed our patients were receiving some of the best hip fracture care in England and Wales, with the Trust rated top in the country for meeting best practice criteria for patients treated for a hip fracture
- **Experience of patients with cancer:** our Trust scored highly in the 2023 National Cancer Patient Experience Survey, with patients rating their cancer care nine out of 10
- **Getting It Right First Time (GIRFT)** general surgery High Volume, Low Complexity (HVLC) review was commended as the best example of system working in general surgery reviewed so far
- **Patient Portal:** the new patient portal introduced in 2024 offers patients a better experience in managing their health online
- **improving quality and safety - Call 4 Concern:** we have introduced Call 4 Concern (C4C) at the West Suffolk Hospital, a public patient safety initiative
- In the **NHS Adult Inpatient Survey for 2023**, the Trust was rated at 8.5 out of 10 for overall experience, placing it fifth in England and second in the eastern region
- **pulmonary rehabilitation (PR) service received national accreditation** - the service is part of our community and integrated therapies division
- introduction of the **unscheduled care coordination hub (UCCH)** has been a tool that symbolises the benefits of system working and delivering the right care, at the right time, in the right place
- the **Trust's vaccination team** has continued its dedicated work to protect our staff, system partners and the community of Suffolk from seasonal viruses
- **excellent reputation for teaching** – both undergraduate and graduate. We are a learning organisation and our training and education team support staff with a broad range of courses and training
- **expanded our Freedom to Speak Up (FTSU) network** - review plans around wellbeing champions to reflect our diverse workforce, and relaunched our peer-led staff networks
- **our highly-trained and motivated workforce** - investing in, celebrating and looking after the thousands of people who devote their working lives to the NHS and our Trust
- **building of a new hospital** – including exploratory and preparatory works ahead of the construction phase
- **services closer to home:** this year saw the completion of the Newmarket Community Diagnostic Centre (CDC) which started to see patients in December 2024

In line with good governance practice, during 2023-24 the Board commissioned ConsultOne (the consultancy arm of AuditOne) to undertake a well-led developmental review of leadership and governance at the Trust. The review took place between December 2023 and March 2024, to inform further development work to support continuous improvement of our governance arrangements. The review was structured around the Care Quality Commission and NHS England well-led framework guidance.

The review process included documentary assessment, interviews with Board members, members of staff, governors and external stakeholders as well as meeting observations for the Board and its committees, Council of Governors and operational management meetings.

The final report was issued in May 2024 and highlight well-led strengths and areas of further focus by the WSFT Board. An improvement plan to address the findings of the report was prepared which was structured around the Care Quality Commission and NHS England well-led framework guidance.

The Trust ensures that the relevant board assurance committee is updated on the actions from the well-led improvement plan, specifically the progress that has been made and any areas of concern that may delay the completion of the action.

The ambitions of our Trust strategy – First for patients, first for staff and first for the future – underpin our commitment towards improving the care for our patients; supporting and listening to our staff; and investing in the future health of Suffolk.

Many challenges remain, including during 2024-25, financial challenges along with industrial action in the summer, winter pressures, including an increased prevalence of flu, norovirus and other seasonal illness.

Our programme of React, Recover, Renew is under way to reduce the significant deficit in our finances, and means we have had to take difficult but necessary decisions. In 2025, we are taking the opportunity to refresh our Trust's strategy to reflect national changes, planning guidance and the anticipated launch in June of the Department of Health and Social Care's 10-year Health Plan.

But we also have some challenges, and these are considered in more detail in the conclusion of this annual governance statement within the significant internal control section of the report:

- **building structure**
- **delivering patient access**
- **financial control and sustainability.**

Risks to our strategic objectives are regularly reviewed by the Board as part of the board assurance framework (BAF). The BAF has been subject to development by the Board during 2024-25 and is summarised below.

Board assurance framework summary

BAF	Description of risk	Potential impacts being mitigated by controls and future plans
1.	Fail to ensure the Trust has the capability and skills to deliver the highest quality, safe and effective services that provide the best possible outcomes and experience (including developing our current and future staff)	<ul style="list-style-type: none"> • staff do not have the skills to provide optimum treatment to our patients • the needs of patients are not met when skills and knowledge are lost • vacancies and/or reliance on temporary workforce; pressure on existing teams
2.	Fail to ensure that the health and care system has the capacity to respond to the changing and increasing needs of our communities	<ul style="list-style-type: none"> • patient harm due to delays in diagnosis and treatment • inability to meet current and future population health and care needs • regulatory intervention as a result of not meeting NHS performance standards • people being treated in an inappropriate setting and an unsustainable future model • unsustainable workforce to provide capacity
3.	Fail to collaborate effectively with partners, causing an inability to deliver the 'Future Shift', leading to a failure to implement strategic transformation priorities, the Future Systems programme, and/or new models of care that could improve population health outcomes, Trust sustainability, and operational performance	<ul style="list-style-type: none"> • failure to effectively deliver the 'future shift' of health and care services. • failure to meet population health and care needs. • lack of confidence in the trust's strategic planning. • loss of authority, credibility, and/or reputational damage. • poor allocative efficiency of trust and/or system resources. • failure to take advantage of the opportunities of being a combined acute and community trust. • failure to adequately understand the needs and requirements of different partners. • failure to adequately support system development.

BAF	Description of risk	Potential impacts being mitigated by controls and future plans
4.	Fail to have the capacity, capability, or commitment to change the way the Trust provides health and care services, which could lead to a failure to respond to changing demand pressures, unsustainable services, and/or not delivering major projects, which would worsen operational pressures, quality of care, and financial viability	<ul style="list-style-type: none"> the Trust does not focus its energy on those priorities which will have the greatest impact, minimising the operational, financial, and quality benefits. the trust fails to have the drive and capacity to implement the level of change required, leading to on-going challenges. there is poor alignment, co-ordination, and duplication across the trust, which has the effect of minimising the impact of change interventions. the trust misses strategic opportunities for developing new models of care, and is perceived as being uncollaborative, leading to poor performance and reputational damage respectively. the trust takes a reductive approach to financial sustainability, which risks undoing the drive to create a quality-focused culture. the trust does not adequately address the considerable strategic challenges, leading to a failure to meet its strategic objectives
5.	Fail to ensure the Trust implements secure, cost effective and innovative approaches that advance our digital and technological capabilities to better support the health and wellbeing of our communities	<ul style="list-style-type: none"> increased likelihood of digital systems failure, greater risk of cyber-attack and data loss, resulting in inability to access clinical information in a timely way
6.	Fail to ensure the Trust estates are safe, fit for purpose while maintained to the appropriate standard so that everyone has a comfortable environment to be cared for and work in today and for the future	<ul style="list-style-type: none"> building environment not suitable/safe for patient care leading to harm incident – subsequent reputation damage. unknown financial impact if reputational consequences. risk of improvement notices if fail to improve condition of building(s) impact of proceeding at risk on cash position service withdrawal due to inability to achieve/maintain accreditation/licencing failure to effectively mitigate the reduction in Risk of partial building collapse

BAF	Description of risk	Potential impacts being mitigated by controls and future plans
7.	Fail to ensure we manage our finances effectively to guarantee the long-term sustainability of the Trust and secure the delivery of our vision, ambitions and values	<ul style="list-style-type: none"> Continued uncontrolled growth in pay costs increasing the size of the deficit. Unable to provide value for money in non-pay areas In year this risks the ability of the system to break even. In 25/26, failure to deliver on plan as in 24/25 would have a significant impact on the viability of the board and organisation. If the organisation cannot break even in a reasonable time frame, then the case for the new hospital and the viability of services on this site are open to question if no triangulation exists between activity, capacity, workforce and money then there is no assurance that key targets can be delivered within available resources. The executive and board may not be able to make appropriate risk-based decisions as they do not have a coherent overall picture to base those decisions on. Lack of clarity on priorities for the organisation to follow The organisation does not have the ability to capture and deliver where greater efficiency opportunities are identified The required efficiencies will not be achievable simply through internal efficiency programmes, and therefore work with system partners is critical. Failure to do so will result in inefficient and ineffective care and poor use of resources
8.	Fail to ensure the Trust has the appropriate governance structures, principles and behaviours to help us safely deliver the best quality and safest care for our local population (our vision) and ambitions (for patients, staff and the future) in the right way	<ul style="list-style-type: none"> Patient harm-physical, psychological, including patient/carer experience Reputation damage- regulatory intervention Staff morale impact- health and wellbeing Staff recruitment / retention
9.	Fail to centre decision making and governance around the voices of people and communities at every stage including feeding back to them how their voice has influenced decisions, especially with marginalised groups and those affected by health inequalities, resulting in a lack of understanding of our community's health needs	<ul style="list-style-type: none"> Failure to comply with statutory duties Legal challenge and reputational damage Patient services do not reflect the views of the public and patients and therefore not designed around the needs of our community Services will not reflect the needs of our underrepresented groups Planned service developments are delayed

BAF	Description of risk	Potential impacts being mitigated by controls and future plans
10	Fail to ensure the Trust can effectively support, protect and improve the health, wellbeing and safety of our staff	<ul style="list-style-type: none"> • Staff do not feel cared for or valued • There is increased pressure and workload on existing staff • Adverse impact on staff health, wellbeing and resilience • Potential for a negative impact on patient care • Loss of experience and knowledgeable staff • Reduced capacity and capability to deliver the Trust's strategic objectives • Increase in staff absence potentially leading to increased bank and agency spend

In considering the risks and challenges it faces the Board has appointed a new director of strategy and transformation, Sam Tappenden and has worked to fill current and plan for future NED vacancies. Jonathan Rowell appointed as director of financial recovery on secondment from NHS England, was then appointed as the interim chief financial officer and executive lead for estates and facilities in August 2024. These appointments provided an opportunity for the Trust to drive its value-based recruitment.

Changes to the NHS landscape both locally and nationally will also play an important part in the future focus of the Board. This will ensuring effective working with the Suffolk and North-East Essex Integrated Care Board (SNEE ICB) and maximise the benefits for patients and the population in our system through collaboration with partners.

The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place. These provide assurance to the Board that staffing processes are safe, sustainable and effective, including compliance with the 'Developing Workforce Safeguards' recommendations from NHS England. These systems include:

- activities of the involvement committee of the Board
- integrated quality and performance report (IQPR) and workforce report - both reports are received at each public Board meeting. These reports detail a range of metrics including patient outcomes, patient experience and staffing performance indicators
- nurse staffing monthly report to the Board which details the nurse staffing position and the Trust's future plans for nurse staffing
- Board reporting is underpinned by monthly divisional workforce reports which detail a range of performance indicators including sickness absence, turnover, maternity leave, training and average absence
- assessment of staff experience using the friends and family test (FFT), national staff survey and exit interviews
- we have also established networks for staff including BAME, disabilities and LGBT+
- Freedom to Speak Up Guardian and Guardian of Safe Working reporting to the Board
- e-rostering and e-job planning system for medical staff
- the Trust's clinical workforce strategy group oversees the development of new roles to support sustainability within the labour market.

These arrangements are underpinned by review and oversight by the executive chief nurse and medical director to ensure that effective systems are in place.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

The Trust has published on its website a register of interests, including gifts and hospitality, for

decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months as required by the Managing Conflicts of Interest in NHS guidance.

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

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

The Trust has undertaken risk assessments and has plans in place which take account of the delivering a 'net zero' health service report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements within it are complied with.

The board assurance framework (BAF) provides evidence of the effectiveness of controls that manage the risks to the organisation achieving its principal objectives and that these have been reviewed. The annual governance statement is also informed by the latest CQC inspection reports.

The BAF was reviewed and continues to evolve during 2024-25 to ensure the principal strategic risks to the Trust's objectives were identified, recorded and correctly evaluated for cause and effect. The Board and its assurance committees analyse the key controls and assurances to ensure that the Trust can manage its risks to a reasonable level and that the Board of directors is adequately informed of the effectiveness of control measures and that, where appropriate corrective action is being taken to reduce risk levels with are above tolerance. This review has identified gaps in control or assurance as set out in the significant internal control section of the annual governance statement. The BAF is subject to independent review by internal audit.

In 2024-25, internal auditors undertook a review of the BAF as part of annual internal audit plan, and reasonable assurance on controls was received.

In considering the principal risks to compliance with the Trust's conditions of authorisation we have had particular regard to the:

- effectiveness of governance structures – subject to annual review and recommendations for improvement monitored through an agreed action plan
- 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 audit committee provides regular reports 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
- 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 and performance report for the Board supports an open reporting culture and includes the results from the Friends and Family Test. The range of indicators provides early warning of deterioration in performance and potential negative impact on quality. The finance and workforce report has been strengthened during the year including divisional reporting and performance against cost improvement programmes.

