

Annual report 2021-22



West Suffolk NHS Foundation Trust

Annual Report and Accounts 2021-22

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

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

1. 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

In February 2022 we launched our new five-year West Suffolk NHS Foundation Trust strategy which is founded on our updated FIRST Trust values of fairness, inclusivity, respect, safety and teamwork. It has three equal ambitions:

- First for patients
- First for staff
- First for the future.

The strategy has been developed to help us improve; build a fair, open and listening culture; transform the care we provide; and develop a modern healthcare facility. Teams and colleagues across the Trust are developing their own plans to ensure our progress meets the needs of our patients, staff and whole community. The continuing commitment of all our colleagues to provide high-quality, safe and effective care wherever our teams are at work is an inspiration.

After two years of continuous challenges, our strategy reflects what we have learned from our experiences, our staff and those who need our care. As well as the pressures of the pandemic, and the urgent need to recover from it, WSFT has been in the spotlight with high-profile issues that should have been handled better. We also have ongoing problems with maintaining our current hospital, while our new hospital is built as part of a national programme funded by the Government's New Hospitals Programme.

To maintain patient care during COVID-19 we had to adapt many of our services and practices, enhance our infection control measures, and respond as waves of the virus changed the levels of infection in the population. Ensuring our integrated community services and acute hospital teams work closely together to meet individual place-based needs; and developing the relationships with our Suffolk alliance partners have become increasingly important. Technology and digital solutions have continued to be a key element, with telehealth, online and phone contacts combined with face to face care.

The External Review into whistleblowing commissioned by NHS England/Improvement was published in December. The Trust Board accepted full responsibility for the failings that led to the review, and apologises wholeheartedly for the distress caused. Its findings have informed work already under way to improve our culture, especially in ensuring our staff feel confident to speak up about matters that concern them. Our new Freedom to Speak Up (FTSU) guardians and network of FTSU champions are working with the Board to help drive the culture change we need and want to see.

We have developed our Patient Safety and Quality Improvement (QI) teams and patient safety initiatives. We have marked the first anniversary of becoming a pilot organisation in the national Patient Safety Incidence Response Framework, which has given us many valuable insights into how we can better learn from incidents.

The 'First for staff' ambition in our new Trust strategy reflects the importance of staff being our greatest asset, and as well as working to build an inclusive and supportive culture where colleagues can freely raise concerns, we have focused on their general wellbeing. We have invested more than £500,000 in our staff support psychology team; and committed further investment to a partnership with Abbeycroft Leisure that provides free gym

membership to all staff. Free parking, hot drinks and other benefits have been welcomed, as well as our communications teams running a bi-annual wellbeing week called 'Love Yourself'. Our hard-working My WiSH charity team have also done so much to support staff wellbeing, such as providing and equipping breakout areas.

Staff have all responded to the challenges of the COVID-19 pandemic magnificently. Time and again they have gone, and continue to go, above and beyond to care for our community - working extra hours and under extra stress. We are truly humbled by their dedication and hard work. To show its appreciation, the board of directors agreed to a one-off 'COVID-19 recognition and reward' payment of £300 in respect of the work done over this unprecedented period. Whilst nothing can ever really reflect the magnitude of what our staff have dealt with, this reflects a genuine "thank you" for their dedication and hard work.

One of the greatest achievements during the pandemic has been the development of vaccines to protect against coronavirus. We successfully rolled out first, second and booster vaccines to our staff with an excellent take-up rate. Our vaccination taskforce continues to work with system partners throughout our community delivering vaccine in areas of low take-up and to some of the most vulnerable and isolated people in west Suffolk.

Along with the vaccine, research into drugs that can be used to treat COVID-19 patients and prevent serious illness and death is taking place throughout the country. Along with our many other research projects, WSFT has received recognition for its efforts as part of the national RECOVERY clinical trial that explores treatments for COVID-19.

Beyond caring for patients and staff, WSFT is committed to playing a leading role in securing a healthy and sustainable Suffolk, and we have recently published our Green Plan 2021-2025. We will be pushing ahead with a range of measures to minimise our impact on the environment, such as reducing energy consumption and waste and considering the environmental impact of all our future developments.

A key element of future development will be the building of a new healthcare facility to replace our existing hospital. We have recently submitted the outline planning permission for our preferred site of Hardwick Manor. Much may change in the coming years, but we will maintain the commitment to co-production in developing the plans that have seen us undertake extensive engagement with our community and with our system partners.

The Trust has had a number of changes in leadership, including the departure of our chief executive Steve Dunn, after seven years in the role. The chair of our Board of Governors, Sheila Childerhouse, also stepped down. Long-serving chief operations officer Helen Beck retired at the end of 2021; and medical director Nick Jenkins stepped down from that post due to family issues, although he remains with the Trust as a consultant in emergency medicine. All these colleagues have given the Trust unwavering commitment, dedication and leadership for many years and we thank them for their service.

Nicola Cottington, a former associate director of operations for medicine, has returned to WSFT as chief operating officer; and Paul Molyneux our former deputy medical director and consultant for more than 18 years, has taken on the role of interim medical director.

Our Governors have continued to work with the Board and colleagues to contribute to engagement activities and delivery of our strategy. This has been challenges during the COVID-19 restrictions and we look forward to doing even more during 2022-23.

We continue to work closely within the local system. This includes working with the new NHS Suffolk and North East Essex Integrated Care Board (ICB) and alliance and healthcare partners.

While many challenges remain for the whole of the NHS and our community, our team believes that with our new strategy and the promise of a new healthcare facility – and the continued commitment and compassion of every one of our staff – we can face the future with optimism.



Jude Chin
Chair
15 September 2022



Craig Black
Interim Chief executive
15 September 2022

1.1.2 About our Trust – a summary

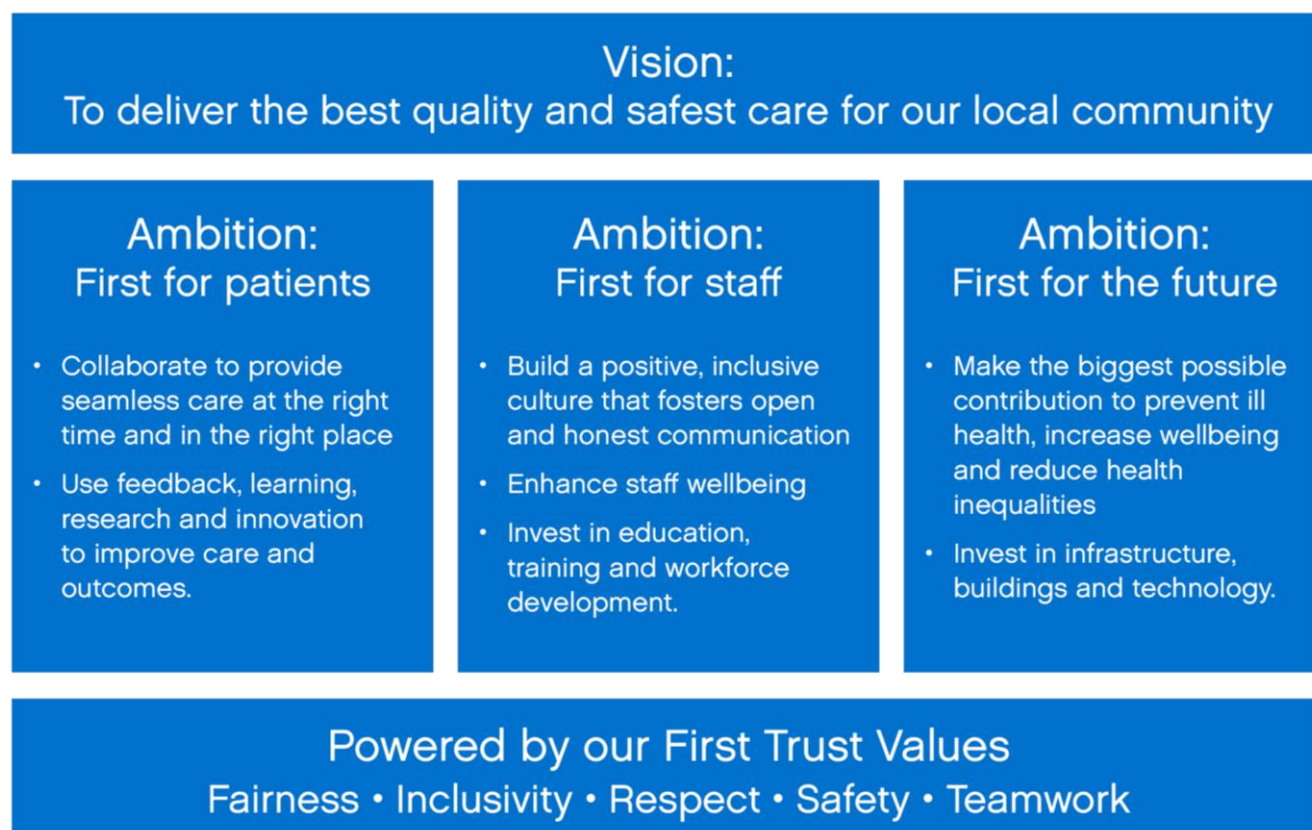
The WSFT provides hospital and community healthcare services to people mainly in the west of Suffolk, and is an associate teaching hospital of the University of Cambridge.

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. Whilst 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 the west of 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 NHS Suffolk and North East Essex Integrated Care Board (ICB), whose mission is to deliver the highest quality health service in the west of Suffolk through integrated working. Through our new strategy, we put quality at the heart of everything we do.



The Board monitors quality through its **performance management arrangements** on a monthly basis. The Board also receives assurance regarding quality within the organisation through the three **assurance** committees of the Board, which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. During 2021-22 the Board made changes to the structure to provide a greater focus on culture, patient safety and quality:

- **Insight Committee** with a focus on operations, finance and organisational risk
- **Involvement Committee** with a focus on people and organisational development

- **Improvement Committee** with a focus on quality, patient safety and change management.

The NHS Long Term Plan sets out the need to do more to prevent illness and reduce inequalities in health experienced by different groups of people.

A key **component** of our First for the future ambition is to make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities. Our new strategy reflects the ways in which we are working towards two common aims: improving the health of our community and reducing inequalities.

This means looking after the community's physical, mental, emotional, social, and economic needs. We're here to help make people better when they are ill, and to support them to help keep themselves well in the first place. To do this:

- We will adapt our services to do more to increase everyone's wellbeing and prevent ill health
- We will recognise and value the role people play in managing their own health and wellbeing, involving them in conversations and decisions about their health and care, moving from 'what's the matter with you?' to 'what matters to you?'
- We will maximise our social impact as an anchor institution rooted in our local community – providing training and employment opportunities for local people, buying from local businesses, supporting local charities and community groups
- We will minimise our environmental impact with our Green Plan.

We are creating a new role of a patient equalities officer who will work within the patient experience and engagement team with links to key stakeholders, such as our public health team. This **role** will focus on better understanding the equity and accessibility of the services and care we provide. The role will include regularly engaging with staff, patients and family carers in the hospital and community better to understand the issues they face with inequalities, with a particular focus on marginalised communities. It will also include analysing existing data, in the context of the patient demographic; and working with patients and staff to address health inequalities, access and communication needs and ensure representation of our diverse community.

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. Ongoing structural repairs to WSH continue to impact on this capacity. Access to specialist services is offered to local residents by WSFT networking with tertiary (specialist) centres, most notably Addenbrooke's and Royal Papworth hospitals. The Trust operates a streaming service embedded and co-located within the emergency department. Patients who attend the emergency department during the operating hours of the streaming service are assessed and directed to either the emergency department 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 have responsibility for Newmarket Community Hospital, a community hospital in Suffolk 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. The community hospital also has a radiology service and outpatient clinics which receive visiting clinicians from WSH. In addition, some

of our community teams use Newmarket Community Hospital as a base. Oakfield GP surgery is also based at the site.

Glastonbury Court is a care home in Bury St Edmunds run by Care UK. The Trust has commissioned a 20-bedded unit to provide ongoing assessment and reablement to patients who are medically optimised and no longer require the services of an acute hospital. The nursing and therapy staff are employed by WSFT, with ancillary staff and hotel services provided by Care UK.

We provide a number of outreach services to our population across various sites in Newmarket, Botesdale, Thetford, Stowmarket, Haverhill, Sudbury, Needham Market and Watton. This includes outpatient clinics and some diagnostic imaging – Newmarket Community Hospital (X-ray), Sudbury Community Health Centre (X-ray) and Thetford Healthy Living Centre (ultrasound and X-ray). Linked to our early intervention team (EIT), we also have in place a 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 Stanton Health Centre, Thetford Healthy Living Centre, Mildenhall Community Health Clinic, Newmarket Community Hospital, Sudbury Community Health Centre, Haverhill Health Centre, Forbes Business Centre and Bury St Edmunds.

The Trust is also responsible for, through a contract with the East and West Suffolk clinical commissioning groups, the provision of adult community healthcare teams, adult speech and language therapy (SALT), and community paediatric services, as well as specialist nurses and therapists in Parkinson's, neurology, epilepsy, cardiac rehabilitation, chronic obstructive pulmonary disease (COPD), heart failure and pulmonary rehabilitation. This includes services for lymphoedema and pain.

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 – assistant director of operations, clinical director and head of nursing. Accountability for the operational 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 4,845 staff as of April 2022.

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 works closely with other public, private and voluntary stakeholders. These include West Suffolk Clinical Commissioning Group (WSCCG), Suffolk County Council and the University of Cambridge as well as East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and the new Suffolk & North East Essex Integrated Care System and other local NHS providers, integrated care systems (ICSs), Suffolk GP Federation and Care UK.

In Suffolk and north east Essex, the NHS, general practice and local government came together to develop an integrated care system (ICS). The ICS is a unified approach and subsequently plans to improve the health and care of our local people and bring the system back into a financially sustainable position. Our partnership includes all NHS organisations within the footprint including the ambulance service, local government, other health sector bodies, local hospices and community and

voluntary sector organisations. Leadership for the ICS is drawn from across these stakeholders.

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 Directors have a reasonable expectation that this will continue to be the case and for this reason, the Directors continue to adopt the going concern basis in preparing the accounts.

1.2 Performance analysis

The Trust uses its performance management 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 corporate 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 from deaths
- 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 Systems programme board, 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 / Improvement, NHS Resolution, patient-led assessments of the care environment (PLACE), and accountability to the council of governors (COVID-19 has impacted on some of these

activities).

Engagement and measurement:

- Quality walkabouts, including executive directors, non-executive directors and governors, have not been possible due to the social distancing requirements of COVID-19. Executives, non-executives and governors have engaged with staff through virtual meetings, including the regular all staff briefing. During June we restarted a programme to allow Board members and governors to engage with staff and the public within clinical areas. The programme is structured on NHS England's 15-steps challenge model
- 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 and 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

The Trust's maternity services were inspected in April 2021 (report published June 2021). The visit reflected the ongoing local scrutiny of the maternity improvement plan and noted the continued efforts to deliver improvements. The rating for Well-led improved although the overall rating remained unchanged.

Report issued	SAFE	EFFECTIVE	CARING	REPONSIVE	WELL-LED	OVERALL
January 2020	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
June 2021	→ Requires Improvement	→ Requires Improvement	→ Good	→ Good	↑ Requires Improvement	→ Requires Improvement

The report noted that there had been significant change within the maternity service leadership team which had provided stability to the triumvirate. This meant there now was a clearly defined management and leadership structure in place and the CQC observed joint working between leaders both within the department, the rest of the Trust and with external agencies and bodies to maximise care provision for women and babies. The report noted a high profile for the maternity service at board level which was an improvement from the previous inspection (2019). The findings of the CQC inspection visit have been incorporated into the maternity service improvement plan which also links to clinical negligence scheme for trusts (CNST), the 2022 Ockendon report and the Each Baby Counts national quality improvement programme from the Royal College of Obstetricians and

Gynaecologists..

In the last full assessment report (from an inspection in 2019 published in January 2020) CQC 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".

A structured CQC improvement plan was developed to address the findings of the 2019 inspection. The WSFT improvement board (a subcommittee of the board of directors) oversaw delivery of the agreed plan. This was led by the executive chief nurse and coordinated by the project management office in terms of action completion and moving activities and monitoring to a 'business as usual'. The West Suffolk CCG provided an additional level of independent assurance through supportive and proactive clinically-led visits to review how well actions had been embedded.

During 2021-22, as described previously, the Trust implemented a new board assurance committee structure which incorporated the ongoing elements of the Trust's improvement plan.

Our services

We provide a range of patient services:

Indicators	2021-22	2020-21	2019-20	2018-19	2017-18
Inpatient planned	2,407	1,722	3,475	3,548	3,730
Inpatient non-planned	32,708	29,623	32,374	32,832	32,505
Day cases	28,903	18,747	32,815	31,696	30,824
Outpatient attendances (inc. ward attenders)	281,162	234,464	271,316	266,157	249,460
Outpatient procedures	58,503	37,749	79,570	79,404	82,880
ED attendances	86,312	64,764	78,822	74,400	70,918

The 2021-22 activity has started to return to pre-COVID-19 levels. ED attendances and non-planned admissions are already at the expected levels, when comparing the growth from 17/18. The elective planned inpatient admissions, day case and outpatient activity have all increased, but are yet to reach the pre-COVID-19 levels. The elective recovery plan is in place for 2022-23 to increase this activity and therefore reduce waiting times.

Activity has generally returned to pre-COVID-19 levels for the wide-ranging community services. The referrals and activity for the integrated neighborhood teams (INTs) nursing and therapy teams are all above 2017/2018, 2018/19 and 2019/20 levels and the specialist teams and paediatric services are all similar to pre-COVID-19 levels despite most of their caseload coming under the vulnerable definition. The services are working on ways to reduce the waiting times for services where it has increased.

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 within WSFT.

Our financial performance

We recorded a surplus of £0.2 million for the year 2021-22. Due to COVID-19 we received top up payments of £24.8m which is included in this position.