The Trust places a high priority on the quality of its clinical outcomes, patient safety and patient experience and strives to deliver the principles outlined in NHSE's well-led framework and its

underpinning quality statements:

1. Shared direction and culture
2. Capable, compassionate, and inclusive leaders
3. Freedom to Speak Up
4. Workforce equality, diversity and inclusion
5. Governance, management and sustainability
6. Partnerships and communities
7. Learning, improvement and innovation
8. Environmental sustainability – sustainable development

The review process included documentary assessment, interviews with Board members, members of staff, governors and external stakeholders as well as meeting observations for the Board and its committees, Council of Governors and operational management meetings.

The final report was issued in May 2024 and highlights well-led strengths and areas of further focus by the WSFT Board. An improvement plan to address the findings of the report was prepared and structured around the context of the CQC well led guidance and quality statements. The improvement plan actions in response to the ConsultOne recommendations align with the existing programmes of work recognising that the programmes of work identified in the response will be monitored through existing governance arrangement.

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

The key elements of the Trust's operational and financial plans have been monitored by the financial accountability committee and the insight committee has sought assurance on behalf of the Board of directors.

The priorities set out in the Trust's internal audit plan are based on analysis of corporate objectives, risk profile and assurance framework as well as other factors affecting the Trust in the year ahead, including changes within the sector. The findings of internal audit reports are reported to the audit committee. Non-financial audits relating to quality are considered by the improvement and involvement committees.

The process to ensure that resources are used economically, efficiently and effectively across clinical services include divisional performance review meetings, the clinical audit programme and the regular monitoring of clinical indicators covering quality and safety.

Information governance

WSFT's data security and protection assessment report overall score for 2023-24 was 'Standards Not Met' at publication in June 2024. An improvement plan was submitted to NHS Digital and this was accepted. The 2023-24 improvement plan was completed and the Trust's status was amended to 'Standards Met' in January 2025.

The final assessment for 2024-25 had not been submitted at time of reporting.

The Trust received two complaints from the Information Commissioner's Office (ICO) in 2024-25. Both were closed with no further action. The Trust reported one potential data breach to the ICO in 2024-25 involving an external supplier which suffered a cyber security attack. The ICO confirmed no further action was required from the Trust and no patient data was put at risk.

Data quality and governance

The assessment of performance data, including quality metrics, is an integral part of the Trust's performance management system. The Trust produces a monthly Integrated Quality Performance Report (IQPR) which includes operational, quality, workforce and financial data. In addition to an

ongoing programme of internal review and audit of data quality, data quality is subject to periodic audit by the Trust's internal auditors.

Indicators relating to the IQPR were identified following a process which included the Board of directors, clinical directors and senior managers of the Trust. These have been incorporated into the key performance indicators reported regularly to the Board of directors and its assurance committees as part of the performance monitoring arrangements.

Scrutiny of the information contained within these indicators and its implication as regards to patient safety, clinical outcomes and patient experience takes place at the Board as well as the board assurance committees and the groups and activities that report into them. The data is also scrutinised at divisional level in the performance review meetings (PRMs).

The relationship between the indicators in the IQPR report and other measures of the Trust's performance (quality, operational and financial) are reviewed through the relevant assurance structure and reported to the Board of directors. Review 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 has developed the use of statistical process control (SPC) charts to allow quality and performance indicators to be more systematically reviewed and to target action to the areas that require attention. The SPC method allows areas affected by change to be more easily identified and investigated, whether this change is positive or negative. The use of SPC intelligence is used more widely across the Trust.

Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads in the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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, the board's assurance committees. 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 in a framework of prudent and effective controls which enables risk to be assessed and managed. The Trust'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. Executive directors and their managers are responsible for maintaining effective systems of control.

In accordance with the public sector internal audit standards updated in 2017, 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 reported 13 reports from the 2024-25 plan for which an assurance opinion was provided; the 'opinion levels' are summarised below:

Level of assurance	Number
Advisory report – no assessment made of the level of assurance	0
Substantial assurance - controls are suitably designed, consistently applied and operating effectively	2
Moderate assurance - controls are in place but require improvement	1
Reasonable assurance - identified issues that need to be addressed	4
Partial assurance - action is needed	6
No assurance - urgent action is needed	0

Consistent with the head of internal audit's opinion the following partial and unsatisfactory assurance opinions are highlighted and are subject to management action:

- **Cost improvement programme** – partial assurance
- **Digital strategy implementation** – partial assurance
- **Discharge summaries** – partial assurance
- **Consultant job planning** – partial assurance
- **Governance well led** – partial assurance
- **Extra contractual sessions** – partial assurance

The internal audit review for the data security and protection toolkit (DSPT) covering 2023-24 was completed during 2024-25. The review was based on the NHS Digital guidelines and scoring mechanisms, for which one high, 11 medium and three low priority actions were agreed with management and resulted in a moderate assurance opinion.

The framework for monitoring and review of management actions in response to internal audit reports has resulted in reasonable progress against management actions being reported by internal audit throughout the year.

For the 12 months ending 31 March 2025, the head of internal audit's opinion for WSFT is that: "The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective".

External audit reports that the annual report and accounts are true and fair. In preparing this annual governance statement, as required under NHS foundation trust conditions, all relevant internal and external assurances have been taken into account regarding WSFT performance in respect of quality and finance.

Conclusion

In considering any significant internal control issues the following were recognised:

- **Building structure**

The building structural challenges we face at West Suffolk Hospital are well known and we have long documented that, according to structural engineer experts, our building's 'shelf life' is documented to be estimated at 2030.

The Trust has faced estate challenges regarding its reinforced autoclaved aerated concrete (RAAC) roof for a number of years, and has put approved mitigations in place, such as reducing the weight on it and renewing the roofing membrane. These mitigations were recommended by structural engineers and have been well-managed and reported to our regulators as part of our planned estates works. The main works to the roof is now complete

The need for a new hospital has been nationally acknowledged and WSFT were delighted that the Trust was named and is now part of the Government's New Hospital Programme. The design of the

new hospital is now well underway however while this news is very much welcome, any new facility will not be open for several years. We have a duty to ensure that the existing hospital is appropriately maintained and that we are able to continue to provide high quality health services for our community.

In 2019 an additional, specific structural risk was identified about RAAC planks, which were used in the original build of West Suffolk Hospital and the front residences in the 1970s.

The alert received was from the Standing Committee on Structural Safety (SCOSS), which reported one shear RAAC plank failure in a non-NHS site built of similar material and construction. The alert recommended that inspection work be carried out on buildings of RAAC construction, giving guidance on how to further assess the condition and structural adequacy of the planks.

Our estates teams have been proactive and robust in tackling this issue.

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

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

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

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

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

The programme of works to inspect the building structure and implement required mitigating action continues and we have received additional funding to support this for 2025-26.

The Government has committed to prioritising the replacement of hospitals containing RAAC, including West Suffolk Hospital, taking us one step closer to making the replacement of our Hardwick Lane hospital a reality. The project team will continue to work closely with the New Hospital Programme team to ensure designs and activities take full advantage of the centralised programmatic approach.

- **Delivering patient access**

Each year, the NHS publishes a set of operational priorities. For 2024-25 there were 32 objectives, most of which were relevant to WSFT as a provider of acute, community and primary care services.

Many objectives were continued from 2023-24, however not all were achieved in full last year. Therefore, additional activity and/or performance improvement was required to achieve them. The Trust has committed to meet the performance expectations by the required timescales.

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

- reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment a minimum 5% - for WSFT compared to a November 2024 baseline the target is 63.6%. Providers are also expected to deliver continued reductions in long waits, with no more than 1% of the total waiting list waiting more than 52 weeks by March 2026. For WSFT this equates to a target of 276 patients.
- continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- improve emergency department (ED) waiting times and ambulance response times compared to 2024-25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025-26 – to support this, WSFT will need to deliver timely ambulance handovers within the 'lost hours' fair shares quota. Providers should also deliver a reduction in the percentage of patients spending more than 12 hours in an emergency department.
- improve access to general practice, evidenced through improved patient experience of access to general practice as measured by the Office for National Statistics Health Insights Survey.

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

There has been significant progress in reducing the elective waiting times for patients over 2024-25. Following positive progress throughout the year, the number 65-week waits did not reach the 0 ambition but where the lowest reported at 31.

Eliminating and maintaining a 0 position of 65 week waits, remains a significant focus with the national requirement to reduce to 0 by the end of Q1, in addition to turning our focus to the reduction of the 52 week waits to 1% of our total waiting list size.

The two-year objective of 95% of diagnostic tests delivered within six weeks by March 2025 was not achieved, with capacity constraints specifically in ultrasound, DEXA, endoscopy and community Audiology. The community diagnostic centre (CDC) at Newmarket, opening in December 2024 has provided a significant improvement in performance within MRI and CT, however recruitment challenges in Ultrasound have impacted the ability to recover this position as forecast. DEXA is expected to improve throughout 2025-26 in line with the implementation of a new service from the end of May 2025 and options for increased activity in Endoscopy will need to be reviewed. Performance remains strong in ECHO, cystoscopy and urodynamics.

Whilst there is no national standard for diagnostics in 2025-26, reducing the wait times and improving the DM01 performance will be key to delivery of the elective and cancer performance standards.

Cancer performance standards were met in March 2025, and overachieved for both the 28-day faster diagnosis and 62-day referral to treatment standards, following large drops in performance throughout the year, owing to challenged pathways in both Breast and Skin, with Skin making significant recovery throughout Q4.

With the national standards increasing in both these areas for 2025-26 sustained improvements will need to be made to respond to increases in demand across high volume pathways in breast, skin and gynaecology cancers, with working groups already in place to build on improvements and transformation work.

Urgent and emergency care

Having reintroduced the 4-hour standard for the emergency department (ED) in May 2023, WSFT has demonstrated improved performance throughout 2024/25 with significant progress again in March, ending the year at 88.3% against the standard of 78%.

The headline metric for urgent and emergency care (UEC) will continue to be the 4-hour standard,

which will remain at 78% by March 2026. Additional indicators of average ambulance handover times will need to be maintained below 30 minutes and the number of patients waiting 12 hours or more in the emergency department (ED) will need to be reduced from current levels towards an ambition of less than 2% of attendances.

Key to delivery and further improvement will be consolidating and continuing workstreams from 2024-25 plans, building on the work undertaken to reduce delays and improve flow by dedicated taskforces in ED, the transfer of care hub, community assessment beds and inpatient acute wards. Successful Improvement initiatives from last year have already been made substantive, such as the minor emergency care unit (MECU), and within the department, lessons learned from the additional senior operational and clinical leadership support in March 2025 will be captured and evolved into further initiatives owned and delivered by the clinical and operational team. This additional support may need to be deployed again should performance significantly deviate from trajectory.

- **Financial control and sustainability**

The Trust recorded a total deficit of £33m in 2024-25, including an impairment of fixed assets of £7.4m. The reported adjusted deficit position was £25.3m. The Trust failed to achieve its planned deficit for the year by £10.1m, and during the year implemented a significant financial turnaround programme to reduce the deficit by a number of cost control measures.

In September, the Trust approved a financial recovery plan, which delivered considerable reductions in temporary staffing, non-pay, and substantive vacancy controls. This has been monitored through the financial recovery group, a weekly chief executive led executive meeting. Additional 'double lock' controls have also been in place, whereby certain categories of pay and non-pay spend have required approval by Suffolk and North East Essex ICB.

The Trust has appointed a director of financial recovery (interim chief finance officer), and also an executive director of strategy and transformation, and this has allowed the organisation to improve its focus and delivery of cost savings in year. This has resulted in significant improvement in the underlying 'run rate' of the organisation in the last six months of the 2024-25 financial year, mitigating the deficit to an extent.

However, the Trust remains in a significant deficit position going into 2025-26, has set a £20.2m deficit plan for the year, and is aiming for a further 7% in efficiencies. While control measures will remain in place, the cost improvement programme for 2025-26 is focusing on a smaller number of strategic waste reductions including significant corporate transformation and a focus on clinical productivity. The Trust and wider system have developed productivity metrics to drive improvement across clinical areas.

The system has undertaken a sustainability review, which outlines the clinical and financial direction of travel to enable the system, and West Suffolk NHS Foundation Trust, to become financially sustainable in the medium term by reducing and then eliminating the remaining deficit. This is in the context of a challenging period for the NHS, which will require a step change in the efficiency of the delivery of services.



Dr Ewen Cameron
Chief Executive Officer
20 June 2025

2.7 Remuneration report

The Trust has identified the individuals in a senior position who have authority to control or direct major activities to be the executive and non-executive members of the Board.

The purpose of the remuneration report is to provide a statement to stakeholders on the decisions of the remuneration committee relating to the executive directors of the Board of directors. In preparing this report, the Trust has ensured it complies with the relevant sections of the Companies Act 2006 and related regulations and elements of the NHS Foundation Trust Code of Governance.

The following parts of the remuneration report are subject to audit:

- single total figure table of remuneration for each senior manager
- pension entitlement table and other pension disclosures for each senior manager
- fair pay disclosures
- staff report: exit packages, analysis of staff numbers and analysis of staff costs.

Annual statement on remuneration

Directors are employed on service contracts whose provisions are consistent with those relating to other employees within the Trust. There are no components within the remuneration relating to performance measures or bonuses.

Senior managers' remuneration policy

The guiding principles for salary awards are set out in detail in the Trust's executive directors' remuneration policy approved by the remuneration committee. The policy confirms that the Trust's aim is to maintain executive director salaries at an appropriate level in relation to their peers, taking into account the expectation of high levels of personal and collective performance which will allow the Trust to achieve the highest level of quality and financial performance.

Future policy table

Pay component	How the Trust operates this component	Maximum limit	Performance measures
Base salary	When setting remuneration for senior managers the remuneration committee reviews: <ul style="list-style-type: none">• role, responsibilities and accountabilities• assessment of performance against agreed objectives• skills, experience and performance• Trust performance• national and local pay awards• local and national employment market conditions• NHS advice and Treasury guidance• benchmarking across the NHS.	£150,000 threshold for Treasury disclosure. There is no maximum prescribed limit.	Not applicable
Taxable benefits	Senior managers' benefits include: <ul style="list-style-type: none">• a car lease scheme• pension-related benefits.	There is no maximum prescribed limit.	Not applicable

	non-executive directors do not receive benefits.		
Pension	<p>The Trust operates the standard NHS pension scheme.</p> <p>Senior staff may opt out of the pension scheme and receive an amount equal to the employer contributions (that would be payable if they were in a scheme) to be paid to themselves and instead invest in a pension arrangement of their choice.</p> <p>This does not increase the overall cost to the Foundation Trust.</p>	In line with the NHS pension scheme.	Not applicable
Bonus	The Trust does not have any bonus arrangements in place for very senior managers.		

There have been no additions or changes to the components of the remuneration package during 2024-25.

Remuneration committee

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 committee will:

- regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate and make recommendations to the Board and, where relevant, the Council of Governors, with regard to any changes.
- give full consideration to succession planning for executive board directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and the skills and expertise needed on the Board in the future.
- keep under review the leadership needs of the Trust, with a view of ensuring the continued ability of the Trust to undertake its obligations under the terms of its licence.
- be responsible for identifying and appointing candidates to fill executive Board vacancies as and when they arise.
- before any new appointment is made by the Board, evaluate the balance of skills, knowledge, experience and diversity on the Board, and, in the light of this evaluation, prepare a description of the role and capabilities required for new appointments to the Board. In identifying suitable candidates the committee shall:
 - consider its advertising strategy and the need for external search consultants to support the search
 - consider candidates from a wide range of backgrounds
 - consider candidates on merit and against objective criteria and with due regard for the benefits of diversity on the Board.
- make recommendations to the Board concerning formulating succession plans for executive directors and in particular for the key role of chief executive.
- take decisions on any matters relating to the continuation in office of any executive director at any time including the suspension or termination of service of an executive director as an employee of the trust subject to the provisions of the law and their service contract.
- select members of the committee to form an appointments panel which will be responsible for making recommendations on the appointment of executive directors.
- have responsibility for setting the remuneration policy for all executive directors and senior managers not on Agenda for Change or clinical contracts, including pension rights and any

compensation payments. no director shall be involved in any decisions as to their own remuneration.

- in determining such a policy, take into account all factors which it deems necessary including relevant legal and statutory requirements, the provisions and recommendations of the code and associated guidance. the objective of such policy shall be to attract, retain and motivate executive management of the quality required to run the Trust successfully without paying more than is necessary, having regard to the risk appetite of the Trust and alignment to the Trust's long strategic term goals.
- when setting remuneration policy for executive directors, review and have regard to pay and employment conditions across the Trust and the NHS, especially when determining annual salary increases.
- review the ongoing appropriateness and relevance of the remuneration policy.
- within the terms of the agreed policy and in consultation with the chair or chief executive, as appropriate, determine the total individual remuneration package of each executive director and the chief executive officer.
- obtain reliable, up-to-date information about remuneration in other trusts of comparable scale and complexity. To help it fulfil its obligations, the committee shall have full authority to appoint remuneration consultants and to commission or purchase any reports, surveys or information which it deems necessary.
- monitor, and assess the output of the evaluation of the performance of individual executive directors, and consider this output when reviewing changes to remuneration levels.
- advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.
- review and agree the policy for authorising claims for expenses from the directors.
- scrutinise the recommendations of the clinical excellence awards committee
- where appropriate, to authorise any redundancy payments, settlements and compromise agreements as determined within NHS rules on severance payments, including such payments which require final approval by HM Treasury/NHS improvement
- have responsibility for setting and overseeing implementation of the Trust's pension deferral policy.

Further detail regarding equality and diversity inclusion is provided within section 2.8.8 (staff report).

The committee comprises the Trust chair and non-executive directors of the Board and is chaired by a non-executive director (NED). The chief executive, executive director of workforce and communications and Trust secretary 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 chair (or nominated representative) and at least two non-executive directors. A nominated representative for the chair must be a non-executive director.

The committee acts with delegated authority from the Board and will usually meet at least annually. Minutes are taken and a report submitted to the Board showing the basis for the recommendations. Four meetings of the remuneration committee were held during 2024-25.

Attendance at remuneration committee meetings

Name	Title	Attendance (out of four)
Jude Chin	Trust chair (remuneration committee chair)	4
Michael Parsons	Non-executive director	3 (of 4)
Tracy Dowling ^(a)	Non-executive director	2 (of 3)
Antoinette Jackson	Non-executive director	3 (of 4)

John Petter	Non-executive director	2 (of 4)
Richard Flatman ^(b)	Non-executive director	3 (of 3)
Heather Hancock ^(c)	Non-executive director	3 (of 3)
Paul Zollinger-Read ^(d)	Associate non-executive director	2 (of 3)
Alison Wigg ^(e)	Non-executive director	3 (of 3)
Individuals no longer on the committee		
David Weaver ^(f)	Associate non-executive director	0 (of 3)
Geraldine O'Sullivan ^(g)	Non-executive director	0
Krishna Yergol ^(h)	Non-executive director	0
Louisa Pepper ⁽ⁱ⁾	Non-executive director	1 (of 1)

- a) Tracy Dowling appointed as NED on 1 Nov 2022 and stepped down on 17 Nov 2023, reappointed with effect from (w.e.f.) 1 Aug 2024
- b) Richard Flatman appointed as NED w.e.f. 2 Sep 2024
- c) Heather Hancock appointed as NED w.e.f. 2 Sep 2024
- d) Paul Zollinger-Read appointed as associate NED w.e.f. 2 Sep 2024
- e) Alison Wigg appointed as NED w.e.f. 2 Sep 2024
- f) David Weaver appointed as associate NED w.e.f. 2 Sep 2024 and stepped down w.e.f. 1 May 2025
- g) Geraldine O'Sullivan stepped down from the role w.e.f. 30 April 2024
- h) Krishna Yergol stepped down from the role w.e.f. 30 April 2024
- i) Louisa Pepper stepped down after end of term in Aug 2024

In attendance: Ewen Cameron, chief executive officer (4) and Jeremy Over, executive director of workforce and communications (4)

Meeting dates: 22 May 2024, 8 October 2024, 13 January 2025 and 25 March 2025

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 in the context of pay awards to other staff groups. Decisions to increase salaries are based on this information, internal equity, affordability, whether there has been a significant change in a director's portfolio and thus responsibility. Through these arrangements the committee must be satisfied that the remuneration for senior managers is reasonable. WSFT complies with the requirements to seek the opinion via NHS England, from the Chief Secretary to the Treasury for the remuneration packages of very senior managers above the prevailing limits set by the national body. 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 and Social Care has advised the chair on the expected level.

The Trust does not operate a formal performance related pay scheme, however, uses performance against agreed objectives as a factor in shaping its remuneration decisions. The remuneration committee 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 chair) based on the outcome of their annual appraisal.

The senior managers' salary does not include separate components and there are no performance measures that apply. Clinical elements are included in the salary of the medical director as part of the work undertaken in their medical role.

Service contracts obligations

The Trust'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.

The non-executive directors hold a term for three years. Further details can be found in section 2.2

(directors' report).

Policy on payment for loss of office

Approval for any non-contractual severance payments should be obtained from the remuneration committee and NHS England 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 12 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 unexpired element of their compensation. This would be reduced to take account of any appointment to a lower grade post or reduced hours basis and reflect net salary.

Annual report on remuneration

In the financial year the directors' costs increased to £1,381k from £1,178k. There was one exit package paid to a Board member in the 2024-25 financial year (none in 2023-24). The total value was £69k and related to dismissal with a payment in lieu of notice for three months and the payment of outstanding annual leave. The payment was contractual.

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 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.

Both directors and governors can 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.

	2024-25		2023-24	
	Directors	Governors	Directors	Governors
Total number in office during the year	22	26	14	26
Total number receiving expenses	15	8	12	11
Aggregate total of expenses paid during the year (£'00)	125	15	154	14

Fair pay disclosure

NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the organisation in the financial year 2024/25 was £225k - £230k (2023/24 £215k - £220k), an increase of 4.6% (2023/24 2.35%) from the mid-point of the bands. This increase in remuneration reflects a basic pay increase in place from month 8 and backdated to month 1.

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

For employees of the Trust as a whole, the range of remuneration in 2024/25 was from £23,615 to £250,695 (2023/24 £19,264 to £288,771). The decrease in the high end of the range is a result of the number of enhanced medical sessions completed by the highest paid consultant in the prior year being prevented from recurring in 2024/25. The increase in the low end of the range is because in 2023/24 two trainee technicians were in post outside of Agenda for Change contracts, whereas in 2024/25 the lowest paid employees were those in band 2 posts on the Agenda for Change contract. The percentage change in average employee remuneration (based on total for all employees on an annualised full time equivalent basis divided by full time equivalent number of employees) between years is 1.77% (2023/24 3.52%). The increase reflects pay awards, partially offset by cost reduction measures such as reduction in use of enhanced rates and an 18% reduction in use of agency staff (FTE). Eight employees received remuneration exceeding that of the highest-paid director in 2024/25 (2023/24 twenty-two employees), a decrease that reflects a reduction in medical consultants at the top pay scale completing additional sessions.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2024-25	25th Percentile	Median	75th Percentile
Total pay and benefits exc. pension benefits	27,850	37,163	49,073
Salary component of pay	25,674	36,483	45,994
Pay and benefits excluding pension:pay ratio for highest paid director	8.2	6.1	4.6

2023-24	25th Percentile	Median	75th Percentile
Total pay and benefits exc. pension benefits	25,527	34,688	46,002
Salary component of pay	22,816	31,519	43,742
Pay and benefits excluding pension:pay ratio for highest paid director	8.5	6.3	4.7

The mid-point of the highest paid director's salary and allowances band was 6.1 times (2023/24 6.3 times) the median remuneration of the workforce, which was £37,163 (2023/24 £34,688). This is calculated based on all staff employed, including agency staff covering vacancies, as at 31 March 2025. The ratio decreased marginally because the mid-point of the highest paid director's remuneration band, per the single total figure table, increased at a lower rate than the median remuneration of the workforce. The primary factor in the median pay increase, and also to the increase in average employee remuneration, is increases awarded to the workforce generally.

Similarly consistent between 2023/24 and 2024/25 are the ratios between the mid-point of the highest paid director's salary and allowances band and the remuneration of the employee at the 25th and 75th percentiles, both of which reflect a slight movement of employee remuneration towards that of the mid-point of the highest paid director – respectively 8.2 (2023/24 8.5) and 4.6 (2023/24 4.7).