We have also been reimbursed for all COVID-related expenditure (including vaccination costs), shortfalls against non-clinical income receipts as a result of COVID-19 and costs relating to annual leave carried forward to support a breakeven position.

	2021/22 £000s	2020/21 £000s	2019/20 £000s	2018/19 £000s	2017/18 £000s
Operating income	352,198	321,282	283,173	244,952	252,778
Operating costs	(336,603)	(307,751)	(272,245)	(242,770)	(245,906)
EBITDA * surplus/(deficit)	15,595	13,531	10,928	2,182	6,872
Depreciation, dividend and other costs	(15,375)	(12,767)	(10,642)	(8,226)	(7,159)
Fixed asset impairments**	(4,647)	(1,496)	(7,903)	(5,506)	0
Retained earnings	(4,427)	(732)	(7,617)	(11,550)	(287)

* 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.

Note:

On 1 October 2015, WSFT began providing community services in Suffolk which increased income and expenditure by around £63m in a full year. From 1 October 2017, Ipswich Hospital NHS Trust (now East Suffolk and North East Essex NHS Foundation Trust) began providing community services in the east of Suffolk, which decreased income and expenditure at WSFT by around £18m between 2017/18 and 2018/19.

Highlights of the year

The publication of our five-year Trust strategy – First for patients, first for staff and first for the future (2021 – 2026) - has given us the opportunity to lay out our priorities and ambitions for the whole organisation. It is founded on our updated FIRST Trust values – fairness, inclusivity, respect, safety and teamwork; and the vision of delivering the best quality and safest care for our community.

First for patients

The pandemic has forced us to make the difficult decision to restrict or suspend visiting at various times over the past year to reduce transmission of the COVID-19 virus. To help patients and their loved ones stay informed and in touch with each other, we established a clinical helpline and Keeping in Touch team. The clinical helpline is staffed by colleagues with clinical backgrounds, who give updates on patients' conditions and answer queries. The team won a Patient Experience National Award in the support for caregivers, friends and family category. Digital technology allows the Keeping in Touch team to keep friends and relatives in contact with people on our hospital wards – for example the team enabled a patient to be a virtual guest at their daughter's wedding.

WSFT has a fantastic research team and the work it reports on and delivers to a wide variety of vital studies, with the support of our patients recruited to the projects, is helping to advance medical understanding and treatment. We were named as the top national recruiting site for the global RECOVERY trial for two consecutive weeks in November. The RECOVERY (Randomised Evaluation of COVID-19 Therapy) trial is investigating treatments that may benefit people hospitalised with COVID-19.

One of our clinical research practitioners, Angharad Williams, has been named as the winner of the 2022 award for Clinical Research Practitioner Leadership by the Academy for Healthcare Science. A wonderful achievement for her.

WSFT is one of 12 integrated care systems in England signed up as an “accelerator site” to tackle waiting lists and elective recovery, trialling new ways of working, implementing and evaluating innovative ways to increase elective operations. We are also part of the Waiting Well pilot which aims to offer support to patients by reducing the risk of deterioration of their mental and physical health while they are waiting for their procedure.

Across the NHS, digital technology has supported ways of working that allow clinicians to offer care and support to patients. Our Patient Portal and “DrDoctor” text messaging service enable patients to see their records, results, appointments and letters, so they can take more control of their treatment.

Our community services have increasingly used telehealth to offer enhanced care to patients where they live, allowing them to have the clinical oversight and support they need to stay out of hospital. Through our integrated care networks and multi-disciplinary way of working, we are expanding our virtual ward beds which means people can receive the individual care they need at home.

We are active members of the West Suffolk Alliance, and are committed to an “alliance way of working” with our partners across the system. In July, Clement Mawoyo was appointed director of integrated community health and adult social care, as part of the work driving further integration with our social care and other alliance colleagues.

Our Mildenhall integrated neighbourhood team is now based at the new Mildenhall Hub, co-located not only with social care, but also a school, leisure centre and other public services. The Brandon team is based at the town’s health and leisure hub, and all our teams are able to refer patients directly to trained Abbeycroft Leisure instructors working at local Abbeycroft leisure centres and gyms.

A network of integrated neighbourhood team co-ordinators has been established, who with our hospital-based locality liaison co-ordinator, support community teams and wards to facilitate admission and discharge. We are also working with partners to improve waiting times and ensure equity in access to treatment.

Working with the Suffolk and North East Essex integrated care system (SNEE) we have established a WSFT vaccine taskforce. After our successful vaccine rollout to our staff and colleagues from key partner organisations, the taskforce joined the campaign to vaccinate as many people as possible at the heart of their community. Giving people expert advice, taking time to answer questions and allay fears, the team has helped thousands to access the vaccines, including some of the most vulnerable. We recently marked the first anniversary of becoming an early adopter of the Patient Safety Incident Response Framework, a national initiative aimed at identifying risks and learning from incidents to improve quality and safety. Our Patient Safety and Quality Improvement (QI) team has been expanded and developed, and is undertaking projects across the Trust, embedding QI in all aspects of our work.

Improvements in our maternity services were noted by the Care Quality Commission after an unannounced inspection, which reported on progress being made, but also raised concerns which are being dealt with.

With our alliance partners East Suffolk and North Essex NHS Foundation Trust (ESNEFT) we have taken over the Early Supported Discharge service for stroke patients in the county, with the staff also transferred to the trusts.

We continue to perform well on the National Hip Fracture Database, where the data puts us at the top of all hospitals in England, Wales and Northern Ireland for meeting best practice criteria when assessing patients with a hip fracture.

Our cancer care teams have extended the hours for people to access routine screening or referral appointments; and innovative screening tools using artificial intelligence are helping us to increase the numbers of patients we see and reduce waiting times.

The Macmillan Unit based at the hospital was recently awarded the Macmillan Quality Environment Mark for the third time. The award champions cancer environments that go above and beyond to create welcoming and friendly spaces for patients.

First for staff

We continue to be inspired by the commitment, compassion and teamwork of each one of our colleagues, who have shown extraordinary resilience.

We recently received the results of the 2021 NHS Staff Survey, to which 2,000 of our staff

responded. The results compared reasonably well with Trusts across the country, with all our key scores above the national average. We are working with colleagues to examine the findings in detail, learn from them and use that learning to improve the working lives of our colleagues.

As part of our commitment to build an open, learning and restorative culture, we have appointed two new Freedom to Speak Up (FTSU) guardians: Amanda Bennett and James Barrett. We have also recruited FTSU champions across the Trust, who with the guardians, are working closely with the Board to identify and tackle concerns expressed by our staff.

We have invested in and developed our staff support psychology service, which was the recipient of a Suffolk Heroes award, nominated by the county's MPs, in recognition of their work during the pandemic. Laura Rawlings, manager of the countywide community equipment service, also received one of the awards – both richly deserved.

Another major investment has been a partnership with Abbeycroft Leisure, which has allowed any WSFT colleague to access free membership to the facilities and services at Abbeycroft gyms and leisure centres. Our staff have taken up this offer in large numbers, and shared their enthusiasm for the scheme which has been extended for a second year.

Our chaplaincy team has been expanded and the chapel refurbished, and the team works tirelessly to support staff, patients and visitors of all faiths and beliefs.

It has been very heartening to see members of our team recognised. Consultant anaesthetist Jeremy Mauger has been a volunteer with the Suffolk Accident Rescue Service for 20 years and volunteers hundreds of hours for the emergency responders each year. To mark Suffolk Day, he was awarded the county's highest honour, the Suffolk Medal.

While off-duty, critical care nurse Debbie Lavender performed CPR and used a defibrillator to revive a man who collapsed, and was awarded with a Resuscitation Certificate from the Royal Humane Society.

We are often humbled by the appreciation, gratitude and generosity of our patients. Breast cancer patient Chris Goddard was diagnosed and treated at the WSFT during the pandemic. She was inspired to paint portraits of all the staff who cared for her – her NHS heroes as she calls them – and her images of the masked clinicians are a poignant reminder of the journey that she – and we – have been on.

First for the future

The Trust is one of 40 in the country to receive funding for new build projects through the New Hospitals Programme, which will see the building of a new healthcare facility as part of a system to provide innovative, joined-up healthcare for west Suffolk.

Progress has been made this year, with the preferred site for the new facility at Hardwick Manor identified, outline planning permission applied for, and extensive face-to-face and online engagement undertaken to ensure we hear people's views on this great opportunity for our community. There is still much work to do and building is not expected to start before 2025. We are committed to taking on board – and learning from – the knowledge and opinions of our staff, patients and community. The existing hospital buildings on Hardwick Lane were built in 1974 with an intended 30-year life span. The Trust has invested heavily in their upkeep over the years, and an extensive programme of maintenance is under way to ensure the safety of everyone using the site until the new hospital is completed.

While those works go on, we have increased the flexibility we can offer with the building of a new “decant” 32-bed ward, G10. We have also increased the community beds we have commissioned to support the discharge of medically optimised patients.

Our Trust strategy reflects the importance with which we see our role at the heart of our community. Our place in the wider world is also a vital part of looking to the future, and with that in mind we have

published our Green Plan 2021 – 2025, which underlines our commitment to being part of a sustainable health system. We want to work within available resources and understand the social, environmental and economic impacts of our actions.

The My WiSH charity

Tireless in its support for the Trust and its staff, in September 2021 the charity saw the end of its #25 birthday appeal, smashing the target of raising £25,000 and ending the year with almost £31,000. This money will be used to provide a play specialist for the paediatric emergency department, and the department was able to welcome Claire Thompson during the year due to additional fundraising from the Help your NHS hospital appeal.

The charity matched Government funding to provide state-of-the-art toilet facilities for patients with complex disabilities with the completion of a new Changing Places facility. Changing Places are toilets with additional equipment for people who are not able to use the toilet independently, including adult-sized changing benches and hoists.

Refurbishment of the West Suffolk Hospital chapel, including a prayer facility for Muslim people, was also supported by My WiSH.

From providing and equipping quiet spaces for staff to go to during the worst of the pandemic; to giving every colleague a reusable cup for the free tea and coffee available to them, the charity has come up with imaginative ways to improve the working lives of our staff.

As well as their own fundraising activities, now being planned once more as restrictions ease, My WiSH is supported by hundreds of local people and businesses and to whom we extend our sincere thanks.

1.2.3 Quality and operational performance

Quality improvement priorities for 2022-23

Our quality priorities are driven by our strategy and set out key improvements we aim to deliver and the measures that we will use to understand progress and success. These measures are open to further review and development as we progress delivery.

Delivering our strategy <ul style="list-style-type: none"> • Use feedback, learning, research and innovation to improve our care and outcomes • Collaborate to provide seamless, accessible care at the right time and in the right place
Priorities for quality improvement <ul style="list-style-type: none"> • Improve care and outcomes for patients through: <ul style="list-style-type: none"> ◦ Effective response to new and emerging guidance ◦ Evidence shared learning from incidents to reduce patient harm • Ensure patients' and families' experiences are captured and listened to in order to help us to improve through delivery of our experience of care strategy.
Measuring our progress and providing assurance <p><u>Safe and high quality care:</u></p> <ul style="list-style-type: none"> • Deliver improvements through our patient safety incident response framework (PSIRF) • Deliver improvements as measured by the CQUIN indicators for 2022-23 • Through shared learning deliver improvements to reduce patient harm • Effectively respond to national reports to support quality improvements • Develop our quality assurance framework to support systematic quality improvement • Percentage of patients recommending WSFT as a place receive care • Percentage of staff recommending WSFT as a place to receive care.

Experience of care:

- Deliver improvements through the experience of care strategy
- Celebrate good practice and share learning for experience improvements
- Ensure equality of access and the use of the accessible information standard (AIS) to improve the experience for all service users
- Provide opportunities for patients, carers and families to give feedback in a variety of accessible ways, and ensure this is listened to and acted upon
- Improve opportunities for patients to become involved with decisions affecting care, services and developments across WSFT
- Percentage of patients recommending WSFT as a place to receive care.

Performance against 2021-22 priorities

The quality priorities for 2021-22 were agreed during the pandemic response. It was felt appropriate to identify planned areas of work which reflected the priorities of WSFT and the local system. This included key organisational elements of our response to our CQC report and concerns around 'speaking up' as well as the national patient safety strategy first issued (pre-pandemic) in the summer of 2019. The following priorities were agreed:

1. Learning and improvement through the implementation of the Patient Safety incident response framework (PSIRF).
2. Development of a reporting framework for quality using the National Patient Safety strategy model of Insight : Involvement : Improvement
3. Supporting all colleagues to speak up safely as part of a culture focused on staff support, wellbeing and learning.

Quality priority 1: Learning and improvement through the implementation of PSIRF

Patient safety incident response framework (PSIRF) reflects a new systems and outcome focused approach to learning from incidents. It responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". It aims to recognise the needs of those affected, examining what happened to understand the causes and responding with action to mitigate risks remain essential to improving the safety of healthcare.

In 2021-22 WSFT became an early adopter of the new national PSIRF alongside other local trusts in the Integrated Care System (ICS). This 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.

Figure 1: PSIRF top risks

 <p>Discharge (failed discharge leading to readmission) - 1</p>	 <p>Clinical care & treatment (impacting length of stay) - 2</p>	 <p>Medication (insulin and diabetes management leading to deterioration in patient's glycaemic index requiring higher level of care) - 0</p>	 <p>Deteriorating patients (OOH incident which delayed timely recognition of deterioration and not escalated appropriately) - 4</p>
 <p>Obstetrics (maternity incidents, adverse outcomes and externally reportable events investigation pathways) - 1</p>	 <p>Falls (inpatient falls resulting in major bone fracture) - AARs (see below)</p>	 <p>Pressure Ulcers (pressure ulcers developed in our care category 2-4) - AARs (see below)</p>	 <p>Pathways of surveillance (deterioration of patient condition due to prolonged wait whilst on a surveillance programme) - 4</p>
 <p>Blood transfusion - 0</p>	 <p>Unexpected PSII (themes not currently included in PSIRP but which are identified through review of all incidents) - 2</p>	 <p>Never events - 4</p>	 <p>Preventable deaths - 1</p>

AARs (After Action Reviews) are conducted for incidents relating to falls with harm and category 4 pressure ulcers.

PSIRP - Patient Safety Incident Response Plan

PSII - patient safety incident investigation

The Trust completed its first year of the new process in March and worked with stakeholders to develop the plan for 2022/23 which received board sign-off in March.

Figure 2: PSIRF plan for 2022/23

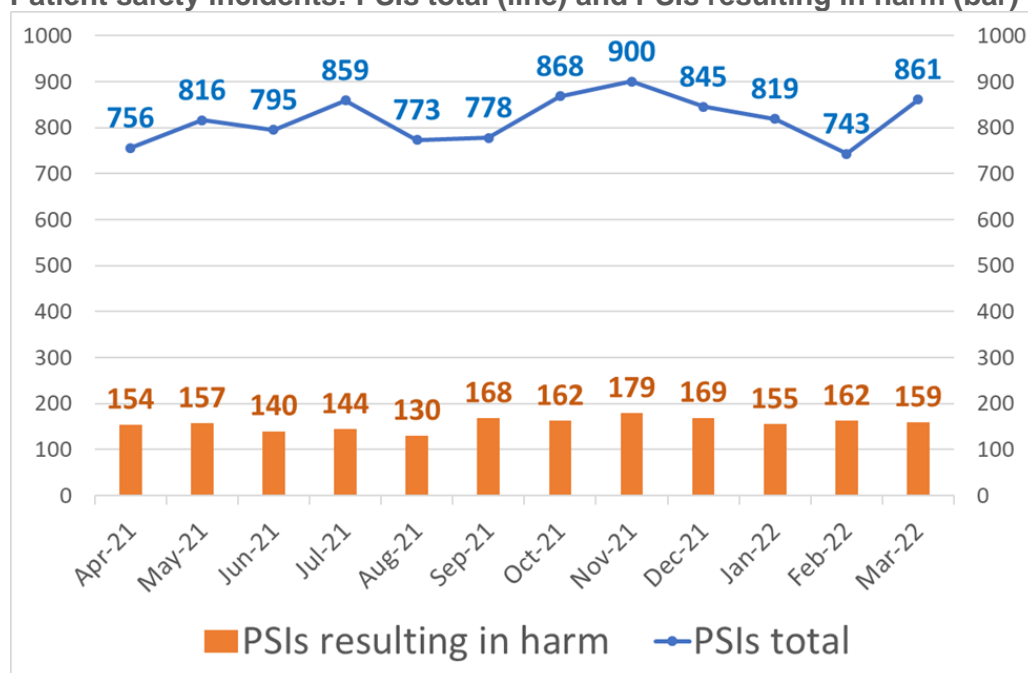
Incident type		Description	Specialty
1	Transfer of care	Potential for patient harm as a result of communication with multiple stakeholders for on-going patient care	All specialties
2	Discharge	'Failed discharge' where a delay has led to an adverse outcome within the extended length of stay after the patient was medically optimised for discharge	All Inpatients specialties
3	Medication	Mis-selection of wrong medication or dose leading to harm or potential for harm	All specialties
4	Validation of results	Potential for patient harm as a consequence of non-communication and action of diagnostic results	All specialties
5	Digital systems	Emerging risks identified as a result of the use of our digital systems	All specialties
6	Clinical care & treatment	Wound care	Adult community services
7	Falls	Inpatient falls resulting in a bone fracture or haemorrhage	All specialties
8	Pressure ulcers	Pressure ulcers developed in our care category 2 -4.	All specialties
9	Medication	Opioids management, Gentamycin/vancomycin, Medication patches, Extravasation, Diabetes medicines management, Thromboprophylaxis	All specialties
10	Unexpected PSII	Identified increase in incidence of subject of theme which has potential for harm	All specialties

PSII - patient safety incident investigation

The Trust's web-based electronic incident reporting system (Datix) supports multidisciplinary incident reporting which includes a high level of reporting near misses, no harm and minor harm incidents. Reporting of these near-miss incidents is seen as a key driver for identification and management of risks to prevent more serious harm incidents. By reviewing investigations and thematic learning, key learning can be identified and actions put into place to prevent recurrence.