Table A – Single total figure

Name and title	Year to 31 March 2025				Year to 31 March 2024			
	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)
	£000	£00	£000	£000	£000	£00	£000	£000
Mr C Black – Executive director of resources (Note 2)	155-160	8	0	160-165	185-190	13	0	185-190
Dr E Cameron - Chief executive	225-230	0	57.5-60	285-290	215-220	0	360-362.5	575-580
Mr J Chin - Chair	50-55	28	0	55-60	50-55	36	0	55-60
Mrs N Cottington - Executive chief operating officer	130-135	11	0	130-135	125-130	8	0	130-135
Mrs T Dowling – Non-executive director (Note 3)	5-10	4	0	10-15	5-10	16	0	10-15
Mr R Flatman – Non-executive director (Note 4)	5-10	4	0	5-10	0	0	0	0
Dr R Goodwin – Executive medical director (Note 5)	75-80	5	327.5-330	400-405	0	0	0	0
Mrs H Hancock - Non-executive director (Note 6)	5-10	0	0	5-10	0	0	0	0
Ms A Jackson – Non-executive director	10-15	10	0	15-20	10-15	5	0	15-20
Dr P Molyneux - Executive medical director (Note 7)	135-140	0	67.5-70	205-210	215-220	0	0	215-220
Dr G O'Sullivan – Non-executive director (Note 8)	0-5	2	0	0-5	10-15	7	0	15-20
Mr J Over – Executive director workforce & communications (Note 1)	145-150	13	10-12.5	155-160	125-130	12	0	130-135
Mr M Parsons – Non-executive director	10-15	8	0	15-20	10-15	3	0	10-15
Mrs L Pepper – Non-executive director (Note 9)	5-10	0	0	5-10	10-15	0	0	10-15
Dr R Petter – Non-executive director	10-15	13	0	15-20	15-20	15	0	15-20
Mr J Rowell – Executive interim chief finance officer (Note 10)	95-100	6	30-32.5	130-135	0	0	0	0
Mr S Tappenden – Executive director of strategy and transformation (Note 11)	100-105	9	37.5-40	140-145	0	0	0	0
Ms A Wigg - Non-executive director (Note 12)	5-10	3	0	5-10	0	0	0	0
Mr D Weaver - Non-executive director (Note 13)	5-10	0	0	5-10	0	0	0	0
Mrs S Wilkinson - Executive chief nurse	130-135	0	0	130-135	130-135	0	0	130-135

Name and title	Year to 31 March 2025				Year to 31 March 2024			
	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)
	£000	£00	£000	£000	£000	£00	£000	£000
Mr K Yergol – Non-executive director (Note 14)	0-5	1	0	0-5	10-15	10	0	15-20
Mr P Zollinger-Read – Associate non-executive director (Note 15)	5-10	0	0	5-10	0	0	0	0

No additional performance pay and bonuses were paid to directors in 2024-25 or 2023-24.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Table B – Pension benefits to 31 March 2025

Name	Real increase / decrease in pension (Bands of £2,500)	Real increase / decrease in lump sum (Bands of £2,500)	Total accrued pension (Bands of £5,000)	Total lump sum (Bands of £5,000)	CETV 1/04/2024	Real increase in CETV	CETV 31/03/2025
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mr C Black (Note 2)	0	0	0	0	0	0	0
Dr E Cameron	2.5-5	0-2.5	80-85	210-215	1,681	66	1,888
Mrs N Cottington	0-2.5	0	40-45	110-115	868	0	937
Dr R Goodwin (Note 5)	5-7.5	12.5-15	60-65	160-165	955	127	1,365
Dr P Molyneux (Note 7)	2.5-5	0-2.5	100-105	265-270	2,240	48	2,501
Mr J Over (Note 1)	0-2.5	0	40-45	95-100	734	7	798
Mr J Rowell (Note 10)	0-2.5	0	50-55	130-135	986	15	1,095
Mr S Tappenden (Note 11)	0-2.5	0	15-20	0	173	12	216
Mrs S Wilkinson	0	0	55-60	150-155	1,500	0	93

Notes

1. Mr J Over opted not to be covered by the pension arrangements from October 2024.
2. Mr C Black was an executive Director until September 2024 and chose not to be covered by the pension arrangements during the reporting year. His remuneration includes exit payments, comprising payments in lieu of notice and annual leave, with a band of £65-£70 ('000).
3. Mrs T Dowling returned as a NED from August 2024, having been on secondment.
4. Mr R Flatman was as NED from September 2024.
5. Dr R Goodwin was appointed an executive director from November 2024.
6. Mrs H Hancock was a NED from September 2024.
7. Dr P Molyneux was an executive director until November 2024.
8. Mrs G O'Sullivan was a NED until April 2024.
9. Mrs L Pepper was a NED until August 2024.
10. Mr J Rowell was appointed interim executive director from August 2024.
11. Mr S Tappenden was appointed an executive director from June 2024.
12. Mrs A Wigg was as NED from September 2024.
13. Mr D Weaver was as NED from September 2024.
14. Mr K Yergol was a NED until April 2024.
15. Mr P Zollinger-Read was as NED from September 2024.



Dr Ewen Cameron
Chief Executive Officer
20 June 2025

2.8 Staff report

2.8.1 Our staff

The Trust is one of the largest employers in west Suffolk, employing 5,487 staff as at 1 April 2025. It firmly believes in the benefits of working in partnership with staff and the trade unions, and this was highlighted during 2024-25 with the following activities:

- the Trust's results from the 2024 NHS Staff Survey remained steady in some areas, although dropped to around average or just below average across a range of factors, reflecting the turbulent nature of our operating conditions. Work is continuing to focus on specific areas of improvement
- our Freedom to Speak Up Guardian, supported by Freedom to Speak Up champions across the organisation, continue to support an open and inclusive culture
- staff governors continue to support staff to discuss challenges and achievements and report on these
- as part of the Trust's health and wellbeing programme we continue to focus on emotional and physical health and wellbeing. We launched an Employee Assistance Programme (EAP), which sits alongside our existing staff psychology service, physiotherapist and moving and handling/ display screen equipment assessor, as well offering a range of other self-service wellbeing services
- all staff have had access to free membership of Abbeycroft Leisure, although from 1 April 2025 this is switching to reduced individual membership rates which people can renew. The offer includes access to physical facilities and virtual classes
- we continue to invest in a full-time staff side lead role
- we continue to develop our partnership working through the following groups:
 - Trust Council
 - Trust negotiating committee (medical and dental)
 - People and culture leadership group
 - Looking after our people (health and wellbeing steering group)
 - Belonging in the NHS (equality, diversity, and inclusion steering group)
 - Growing for the future (recruitment and retention working group)
 - Workforce policy steering group
 - New ways of working steering group.

2.8.2 Staff costs

Staff costs

			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	236,566	1,114	237,680	211,282
Social security costs	25,134	-	25,134	23,887
Apprenticeship levy	1,261	-	1,261	1,032
Employer's contributions to NHS pension scheme	45,340	-	45,340	35,817
Pension cost - other	70	-	70	95
Other employment benefits	138	-	138	157
Termination benefits	468	-	468	-
Temporary staff	-	3,285	3,285	7,019
Total gross staff costs	308,977	4,399	313,376	279,289
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	308,977	4,399	313,376	279,289
Of which				
Costs capitalised as part of assets	4,346	-	4,346	2,587

2.8.3 Average number of employees (whole time equivalent (WTE) basis)

Average number of employees (WTE basis)

			2024/25	2023/24
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	583	58	641	617
Administration and estates	1,073	44	1,117	1,122
Healthcare assistants and other support staff	856	109	965	1,000
Nursing, midwifery and health visiting staff	1,367	86	1,453	1,417
Scientific, therapeutic and technical staff	874	18	892	864
Total average numbers	4,753	315	5,068	5,020

Of which:

Number of employees (WTE) engaged on capital projects	57	-	57	37
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2.8.4 Reporting of compensation schemes - exit packages 2024-25

There were several compensation schemes and exit packages recorded in 2024-25 which directly affected 27 colleagues (two in 2023-24), with payments equating to £632k (£46k in 2023-24). None of these payments required approval from HM Treasury.

Reporting of compensation schemes - exit packages 2024/25

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	3	9	12
£10,000 - £25,000	4	1	5
£25,001 - 50,000	3	2	5
£50,001 - £100,000	4	1	5
Total number of exit packages by type	14	13	27
Total cost (£)	£443,000	£189,000	£632,000

Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
£10,000 - £25,000	1	-	1
£25,001 - 50,000	1	-	1
Total number of exit packages by type	2	-	2
Total resource cost (£)	£46,000	£0	£46,000

Exit packages: other (non-compulsory) departure payments

2024/25

2023/24

	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	13	189	-	-
Total	13	189	-	-

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

	Male	Female	Total
Executive directors (including CEO)	3	2	5
Non-executive directors (including chair)	6	4	10
Other senior managers (band 8d and above)	10	9	19
Employees	1,122	4,331	5,453
Total	1,141	4,346	5,487

Source: Electronic Staff Record (as at 1/4/2025)

2.8.6 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 available via <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>.

2.8.7 Trade union facility time information

Number of employees who were trade union officials	Whole time equivalent
36	34.1
Percentage of time spent on facility time	Number of employees
0%	25
1%-50%	10
51% - 99%	0
100%	1
Total cost of facility time	Costs
Total pay bill	£304,163,000
Percentage of pay bill spent on facility time	0.02%
Time spent on trade union activities as percentage of total facilities time	Percentage
189.6	10.15%

2.8.8 Equality and diversity

As an NHS organisation, there are statutory requirements that West Suffolk NHS Foundation Trust (WSFT) is required to adhere to, and which guide several internal policies and activities related to equality, diversity and inclusion.

The Public Sector Equality Duty (PSED) requires organisations to demonstrate how they are achieving objectives as set out by the Equality Act 2010. WSFT is required to protect staff and service users against direct and indirect discrimination, harassment and victimisation, as well as advance equality of opportunity.

WSFT must also ensure in keeping with the Equality Act, that neither staff nor service user, is discriminated against because of one of the nine protected characteristics. These include but are not limited to age, disability, race, religion or belief, sex and sexual orientation.

Our inclusion workplan brings together actions and priority areas arising from several of our EDI commitments, including: Workplace Race Equality Standard (WRES), Workplace Disability Equality Standard (WDES), Unison's Anti-Racism Charter, NHS EDI Improvement plan, data from the NHS staff survey and other statutory reports.

It includes actions relating to: becoming an anti-racist organisation, upholding our commitments to ensure sexual safety in our healthcare settings, improving the EDI disclosure rates of protected characteristics amongst our staff, supporting our four staff networks and, following the launch of our new Equality Impact Assessment (EIA) process, providing additional resources to empower and educate colleagues on how to complete EIAs efficiently for all change activities that impact colleagues and/or patients. All our actions are aligned to, and contribute towards the progress of, the six high impact actions set out within the NHS EDI improvement plan. A brief example of actions in place for each of the high impact areas is as follows:

High impact action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

Example of an action we are doing: Board members are to schedule annual EDI development sessions. In addition to regularly scheduled EDI reports that generate discussion, engagement and progression of our EDI agenda, these development sessions serve as protected and focussed time for our Board members to reflect upon key trends in our data and commit to further actions regarding what else they can do as our senior leaders to accelerate progress within our Trust.

High impact action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

Example of an action we are doing: design and implement a CEO mentoring programme focussed on supporting colleagues (both clinical and non-clinical) at Band 7 and above who are keen to develop their career. This positive action initiative should be available for colleagues from our BME and LGBTQ+ communities as well as colleagues who have a disability or are underrepresented within their professional fields for reasons of their gender, because of the underrepresentation of these colleagues in senior roles within our organisation.

High impact action 3: Develop and implement an improvement plan to eliminate pay gaps.

Example of an action we are doing: alongside the statutory annual gender pay gap report and the ethnicity pay gap report that the Trust conducted for the first time in 2024, we will commit to producing a report on the disability pay gap by September 2025.

High impact action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

Example of an action we are doing: work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. We have initiated this by seeking guidance from the East of England EDI team to learn and be informed by best practice.

High impact action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

Example of an action we are doing: continue the roll out of the safe space initiative. Work with the integrated clinical education team to begin to collect data regarding who is attending these sessions and the main themes arising from them so additional organisational support can be implemented if required.

High impact action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Example of an action we are doing: the Respect for Others policy is due to be reviewed by April 2025. As a part of this review, we must ensure that the definitions of harassment, discrimination and bullying are clear. We must include definitions and examples of sexual harassment, racism, ableism, misogyny and/or any other types of discrimination and/or abuse in the workplace, where appropriate, to ensure that there is a clear understanding across the organisation.

We must also ensure there is information about intersectionality within the policy, to raise awareness and highlight the compounding impact that can be felt by individuals who are experiencing harassment, discrimination and abuse on the grounds of more than one of their protected characteristics. Ensure the policy signposts to clear processes of action, intervention and support.

This year's Equality Delivery System (EDS) submission assessed the accessibility of the Trust's radiology department for those with protected characteristics.

Actions identified included:

- finalise and implement reasonable adjustments policy
- improve recording of reasonable adjustments needs on e-Care by 10%
- integration of the Patient Profile and development of personalised care plan datasets into e-Care
- identify gaps in those who currently provide feedback and work with local partners to engage with those groups.

The full report can be accessed on our website here: [NHS Equality Delivery System \(EDS\) \(wsh.nhs.uk\)](https://wsh.nhs.uk)

Governance is provided for the Trust's workforce EDI agenda through the belonging in the NHS group, which reports to the people and culture committee, providing assurance to the involvement committee as a sub-committee of the Board. The Board receives an annual EDI workforce report outlining key achievements, areas of focus, challenges and key priorities for the year ahead, and a mid-year report outlining progress made on these priorities and actions.

In December 2024, the patient equity group held its first meeting. This group reports to the experience of care and engagement committee and was implemented to allow for separation (although there are still established links) to the workforce focussed belonging in the NHS group, given the breadth of agendas and differing legislative requirements.

The data shows all current employees and public members broken down by protected characteristics (data is not available for all the characteristics protected by the Equality Act):

Employees and public members protected characteristics

	Staff in post				Public members			
	2024-25	2023-24	2022-23	2021-22	2024-25	2023-24	2022-23	2021-22
Age								
16	0	0	0	0	0	1	3	0
17-21	66	86	59	60	15	27	47	62
22+	5,421	5,375	5,159	4,785	6,302	6,417	6,795	6,874
Not specified	0	0	0	0	107	107	108	108
Total	5,487	5,461	5,218	4,845	6,424	6,552	6,953	7,044
Ethnicity								
White	4,095	4,133	4,017	3,801	5,553	5,677	6,048	6,180
Mixed	71	64	72	65	41	41	45	45
Asian or Asian British	650	681	622	517	159	158	166	167
Black or Black British	173	144	123	95	43	43	42	41
Other ethnic group	205	109	75	67	34	34	39	39
Not stated	93	115	134	162	594	599	613	572
Undefined	200	215	175	138	-	-	-	-
Total	5,487	5,461	5,218	4,845	6,424	6,552	6,953	7,044
Gender								
Female	4,346	4,350	4,175	3,887	4,303	4,369	4,629	4,663
Male	1,141	1,111	1,043	958	2,100	2,162	2,314	2,381
Not stated	0	0	0	0	21	21	10	0
Total	5,487	5,461	5,218	4,845	6,424	6,552	6,953	7,044
Disability								
No	3,815	3,530	3,164	2,754	5,924	-	-	-
Not declared	334	366	332	291		-	-	-
Undefined	851	902	1,088	1,225		6,036	6,389	6,265
Prefer not to answer	217	314	354	387	-	-	-	177
Yes	270	349	280	188	500	516	564	602
Total	5,487	5,461	5,218	4,845	6,424	6,552	6,953	7,044

Source: Electronic Staff Record and Civica membership database (as at 1/4/2025)

Disability and equal opportunities policies

The Trust 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, supporting trans, non-binary and gender non-conforming people, and equal opportunities policy) all support this commitment.

The Trust seeks to provide equitable employment opportunities for people with disabilities, ensuring that they benefit from all available training and opportunities for career development. WSFT also has a policy to support the recruitment and retention of people with disabilities. Additionally, our policies on appraisal, personal development planning and the knowledge and skills framework supports and promotes the equal access of all staff to training and development.

The Trust produces an annual report with actions regarding its performance against the NHS

Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and gender pay gap. You can download our WRES and WDES summary report and gender pay gap report from the Trust internet: [Equality, diversity and inclusion \(wsh.nhs.uk\)](https://equality.diversityandinclusion.wsh.nhs.uk). Summary information on the gender pay gap report is available on the government website: [West Suffolk NHS Foundation Trust gender pay gap report for 2024-25 reporting year](https://www.gov.uk/government/publications/west-suffolk-nhs-foundation-trust-gender-pay-gap-report-for-2024-25-reporting-year), with further information, including the distribution of men and women in each pay quartile and comparison data to previous years, available at the government gender pay gap service at <https://gender-pay-gap.service.gov.uk/>

In September 2024, we produced our first ethnicity pay gap report, and we have committed to producing a disability pay gap report by September 2025.

Our policies are under a cycle of continual review, and we have a HR policy writing and review checklist that enables colleagues to create and review policies consistently and in line with our statutory, legislative and strategic commitments.

In January 2025, we launched our new equality impact assessment (EIA) process, and we will be implementing a digitalised EIA process in Spring 2025. We produced further resources such as prompt sheets to support colleagues with the considerations that they need to think about when completing EIAs. We have also delivered training sessions to provide opportunities for colleagues to practice completing EIAs with the support of a session facilitator and subject matter expert.

The Trust has systems and processes in place to review staff turnover. Information for the year is available here at [NHS workforce statistics](https://www.nhs.uk/workforce-statistics)

2.8.9 Health and safety report

The Trust's health and safety performance is reported to, and monitored by, the health and safety committee which escalates any issues of concern to the corporate risk governance group. Issues that cannot be resolved or which need to be escalated are reported to the insight committee and the Board of directors.

Radar Healthcare

The introduction of Radar healthcare which replaced Datix in April 2024 has allowed the Trust to make significant changes to how the Trust captures risks and risk assessments. The Trust has created a new event type for capturing risk assessments and there is a separate risk register.

Risk assessment events

The risk assessment event type is used to capture all local significant risks faced by the Trust. These include specific risks which affect a specific department or ward such as failure of a specific piece of equipment, slips, trips and falls, workplace inspections, poor staffing etc. The risk assessment event type has become a repository of risk assessments separate from the risk register. Since its launch in April 2024 891 risk assessments have been captured.

Risk Register

The strategy for the management of risk continues to be developed and promoted Trust-wide. Radar Healthcare risk register is a tool for capturing, prioritising and managing the division's top risks and is integral to the Trust's risk management framework.

The risk register allows all divisions to manage, monitor and review their own risks. The responsibility lies with each division to ensure all their significant risks are captured on the risk register. Risk register training is provided by e-learning on Totara.

By just having the one level the division has greater oversight and management of its risks. This means there will not be a location specific risk register or a corporate (Trust wide) risk register, however the option to use a local and corporate risk register will still be available for any future changes. It is important to recognise that individual areas can still capture their own risks in the risk repository. Since its launch 137 risks have been added.

Workplace inspections

Workplace inspections are undertaken by health and safety link persons who are qualified with the Royal Society for Public Health (RSPH) Level 2 award in health and safety. This qualification gives the link person the knowledge and understanding to undertake the inspection. 376 members of staff have now gained this qualification. Once completed, the inspection is captured as a risk assessment on radar so actions can be monitored. The risk office helps to support this process and also undertakes workplace inspections as and when required.

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

Between April 2024 to March 2025 20 incidents were reported to the Health and Safety Executive (HSE) as required under RIDDOR. This is an increase of three from the previous year.

There has been an increase in slips, trips and fall incidents from two to four, needlestick incidents from one to three and health and safety from five to six.

There has been a decrease for violence and aggression from two to zero. Asbestos was the same number as last year with one incident and moving and handling six incidents.

RIDDOR description	2023-24	2024-25
Moving and handling incidents	6	6
Slips, trips and falls	2	4
Health and safety	5	6
Violence and aggression	2	0
Needlestick	1	3
Asbestos	1	1

The Trust continues to improve standards which has helped to prevent RIDDOR reportable incidents. This includes:

- level 2 award in health and safety training
- health and safety link persons in every department
- regular workplace inspections undertaken
- quarterly health and safety committee
- risk assessments captured on Radar

Of the 20 incidents reported to the HSE, twelve (63%) were due to a staff member being off work for more than seven days following an accident, five (28%) were due to a dangerous occurrence and two (11%) were due to a specified injury. The health and safety committee reviews incident trends, including RIDDORs to ensure that appropriate learning takes place and action taken.

Incident reporting system

The Radar healthcare incident reporting system is used to capture all clinical and non-clinical incidents. Non-clinical incidents include reports of personal accidents, violence and aggression, abuse and harassment, fire, and security breaches. All incidents, no matter the grade, 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 governance groups. The Board of directors receives a quarterly report summarising incident trends and action.

For the period April 2024 to March 2025 there were 222 violence, abuse, and harassment incidents, a decrease of 250 from the previous year. The decrease in the number of incidents is associated to the transition from Datix to Radar. These incidents include physical assaults, verbal abuse, harassment and physically threatening behaviour towards staff by patients. Of the 222 incidents reported, there were 91 physical assaults, which is 16 fewer than last year. The Trust has engaged with our staff networks to review how we manage unacceptable behaviour, including the support we provide to those affected.

There were 1,524 reported incidents of personal accident/ill-health during 2024-25. This is a decrease of 447 incidents (6%) from the previous year. This decrease in incidents numbers is associated to the transition from Datix to Radar. 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, e.g. needle, lifting and handling, self-harm, exposure to a harmful substance, contact with electricity and a category of 'other'.

Further detail of learning and action is provided in section 1.2.3 (quality and operational performance).

2.8.10 Occupational health and wellbeing service report

Promoting and supporting the wellbeing of all our colleagues is vital to enabling them to provide excellent care to our community, and it reflects our commitment as an employer of choice. We recognise that a healthy, supported workforce is fundamental to maintaining high standards of care.

Our "looking after our people" group leads a comprehensive programme to support staff wellbeing, guided by our wellbeing workplan. This plan includes 65 actions across five key areas, such as preventative and inclusive interventions, data-driven decision-making, and empowering colleagues to take control of their own wellbeing. The plan is continually informed by data from staff surveys, sickness records, occupational health, and external guidelines.

During the 2024-2025 period, we have made significant strides in advancing our staff wellbeing initiatives. Key achievements include:

- **Completion of 17 key actions:** this includes the creation of a workplace adjustment passport to support colleagues with specific needs and the introduction of our new workforce recognition tool, Special Thanks and Recognition (STAR) which celebrates staff efforts and contributions.
- **Development of self-help resources:** in collaboration with our learning and development team, we have launched resources on topics such as shift work, sleep management, energy enhancement, and stress management, enabling staff to manage their wellbeing independently.
- **Transition of Abbeycroft Leisure partnership:** despite a challenging financial year, we have maintained our strong partnership with Abbeycroft Leisure, providing staff with heavily discounted access to gym, swimming, and fitness facilities across various locations, including online fitness classes, to support their physical health.
- **Securing funding for staff smoking cessation services:** we have provided a dedicated smoking cessation advisor for staff, with the long-term goal of establishing a smoke-free site, further contributing to a healthier work environment.
- **Sexual safety charter commitment:** we have signed the NHS sexual safety charter, outlining

actions and priorities to ensure that all colleagues feel safe in the workplace. This includes providing clear pathways for reporting bullying, harassment, or inappropriate behaviour, and ensuring support for those affected.

We continue to develop our strong partnership with Workplace Health and Wellbeing, a division of the Norfolk and Norwich University Hospitals NHS Foundation Trust. This collaboration guarantees the provision of comprehensive, timely, and professional occupational health services for our staff. To enhance this service, we have developed an occupational health referral guide, designed to help referrers navigate the service efficiently and ensure high-quality referrals, minimising delays and optimising outcomes.

We have also maintained our in-house physiotherapy service, providing staff with rapid access to support for musculoskeletal injuries and other health concerns, facilitating quick recovery and a smooth return to work.

Our clinical staff psychology team has undergone a detailed scoping process, including a cost-benefit analysis, which demonstrated its significant positive impact. As a result, we have continued to provide dedicated support for staff experiencing workplace trauma, stress, and psychological challenges, ensuring that no one faces these difficulties alone.