The organisation reviews this data on a monthly basis within the Integrated quality and performance report (IQPR) 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 total (line) and PSIs resulting in harm (bar)



Source: Datix

The number of patient safety incidents (PSIs) reported in 2021-22 was higher than in the previous year however the percentage of total incidents resulting in harm fell in the same period from 21% down to 19%. A higher level of PSI reporting demonstrates a good safety culture. The number and percentage of incidents resulting in severe harm or death rose in 2021-22 although it remained low (0.61%). The increase in serious harm in 2021-22 was primarily as a consequence of higher numbers of category 4 (the most severe grading) pressure ulcers in the community.

	2020-21	2021-22
PSIs total	8,348	9,990
PSIs resulting in harm	1,737 (21%)	1,891 (19%)
PSIs resulting in severe harm or death	41 (0.49%)	61 (0.61%)

The tissue viability team have been using the various investigation pathways for pressure ulcers included within the Trust's patient safety incident response plan. This has enabled them to identify the main areas for improvement which will be monitored via the pressure ulcer and complex wound group. These include:

- Maximising patient compliance with care plans and pressure relieving equipment use. This will be supported by the use of the non-compliance pathway tool which is already in place to support staff. This tool takes staff through the options available to maximise patient compliance. Updates are being made so that it can be used more effectively. This involves looking at how the technology is used to support staff in their documentation and education for

staff who use the tool. Consistent mental capacity assessment and documentation is integral to support this work

- Ensuring that any circulatory component is always considered for lower limb pressure ulcers. This involves ensuring that staff have the necessary equipment, training and competence to assess lower limb circulation. Effective identification of a circulatory component will ensure patients receive the appropriate referrals and treatment
- Involvement of therapists for patients with complex repositioning issues. This will ensure that appropriate expertise is available to support equipment choice and its use
- Introducing a palliative care wound pathway. The team recognises that if a patient is approaching the end of their life, the planned care for a pressure ulcer should change as healing will no longer be a realistic expectation and comfort must become the focus. The aim of the pathway will be to empower the staff delivering care to make the appropriate decisions in a timely way.

Summary of PSIRF learning and improvement

PSIRF has given us the ability to prioritise where we would undertake a patient safety incident investigation (PSII) regardless of level of patient harm at the time of the incident. This has meant we can be proactive where we see issues of concern to put safety actions and recommendations in place sooner. An example of this is our maternity team where we saw a rise in moderate harm incidents in relation to post-partum haemorrhage. We are undertaking an independent investigation in conjunction with our maternity specialists to understand the learning prior to a major event happening.

As part of our preparation for our second year of PSIRF we co-produced our PSIRP with key divisional and specialist leads. Where some topics have remained on the plan, some have moved as there are now robust quality assurance mechanisms in place, for example auditing our pathways of surveillance.

Each PSII produces safety actions and safety recommendations. The actions are mitigations which need to be undertaken swiftly to prevent a similar event occurring again. Safety recommendations are improvement driven projects which can be themed together to enable us to prioritise quality improvement work. All recommendations from PSII are reviewed at the safety improvement group, a newly formed committee which will have representation from divisional and specialist leads, as well as quality and safety leads. This will allow us to plan and prioritise measurable improvement projects in response to our findings from PSII and other investigations.

We use the LifeQI platform to monitor and progress quality improvement projects and have programmes of work underway in relation to some of our key risks identified in 2021-22. Falls, pressure ulcer prevention and deteriorating patient are examples of programmes which have started in response to findings from safety investigations and are monitored through their relevant specialist committee.

We have other mechanisms for sharing learning as a result of PSIRF. We present learning from individual cases at relevant forums such as the postgraduate medical education sessions and the nursing and midwifery clinical council, as well as through divisional boards. We also share patient safety bulletins directly with ward staff. The maternity team have a publication called “Risky Business” which shares examples from practice for all maternity staff.

Currently we are exploring how we can utilise existing communication platforms we have in the Trust to share learning such as the all staff briefings, and our internal Trust publication weekly newsletter before restarting the all staff safety summit in the autumn of this year.

Quality priority 2: Development of a reporting framework for quality using the National Patient Safety strategy model of Insight : Involvement : Improvement

During 2020-21 options were co-produced with senior Trust leaders to establish a new framework for engagement and oversight for quality, safety and improvement. This was part of a planned review of the Trust’s governance committee structure. In 2021-22 a new reporting framework was introduced based on the key principles of the national patient safety strategy (issued summer 2019) and

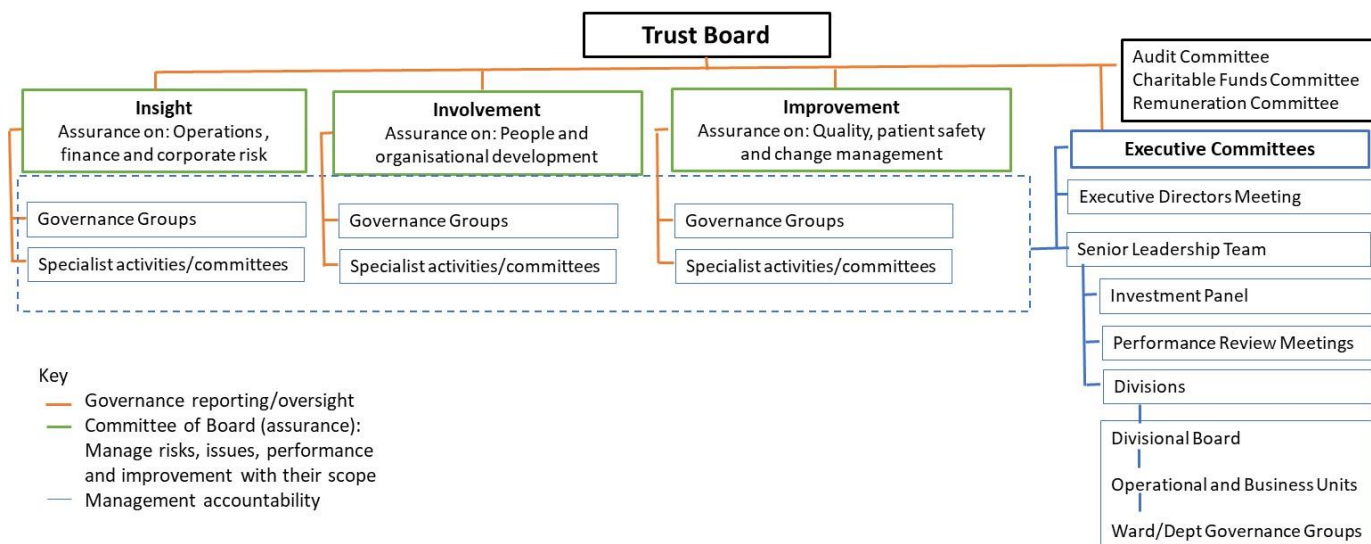
structured around:

- **Insight** – improve understanding and provide assurance to the board on operational delivery, finance control and corporate risk
- **Involvement** – provide assurance to the board in relation to people and organisational development, including the Trust's strategies, plans and the management of risks, relating to staff engagement and involvement; patient engagement and involvement and system involvement and public engagement
- **Improvement** - improve understanding and provide assurance to the Board on delivery and improvements in relation to quality, patient safety and change management.

Three assurance committee of the Board were established to reflect this approach. This structure is underpinned by governance and specialist groups which provide a structured approach to the understanding, review and improvement of key areas of activity, including:

- People and culture
- Patient safety and quality
- Patient experience
- Patient access
- Clinical effectiveness
- Finance and workforce
- Corporate risk

Figure 3: WSFT board assurance structure



The Board continues to review and evaluate the working and effectiveness of the new structure, for example, changes have been made recently to provide greater focus on patient safety and quality. But during 2022 the Board, by taking confidence from the work of its assurance committees, has been able to restructure its own agenda to provide significantly greater focus on culture, engagement and strategy.

Quality priority 3: Supporting all colleagues to speak up safely as part of a culture focused on staff support, well-being and learning

The West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published in December 2021.

At the meeting of the Board of Directors on 17 December, the chief executive Craig Black responded

on behalf of the Board: “As a Trust we accept full responsibility for the failings and shortcomings which led to the review; we got it wrong and remain truly sorry to the staff and families affected.

“We know the actions taken by the Board which led to the independent review have understandably caused upset and anger amongst many of our staff, patients and their families, as well as our community. We know for the individuals most directly affected the impact on their wellbeing has been significant.

“Whilst the investigation has been taking place, we have been working hard to build an open, learning and restorative culture. Our aim is to help staff feel confident to speak up and be supported when they raise concerns, and for issues to be dealt with sensitively and appropriately.”

Referring to the main themes of The Healthy NHS Board, the Board’s responsibilities are formulating strategy, ensuring accountability and shaping culture. The Board’s performance fell short on both ensuring accountability and shaping culture and that needs to be the main focus of its response.

The Board agreed the response and plan to address and adopt the learning from the report including the organisational development actions that have already been taken and require further embedding. The response also considered the engagement undertaken to that point, and what more needed to happen, to ensure our plans are based on the priorities for staff, governors, patients and teams and can carry the confidence of stakeholders.

Strategy and values

It is clear from the review report that the identified failings stem from the attitudes and behaviours of senior leaders which contributed to poor and uncompassionate decision-making, and a failure to listen and respond to others’ views.

This plan is founded on our FIRST Trust Values. HOW we lead is as important as WHAT we work on by way of actions, and the right leadership behaviours are a central pillar to ensuring previous failings are not repeated. Our FIRST Trust values have recently been refreshed with our staff and stakeholders alongside the process of creating our new five-year strategy:

- **FAIR** – we value fairness and treat each other appropriately and justly
- **INCLUSIVITY** – we are inclusive, appreciating the diversity and unique contribution everyone brings to the organisation
- **RESPECTFUL** – we respect and are kind to one another and patients. We seek to understand each other’s perspectives so that we all feel able to express ourselves
- **SAFE** – we put safety first for patients and staff. We seek to learn when things go wrong and create a culture of learning and improvement
- **TEAMWORK** – we work and communicate as a team. We support one another, collaborate and drive quality improvements across the Trust and wider local health system.

As our strategy states: “Our First Trust Values are the guiding principles and behaviours which run through our organisation and will help us deliver our vision and ambitions in the right way. We will use them to always strive to improve the services we provide to our community and the way that we work as a team and with our partners. To reflect the changes the Trust has been through in recent years, we have updated these values to reflect the evolution of the organisation, the journey it is on and the culture we are striving to create across the Trust.”

Actions already undertaken or in progress:

- A new five-year strategy has been developed for WSFT with staff and other stakeholders, which overtly recognises past failings and the importance of learning lessons to develop our culture
- Our FIRST Trust values have been refreshed with staff and stakeholders and are built into the new strategy
- Staff (and their wellbeing) are now an overt strategic priority, with investment in staff psychology support services and other wellbeing measures.

Further actions planned:

- Implementation of the new strategy and refreshed values
- Build alignment through divisions and teams using the new strategic ambitions and objectives to develop their own strategies and plans
- Develop a work programme to embed the values in working practices and everyday life across the Trust, and then deliver it
- The Board and the Council of Governors to consider and agree a plan for how they will role model the Trust values and how this should be evaluated as part of their development programmes.

Board development and accountability

Culture change starts at the very top of organisations. What leaders pay attention to, talk about and model in their own behaviour tells those in the organisation what it is they should value. This in turn impacts on outcomes, as exemplified in this summary gained from Professor Michael West and through our leadership development session he delivered in October 2021:

- Compassionate leadership → staff satisfaction
- Staff satisfaction → patient satisfaction, care quality
- Poor leadership → work overload, high staff stress
- High work pressure → less compassion, privacy, respect.
- High staff stress → poorer care quality and finances etc.

The criticisms detailed in the review are clear that significant failings lay within Board governance and which had ramifications for the culture of the organisation. This in turn has impacted on staff and teams affected during and after these events. Rebuilding the Board and focusing on its development to deliver a change in culture will require significant focus.

Actions already undertaken or in progress:

- An externally-facilitated Board development programme has been commissioned, which began in October 2021, including an in-depth 360 feedback exercise
- We have rebuilt the executive team and continue to be focused on its development
- The board assurance committee function has been strengthened
- We have supported our Council of Governors to develop their role of holding non-executive directors to account for performance of the Board
- We have an ongoing training programme for governors, externally-facilitated
- The minutes of closed Board meetings are shared with our governors
- Establish an agreed governor-director working group to facilitate their role around holding non-executive directors (NEDs) to account for the performance of the Board
- Externally-facilitated programme for the Council of Governors commissioned to ensure culture change is reflected in the wider FT accountability framework.

Further actions planned:

- Detailed programme of Board development for 2022, to include development session with review author to support broader reflection and learning and the Board's response
- Person specifications for Board recruitment to reflect lessons learned from review
- Recruitment to fill NED vacancies
- Recruitment of new substantive chief executive.

Building a speak up culture

There are significant failings identified in the review related to the organisational culture around freedom to speak up and it is clear that these failings have harmed staff's confidence in speaking up at West Suffolk.

The learning arising from this must address any real or perceived detriment to staff who raise

concerns. Critical to achieving this is the attitude and approach of the Board, and particularly executive directors, in being open to concerns, and ensuring that the management of speak up issues does not become conflated with any other process, including performance management.

The development of a culture where all staff feel confident to speak up and raise concerns at work, and have their concerns listened to, is crucially important to us all. It has a direct impact on a culture of safety with positive benefits for patient care, quality and staff experience. We know from the most recent set of staff survey results that further effort is required to develop this culture at WSFT given that an increased number of colleagues reported that they did not feel confident to speak up.

The development already undertaken by the executive team with Dr Megan Reitz, a leadership expert, has focused on the awareness that all management teams within organisations should hold, including:

- Speaking up is relational. The dynamics and differences in role, position and context of the individual speaking up, and the individual they are speaking up to, will dictate the environment within which it happens.
- We are not as good at it as we think we are (speaking up or listening up). No one is likely to tell leaders they are “wrong”.
- Those in senior roles typically hold an optimism bias about what it is really like in an organisation, which can lead to them existing in a ‘bubble’.
- Senior leaders can immediately perceive speaking up as criticism, and thus act defensively.

Actions already undertaken or in progress:

- We have strengthened and expanded our Freedom to Speak Up (FTSU) Guardian function, with two clinicians undertaking this role with dedicated time
- The FTSU Guardians present to Board at its meeting in public on a quarterly basis, including challenge and feedback to the Board from the guardians
- The FTSU Guardians have established a Speak Up champion network during 2021, with training and support for individuals. 40 individuals have been trained and a further 20 are booked for future training
- The Board has used the NHSI self-assessment tool to assess its leadership approach to speaking up twice in 2021
- Essential ‘speak up’ training for all staff agreed and active.

Further actions planned:

- Work with the National Speak Up Guardian’s Office to learn from best organisational practice and explore further support
- Further expand our FTSU staff champion network, particularly focusing on underrepresented areas
- Evaluate the learning from staff champion model and promote positive examples of the difference that raising concerns can make
- Utilise the 2021 national staff survey results to provide focused support to teams where confidence in speak up processes is of most concern
- Design and deliver a development package for all leaders and managers, starting with the Board, on how to grow safe speak up cultures within teams including the skills to respond non-defensively to concerns being raised
- Consider additional ways for staff to raise concerns and issues in psychological safety.

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 West Suffolk CCG. Performance against agreed indicators is regularly monitored by the Board.

National targets

	2021-22 Target	2021-22 Actual	2020-21 Actual	2019-20 Actual	2018-19 Actual
C. difficile - Hospital onset health care associated ¹	16	37	27	25	12 (2)
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)	92%	64.6%	57.2%	81.6%	88.8%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge ²	95%	-	-	-	90.7%
62-day urgent GP referral-to- treatment wait for first treatment - all cancers	85%	71.5%	75.0%	79.5%	84.6%
62-day wait for first treatment from NHS cancer screening service referral	90%	80.7%	94.2%	92.6%	92.4%
31-day wait for second or subsequent treatment - surgery	94%	100%	100%	99.6%	99.5%
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	100%	100%	100%	99.8%
31-day diagnosis-to-treatment wait for first treatment – all cancers	96%	100%	100%	99.6%	99.8%
Two-week wait from referral to date first seen comprising all urgent referrals (cancer suspected)	93%	66.0%	71.5%	92.0%	90.7%
Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	35.2%	94.3%	89.2%	82.2%
Maximum six-week wait for diagnostic procedures	99%	67.1%	49.8%	93.3%	97.3%

¹ Figures in brackets exclude cases that West Suffolk CCG deemed to be non-trajectory (no identified lapses in care). One case for 2018/19 is pending CCG final opinion

² WSFT is piloting a new emergency department reporting standards and therefore has not reported performance against this standard since 2018/19.

We recognise the underperformance in a number of areas and this has been the subject of scrutiny at Board, assurance committees and governance groups.

In terms of two-week wait from referral to date first seen for symptomatic breast patients referral numbers have returned to pre-pandemic levels but show considerable variation from month to month which is difficult to plan for. In addition, during the waves of COVID-19 we have experienced staff sickness absences which have led to a reduction in capacity. A full recovery action plan is in place including the purchasing of additional equipment to increase capacity for people referred on the symptomatic breast pathway (cancer not initially suspected). Progress is monitored internally and externally.

Stroke services

Performance against the contractual stroke targets is detailed below. The focus nationally and within WSFT has been on performance against the national sentinel stroke audit programme (SSNAP). SSNAP is the national source of stroke data for the NHS and audits stroke services throughout the whole pathway of care: from admission to hospital, across the whole inpatient stay, including rehabilitation at home or in the community, and outcomes at six months after stroke.

Our stroke team has retained its top-grade A ranking for 16 quarters since April 2018. SSNAP is a major national health care quality improvement programme based in the school of life course and population sciences at King's College London. This reviews data from hospitals across the country as

part of the sentinel stroke national audit programme, assessing stroke care against 43 key indicators.

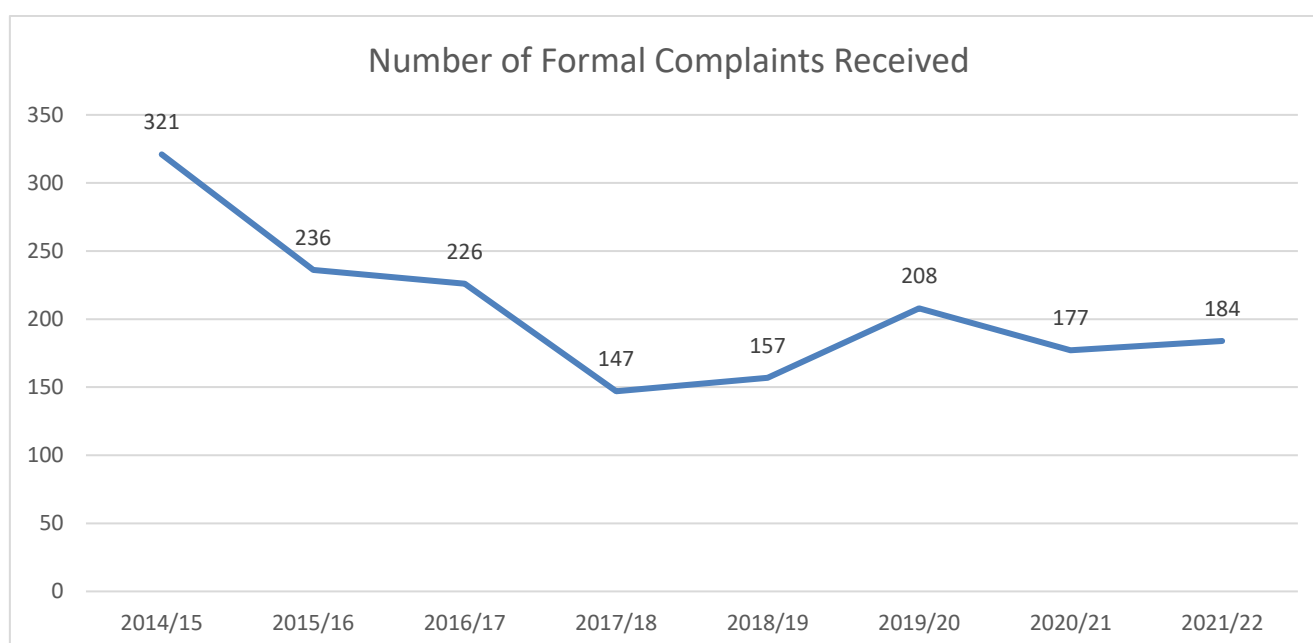
We have in place a contract to deliver an early supported discharge service (ESD) for stroke patients across Suffolk. This will provide up to six weeks of intensive stroke rehabilitation in patients' own homes following their discharge from an acute hospital, helping them to regain their mobility and 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.

Complaints management

WSFT is committed to providing an accessible, fair and effective means of communication for those persons who wish to express their concerns with regard to the care, treatment or service provided by the Trust. In responding to and reviewing complaints, WSFT adheres to the six principles for remedy as published in October 2007 by the Parliamentary and Health Service Ombudsman (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 within divisional board meetings and by the involvement committee.

WSFT received 184 formal complaints during 2021-22. The Board monitors complaints and learning each month as part of the quality reporting arrangements.

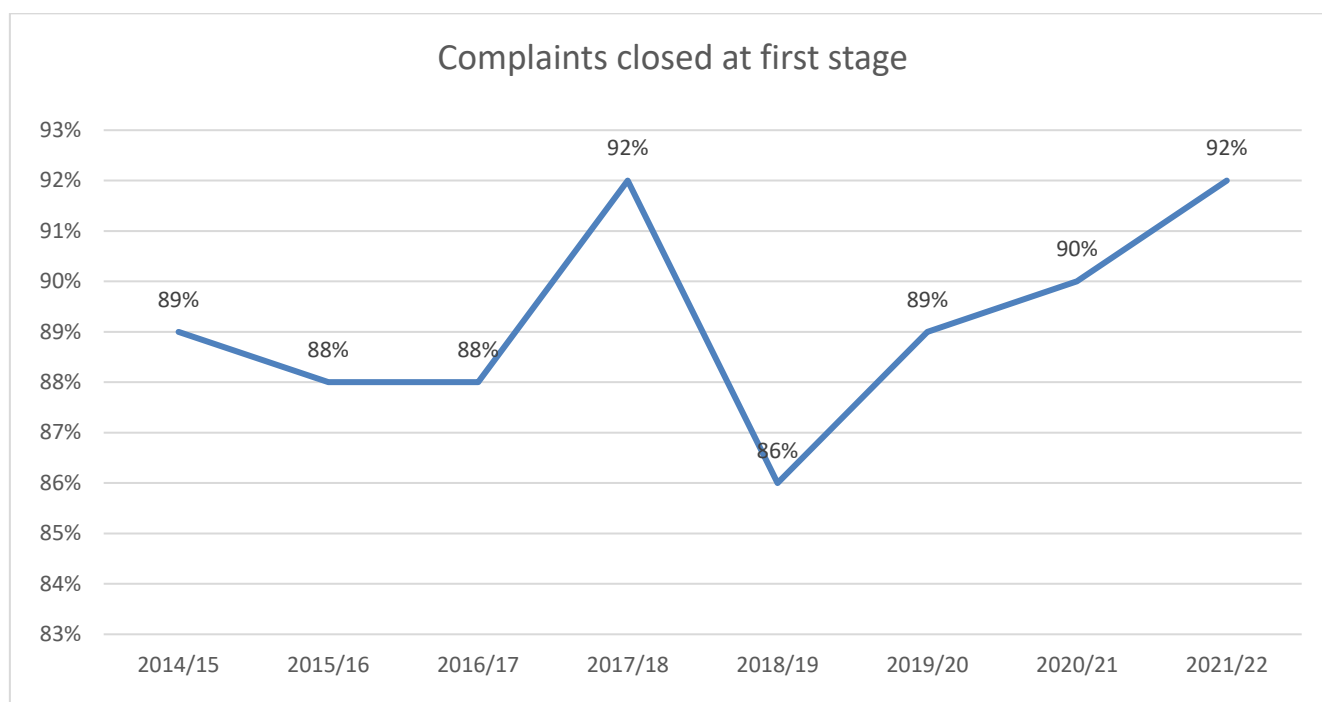


Source: Datix

As a Trust we aim to resolve complaints at the first stage, resolving a person's concerns upon receipt of their first contact. On occasions 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 2021-22 the Trust successfully resolved 169 complaints at first stage, with 15 investigations escalating to second stage throughout the year.

The increase in complaints resolved at first stage demonstrates quality investigations at local level. New complaints management processes were implemented to improve the complainants' experience with an aim to increase complainant involvement with the process to ensure complaints are resolved at the first stage.

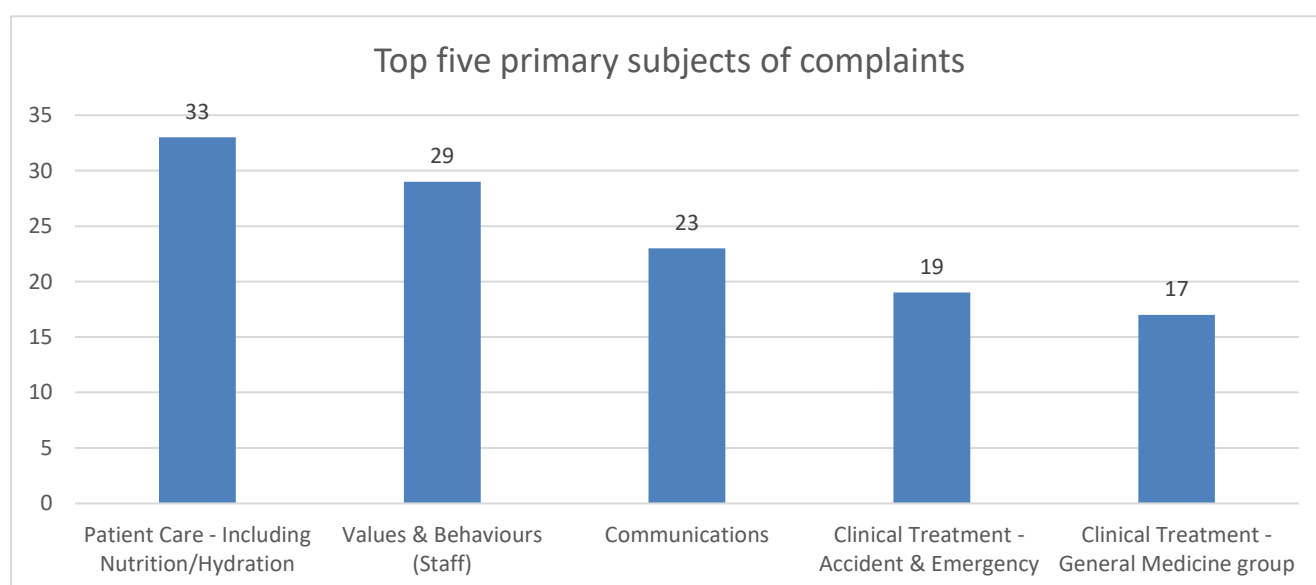


Source: Datix

Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the PHSO for an independent review. During 2021-22, 1 complaint was referred to the PHSO, compared to 4 during 2021-22.

This complaint is still being investigated by the PHSO

This decrease of complaints accepted for investigation by the PHSO in 2021-22 demonstrates quality investigation processes at local level.



Source: Datix

The numbers identified in the chart above list only primary concerns; many complaints have multiple categories. Four out of five of the top categories have remained the same since the previous financial year; however, the clinical treatment for the general medicine group has replaced clinical treatment for the surgical group. This is most likely due to the reduction in elective procedures over the previous year.

Patient care is now the top category for concern increasing from 30 in 2020-21 to 33 in 2021-22. Values and behaviours of staff has increased from 19 in 2020-21 to 29 in 2021-22 showing a 52%

increase. Complaints in relation to communication have decreased from 33 in 2020-21 to 23 in 2021-22 reflecting in a 30% reduction. Communication was previously the top category for concern in 2020-21. Clinical treatment in the emergency department has decreased from 20 in 2020-21 to 19 in 2021-22.

Whilst clinical treatment within the general medicine group did not feature within the top five categories of concern for the previous financial year, it has increased from 13 in 2020-21 to 17 in 2021-22.

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. Learning from complaints has supported WSFT's quality priorities and other service improvements including:

- A number of actions have been completed to improve communications between ward staff and relatives including the reintroduction of the clinical helpline and continuation of the keeping in touch service
- A learning disability liaison nurse has been appointed to ensure that referrals are handled in a timely manner and to provide support to wards
- Staff on the stroke unit will provide patients with a stroke passport as early in their admission as possible
- Training has been arranged for junior doctors regularly during the year for mental capacity and lasting power of attorney involvement
- Ward teams have been reminded about the importance of taking patients weight on admission and recording this
- Further collaboration with the regional ambulance service and mortuary manager, ensuring that correct procedures are followed. Flow diagrams have been made available for emergency department staff
- In complex clinical circumstances, the departure summary for the GP Fwill now be written by the obstetric team
- Improvements have been made in the process for checking the drugs prior to administration as part of the spinal procedure. As well as the drug name, concentration, expiry date and the administration route will also be confirmed
- Regular junior doctor teaching sessions to be recommenced from the Trust's governance office to share learning from investigations. This will take place quarterly and will ensure all junior doctors in training are included
- Ward team are reviewing options to purchase a fridge for the ward to store expressed colostrum
- Additional ward clerks have been recruited to assist with answering ward phones
- The surgical consent process is being reviewed and a checklist has been implemented to ensure patients agree to treatment.

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 409 compliments have been formally received by WSFT. This figure only includes thank you correspondence shared with or sent directly to the patient experience team.

National CQC patient surveys

The 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 2021-22:

- 2020 Urgent and Emergency Care Survey (September 2021)
- 2020 Adult Inpatient Survey (October 2021)
- 2020 Children and Young People's Patient Experience Survey (December 2021)
- 2021 Maternity Survey (February 2022)

Interpreting our data

The 'better' and 'worse' categories are based on a statistic called the 'expected range', which determines the range within which a trust's score could fall without differing significantly from the average. If a trust's performance is outside of this range, its performance is significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust's survey results have been identified as 'better' or 'worse' than the majority of trusts it is very unlikely that these results have occurred by chance.

Analysis

The 2021 Maternity Survey features a more in-depth analysis of results than we have seen in previous surveys. Going forward we can expect a similar presentation of results across all our surveys.

2020 Urgent and Emergency Care Survey (September 2021)

Respondents and response rate

- 447 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 36.61%

Banding

Better

WSFT results were **better** than most trusts for three questions:

- Q5. Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?
- Q12. Were you informed how long you would have to wait to be examined?
- Q32. In your opinion, how clean was the A&E department?

Worse

- WSFT results were **worse** than most trusts for 0 questions.

Same

- WSFT results were **about the same** as other trusts for 35 questions.

2020 Adult Inpatient Survey (October 2021)

Respondents and response rate

- 574 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 49.1%

Scoring

For each question in the survey that can be scored, individual responses are converted into scores on a scale of 0 to 10. For each question, a score of 10 is assigned to the most positive response and a score of 0 to the least positive. The higher the score, the better the trust's results.

Banding

Better

WSFT results were **much better** than most trusts for 0 questions.

WSFT results were **better** than most trusts for four questions:

- Q4A. There were restrictions on visitors in hospital during the coronavirus pandemic. Were you able to keep in touch with your family and friends during your stay?
- Q5.4. Were you ever prevented from sleeping at night by hospital lighting?
- Q12. How would you rate the hospital food?
- Q13. Did you get enough help from staff to eat your meals?

WSFT results were **somewhat better** than most trusts for three questions:

- Q5.2. Were you ever prevented from sleeping at night by noise from staff?
- Q11. Were you offered food that met any dietary requirements you had?
- Q19. Did you have confidence and trust in the nurses treating you?

Worse

- WSFT results were **much worse** than most trusts for 0 questions.
- WSFT results were **worse** than most trusts for 0 questions.
- WSFT results were **somewhat worse** than most trusts for 0 questions.

Same

- WSFT results were **about the same** as other trusts for 38 questions.

2020 Children and Young People's Patient Experience Survey (December 2021)

Respondents and response rate

- 130 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 25.69%

To note

The Trust overall has scored 'worse than expected' for the experiences of children and young people aged 8-15. This is based on variation of results at Trust level.

Banding

Better

WSFT results were **much better** than most trusts for 1 question:

- **Parents/carers of 0 to 15-year olds were asked:** Q5. For most of their stay in hospital what type of ward did your child stay on?

WSFT results were **better** than most trusts for 0 questions.

WSFT results were **somewhat better** than most trusts for 0 questions.

Worse

WSFT results were **much worse** than most trusts for 0 questions.

WSFT results were **worse** than most trusts for 2 questions:

- **Children/young aged 8 to 15 were asked:** Q59. Were you involved in decisions about your care and treatment?
- **Parents/carers of 0 to 15-year olds were asked:** Q20. Did hospital staff keep you informed about what was happening whilst your child was in hospital?

WSFT results were **somewhat worse** than most trusts for 2 questions:

- **Parents/carers of 0 to 15-year olds were asked:** Q17. Did you have confidence and trust in the members of staff treating your child?
- **Children/young people aged 8 to 15 were asked:** Q68. Did a member of staff tell you who to talk to if you were worried about anything when you got home?

Same

- WSFT results were **about the same** as other trusts for 55 questions.

Questions where our score has decreased significantly from 2018

Some of the CQC surveys allow for comparison against the Trust's results from the previous year, which is possible when the questions have remained the same.

The WSFT's score decreased significantly from 2018 in the following two questions:

- **Parents/carers of 0 to 7-year olds were asked:** Q9. Were there enough things for your child to do in the hospital?
- **Parents/carers of 0 to 15-year olds were asked:** Q30. Were you able to prepare food in the hospital if you wanted to?

2021 Maternity Survey (February 2022)

Respondents and response rate

- 188 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 64%

Banding

Better

WSFT results were **much better** than expected on 0 questions

WSFT results were **better** than expected on 1 question:

- F2. When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?

WSFT results were **somewhat better** than expected on 1 question:

- B4. At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?

Worse

WSFT results were somewhat worse than expected on 0 questions.

WSFT results were worse than expected on 0 questions.

WSFT results were much worse than expected on 0 questions.

Same

- WSFT results were **about the same** as other trusts for 48 questions

Analysis

Where mothers' experience is best

- ✓ During antenatal check-ups, mothers being asked about their mental health by midwives
- ✓ At the start of their pregnancy, mothers being given enough information about coronavirus restrictions and any implications for their maternity care
- ✓ Mothers being able to see or speak to a midwife as much as they wanted to during their care after birth
- ✓ Mothers discharge from hospital being delayed on the day they leave hospital
- ✓ Mothers receiving help and advice from health professionals about their baby's health and progress in the six weeks after the birth.

Where mothers' experience could improve

- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital
- Mothers receiving help and advice from a midwife or health visitor about feeding their baby in the six weeks after giving birth
- Mothers being given a choice about where their postnatal care would take place
- Mothers feeling that the midwife or midwifery team always listened to them during care after birth
- Mothers feeling that midwives and other health professionals gave them active support and encouragement about feeding their baby.

Action plans

Results are reviewed within relevant groups and action plans established with the support of the patient engagement team alongside any existing work within the workstreams.