2.8.11 Staff survey

The NHS Staff Survey is conducted annually. The Trust uses an external company called Picker, to allow for the survey to be anonymous. The survey is promoted, by Picker directly to colleagues, as well as through internal communication routes, to maximise its publicity and uptake rates. The survey questions align to the seven elements of the NHS People Promise as well as the themes of engagement and morale. All indicators are based on a score out of 10 for specific questions, with the indicator score being the average of those. The response rate to the 2024 survey among trust colleagues was 44% (2023: 46%).

Staff experience and engagement

The WSFT conducts a full census of all its colleagues, including bank colleagues, which provides them all with the opportunity to share their thoughts and viewpoints. From the results, the Trust can use the data received to have a better understanding of the thoughts of the colleagues on a variety of matters, including what is working well for them, 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 in addition to the staff survey. Different methods and avenues have been developed to encourage colleagues to contribute through:

- All Staff Update - monthly live briefing presented by members of the executive team and others with the opportunity to ask questions
- weekly drop-ins with a member of the executive team in the restaurant at West Suffolk Hospital
- Freedom to Speak Up Guardian and champions
- Guardian of safe working for junior doctors
- senior independent director – non-executive director lead for whistleblowing
- staff briefing issued by email at least once a week
- monthly medical director's bulletin for medical staff
- Green Sheet, fortnightly staff newsletter
- staff health and wellbeing focus groups
- staff networks – PRIDE (LGBT+), REACH (race, equality and cultural heritage), disability, and parents and carers network (launched in 2024)
- staff engagement on corporate social media, e.g., X (formerly Twitter) and Facebook

(including a closed staff Facebook group)

- a telephone hotline and web-based reporting for raising concerns anonymously.

Response rate

For the 2024 survey the Trust utilised a mixed-mode (email/postal), full census survey of eligible staff members. The Trust has seen a decrease in the response rate and is well below average.

	2024	2023	2022	2021
Our organisation	44%	46%	40%	43%
Average	48%	41%	44%	46%

2024-25, 2023-24 and 2022-23

Scores for each indicator together with that of the survey benchmarking group acute and acute community trusts are presented below.

Indicators (‘People Promise’ elements and themes)	2024-25		2023-24		2022-23	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.0	7.2	7.3	7.3	7.2	7.2
We are recognised and rewarded	5.8	5.9	6.0	6.0	5.8	5.7
We each have a voice that counts	6.3	6.7	6.7	6.7	6.6	6.6
We are safe and healthy	5.9	6.1	6.2	6.1	5.9	5.9
We are always learning	5.3	5.6	5.6	5.6	5.3	5.4
We work flexibly	6.2	6.2	6.3	6.3	6.0	6.0
We are a team	6.6	6.7	6.7	6.8	6.6	6.6
Staff engagement	6.5	6.8	7.0	6.9	6.9	6.8
Morale	5.6	5.9	6.0	5.9	5.8	5.7

Highest five benchmarked scores (compared to average)

The following table outlines the five questions in which the Trust scored well:

Top 5 scores vs Organisation Average	Org	Picker Avg
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	74%	64%
q22. I can eat nutritious and affordable food at work	62%	56%
q23a. Received appraisal in the past 12 months	88%	84%
q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	73%	70%
q4c. Satisfied with level of pay	34%	32%

Lowest five benchmarked scores (compared to average)

The following table outlines the five questions in which the Trust did not score so well:

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q11a. Organisation takes positive action on health and wellbeing	41%	55%
q25b. Organisation acts on concerns raised by patients/service users	57%	69%
q19d. Feedback given on changes made following errors/near misses/incidents	49%	60%
q24b. There are opportunities for me to develop my career in this organisation	43%	54%
q3h. Have adequate materials, supplies and equipment to do my work	47%	57%

Areas of improvement/deterioration from prior year

The table below shows where the Trust scores have improved, and scores have improved significantly in five of the questions:

Most improved scores	Org 2024	Org 2023
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	74%	63%
q13d. Last experience of physical violence reported	70%	67%
q11e. Not felt pressure from manager to come to work when not feeling well enough	80%	78%
q23a. Received appraisal in the past 12 months	88%	86%
q4c. Satisfied with level of pay	34%	33%

The table below shows where the Trust scores have declined, and scores have declined in all five of these questions:

Most declined scores	Org 2024	Org 2023
q11a. Organisation takes positive action on health and wellbeing	41%	61%
q25c. Would recommend organisation as place to work	49%	65%
q3h. Have adequate materials, supplies and equipment to do my work	47%	61%
q25a. Care of patients/service users is organisation's top priority	63%	76%
q25b. Organisation acts on concerns raised by patients/service users	57%	69%

Future priorities and targets

The NHS Staff Survey results have been shared with our colleagues across the Trust. The results show decline in many areas, which will in part have been driven by the challenging year being faced financially by the Trust and events that happened around the time of the survey release (November 2024). These included the various control panels that were in place; closing of the clinical helpline in September 2024; reduction in size and scope of the staff psychology team in October 2024.

The results can still inform how colleagues are feeling generally about working at the Trust but also against the background these more challenging events. The results are being assessed on both an organisational and divisional level. The divisions are reviewing their own feedback, with human resources business partners leading on the development of divisional action plans to address local findings from the survey. This includes identifying the divisions with the more challenging results and exploring what intervention can be implemented to support these areas. They will also identify where scores are stronger and enquiring whether interventions have been made in these areas to drive the positive responses, to look at what can be shared to support other areas not performing as strongly.

The results of the staff survey will be triangulated with other methods used to obtain colleague feedback such as the themes from Freedom to Speak Up collected in the past year. Bringing together these rich data sources enables the Trust to listen in depth to what is important to its colleagues, and determine what our future priorities should be. From this year's results, addressing health and wellbeing, and confidence with speaking up are two of the priorities that have been identified as focus areas for 2025-26. The staff survey results will continue to inform our WSFT people and culture priorities, as well as broader Trust objectives.

Monitoring the impacts of interventions made from the staff survey analysis will be carried out in the months to come. The results from the quarterly Pulse staff surveys will be monitored and can act as an indicator of change around the engagement measures, which are surveyed a further three times a year through this method. The Trust is also moving to a new provider of the quarterly Pulse survey, which allows the Trust to design and add additional questions, which could help us further evaluate the interventions implemented.

2.8.12 Pension liabilities for ill-health retirement

There were two ill-health retirements during the year to 31 March 2025 (2023-24: five); the additional pension liability borne by NHS Pensions was estimated as £68k (2023-24: £644k).

2.8.13 Policies and procedures for fraud and corruption

The Trust is committed to the elimination of fraud and corruption and 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 (LCFS) 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 LCFS reports to the audit committee. The assistant director of finance is the nominated fraud champion at the Trust.

2.8.14 Off-payroll engagements

As required by HM Treasury per Public Expenditure System (PES) (2022)01, the Trust must disclose information regarding off- payroll engagements.

Highly paid off-payroll engagements as at 31 March 2025 earning £245 per day or greater:

No. of existing engagements as of March 2025	6
Of which:	
No. that have existed for less than one year at the time of reporting	0
No. that have existed for between one and two years at time of reporting	1
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	5

All highly paid off-payroll workers engaged at any point during the year ended 31 March 2025 earning £245 per day or greater:

No. of off-payroll workers engaged during the year ended 31 March 2025	0
Of which:	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in scope for IR35	0
Subject to off-payroll legislation and determined as out of scope for IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	6
No. of engagements that saw a change to IR35 status following the consistency review.	0

For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2025:

No. of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year	0
No. of individuals that have been deemed Board members, and/or senior officials with significant financial responsibility, during the financial year. This figure should include both off-payroll and on-payroll engagements	37

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 through the normal expenditure control processes.

The Trust has reviewed all off-payroll arrangements and from 6 April 2017, all arrangements have been terminated or moved on to payroll unless they are assessed as meeting HMRC's requirements to be paid gross. There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2024 and 31 March 2024.

During 2024-25, the Trust spent £1,567k on consultancy costs (2023-24 £393k). Consultancy is commissioned when the Trust does not have its own internal resource or expertise to undertake the work in-house or when specific additional resource is required for a project.

2.8.15 Other disclosures

Other relevant disclosures for this section of the annual report are including within section 2.2 (directors report).

West Suffolk NHS Foundation Trust

Annual accounts for the year ended 31 March 2025


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Foreword to the accounts

West Suffolk NHS Foundation Trust

These accounts, for the year ended 31 March 2025, 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.

Signed 

Name **Dr Ewen Cameron**
Job title **Chief Executive Officer**
Date **20 June 2025**

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WEST SUFFOLK NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of West Suffolk NHS Foundation Trust ("the Trust") for the year ended 31 March 2025 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of the Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2025 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the majority of funding provided to the Trust during the year and that other income streams are high volume transactions with a low value, and with simple recognition criteria which present minimal year end cut off risk. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to completeness of non-payroll accrued expenditure in response to the incentive to under accrue expenditure at year end to help improve the reported position for the Trust and system.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals with unexpected postings to cash or borrowings as well as unexpected postings to debit accruals or credit non-payroll expenditure in the last month of the financial year.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Purchases cut-off testing which involved inspection of a sample of expense invoices one month prior and two months post 31 March 2025 as well as inspection of a sample of payments made in the two months post 31 March 2025 to determine whether expenditure has been recognised in the correct accounting period.
- Accruals testing which involved selection of a sample of year-end accruals and inspection of relevant supporting documentation in regard to the actual amount paid after year end in order to assess whether the accrual has been accurately recorded in the correct period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer (as required by auditing standards) and discussed with the Accounting Officer the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law and VAT Act, recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 118, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease

the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 118 the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006; or
- we make a referral to the Regulator under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or

has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them 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 Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of West Suffolk NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO Code of Audit Practice.



Emma Larcombe

for and on behalf of KPMG LLP

Chartered Accountants

KPMG LLP

20 Station Road

Cambridge

CB1 2JD

27 June 2025

Statement of Comprehensive Income for the year ended 31 March 2025

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	393,968	360,326
Other operating income	4	33,983	36,981
Operating expenses	6	(147,532)	(211,724)
Employee Benefits	8	(308,562)	(276,702)
Operating deficit from continuing operations		(28,143)	(91,119)
Finance income		759	665
Finance expenses		(1,026)	(1,109)
PDC dividends payable		(4,644)	(5,463)
Net finance costs		(4,911)	(5,907)
Other losses		(149)	(493)
Share of profit of associates / joint arrangements		107	1,268
Deficit for the year		(33,096)	(96,251)
Adjusted financial performance (control total basis):			
Deficit for the period		(33,096)	(96,251)
Remove net impairments not scoring to the Departmental expenditure limit		7,380	89,638
Remove I&E impact of capital grants and donations		331	336
Remove net impact of DHSC centrally procured inventories		37	7
Adjusted financial performance deficit		(25,348)	(6,270)

Statement of Financial Position as at 31 March 2025

		31 March 2025 £000	31 March 2024 £000
	Note		
Non-current assets			
Intangible assets	10	54,006	57,724
Property, plant and equipment	11	146,062	130,806
Right of use assets	13	9,807	11,624
Receivables	14	7,162	7,158
Total non-current assets		217,037	207,312
Current assets			
Inventories		5,128	4,640
Receivables	14	18,989	20,378
Non-current assets for sale and assets in disposal groups		490	490
Cash and cash equivalents	15	12,659	9,315
Total current assets		37,266	34,823
Current liabilities			
Trade and other payables	16	(41,297)	(41,934)
Borrowings	17	(4,510)	(4,732)
Provisions		(2,523)	(58)
Other liabilities		(938)	(1,776)
Total current liabilities		(49,268)	(48,500)
Total assets less current liabilities		205,035	193,635
Non-current liabilities			
Borrowings	17	(39,716)	(44,049)
Provisions		(385)	(407)
Total non-current liabilities		(40,101)	(44,455)
Total assets employed		164,934	149,180
Financed by			
Public dividend capital		326,166	277,694
Revaluation reserve		12,319	11,941
Income and expenditure reserve		(173,551)	(140,455)
Total taxpayers' equity		164,934	149,180

The notes on pages 172 to 203 form part of these accounts.