Actions from the CQC survey results include:

- The creation of focus groups in particular areas
- Local surveys to determine whether situations have improved
- A review of patient information leaflets given out at discharge
- Collation of feedback following the creation of a new post within the department.

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

1.2.4 Principal risks and uncertainties

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

Board assurance framework (BAF)

The BAF was regularly reviewed during 2021-22 to ensure that it provided an adequate evidence base to support the effective and focused management of the principal risks to meeting strategic objectives. 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 risk is clearly identified in the BAF. The BAF identifies the key controls in place to manage each of the principal risks and explains how the Board of directors is assured that those controls are in place and operating effectively.

The principal risks identified in the BAF 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).

Incident reporting

The Trust's web-based electronic incident reporting system (Datix) supports multidisciplinary incident reporting which includes a high level of reporting near misses, no harm and minor harm incidents. Reporting of these 'near-miss' incidents is seen as a key driver for identification and management of risks to prevent more serious harm incidents. By reviewing investigations and thematic learning, key learning can be identified and actions put into place to prevent recurrence. The organisation reviews this data each month within the IQPR and recognises a high reporting rate as a positive reflection of

an open culture within the organisation which supports learning from incidents.

During 2021-22, a total of 9,990 patient safety incidents were reported (compared with 7,377 in 2019/20). In 2021-22 WSFT was an early adopter of the new national patient safety incident response framework (PSIRF) alongside other local trusts in the ICS. This 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. The Trust completed its first year of the new process in March 2022 and worked with stakeholders to develop the plan for 2022/23 which received board sign-off in March.

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 and operational areas, for example wards, across WSFT. The monthly quality and performance report to the Board provides an organisational and ward-level dashboard. 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 managed through directorate executive quality and performance meetings, and is also tested through observational visits by Board members and governors as part of weekly quality walkabouts. A programme of presentations and patient stories relating to the quality priorities and strategic/service developments is also delivered to the Board and its subcommittees.

The Trust actively engages with its Foundation Trust membership and the public through regular talks, events and communications but these have been limited during the year due to COVID-19 restrictions.

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. We own one quarter of Collaborative Procurement Partnership LLP which, following a successful bidding process in 2018/19, is working with three procurement partners to deliver three of the Department of Health's eleven procurement towers.

All purchasing falls in line with the European directive for procurement 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 has applied policies during the financial year for:

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

The Trust is 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.

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

In September 2021, the chief operating officer, as accountable emergency officer, reported that the Trust had substantial compliance with EPRR core standards. This is the means by which NHS England obtains assurance that NHS funded organisations are sufficiently able to respond to emergencies. This report stated that only the lack of full compliance with business continuity plans and staff created risk.

The substantial compliance level indicated that the Trust had a small number of core standards requiring improvement work in updating business continuity plans, and in fully training staff to deliver high-level decontamination of contaminated emergency department patients. The Trust has fully developed plans and programmes to rectify these small deficiencies.

1.2.5 Future business plans

1.2.5.1 Integrated care system (ICS)

West Suffolk Alliance is one of three place-based alliances that make up the Suffolk and North East Essex integrated Care System (ICS). The Alliance published its strategy in 2018 – All About People and Places - which established a shared set of ambitions which all alliance partners signed up to:

- strengthening the **support for children and adults** to stay well and manage their mental and physical health and wellbeing within their communities
- **focusing on individuals** and their needs and goals
- changing both the way we **work together** and how services are configured
- making effective **use of resources**.

Since the inception of the West Suffolk Alliance:

- membership has grown and now encompasses partners from the NHS, local government, the voluntary, community and social enterprise sectors and others, to form a broad collaboration of organisations signed up to work together to deliver our strategy
- the Alliance has shown throughout the pandemic that the relationships between partners allow for rapid implementation of changes to services, the ability to develop a joint approach to problems and issues, and that partners are willing to innovate and use their resources flexibly to meet need
- learning from the pandemic is being used to inform our future direction, priorities and opportunities
- the NHS White Paper - Integrating Care - has reinforced the importance of 'place' as a building block for alliance working within a wider integrated care system footprint.

Our alliance delivery plan for 2021-22 has been developed with these points in mind. We have agreed that we want to have a plan that:

- demonstrates that we are working differently - as partners rather than as individual organisations - showing the added value of the Alliance
- highlights where we are delivering our alliance ambitions
- gives visibility to the range of transformation programmes going on within the West Suffolk Alliance area
- allows us to prioritise investment (financial and other resources)
- helps us develop as an alliance to meet future opportunities and challenges
- champions innovation
- shows how organisational priorities can be delivered through alliance working.

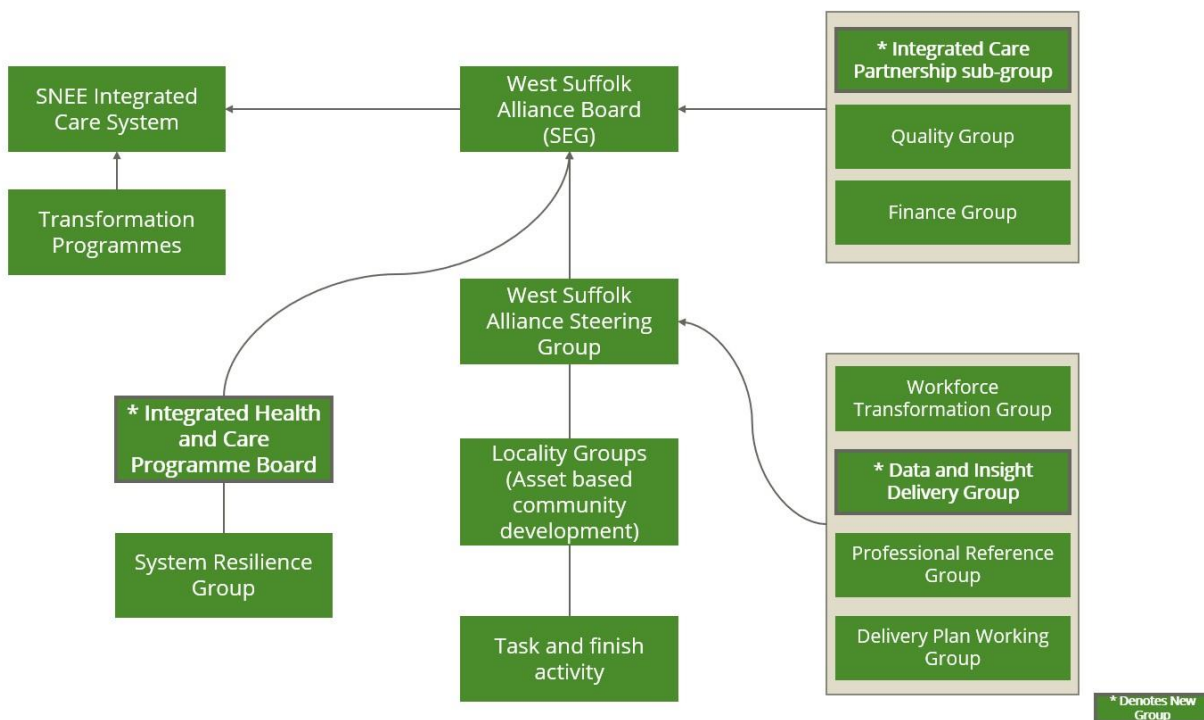
Actions include:

- building on our strategy to create a compelling mission and vision statement. The aim of this is to let people know what the Alliance is all about in a simple and straightforward way

- redesigning our governance to create a framework for action. This will mean a better understanding of where decisions are made and who holds accountability. Two new groups have been set up as part of the redesign to support health and care integration:
 - Integrate Care Partnership Sub-group – a smaller group of public service leaders responsible for shaping plans to formalise integration across health and local authorities, and consider how this could shape future integrated care partnerships in each alliance
 - Integrated Health and Care Programme Board – supporting the change programme that will deliver integrated care, allowing cross-divisional sharing of solutions and learning. The board will oversee the west implementation of the wider ICS transformation programmes, translating NHS priorities into place-based delivery
- creating a west Suffolk data and insight approach to better understand the complex challenges facing people in west Suffolk and identify the emerging trends to inform strategic and operational decision making
- developing a systems communications function that focuses on joint work, celebrating success and ensuring that our teams feel the benefits of alliance working
- taking a system approach to inequalities, starting with the COVID-19 vaccination programme, and working to make sure that people most at risk, and from disadvantaged communities, get targeted support.

Alongside these actions there are many projects and initiatives across the partnership where alliance working is in action.

West Suffolk Alliance governance



Alliance partners

- Abbeycroft Leisure
- Allied Health Professionals Suffolk
- Babergh and Mid Suffolk District Councils
- Care UK
- Citizens Advice West Suffolk
- Community Action Suffolk
- Healthwatch
- Home-Start
- Local Pharmaceutical Committee
- Norfolk and Suffolk NHS Foundation Trust

- Primary care (24 GP surgeries)
- St. Nicholas Hospice
- Suffolk Constabulary
- Suffolk County Council
- Suffolk GP Federation
- Suffolk MIND
- West Suffolk Clinical Commissioning Group
- West Suffolk College
- West Suffolk District Council
- West Suffolk Foundation NHS Trust

1.2.5.2 Performance improvements and efficiency savings

The COVID-19 pandemic has significantly impacted upon the operational performance and efficiency of WSFT.

We have continued to operate our joint transformation team with West Suffolk CCG. However, members of the team were redeployed from planned programmes of work to address the challenges we faced in responding to the pandemic and implementing new ways of working to ensure that we could continue to treat patients safely.

Whilst it is true that many of the planned transformation programmes were put on hold, the pandemic also created opportunities for us to take forward a number of schemes at pace, which have been part of our longer-term ambitions for some time, such as increased use of digital platforms to support remote working and virtual consultations.

The West Suffolk Alliance partners came together to strengthen pre-existing relationships and enhance the offer to our communities through the integrated neighbourhood teams, and through working with the voluntary sector and organisations such as Abbeycroft Leisure.

As we look forward to the next year we are committed to embedding learning from the experience of working through the pandemic to enhance services for the future.

Elective accelerator programme

As part of the Suffolk and North East Essex (SNEE) Integrated Care System (ICS), WSFT has been successful in bidding to become an elective accelerator site. Acceptance onto the programme provides £10m of additional system funding, over and above the elective recovery fund (ERF), of which £1.6m has been allocated to WSFT. The system is required to deliver additional activity above the levels set out in the annual planning guidance, along with an enhanced programme of transformation. For the SNEE system these targets are set at 100% of the 2019/20 baseline activity by July and 120% by September 2022. This recognises the challenges which will be faced by WSFT over the coming year in relation to the significant estates work programme.

There are three broad elements to the plan – capacity, transformation and sustainability. Each of the underpinning elements is in line with the expectations of the annual planning guidance.

Accelerator sites are expected to deliver above baseline planning guidance requirements and share learning with other trusts. The programme offers an opportunity to develop a rapid increase in elective capacity, and thus reduce the longest elective care waits, and to address long-standing access barriers, such as transformation of the outpatient service model.

The programme will be led jointly by the CCG, WSFT and East Suffolk and North Essex NHS Foundation Trust (ESNEFT) with named senior responsible officers (SROs) for each workstream.

Capacity

Priority one focuses on critical capacity increase and productivity initiatives to deliver additional activity and support a reduction in waiting times for elective patients.

The delivery model has been built via a combination of standalone service initiatives and specific capacity increases and critically focuses on joint working across all three trusts in the SNEE ICS to reduce inequities in waiting times. These can be summarised as follows:

- An increase in theatre capacity via the procurement of a vanguard theatre (located at Ipswich Hospital) but to be used to deliver WSFT activity in the initial phase
- Maximising independent sector capacity across the region
- Recommissioning of a mothballed theatre at WSFT
- Additional computed tomography (CT), magnetic resonance imaging (MRI) and endoscopy capacity to improve diagnostic waiting times
- Day case and theatre reprofiling – this includes productivity initiatives and rescheduling main theatre activity in the day surgery unit
- Increased weekend working in both main theatres and day surgery
- Review of infection prevention and control guidance to facilitate increased throughput
- High throughput focused activity in specific services such as super surge weekends.

Sustainability

Priority three is sustainability and the creation of a framework in which success is achieved and informs future service configuration. This includes formalised success metrics, reporting, benchmarking and performance management. There are clear synergies between the elective accelerator programme and the future system work and both teams are keen to take a joined up and collaborative approach. It is important that we avoid duplication and engage our clinical teams once collectively, rather than separately or in an uncoordinated way.

Primary care and community health

WSFT is a provider of both acute and community services. As a core member of the West Suffolk Alliance we play a key role in the delivery of the integrated care system (ICS) plan through the six localities of Sudbury, Bury Town, Bury Rural, Newmarket, Haverhill, and Brandon and Mildenhall. The localities are broadly aligned with the local primary care networks (PCNs) and working together to deliver local and system priorities.

As we emerged from the first wave of COVID-19 we commissioned a piece of work from ReThink partners to engage with our community teams about their experiences of being part of WSFT. This work has resulted in a major organisational restructure within community health and social care to better enable the vision of integrated working. A new joint director post between adult health and social care has been created with the aim of strengthening joint working and reducing duplication and inefficiencies. This post will be supported by alliance delivery managers for health, social care, primary care and mental health and service transformation.

There has been successful transition of our community teams onto the West Suffolk IT infrastructure. This long-awaited move provided the platform for greater digital opportunities for the community teams as we work to develop parity with acute colleagues. Whilst there is still more to do, community teams are already seeing and feeling the benefits of this investment in new kit and infrastructure. We have implemented electronic staff rostering alongside a capacity and demand tool to enable us to plan our resources better to meet the needs of our communities. We are now working to deploy an electronic appointment/visit scheduling system to release clinical time to deliver patient care.

There has been significant focus on the development of pathway one discharges to support more people to continue to live in their own homes. This, along with the implementation of seven-day reactive services across the community, has enhanced the support available to patients to support admission avoidance and early discharge from hospital.

Urgent and emergency care

WSFT is one of 14 pilot sites undertaking field testing for new emergency care standards. Due to the impact of COVID-19, plans to roll out the pilot nationally were put on hold. However, it is anticipated that the national implementation will begin in a phased way later this year.

Our key area of work to support flow through the emergency department (ED) and the hospital is a length of stay programme supported by Emergency Care Improvement Support Team (ECIST).

The programme has four workstreams all aimed at reducing length of stay and improving discharge processes across the Trust:

- Frailty, including the creation of a new frailty unit at the front of the hospital
- Discharge to assess, maximising the full potential of this service
- Embracing risk, focused on implementation of right to reside guidance
- Length of stay overall, focused on benchmarking and data analysis to identify opportunities.

Transformation

The priority for transformation is to support the implementation of the NHSE/I priorities and operational planning guidance for 2022/23, increasing our capacity and resilience to deliver safe, high-quality services that meet the full range of people's health and care needs. This includes rising to the challenges of restoring services, meeting the new care demands and reducing backlogs that are a direct consequence of the pandemic.

We have set up an urgent and emergency programme board which will oversee the workstreams and report to the wider alliance and SNEE on progress.

Workstreams:

- Same day emergency care (SDEC) Medicine and SDEC surgery - provides same day care for people who would otherwise be admitted to hospital
- Criteria to Admit - a tool designed to support decision making endorsed by the clinical director for urgent and emergency care
- Virtual Wards - allow people to get the care they need at home safely and conveniently rather than being in hospital
- Hot clinic slots - aims to reduce the number of people who can wait safely at home for specialist advice in a clinic at a later date
- Frailty Clinic - allows people living with frailty to have a comprehensive geriatric assessment
- Emergency Department flow and streaming - aim to reduce overcrowding ensuring people get to the right place for their needs
- GP Streaming - a primary care service located in ED enables people with a minor illness to see a primary care clinician
- Ambulance referrals - to give the ambulance service the ability to seek advice prior with the aim of preventing conveyance where safe to do so
- Operational standards - standards to which the emergency department and staff reviewing patients work in order to prevent the ED becoming blocked with people waiting a specialist review
- Community services reduction in waiting lists - to ensure people in the community are not waiting too long for therapy support
- Transfer of care hub - leads on the discharge of patients on pathways 1, 2 and 3
- Community two-hour response - aims to meet people urgent care needs at home
- Digitalisation - digital support to enable people to be cared for outside of the acute environment

RAAC at West Suffolk NHS Foundation Trust

In 2019 a safety alert was issued about a product called reinforced autoclaved aerated concrete (RAAC) planks, which were used in the original build of the West Suffolk Hospital and the front residences in the 1970s. The alert detailed a reported failure of a single roof plank, in a non-NHS site. Since this alert, our estates development team have been proactive in mitigating this issue and in April 2021 a core resilience team (CRT) was formally developed to lead the oversight of the programme of works alongside operational demands.

During 2021-22 a significant amount of work has been completed with supports now in place to 66% of the roof (an increase from 20% the previous year). With a number of complex areas in the forthcoming plan which will take more time to complete, progress is expected to slow in 2022/23. The programme is expected to complete during 2024.

It was discovered in 2021 that a building which we leased in Haverhill had RAAC planks and this presented an unprecedented situation of managing two properties with RAAC issues. To ensure services were able to continue to be delivered safely, the services which operated from that property were temporarily moved to alternative buildings in the town whilst a long-term solution is sought.

Community paediatrics

WSFT is the provider of the Integrated Community Paediatric Services (ICPS) across the West Alliance and East Suffolk Alliance geography. Some of these services are also provided to Thetford children. The ICPS teams consist of the eight core services which include medical, therapy, nursing, audiology and clinical psychology teams supporting children in the community.

ICPS was involved with an independent review by ReThink, commissioned by both alliances, which had the remit of strengthening integration across paediatric services. The review highlighted that *“staff working in ICPS are committed, skilled and purposeful clinicians and professionals whose focus on children, young people and families shone through”*. In addition to acknowledging strong areas of practice and collaborative working, there were also opportunities to improve integrated working and collaboration further. The associate director for ICPS is now a core member of the Suffolk children and young people leadership team alongside local authority and mental health system leads.

Throughout the year, ICPS has continued to respond flexibly to changing demands as a result of COVID-19 restrictions. Teams have embraced new technology and been instrumental in the Trusts development of IT platforms to deliver virtual workshops to parents to support their children's needs.

Priorities for the coming year for ICPS are to:

- Review and consider the amendment of divisional governance structure to better consider the requirements for children's services and priorities
- Develop workforce plan
- Undertake service recovery/review as a result of pandemic
- Continue to support the implementation of the Suffolk SEND Strategy, with particular focus on increasing capacity to meet growing need
- Improve access to community estates
- Implement the revised neurodevelopment pathway in Suffolk, alongside system partners.

Efficiency savings and sustainability

The programme management office (PMO) has worked flexibly to support key strategic projects through the pandemic, including the Improvement Programme Board (IPB), the vaccination and RAAC programmes, whilst continuing to facilitate the Trust's cost improvement programme. The Trust has achieved break even in 2021-22.

The PMO is currently working through a cultural transition to align ways of working with the

sustainability agenda and the NHS Green Plan with the introduction of the sustainability group, bringing together improvement leads from across the organisation and the system in to a shared learning improvement forum around an integrated sustainability plan. This evolution marks a significant cultural shift from a PMO which had historically been dedicated to the cost improvement programme with the development of an inclusive model that the majority of people can support in the context of pandemic recovery and shared concern for the environment.

West Suffolk Community and Integrated Services

The last year has continued to see unprecedented demand and pressure on community teams, exacerbated by the impacts of COVID-19 on staffing and operating procedures. Despite these challenges, our community teams have continued to provide a good level of service to our population.

In addition, we have implemented a number of improvements in the way we deliver our services which include:

- Using the care management system (CM2000), we have been able to improve our allocation processes to increase our capacity to support people effectively and quickly when they leave hospital
- Our Early Supported Discharge service has combined our therapy, rehabilitation and reablement resources with Suffolk County Council's Home First service to maximise support for people who have suffered strokes, enabling them to make the best recovery they can at home
- We have developed our physiotherapy services by working in partnership with Allied Health Professionals Suffolk and Abbeycroft Leisure to help people recover from elective surgery
- We have been piloting new ways of undertaking mental health reviews in our primary care services to improve timeliness of interventions and reduce GP case loads
- We have been utilising funding available to increase and strengthen our workforce by introducing more physiotherapists, assistant practitioners, community matrons, independence and wellbeing practitioners, social workers and nurses amongst others.

In addition to the improvements we are making to the way we deliver our services, we have been making organisational changes to strengthen the integration between social care and health teams to create a more robust and resilient infrastructure for the future. We have:

- Improved relationships and practices with our system wide partners developing a stronger multi-disciplinary team approach to support patients
- Introduced Integrated Neighbourhood team co-ordinators who play a key role in co-ordinating care for patients with complex needs
- Restructured our social care and community health management to introduce integrated management roles and practices which will put us in a better position to support the development of our Integrated Care System
- We have re-aligned the operational boundaries in which our teams work to enable more effective and efficient integrated health and social care service delivery.

These changes will create a good platform for us to move forward with responding to the future demands on our services. With increasing focus on prevention and wellbeing, we are now embarking on an ambitious transformation programme that will see us focusing on building on our multi-disciplinary team approach with our alliance partners in all our localities to improve and increase service delivered in the community. Our priorities include:

- Working across the system to support recovery from Covid, including reducing waiting lists and supporting people's recovery from elective surgery
- Improving our urgent community response services
- Improving the provision of enhanced health care in care homes
- Using public health data at a local level to provide targeted preventative intervention and anticipate areas of care need

- Introducing virtual wards as a way of enabling early discharge from hospital with a network of care enabled by technology
- Refining how we work with system partners to improve our discharge from hospital processes
- Continuing to work with our home care providers to improve capacity and services that will support people in their own homes, including those with increasingly complex needs.

In undertaking the development of our services, we will be continuing our commitment to the personalisation agenda for our patients, ensuring they have control and influence of the care and support they receive, which will include safeguarding and advocacy support where needed. We will be continuing to improve the resilience of our workforce and exploring ways to manage demand effectively through using digital technology and investing in the wellbeing and development of our workforce.

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, including 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; 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 at the beginning of a comprehensive and inclusive programme of work that will encourage input from a broad set of stakeholders.

During 2021, we undertook an extensive engagement programme with our local community regarding the chosen preferred site and sharing designs about what may be possible on Hardwick Manor. This culminated in the Trust submitting an application for outline planning permission to the local planning authority at the end of March 2022. It is the result of, and represents many hours of, co-production, engagement and technical analysis.

The current clinical services model which has been developed for our outline planning application has been underpinned by findings from a number of workshops held both face-to-face and online, with members of the public and staff.

Next steps

Workshops will continue to inform our evolving schedule of accommodation (i.e. how many rooms are required, what they are and their size) and in particular will look at:

- Key room relationships
- The way patients, staff and facilities navigate and move around the hospital.

Although our outline planning application has been submitted, further extensive work into the ecology, flora, fauna and traffic as well as other areas will continue. We expect feedback on our outline planning application later in the year.

The team managing this project are progressing the outline business case and expect to submit this

in 2023.

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 <https://www.wsh.nhs.uk/New-healthcare-facility/New-healthcare-facility.aspx>

Trust digital programme

Clinical systems

Our electronic patient record, e-Care, has continued to develop in planned phases of work. This included work to enhance the latest implementations so we can streamline the workflows for staff and improve the quality of the data available from the system.

A significant project to upgrade e-Care to the latest release of the system was carried out during September and October. Whilst the change did not bring major benefits to users of the electronic patient record, it is complex and vital maintenance that needs to continue to remain on a supported release of the software and to enable us to take full advantage of future enhancements in functionality.

The existing endoscopy system was replaced with an improved system which provides much richer integration into e-Care and extends the scope of digitisation for the department. In a further leading development, a solution that brings artificial intelligence to help dermatologists to deal more effectively with backlog of patients was implemented and has achieved the expected reductions to their waiting lists.

The coronavirus vaccination programme for staff started in January 2021 and continued throughout the year. Our development team supported the programme with the creation of a booking system for staff and clinical recording of the vaccination together with onward transmission of the data into national systems and into the GP record.

Work continues with our partners to support the electronic patient record in use across the community teams. The Trust's use and scope of our learning management system, Totara, continues at pace with a rapidly growing number of use cases including supporting patient and carer education, and learning for health and care professionals in our area as well as core Trust education.

Supporting digital technology

In the early part of the year, delivery was taken of new 'workstations on wheels' that has enabled older devices to be retired. This has resulted in much more robust technology, freeing up both clinical time and reducing the number of calls to the service desk.

The roll out of Windows 10 to all computers, which started in 2020, was completed in August 2021. This represented a major upgrade of the core platform and included upgrades to hundreds of computers as well as the underlying operating system. A parallel project was undertaken to upgrade the server infrastructure onto supported versions of the Windows platform. This has required the scheduling of downtime and corresponding upgrade work to around 300 servers involved in running the wide range of Trust applications.

In August 2021 we provided the technology to support the treatment of West Suffolk patients at Ipswich hospital as part of a mobile Vanguard unit that provides an operating theatre, recovery area and ward for patients who need minor operations in a day surgery setting.

During the year, we implemented a more robust cyber-security solution, which integrates virus

checking with our firewall to give stronger and more comprehensive protection against cyber attacks. This gives us assurance that we are doing as much as possible to protect Trust data.

We have again been re-certified under ISO 9001 and ISO 27001 standards; this means we are maintaining industry standards for service provision and information security and data protection for our staff and patients.

Digital across the West Suffolk and wider community

The digital teams in the community completed the transfer of our community colleagues to WSFT - provided digital services, moving away from their previous IT provider and bringing all Trust staff onto Trust-supported computers and systems. This integration has been key to providing a level playing field across our whole Trust estate and no longer inhibits digital transformation outside the hospital walls. The community and integrated therapies staff have led the way in moving to Microsoft's cloud-based platform, SharePoint, and have embraced this new collaborative way of working.

As new services and technologies are brought online, the dependency on resilient networks increases. To meet this challenge the digital team continues to upgrade the existing network infrastructure whilst further expanding its reach to deliver services to the wider community. Earlier in the year it included providing digital infrastructure to support the opening of the health hub at Mildenhall Hub and later at Brandon Health and Leisure Centre that provides a range of health, public and leisure services, highlighting the importance of delivering integrated services.

In terms of system-wide working, we continue to run the shared care record program on behalf of the ICS. This is based around the health information exchange (HIE) platform that now hosts GP, community, acute, mental health, social care and hospice data. This information and data is displayed to users across all of these organisations, showing health and care interactions and documentation across the patient's journey to all professionals. Usage continues to grow as evidence of its value and now routinely exceeds 100,000 views per month.

Our Patient Portal, which gives patients visibility of their electronic record, has exceeded the target of 10,000 register users. The Dr Doctor service, that offers patients the option to receive clinic letters electronically and provides appointment reminders, has grown significantly throughout the year as we continue our journey to a paper-light Trust.

Future foundations

Throughout the year the digital team has worked closely with the future system team to build the vision of how digital technologies can support the new hospital programme. This started with a highly successful "digital fortnight" where the clinical and digital teams explored a wide variety of technologies that will become important and vital to a digitally advanced hospital. It has informed the clinical visions on the way digital solutions can support and promote changes to workflow and processes to become more efficient, effective, and safe. A key part of vision for the new hospital is a flexible and mobile workforce who can work effectively from a wide variety of locations; this builds on the remote and virtual working approach that has become the norm for many over the last two years. We have formed a Future System Digital Advisory Board to explore technologies that will be expected to be embedded both in the fabric of the building and also in the footprint across the wider health and social care system.

Much of this work has been built on the premise of coproduction and is based on the principal of being inclusive and not making digital a barrier to accessing services. At the same time, we recognise the efficiencies that technology can bring particularly when used to offer self-service, and on demand access to information.

Throughout the year we have been working on an updated digital strategy which aims to put people at the heart of digital. It aligns with the Trust strategy in focusing on three main areas of patient digital empowerment, digital culture, and strong digital foundations. It involved wide engagement

across the Trust and will be published shortly.

Finally, the department has been rebranded as 'Digital Services' to move away from the old label of IT and move more to digital, data and technology as the basis for the future.

We look forward to some exciting projects including the upgrade of the existing self check-in kiosk system to include screens that show the status of outpatient appointments, the implementation of ways to record electronically consent that then informs procedures that are carried out, a clinical decision support solution that provides advice and guidance on best practice and the roll out of upgraded infusion pumps both in critical care but also across the wider trust.

Procurement

The impact of the pandemic has changed the procurement landscape and, as such, supply chain routes, EU directives and procurement of goods is still not clear. The procurement department is working with all the national teams to review how procurement will evolve over the coming 12 months. The areas of direction currently under review are:

- Ensuring the new procurement regulations and requirements by all public sector bodies are implemented in 2022
- Implement 10% against social values as part of the evaluation criteria in all procurement tenders from April 2022
- The new National Commercial Standards that are planned to be introduced in 2022. The Trust's existing level one standard will remain until the new processes have been embedded. The Trust will then be required to undertake a self-assessment under the new standards by April 2023
- The new requirement to upload the Trust annual procurement workplan is currently being implemented. The Trust will be required to upload these on to the national system going forward. This will provide better visibility of contract spend and monitoring of key performance indicators, ensuring compliance and benefits realisation are being achieved
- The new revised model hospital metrics will be available in April 2022. The Trust will then be required to upload the data every month
- Continue to upload Trust spend on the national spend comparison service tool.

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

- Support the directorates as we move back to business as usual
- Achieve the Trust workplan which links with NHS England / Improvement and NHS supply chain
- Support the move toward ICS working to ensure that overall the Trust is achieving value for money by working in collaboration with other bodies, testing the market and benchmarking.

Agency rules

The two main clinical staff groups where agency staff are used are doctors and nurses. During 2021-22 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 in conjunction with the East of England procurement hub. The CPP framework is audited by the procurement hub for framework compliance.

In 2021-22, despite the huge increased demand on services during the ongoing pandemic, we have successfully reduced our reliance on agency, bringing down the usage by 6%. This has also had the effect of increasing the competition between agencies. The reduction in shifts put out to agencies has also improved our negotiating position for agencies to comply with capped rates.

Capital planning

The Trust has a five-year risk assessed capital strategy that focuses on addressing backlog issues and essential clinical developments both in community and acute services. This is further enhanced

by an annual prioritisation process for the assessment of investment of capital resources, this has been completed for 2022-23. This is assessed through a multi-professional group using a risk ranking process, which 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 Trust has a borough council-approved master plan for the development of the main hospital site. The key strategic developments included in the plan are linked to clinical service delivery, with each development subject to a Board-approved business case. The outline planning application for the Future Systems programme is a key stage of this master plan

A large part of the West Suffolk Hospital estate is approaching 50-years old with an original design life of 30 years - this is reflected in the backlog maintenance costs, with the hospital identified as an outlier in the Model Hospital data from NHS Improvement. In the longer 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 reinforced aerated autoclaved concrete (RAAC) planks, which have structural properties. The SCOSS alert has been updated in 2022 and this is aligned with how the Trust supports and monitors RAAC planks on-site.

The Trust has invested in Newmarket Community Hospital's electrical infrastructure as a key opportunity to reduce the risk on this site to support future phases of the Elective Recovery Hub (ERH) and Community Diagnostic Hub (CDH) programmes. Its location and available estate support Newmarket Community Hospital being part of the eastern region's response to the extended waiting lists as a result of the COVID-19 pandemic.

The annual review this year has been in-line with the COVID-19 pandemic, planning for the Future Systems programme and clinical priorities in the organisation. The 2017-2022 estates strategy is being rewritten for the 2022-2027 period to ensure effective management of the parts of the estate that are expected to be demolished; investment in estate expected to continue to be part of the WSFT asset (retained estate); and our responsibility to support One Public Estate (OPE) through the Community Hub programme.

This must take place in the context of the capital funding available across Suffolk and North East Essex (SNEE) Integrated Care System and the Trusts annual allocation within this of £9.25m for 2022-23, 2023-24 and 2024-25 (excluding investment in the RAAC programme)

Significant schemes planned for delivery in the period include:

- **Newmarket minor operations suite** – to support the elective recovery programme, a treatment room in Newmarket will be upgraded to support minor-invasive procedures allowing care closer to home for our patients and support theatre capacity at WSH where this activity currently takes place
- **Imaging equipment** – the Trust has a number of large imaging schemes either complete in 2022-23 or plan to take place at the start of 2023-23. These include a replacement CT, MRI and the interventional radiology suite; the replacement of this equipment now ensures the Trust and patients gets the best-use of these assets for the remaining life of the buildings where they are located
- **Structural issue** – the Trust will be in year two of the significant capital investment available to support RAAC across the site and minimise the risk to patients, staff and visitors. This is an incredibly complex programme to deliver, notably for staff continuing to provide high quality patient care whilst the work takes place. It is disruptive and noisy, and the continual need

to separate construction works and any dust created requires effective and active management.

Key schemes planned for 2022-23 include:

- Completion of re-roofing programme for the front residences
- Installation of supporting mechanisms and ongoing surveillance across much of the estate
- The temporary relocation of midwifery and antenatal along with access to link corridors which will impact two wards at a time.

Backlog projects 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 2022/23 include:

- Hot and cold water systems associated with Legionella
- Fire compartmentation upgrades
- Electrical infrastructure in operational areas
- Sluice room refurbishments
- Replacement cooling plant for main theatres, recovery and critical care.

Medical devices – the Trust has an allocation within the £9.25m to invest in medical device replacement. These are prioritised on a risk-based methodology through the multi-disciplinary medical devices group. Where possible, replacement devices are ‘connected’ to maximise the opportunity to interact with and record in the patient record to provide an assurance loop of patient safety

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.

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.

In order to fulfil our responsibilities for the role we play, West Suffolk NHS Foundation Trust 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 Green Plan was approved by the Trust Board in December 2022. It describes the action 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 operating 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

In order to embed sustainability within our business it is important to explain where sustainability features in our process and procedures. The Board approved travel plan includes active travel 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 the Government's 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.

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. Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change.

The Trust has responsibility to ensure all current and future planning includes measures to address climate-induced hazards. The Trust's 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 exercising to reinforce this. In addition, 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:

- West Suffolk Clinical Commissioning Group
- 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, The Suffolk GP Federation, Norfolk and Suffolk NHS Foundation Trust, working closely with the West Suffolk CCG and with wider stakeholders such as the ambulance service, independent care providers, the voluntary community sector, employers, the education sector and business.

Energy

West Suffolk Hospital

Resource		2017-18	2018-19	2019-20	2020-21	2021-22
Gas	Use (kWh)	25,103,388	24,605,975	26,394,446	27,222,128	25,555,792
	tCO ₂ e	5,322	5,217	5,596	5,656	4,681
Oil	Use (kWh)	1,075,600	0	0	0	0
	tCO ₂ e	351	0	0	0	0
Electricity	Use (kWh)	2,808,885	4,594,967	5,578,407	5,217,833	5,694,398
	tCO ₂ e	1,252	2,048	1,946	1,503	1,209
Total energy CO ₂ e		6,925	7,265	7,542	7,159	5,890
Total energy spend		£1,047,805	£996,002	£1,040,357	£1,159,217	£1,515,326

Source of data 2017 – 2020 - ERIC returns to the Information Centre.