Name	Dr Ewen Cameron
Position	Chief Executive Officer
Date	20-Jun-25

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	277,694	11,941	(140,455)	149,180
Deficit for the year	-	-	(33,096)	(33,096)
Impairments	-	(39)	-	(39)
Revaluations	-	417	-	417
Public dividend capital received	48,472	-	-	48,472
Taxpayers' and others' equity at 31 March 2025	326,166	12,319	(173,551)	164,934

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	230,215	12,054	(44,204)	198,065
Deficit for the year	-	-	(96,251)	(96,251)
Impairments	-	(2,495)	-	(2,495)
Revaluations	-	2,382	-	2,382
Public dividend capital received	47,479	-	-	47,479
Taxpayers' and others' equity at 31 March 2024	277,694	11,941	(140,455)	149,180

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 organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the Trust, is payable to DHSC 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 previously 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 for year ended 31 March 2025

		2024/25	2023/24
	Note	£000	£000
Cash flows from operating activities			
Operating deficit		(28,143)	(91,119)
Non-cash income and expense:			
Depreciation and amortisation	6	16,672	14,815
Net impairments	7	7,380	89,638
Income recognised in respect of capital donations	4	(19)	-
Decrease in receivables and other assets		777	20,584
Increase in inventories		(488)	(275)
Increase / (decrease) in payables and other liabilities		2,762	(20,628)
Increase / (decrease) in provisions		2,443	(107)
Net cash flows from operating activities		1,384	12,908
Cash flows from investing activities			
Interest received		759	665
Purchase of intangible assets		(3,254)	(10,537)
Sales of intangible assets		127	-
Purchase of PPE and investment property		(34,494)	(35,080)
Sales of PPE and investment property		-	25
Initial direct costs or up front payments in respect of new right of use assets		-	(3,120)
Net cash flows used in investing activities		(36,862)	(48,047)
Cash flows from financing activities			
Public dividend capital received		48,472	47,479
Movement on loans from DHSC		(2,307)	(2,307)
Movement on other loans		(472)	(462)
Capital element of lease rental payments		(2,005)	(2,020)
Interest on loans		(916)	(978)
Other interest		(19)	(29)
Interest paid on lease liability repayments		-	(113)
PDC dividend paid		(4,036)	(6,279)
Cash flows from other financing activities		105	1,268
Net cash flows from financing activities		38,822	36,559
Increase in cash and cash equivalents		3,344	1,420
Cash and cash equivalents at 1 April - brought forward		9,315	7,895
Cash and cash equivalents at 31 March	15	12,659	9,315

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care (DHSC). The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These 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.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

The Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. They have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Note 1.3 Interests in other entities

The Collaborative Procurement Partnership LLP was established in 2017/18. The Trust had a 25% share in the Partnership, along with three other NHS Organisations. The investment was not material to the Trust and therefore was not consolidated in previous years. The Collaborative Procurement Partnership LLP dissolved in February 2025. A final profit of £107k was received in 2024/25 on dissolution (£1,268k profit received in 2023/24).

My Wish charity has not been consolidated into the Trust's accounts on the grounds of materiality.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular Integrated Care Board (ICB) is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding (ERF) provides additional funding to Integrated Care Boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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 1.6 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 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- 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 be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- 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 cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

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.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs 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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful 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' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and 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 lives of property, plant and equipment

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

	Min life	Max life
	Years	Years
Buildings, excluding dwellings*	6	85
Dwellings	7	84
Plant & machinery	5	25
Information technology	5	10
Furniture & fittings	10	10

* Note that buildings subject to reinforced autoclaved aerated concrete (RAAC) have a useful economic life of 6 years. This is in line with specialist guidance for these types of assets and the requirement for buildings subject to RAAC to be demolished by 2030.

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets 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 where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

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 current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

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

	Min life	Max life
	Years	Years
Information technology	4	20
Software licences	4	10

Note 1.9 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 and bank balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.12 Provisions

The 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 HM Treasury's discount rates effective from 31 March 2025.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 18 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution 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 organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the 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 trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (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 calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Note 1.14 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.15 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.

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 1.16 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.17 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £92.8m as at 31 March 2025.

Note 1.18 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

• **Equipment Deposits:** The Trust pays a deposit to an external company for equipment issued to patients in the community. If the equipment is returned and the company is able to re-use it, the deposit is returned. Based on existing performance of this service, it is assumed that 74% of deposits outstanding at the balance sheet date will be recovered, which equates to £10.3m as at 31 March 2025.

• **Valuation of Land & Buildings:** The Trust employs a professional Valuer to value all land and buildings and to estimate their useful economic lives which are used to calculate depreciation. Assets are revalued by the Valuer every five years. In 2023/24 a full valuation was undertaken. In 2024/25 a desktop valuation was undertaken to ensure that the value of assets remained materially accurate. The value of the Trust's land and buildings equates to £93.3m as at 31 March 2025. Further details can be found in note 12.

The Trust does not consider to have undertaken any critical judgements in applying accounting policies that do not involve the estimates noted above.

Note 2 Operating Segments

The Trust has one operating segment; healthcare provision.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2024/25	2023/24
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	77,690	68,884
Income from commissioners under API contracts - fixed element*	221,201	210,072
High cost drugs income from commissioners	11,305	10,314
Other NHS clinical income	5,421	5,406
Community services		
Income from commissioners under API contracts*	46,640	39,821
Income from other sources (e.g. local authorities)	9,937	10,487
All services		
Private patient income	2,059	3,117
National pay award central funding***	778	188
Additional pension contribution central funding**	17,943	10,887
Other clinical income	994	1,150
Total income from activities	393,968	360,326

*Aligned payment and incentive (API) contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
Income from patient care activities received from:		
NHS England	31,903	43,464
Integrated care boards	344,138	297,026
Other NHS providers	13,470	14,559
Local authorities	1,404	1,010
Non-NHS: private patients	2,059	3,117
Non-NHS: overseas patients (chargeable to patient)	265	278
Injury cost recovery scheme	729	872
Total income from activities	393,968	360,326
Of which:		
Related to continuing operations	393,968	360,326

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2024/25	2023/24
	£000	£000
Income recognised this year	265	278
Cash payments received in-year	74	99
Amounts added to provision for impairment of receivables	159	-
Amounts written off in-year	299	23

Note 4 Other operating income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	720	-	720	567	-	567
Education and training	11,818	-	11,818	10,689	-	10,689
Non-patient care services to other bodies	16,532	-	16,532	21,229	-	21,229
Receipt of capital grants and donations and peppercorn leases	-	19	19	-	-	-
Charitable and other contributions to expenditure	-	-	-	51	51	51
Other income*	4,894	-	4,894	4,445	-	4,445
Total other operating income	33,964	19	33,983	36,930	51	36,981
Of which:						
Related to continuing operations			33,983			36,981

*Other income includes £1,829k of car parking income (2023/24 £1,629k) and £1,397k of catering income (2023/24 £1,167k).

Note 5 Income from activities arising from commissioner requested services

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 licence 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:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	393,968	360,326
Income from services not designated as commissioner requested services	33,983	36,981
Total	427,951	397,307

Note 6 Operating expenses

		2024/25	2023/24
	Note	£000	£000
Purchase of healthcare from NHS and DHSC bodies		112	69
Purchase of healthcare from non-NHS and non-DHSC bodies		5,067	5,640
Staff and executive directors costs	8	308,562	276,702
Remuneration of non-executive directors		178	168
Supplies and services - clinical (excluding drugs costs)		45,864	35,665
Supplies and services - general		4,336	4,302
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)		29,282	28,288
Consultancy costs		1,567	393
Establishment		11,258	9,222
Premises		7,959	8,734
Transport (including patient travel)		1,846	2,311
Depreciation on property, plant and equipment	11	10,012	8,685
Amortisation on intangible assets	10	6,660	6,130
Net impairments	7	7,380	89,638
Movement in credit loss allowance: contract receivables / contract assets		32	382
Increase/(decrease) in other provisions		2,488	15
Change in provisions discount rate(s)		1	2
Fees payable to the external auditor			
audit services- statutory audit*		188	160
Internal audit costs**		179	189
Clinical negligence		8,756	8,295
Legal fees		176	129
Insurance		400	123
Education and training		988	1,331
Variable lease payments not included in the liability		2,434	1,411
Redundancy***		468	-
Car parking & security		23	22
Hospitality		18	50
Losses, ex gratia & special payments		4	10
Other services, eg external payroll		337	322
Other		(481)	38
Total		456,094	488,426
Of which:			
Related to continuing operations		456,094	488,426

* The audit fee for 2024/25 is £152k plus VAT (2023/24 £126k plus VAT). The expenditure for 2024/25 also includes an additional audit fee of £5k in relation to the 2023/24 audit for additional risk work relating to Value for Money (VFM) audit work.

** All internal audit costs are non-staff related as the service is provided by an external firm.

*** Note that redundancy costs include employers national insurance (NI) contributions.

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1,000k (2023/24: £1,000k).

Note 7 Impairment of assets

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	4,583	85,462
Changes in market price	2,797	4,176
Total net impairments charged to operating surplus / deficit	7,380	89,638
Impairments charged to the revaluation reserve	39	2,495
Total net impairments	7,419	92,133

A desktop valuation was undertaken by Newmark Gerald Eve as at 31 March 2025. An impairment occurred on the Trust's land and buildings, which resulted in a reduction in asset value, as follows:

	Net Impairment
	£000
Main Hospital Block - RAAC	4,524
Other Buildings - RAAC	(73)
Other Buildings - Non RAAC	(202)
Newmarket Community Diagnostic Centre	3,170
Total	7,419

The majority of the impairment relates to the main hospital block and is due to unforeseen obsolescence with the structure and the works required to bring the asset into repair and back in to use. The Newmarket Community Diagnostic Centre was revalued on bringing the asset in to use, which resulted in an impairment.

Note 8 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	237,680	211,282
Social security costs	25,134	23,887
Apprenticeship levy	1,261	1,032
Employer's contributions to NHS pensions	45,340	35,817
Pension cost - other	70	95
Other employment benefits	138	157
Termination benefits*	468	-
Temporary staff (including agency)	3,285	7,019
Total staff costs	313,376	279,289
Of which		
Costs capitalised as part of assets	4,346	2,587

* Note that termination benefits are separately shown in note 6 as redundancy costs, but are included here to show total staff costs for 2024/25.

Note 8.1 Retirements due to ill-health

During 2024/25 there were 2 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £68k (£644k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) 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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 10 Intangible assets - 2024/25

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	4,365	76,305	1,110	81,780
Additions	31	1,557	1,630	3,218
Reclassifications	-	1,985	(1,985)	-
Disposals / derecognition	-	(362)	-	(362)
Valuation / gross cost at 31 March 2025	4,396	79,485	755	84,636
Amortisation at 1 April 2024 - brought forward	1,408	22,648	-	24,056
Provided during the year	541	6,119	-	6,660
Disposals / derecognition	-	(86)	-	(86)
Amortisation at 31 March 2025	1,949	28,681	-	30,630
Net book value at 31 March 2025	2,447	50,804	755	54,006
Net book value at 1 April 2024	2,957	53,657	1,110	57,724

Note 10.1 Intangible assets - 2023/24

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	4,365	73,672	1,758	79,795
Additions	-	1,801	1,477	3,278
Reclassifications	-	1,201	(2,125)	(924)
Disposals / derecognition	-	(369)	-	(369)
Valuation / gross cost at 31 March 2024	4,365	76,305	1,110	81,780
Amortisation at 1 April 2023 - as previously stated	894	17,032	-	17,926
Provided during the year	514	5,616	-	6,130
Amortisation at 31 March 2024	1,408	22,648	-	24,056
Net book value at 31 March 2024	2,957	53,657	1,110	57,724
Net book value at 1 April 2023	3,471	56,640	1,758	61,869

Note 11 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	8,700	65,637	12,172	22,667	24,042	13,704	135	147,057
Additions	-	6,175	32	18,483	5,170	452	-	30,312
Impairments	-	(7,952)	(1)	-	-	-	-	(7,953)
Reversals of impairments	-	373	161	-	-	-	-	534
Revaluations	-	(3,916)	(268)	-	-	-	-	(4,184)
Reclassifications	-	11,721	-	(13,607)	1,539	347	-	-
Valuation/gross cost at 31 March 2025	8,700	72,038	12,096	27,543	30,751	14,503	135	165,766
Accumulated depreciation at 1 April 2024 - brought forward	-	0	(0)	-	7,432	8,685	134	16,251
Provided during the year	-	4,284	317	-	2,088	1,365	-	8,054
Revaluations	-	(4,284)	(317)	-	-	-	-	(4,601)
Accumulated depreciation at 31 March 2025	-	0	(0)	-	9,520	10,050	134	19,704
Net book value at 31 March 2025	8,700	72,038	12,096	27,543	21,231	4,453	1	146,062
Net book value at 1 April 2024	8,700	65,637	12,172	22,667	16,610	5,019	1	130,806