2021-22 data correct at 26/4/22 (include forecasts for gas usage)

*data unavailable

Newmarket

Resource		2021-22
Gas	Use (kWh)	1,495,016.79
	tCO ₂ e	274
Oil	Use (kWh)	0
	tCO ₂ e	0
Electricity	Use (kWh)	489,502.80
	tCO ₂ e	103
Total energy CO ₂ e		377
Total energy spend		£122,080.08

Photovoltaic Panels – energy generation

Energy output PV panels (kWh)	2018/19	2019/2020	2020/2021	2021-2022
Quince House	6,381	10,741	10,891	9,680
Accommodation (Beeton, Bloomfield and Clarke)	-	23,693	27,036	25,309
G10	N/A	N/A	N/A	10,824

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.

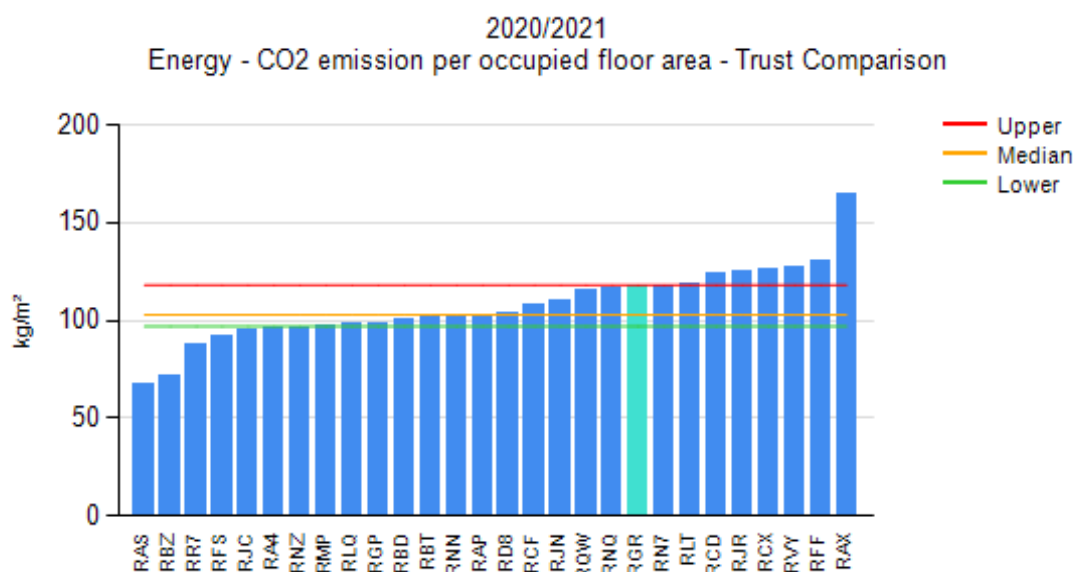
During 2021-2022 this has generated an income of £1,071 from this scheme.

Combined heat and power unit

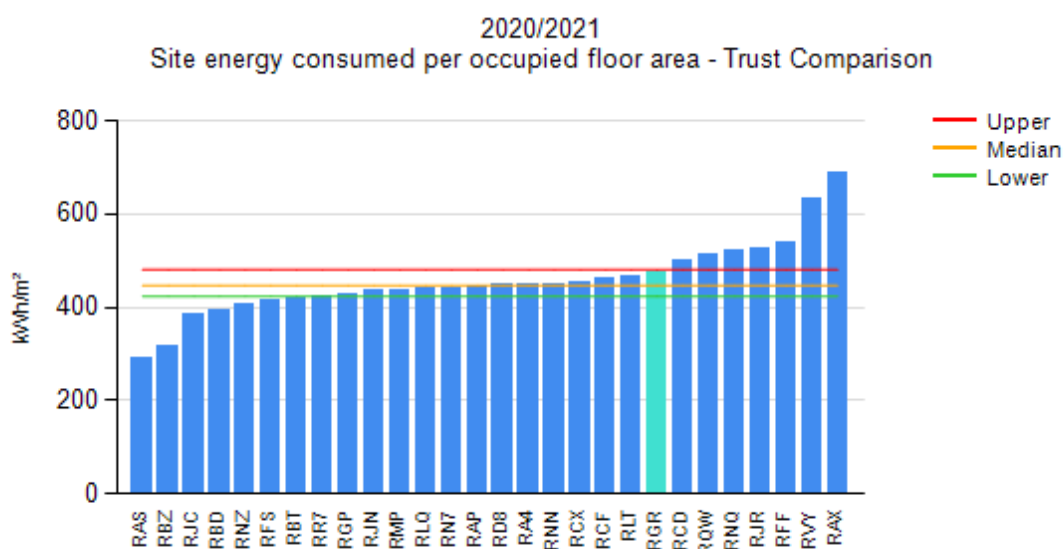
	2017/18	2018/2019	2019/2020	2020/2021	2021-2022
Fossil energy input to the CHP system (kWh)	15,942,272	14,514,629	17,176,672	15,971,654	14,023,976.20
Electrical energy output of CHP system (kWh)	5,262,992	5,144,790	5,501,661	5,128,958	4,557,809

Thermal energy output of CHP system (kWh)	2,700,000*	*4,160,030	7,272,380	7,479,210	5,761,290
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2021 - 2022 data correct at 21/4/21



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Paper

Paper (A4)		2017/2018	2018/2019	2019/2020	2020/2021	2021-2022
Volume used	Tonnes	45	44	42	38	39.8
Carbon emissions	tCO ₂ e	43	41	40	36	29.4*

*The Trust purchases recycled A4 paper, so the carbon factor applied in 2021-2022 is 'paper from a closed loop source', in previous years the carbon factor used has been 'paper from an open loop source'.

Travel

We can improve local air quality and improve 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 the Trust expectations regarding business travel. In addition, the travel plan has been reviewed and active travel options are promoted through the staff newsletter.

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.

Data from the NHS fleet data collection 2021 shows that 100% of WSFT business use only lease and hire cars were Low Emissions Vehicles. (LEV definition: Vehicles that meet Euro 6 standard (Diesel) or Euro 4 standard (petrol) as confirmed by Transport for London ULEZ checker)

Business Travel – Agenda for change and junior doctors

	Mileage	tCO ₂ e*
2019 - 2020	574,593	160
2020 - 2021	402,668	111
2021 - 2022	1,115,310	307

(*BEIS carbon factor 2021 average car, unknown fuel type 0.27596kgCO₂e/m)

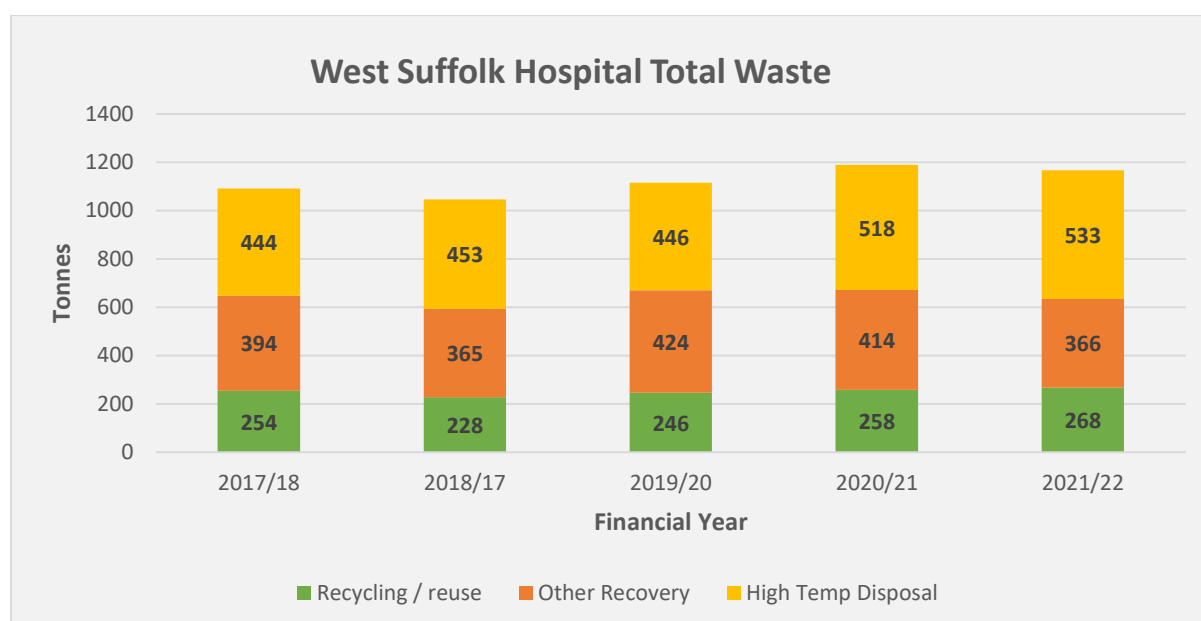
WEEE Waste

Through our contractor, CDL, the Trust sent 2.34 tonnes of waste electronic and electrical equipment (WEEE) on for reuse out of a total of 14.34 tonnes collected. The Trust Waste Management Policy outlines our commitment to applying the principles set out in the waste hierarchy.

West Suffolk Hospital Total waste (clinical and non clinical):

Waste		2017/18	2018/17	2019/20	2020/2021	2021-2022
Recycling/ re-use	(tonnes)	254.14	228.28	246.1	257.94	268
	tCO ₂ e	5.53	4.88	5.36	5.5	5.7
Other recovery	(tonnes)	393.94	364.94	423.74	414	366
	tCO ₂ e	8.57	7.81	9.22	8.82	7.79
High temp disposal	(tonnes)	444.10	452.76	445.54	517.71	533
	tCO ₂ e	97.70	99.7	98.02	113.90	117.26
Landfill	(tonnes)	0.00	0.00	0.00	0	0
	tCO ₂ e	0.00	0.00	0.00	0	0
Total waste (tonnes)		1092.18	1045.98	1,115.38	1,189.65	1168
% Recycled or re-used		23%	21.8%	22%	22%	23%
Total waste tCO ₂ e		111.80	112.39	112.60	128.22	130.75

Data source – quarterly waste returns, data correct at Apr 2022, BEIS carbon factors 2021-2022



Data source – quarterly waste returns, data correct at 26/04/21

Recycling target

Current recycling rate - 23%

Target – 30% by end of 2025/2026 financial year.

Recycling streams

The Trust sent 12.96 tonnes of plastic waste for recycling from West Suffolk Hospital. Further plastic recycling points will be introduced along with a metal can recycling trial.

In October 2021, the Trust introduced a pallet recycling stream and between October 21 and March 22, sent 2.18 tonnes for either recycling or reuse. This diverts any pallets that have not been back hauled by suppliers from entering the general waste stream, with a local supplier collecting our leftover pallets to prepare for recycling or reuse.

1.3 tonnes of glass waste produced at the Day Surgery Unit has been sent for recycling.

The food waste stream is now embedded and in 2021/2022 the Trust sent 41.3 tonnes of food waste to a local anaerobic digestion facility.

Newmarket Community Hospital Total Waste

Waste		2021-2022
Recycling/ re-use	(tonnes)	8.20
	tCO ₂ e	0.17
Other recovery	(tonnes)	47.66
	tCO ₂ e	1.01
High temp disposal	(tonnes)	16.73
	tCO ₂ e	3.68
Landfill	(tonnes)	0.00
	tCO ₂ e	0.00
Total waste (tonnes)		72.58
% Recycled or re-used		11%
Total waste tCO ₂ e		4.86

Finite resource use – water

West Suffolk Hospital

Water		2017/18	2018/19	2019/20	2020/2021	2021-2022
Mains water	m ³	96,682	121,030	111,001	133,409	145,244.22
	tCO ₂ e	88	110	101	140.34	21.6 (supply) 35.4 (treatment)
Water and sewage spend	£	£205,547	£263,086	£189,056	£320,387	£333,994.65

Source of data 2017 – 2020 - Estates Returns Information Collection (ERIC)

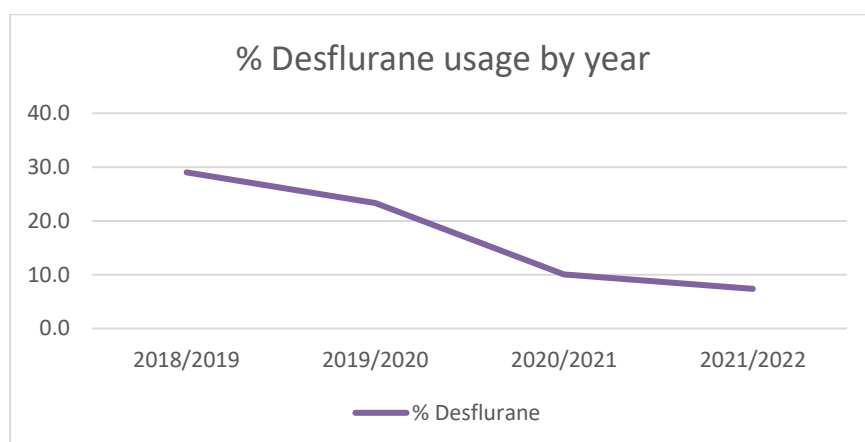
Newmarket Community Hospital

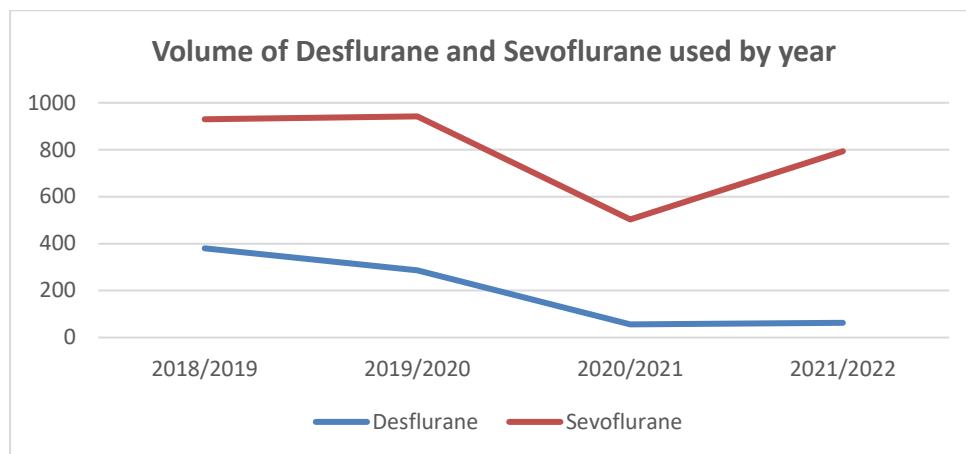
Water		2021-2022
Mains water	m ³	3,402
	tCO ₂ e	1.7 (supply) 0.79 (treatment)
Water and sewage spend	£	£10,139.99

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:

The Trust has been reducing the use of desflurane in surgery, with an aim for it to be less than 10% by volume of total aesthetic gas use.





In 2022 – 2022 the aim is to further reduce the proportion of desflurane to all anaesthetic gases used in surgery to 5% or less by volume.

Theatres warming jackets

Theatres and DSU have moved from disposable warming jackets to reusable ones being washed by Elis, our linen supplier. These jackets are re-useable rather than single use, resulting in a reduction in waste and a cost saving following return on investment.

Waste reduction:

- 5 x boxes of 32 disposable jackets ordered weekly for Theatres and DSU over the winter months reducing to 2 x boxes a week in the summer will not be going in the waste stream to burn

Cost saving:

- approximate £3k saving after the return on investment in year one (approx. 6 months) of buying the jackets. Note: This does not include the savings cost for disposal but does include the wash cost.

Single use plastic

The catering department is reviewing the products available from different suppliers, these include replacements for plastic cutlery used in the two catering outlets. While wooden stirrers have already replaced plastic tea spoons, other suitable products are harder to source.

Catering no longer purchases expanded polystyrene cups and are actively seeking a replacement for the polystyrene food containers

The catering department has replaced single use plastic containers for fruit and juice and have moved to reusable containers with lids. They have also purchased reusable lids to replace plastic food wrap. All sandwich wraps used in the catering outlets are card based.

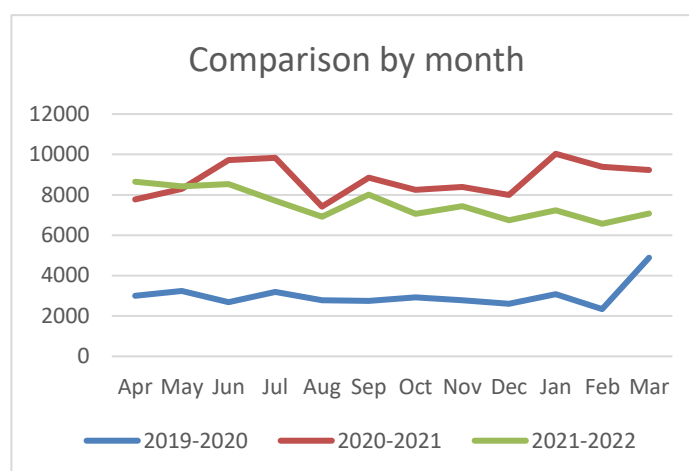
The Trust has removed plastic spoons from all areas outside catering and are looking to remove plastic bowls, jugs and kidney dishes from Theatres and DSU over the coming months

Reusable coffee cups

In March 2021 the My WiSH Charity, working with the catering department and the estates energy and waste officer, distributed 5,000 reusable coffee cups, one for each member of Trust staff. Despite this, a considerable number of single use cups were still being used by staff for free hot drinks. So, in an effort to reduce waste and keep costs to a minimum, from 17 January 2022, staff purchasing hot drinks must use a reusable to cup or mug to qualify for the staff rate at the till. The staff rate is still free of charge. This significantly reduced the number of single use cups used.