Note 11.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	9,210	116,040	14,744	39,929	17,717	10,118	135	207,893
Additions	-	12,453	-	12,503	5,628	1,822	-	32,406
Impairments	(510)	(89,761)	(2,367)	-	-	-	-	(92,638)
Reversals of impairments	-	473	62	-	-	-	-	535
Revaluations	-	(1,646)	(267)	-	-	-	-	(1,913)
Reclassifications	-	28,228	-	(29,765)	697	1,764	-	924
Disposals / derecognition	-	(150)	-	-	-	-	-	(150)
Valuation/gross cost at 31 March 2024	8,700	65,637	12,172	22,667	24,042	13,704	135	147,057
Accumulated depreciation at 1 April 2023 - as previously stated	-	-	-	-	5,939	7,844	134	13,917
Provided during the year	-	3,996	299	-	1,493	841	-	6,629
Revaluations	-	(3,996)	(299)	-	-	-	-	(4,295)
Accumulated depreciation at 31 March 2024	-	0	(0)	-	7,432	8,685	134	16,251
Net book value at 31 March 2024	8,700	65,637	12,172	22,667	16,610	5,019	1	130,806
Net book value at 1 April 2023	9,210	116,040	14,744	39,929	11,778	2,274	1	193,976

Note 11.2 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,700	70,661	12,096	27,543	20,959	3,511	1	143,471
Owned - donated/granted	-	1,377	-	-	272	942	-	2,591
Total net book value at 31 March 2025	8,700	72,038	12,096	27,543	21,231	4,453	1	146,062

Note 11.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,700	64,176	12,172	22,667	16,216	4,069	1	128,001
Owned - donated/granted	-	1,461	-	-	394	950	-	2,805
Total net book value at 31 March 2024	8,700	65,637	12,172	22,667	16,610	5,019	1	130,806

Note 12 Revaluations of property, plant and equipment

A desktop valuation exercise on the land and properties comprising the West Suffolk NHS Foundation Trust estate was carried out with a valuation date of 31 March 2025. This valuation was undertaken by an external Valuer, Newmark Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book').

Property, Plant and Equipment on the Statement of Financial Position has a carrying amount of £146m. Within this, £71m is considered to be specialised property which is valued on a depreciated replacement cost basis. This includes the hospital sites and residences. Here the Valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets.

The key assumptions that are most likely to affect the valuations are:

- **Cost data:** The Valuer uses actual cost data where it is available however this is adjusted to reflect price changes since the construction date and any differences between those costs and the costs that would be incurred in constructing the modern equivalent asset. Where actual cost data is not available the Valuer relies on published construction price data. Published price data is an estimate of the costs that would be incurred in constructing a modern equivalent asset and may differ to the costs that would actually be incurred in practice. If the cost data were 5% higher this would have an impact on the value of specialised properties recorded in the balance sheet of an increase of £4.2m.

- **Adjustments for obsolescence:** Once the cost of constructing a modern equivalent asset has been determined an adjustment is made to reflect the difference between the modern equivalent and the actual asset being valued. This adjustment is made by the Valuer based on his knowledge and experience, it takes into account physical deterioration, functional obsolescence and economic obsolescence. Had the adjustment for obsolescence been 2% higher than the Valuer assumed, this would have an impact on the value of specialised properties recorded in the balance sheet of a decrease of £5.6m.

The valuer also reviewed the useful economic lives of the Trust buildings. Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives by category of asset are detailed in note 1.7.

Note 13 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	9,975	9,289	19,264	2,802
Remeasurements of the lease liability	115	26	141	115
Valuation/gross cost at 31 March 2025	10,090	9,315	19,405	2,917
Accumulated depreciation at 1 April 2024 - brought forward	1,869	5,770	7,639	603
Provided during the year	868	1,090	1,958	374
Accumulated depreciation at 31 March 2025	2,737	6,860	9,597	977
Net book value at 31 March 2025	7,353	2,454	9,807	1,940
Net book value at 1 April 2024	8,106	3,518	11,624	2,199
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				1,940

Note 13.1 Right of use assets - 2023/24

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	6,408	8,992	15,400	2,865
Additions	3,120	-	3,120	-
Remeasurements of the lease liability	447	297	744	(63)
Valuation/gross cost at 31 March 2024	9,975	9,289	19,264	2,802
Accumulated depreciation at 1 April 2023 - brought forward	1,019	4,564	5,583	254
Provided during the year	850	1,206	2,056	349
Accumulated depreciation at 31 March 2024	1,869	5,770	7,639	603
Net book value at 31 March 2024	8,106	3,518	11,624	2,199
Net book value at 1 April 2023	5,389	4,428	9,817	2,611
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				2,199

Note 13.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 17.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	8,603	9,890
Lease liability remeasurements	141	744
Interest charge arising in year	91	102
Lease payments (cash outflows)	(2,005)	(2,133)
Carrying value at 31 March	6,830	8,603

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 13.3 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,759	385	1,964	358
- later than one year and not later than five years;	3,394	947	4,787	1,095
- later than five years.	1,954	685	2,208	829
Total gross future lease payments	7,107	2,017	8,960	2,282
Finance charges allocated to future periods	(277)	(78)	(357)	(90)
Net lease liabilities at 31 March 2025	6,830	1,939	8,603	2,192
Of which:				
Leased from other NHS providers		-		-
Leased from other DHSC group bodies		1,939		2,192

Note 14 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	9,930	12,086
Allowance for impaired contract receivables / assets	(337)	(636)
Deposits and advances	3,469	3,423
Prepayments	4,797	4,232
PDC dividend receivable	140	748
VAT receivable	842	406
Corporation and other taxes receivable	130	109
Other receivables	18	10
Total current receivables	18,989	20,378
Non-current		
Deposits and advances	6,813	6,798
Other receivables	349	360
Total non-current receivables	7,162	7,158
Of which receivable from NHS and DHSC group bodies:		
Current	3,759	6,259
Non-current	349	360

Note 14.1 Exposure to credit risk

	31 March 2025 £000	31 March 2024 £000
Ageing of impaired financial assets		
0-30 days	-	32
31-60 days	-	77
61-90 days	-	4
91 days-1 year	10	287
1 year and over	327	236
Total	337	636
	31 March 2025 £000	31 March 2024 £000
Ageing of non-impaired financial assets past their due date (not including accruals)		
0-30 days	3,169	4,010
31-60 days	680	470
61-90 days	397	1,122
91 days-1 year	1,059	852
1 year and over	286	135
Total	5,591	6,589

£3.2m of the non-impaired financial assets past their due date are owed by NHS organisations (£4.7m in 2023/24).

Note 15 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.

	2024/25	2023/24
	£000	£000
At 1 April	9,315	7,895
Net change in year	3,344	1,420
At 31 March	12,659	9,315
Broken down into:		
Cash at commercial banks and in hand	6	7
Cash with the Government Banking Service	12,653	9,308
Total cash and cash equivalents	12,659	9,315

Note 16 Trade and other payables

	31 March	31 March
	2025	2024
	£000	£000
Current		
Trade payables	11,963	10,587
Capital payables	4,802	9,039
Accruals	14,524	12,715
Social security costs	3,010	3,161
VAT payables	488	-
Other taxes payable	3,071	3,170
Pension contributions payable	3,792	3,479
Other payables	(353)	(217)
Total current trade and other payables	41,297	41,934
Of which payables from NHS and DHSC group bodies:		
Current	6,558	4,960

Note 17 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Loans from DHSC	2,379	2,383
Other loans	439	472
Lease liabilities	1,692	1,877
Total current borrowings	4,510	4,732
Non-current		
Loans from DHSC	33,538	35,844
Other loans	1,040	1,479
Lease liabilities	5,138	6,726
Total non-current borrowings	39,716	44,049

Note 17.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Other loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2024	38,227	1,951	8,602	48,780
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,307)	(472)	(2,005)	(4,784)
Financing cash flows - payments of interest	(865)	(51)	-	(916)
Non-cash movements:				
Lease liability remeasurements	-	-	141	141
Application of effective interest rate	862	51	91	1,004
Carrying value at 31 March 2025	35,917	1,479	6,829	44,225

	Loans from DHSC	Other loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2023	40,536	2,413	9,889	52,838
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,307)	(462)	(2,020)	(4,789)
Financing cash flows - payments of interest	(916)	(62)	(113)	(1,091)
Non-cash movements:				
Lease liability remeasurements	-	-	744	744
Application of effective interest rate	914	62	102	1,078
Carrying value at 31 March 2024	38,227	1,951	8,602	48,780

Note 18 Clinical negligence liabilities

At 31 March 2025, £93,244k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Suffolk NHS Foundation Trust (31 March 2024: £83,511k).

Note 19 Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	10,965	17,324
Total	10,965	17,324

Note 20 Carrying values of financial assets**31 March 2025 31 March 2024****Carrying values of financial assets as at 31 March 2025**

	Held at amortised cost £000	Held at fair value through I&E £000
Trade and other receivables excluding non financial assets	20,579	23,313
Cash and cash equivalents	12,659	9,315
Total at 31 March 2025	33,238	32,628

£4m of the Trust's financial assets relate to income owed from other NHS Organisations (2023/24: £6.2m). Of the remaining balance as at 31 March 2025, £10.3m relates to deposits recoverable when community equipment is returned based on the likely proportion that will be returned.

The remainder of the balance is money owed from non-NHS Organisations. The collection of this debt is monitored closely and the balance is impaired or written off when the collection looks unlikely.

There are no individually material debts owed by non-NHS Organisations and the risk profile of the asset is assessed as low, which is the same as in 2023/24.

Note 20.1 Carrying values of financial liabilities**31 March 2025 31 March 2024****Carrying values of financial liabilities as at 31 March 2025**

	Held at amortised cost £000	Held at amortised cost £000
Loans from the Department of Health and Social Care	35,917	38,227
Obligations under leases	6,830	8,603
Other borrowings	1,479	1,951
Trade and other payables excluding non financial liabilities	29,626	34,419
Provisions under contract	107	95
Total at 31 March 2025	73,959	83,295

Borrowing excluding finance leases is at a fixed rate and, apart from £1.479m from a commercial loan provider, is from the Department of Health and Social Care.

There are no identified risks with the balance of payables which are almost exclusively UK based. This is the same as in 2023/24.

Note 20.2 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	35,074	40,126
In more than one year but not more than five years	16,465	18,486
In more than five years	29,330	32,628
Total	80,869	91,241

Note 20.3 Fair values of financial assets and liabilities

The fair value of the financial instruments is based on book value (carrying value) because this is not considered to be significantly different to the initial transactions recognised.

Note 21 Losses and special payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	23	9	60	13
Bad debts and claims abandoned	114	723	111	250
Stores losses and damage to property	6	152	3	240
Total losses	143	884	174	503
Special payments				
Extra-contractual payments	26	18	6	26
Ex-gratia payments	7	4	22	16
Total special payments	33	22	28	42
Total losses and special payments	176	906	202	545

Note 22 Related parties

	Income		Expenditure	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Cambridge Univeristy Hospitals NHS Foundation Trust	939	1,034	2,399	2,497
East Suffolk and North Essex NHS Foundation Trust	14,786	15,629	2,267	2,427
NHS Cambridgeshire and Peterborough ICB	4,360	4,121	-	213
NHS Norfolk and Waveney ICB	28,980	26,664	-	159
NHS Suffolk and North East Essex ICB	310,988	273,244	65	-528
NHS England	26,011	39,263	120	89
NHS Resolution (formerly NHS Litigation Authority)	-	-	8,756	8,295
Total	386,064	359,955	13,607	13,152

	Receivables		Payables	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Cambridge Univeristy Hospitals NHS Foundation Trust	798	512	1,759	1,354
East Suffolk and North Essex NHS Foundation Trust	355	2,087	621	554
NHS Cambridgeshire and Peterborough ICB	-	-	61	215
NHS Norfolk and Waveney ICB	118	47	-	159
NHS Suffolk and North East Essex ICB	867	850	1,477	1,402
NHS England	435	802	110	200
NHS Resolution (formerly NHS Litigation Authority)	-	-	136	3
Total	2,573	4,298	4,164	3,887

The Trust is the Corporate Trustee of My Wish Charity. During the year the Charity spent £543k on behalf of the Trust (2023/24: £504k). At the year end the Charity owed the Trust £43k (2023/24 £30k).

The Trust has disclosed transactions with NHS bodies where the income, expenditure, receivable or payable balance is over £2 million.