Remote appointments

Month	2019-2020	2020-2021	2021-2022
Apr	2997	7777	8,649
May	3238	8295	8,427
Jun	2683	9720	8,537
Jul	3183	9825	7,712
Aug	2785	7417	6,920
Sep	2753	8856	8,014
Oct	2922	8241	7,059
Nov	2785	8383	7,444
Dec	2600	7991	6,747
Jan	3072	10033	7,238
Feb	2339	9390	6,567
Mar	4885	9227	7,075



The number of remote appointments for patients in 2021-2022 was 90,389. The associated benefits, based on the avoidance of the appointments, are:

- **3,495,644 patient miles** saved, equivalent of going around the world **140** times.
- **1,506 hours** of patient time saved through avoided face to face appointments
- **41,808 car park spaces** saved
- A reduction of **644.4 tonnes** of CO2 emissions

(using the outpatient transformation benefits calculator v1 January 2021)

2022 – 2023

Walking aids for re-use or recycling

The Trust is implementing a six-month pilot working with Medequip (the Trust community equipment provider) to place returns bins in two locations around the Trust. Patients will then be able to drop off walking aids, that will be checked and reused by the Trust or Medequip. The Trust is also talking to the council to see if a bin can be placed at local recycling centres.

EV charge points

There are six electric vehicle charge points on the West Suffolk Hospital site, a site survey was undertaken in February 2022 and we are planning to increase the provision of electric vehicle charge points during 2022- 2023.

An electric van, Citroen E-Berlingo M - 800 100KW 50KWH Enterprise Pro Auto, is on order for estates department and is due for delivery in August 2022.

Procurement

With effect from 1 April 2022 the Trust has implemented the 10% social value model theme as part of all evaluation criteria. This incorporates fighting climate change, wellbeing, equal opportunity, tackling economic inequality and COVID-19 recovery.

Equality of service delivery to different groups

As a Trust we are developing and promoting an inclusive culture. This means we embrace all people irrespective of, for example, race, religion or belief, sex, gender identity or expression, sexual orientation, age, marital status, pregnancy, maternity or disability. We strive to give equal access and opportunities to all and get rid of discrimination and intolerance. We will do this both as an employer

and as a service provider.

Five of our nine objectives relate to patients, service users and carers:

- Improve the experience and care of patients and service users experiencing mental distress, those with learning disabilities and neurodiversity
- Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities
- Promote a culture of inclusion in delivery of care to all patients and staff
- Improve information and data collected, in respect of protected characteristics in order to understand what action may be required
- Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours.

Our equality, diversity and inclusion plan sets out our priorities to achieve our objectives. Examples of work we have undertaken include:

- engaging with staff, patients and service users to ensure the chapel at West Suffolk Hospital is an inclusive space for all
- working with our patient administration system provider to enable us to record the preferred gender identity of all patients
- All patients and visitors to the Trust have access to a detailed access guide that lets them know what access will be like when they visit the West Suffolk Hospital site via a link on our website to AccessAble. This guide is being extended to Newmarket Community Hospital in summer 2022.

The link to our inclusion strategy and action plan can be found [here](#).

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 is composed of 14 elected public governors, five elected staff governors and six partner nominated governors. The term of office for all governors is three years.

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

Florence Bevan
Derek Blackman ⁽¹⁾
Allen Drain
Keith Foss ⁽²⁾
Robin Howe
Mark Krempel ⁽³⁾
Ben Lord
Roy Mawford
Jayne Neal
Adrian Osborne
Joe Pajak
Margaret Rutter
Jane Skinner
Liz Steele (lead governor)
Clive Wilson

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

Rachel Darrah
Margo Elsworth ⁽⁴⁾
Sarah Judge
Amanda Keighley
Sarah-Jane Relf ⁽³⁾
Martin Wood

Partner governors – nominated by partner organisations of WSFT

Councillor Carol Bull	West Suffolk Council also representing Mid-Suffolk District Council and Babergh District Council
Dr Andrew Hassan	West Suffolk Clinical Commissioning Group
Councillor Rebecca Hopfensperger	Suffolk County Council
Laraine Moody	West Suffolk College also representing University Campus Suffolk
Dr Thomas Pulimood	University of Cambridge
Sarah Steele ⁽⁵⁾	Friends of West Suffolk Hospital
Vacant (2 nd representative)	West Suffolk Clinical Commissioning Group

(1) Resigned from Council of Governors June 2021

(2) Appointed to Council of Governors June 2021

(3) Resigned from Council of Governors February 2022

(4) Appointed to Council of Governors March 2022

(5) Resigned from Council of Governors March 2022

Governor attendance at council of governors' meetings 2021/2022

There were six formal meetings of the council of governors: 21 April 2021 (held in private); 17 June 2021; 21 September 2021 (Annual Members Meeting); 13 October 2021; 17 January 2022, 29 March 2022. In line with social distancing requirements all formal and informal meetings, training and briefing sessions have taken place virtually during the COVID-19 response. The following governors were in attendance (*note attendance at AMM is not recorded or included in figures below):

Name	Title	Attendance (out of five meetings*)
Florence Bevan	Public governor	5
Derel Blackman ⁽¹⁾	Public governor	2 (of 2)
Carol Bull	Partner governor	4
Rachel Darrah	Staff governor	3
Allen Drain	Public governor	5
Margo Elsworth ⁽⁴⁾	Staff governor	0 (of 1)
Keith Foss ⁽²⁾	Public governor	1 (of 3)
Andrew Hassan	Partner governor	2
Rebecca Hopfensperger	Partner governor	5
Robin Howe	Partner governor	2
Sarah Judge	Staff governor	5
Amanda Keighley	Staff governor	3
Mark Krempel ⁽³⁾	Public governor	3 (of 4)
Ben Lord	Public governor	5
Roy Mawford	Public governor	4
Laraine Moody	Partner governor	2
Jayne Neal	Public governor	4
Adrian Osborne	Public governor	5
Joe Pajak	Public governor	5
Thomas Pulimood	Partner governor	5
Sarah-Jane Relf ⁽³⁾	Staff governor	3 (of 4)
Margaret Rutter	Public governor	4
Jane Skinner	Public governor	4
Liz Steele (lead governor)	Staff governor	5
Sarah Steele ⁽⁵⁾	Partner governor	3 (of 4)
Clive Wilson	Staff governor	5
Martin Wood	Staff governor	5

- (1) Resigned from Council of Governors June 2021
- (2) Appointed to Council of Governors June 2021
- (3) Resigned from Council of Governors February 2022
- (4) Appointed to Council of Governors March 2022
- (5) Resigned from Council of Governors March 2022

In attendance at these meetings were: Craig Black, executive director of resources/interim chief executive (3); Sheila Childerhouse, chair (4); Jude Chin, non-executive director/interim chair (2); Nicola Cottingham, chief operating officer (2); Dr Richard Davies, non-executive director (4); Dr Stephen Dunn, chief executive (1); Christopher Lawrence, non-executive director (2); Rosemary Mason, associate non-executive director (1); Louisa Pepper, non-executive director (4); Jeremy Over, executive director of workforce and communications (1); Alan Rose, non-executive director (4);

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. A number of 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).

The NEDs present a summary reports at the council of governors 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.

A joint governor and NED training session took place on 22 September 2021 and to support governors in their role a range of joint board/governor briefings took place during 2021-22:

- 28 April 2021 – ICS and White paper
- 13 May 2021 – Future System and RAAC
- 19 October 2021 – Future System and big ideas
- 9 November 2021 – Operational challenges and strategic pressures
- 7 December 2021 – ICS and the future
- 19 January 2022 – Freedom to Speak Up
- 9 February 2022 – The people plan
- 9 March 2022 – The green plan
- 6 April 2022 – NHS finance and WSFT budget

At joint workshops, presentations and formal and informal meetings governors contribute to WSFT's forward plan.

To support governors in engaging with staff, patients and the public they have previously taken part in activities including quality and environmental walkabouts, area observations and engagement sessions in the Courtyard Café. In line with social distancing requirements these activities have been paused during the COVID-19 response, however governors have engaged with staff through virtual meetings, including the regular all-staff briefing.

The engagement committee, which is a sub-committee of the council of governors, meets quarterly. Governors provide feedback on key issues they have encountered when engaging with the public to the patient experience committee, which is attended by executive directors and NEDs. A report on how these issues are being addressed is provided to the council of governors meeting.

To support governors in their role a range of training and development sessions have been held during the year:

- finance with executive director of resources
- quality and performance with chief operating officer and executive chief nurse
- governor training session with external trainer – governance, the Board and the role of the governor; effective questioning and challenge
- joint governor and non-executive director training session with external trainer – the Board and council working together.

Following the publication of the West Suffolk Review in December 2021, West Suffolk NHS Foundation Trust is committed to taking appropriate action to meet the advisory recommendations and learnings in the report. To ensure that there is full accountability and engagement, it establishing a governor/director working group to take this forward. The work of this group recognizes that governors and directors have distinct and separate roles in the governance of WSFT but have a shared responsibility to act in the best interests of the Trust.

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.

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

Babergh:	All wards
Braintree:	Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne, Yeldham
Breckland:	Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting, West Guiltcross
East Cambridgeshire:	Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South, The Swaffhams
Ipswich:	All wards
King's Lynn and West Norfolk:	Denton
Mid Suffolk:	All wards
South Norfolk:	Bressingham and Burston, Diss and Roydon
Suffolk Coastal:	All wards
Waveney:	All wards
West Suffolk:	All wards

In April 2021 the public membership area was extended to include the rest of Norfolk, Cambridgeshire and Essex (all wards not mentioned above) as part of second, separate public constituency.

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.

In addition, staff who exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months are also eligible to become staff members unless they choose to opt out. For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

Membership numbers

At 31 March 2022 there were 7,044 public members and 4,845 staff members.

Membership strategy

The Trust's membership strategy is reviewed annually by the engagement committee for consideration by the council of governors and approval by the Board of directors. We aim to maintain and, where possible, increase our public membership and to ensure that staff membership is maintained at an appropriately high level. Experience has shown that engaging with the public is a very effective way of recruiting new members and gaining their views on WSFT.

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. In line with social distancing requirements these activities have been paused during the COVID-19 response.

The council of governors' engagement committee meets regularly to review the membership numbers and the targets set in the membership strategy to ensure that 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. Performance against the agreed targets remains good.

A number of engagement activities have been paused as a result of the social distancing requirements, and a greater focus is being given to electronic communication and engagement methods.

Criteria	As at 31 March 2022	Target (Mar 2023)
1. Achievement of the recruitment target: a. Total number of public members b. Staff opting out of membership	7044 <1%	6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	1833 20%¹	1,250 40%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	2 362² 295 (2019)	3³ 400² and 3 200

¹ Figure as at March 2020 (paused due to COVID-19)

² Includes people attending annual members' meeting – figure as at March 2020 (paused due to COVID-19)

³ Figures have been adjusted due to COVID-19

During the past year the Trust has paused its membership interest events on services provided by WSFT. The annual members meeting was held virtually via YouTube.

Contact procedures for members

Contact details for the foundation trust office are given on the website and queries/comments will be directed to the appropriate governors/directors.

A newsletter is sent to all members two or three times a year to update members on news at the Trust, 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 lead governor.

In June 2021 the committee reviewed the feedback from the appraisals of the NEDs and key messages that would be fed back to each individual. They also discussed the NED appointment process for an interim NED following the recent resignation of a NED and associate NED. Following a shortlisting meeting in July 2021 and subsequent interview process an interim NED was appointed and approved at a closed council of governors on 3 August 2021.

In October 2021 the committee received an update on a proposal for the number of NEDs to be increased to seven and the process for appointment of additional substantive NEDs. They were also updated on the process for the appointment of a substantive chief executive. The committee also discussed the reasons behind the resignations of a NED and associate NED. They also reviewed the remuneration of the Chair and NEDs and agreed a recommendation to be made to the council of governors.

In January 2022, following the resignation of the Chair, the committee undertook a process to appoint an interim Chair and a recommendation was agreed at a closed Council of Governors meeting on 17 January 2022.

In February 2022 the committee met to discuss the process and timetable for the recruitment of a substantive Chair and NEDs.

In March 2022 the committee met to consider the West Suffolk Review, determination in respect of criticised individuals, and a summary of their decision was presented to a closed Council of Governors meeting on 29 March 2022.

The committee also attended a meeting In March 2022 to longlist potential candidates for the substantive Chair position and a subsequent meeting was arranged in April to shortlist the Chair candidates and longlist the NED candidates.

Attendance at nominations committee meetings 2021-22

Name	Title	Attendance (out of seven)
Sheila Childerhouse (chair)	Chair	3 (of 3)
Jude Chin (chair) ⁽²⁾	Interim Chair	2 (of 2)
Richard Davies	Senior Independent Director	1 (of 1)
Carol Bull	Partner governor	4 (of 7)
Roy Mawford	Public governor	4 (of 7)
Joe Pajak	Public governor	7
Jane Skinner	Public governor	7
Liz Steele	Public governor	7
Martin Wood	Staff governor	6 (of 7)

Meeting dates: 24 June 2021; 21 July 2021; 26 October 2021; 10 January 2022; 17 February 2022; 21 March 2022; 30 March 2022

⁽¹⁾ Committee chair until resignation in January 2021

⁽²⁾ Committee chair following appointment as Interim Chair in January 2021

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 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 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

Mr Jude Chin – Interim NED and interim chair

(Appointed as interim NED from 1 September 2021 and interim Chair from 1 February 2022. Jude was appointed for a one-year term as the permanent chair on 4 July 2022)

Areas of special interest/responsibility: Chair of improvement committee, Member of remuneration committee and charitable funds committee and chair of the governors' nominations, appointments and remuneration committee. Jude is chair of the Board of directors and council of governors of WSFT.

Previously, Jude was vice-chair of Colchester Hospital University NHS Foundation Trust and partner at KPMG.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Dr Richard Davies – NED/ Senior Independent Director

(Appointed: 1 March 2017 until 28 February 2020; reappointed 1 March 2020 until 28 February 2023)

Areas of special interest/responsibility: senior independent NED; chair of the insight committee (from May 2021) and learning from deaths group; Trust wellbeing guardian, Board neonatal and maternity safety champion, member of the Future Systems programme board, remuneration committee, audit committee, and revalidation support group; NED link to medical director.

Richard was appointed to the Board through University of Cambridge; he is a general practitioner and worked from 2004 in a variety of roles within the Cambridge University School of Clinical Medicine; including director of GP studies, and from 2013 until 2020 as a sub-dean in the Clinical School, with a particular responsibility for student welfare. He retired from clinical practice and from his formal university roles in August 2020. He continues to work as a clinical advisor to the university COVID-19 helpdesk and as a vaccinator.

Independent director – yes (see Note 1)

Mr Christopher Lawrence

(Appointed on 1 June 2021 – 31 May 2024)

Areas of special interest/responsibility: Chair of audit committee and charitable funds committee and member of future system board, red risk oversight committee and remuneration committee.

Prior to joining the Trust in June 2021, Chris was a chairman at Hertfordshire Partnership University NHS Foundation Trust, Managing director at London Philharmonic Orchestra. He was also a director at Credit Commercial de France, assistant director at N M Rothschild and assistant vice president at Citicorp international.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Mrs Louisa Pepper – NED

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

Areas of special interest/responsibility: Member of the audit committee, remuneration committee, chair of ethics committee, and second lead for improvement 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 a trustee of Suffolk Community Foundation.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Mr Alan Rose – NED and deputy chair

(Appointed: 1 April 2017 until 31 March 2020; reappointed 1 April 2020 until 31 March 2023)

Areas of special interest/responsibility: member of audit committee, chair of remuneration committee, chair of involvement committee, member of clinical excellence & discretionary awards committee and lead NED for patient experience and public engagement.

Alan was chair of Colchester Hospital University NHS Foundation Trust, having previously been a NED and chair of York Teaching Hospital NHS Foundation Trust for nine years. Prior to this he worked in the commercial sector in strategy and marketing roles. He is a member of the board of governors of Anglia Ruskin University.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Non-Executive Directors who left the Trust during 2021-22

Mrs Sheila Childerhouse – NED and chair

(Appointed: 1 January 2018 until 31 December 2020; reappointed 1 January 2021 and stepped down on 31 January 2022)

Areas of special interest/responsibility: member of remuneration committee and chair of the governors' nominations, appointments and remuneration committee. Sheila was chair of the Board of directors and council of governors of WSFT and was also chair of the integrated care system (ICS) chairs group.

Until recently Sheila was chair of Anglian Community Enterprise (ACE) and a non- executive director of East of England Ambulance Service NHS Trust. She is a trustee of East Anglia's Children's Hospice (EACH) and works as an executive coach.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Mr Angus Eaton - NED

(Appointed: 1 January 2018 until 31 December 2020; reappointed 1 January 2021 and stepped down as NED on 31 May 2021)

Areas of special interest/responsibility: chair of audit committee and remuneration committee; member of the charitable funds committee and ethics committee; NED link to director of resources; lead NED for health and wellbeing programme.

Angus is a qualified lawyer with wide executive and board experience. Currently, he is group chief risk officer of Hastings Group. His previous experience is across the legal, insurance and fund management sectors in various roles, including managing director (MD) consumer legal services and chief risk officer at Slater and Gordon; UK strategy and transformation director at Aviva and a board director of Aviva's Turkish Life joint venture; MD of Aviva UK commercial general insurance business; chief risk officer, Aviva UK and Ireland general insurance business; Aviva Group regulatory and operational risk director and group legal director.

Angus is also a NED of the Motor Insurance Bureau.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Angus stepped down from his role as NED at the end of May. Christopher Lawrence was appointed to the vacancy, including chair of the audit committee

Mrs Rosemary Mason – Associate NED

(Appointed 24 August 2020 and stepped down on 22 June 2021)

Areas of special interest/responsibility: member of audit committee, member of involvement committee, link NED for the West Suffolk Alliance and link NED on WSH structural issues.

Rosemary has over 25 years' experience in senior leadership roles in the global manufacturing sector: including nine years in various leadership roles for Huhtamki Oyj, including MD Western Europe and the UK, and 15 years in leadership roles, including chief operating officer for Betts/Courtaulds plc.

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Mr David Wilkes – NED

(Appointed 31 July 2020 and stepped down on 11 June 2021)

Areas of special interest/responsibility: chair of improvement committee (from May 2021) and charitable funds committee; member of remuneration committee and audit committee.

David has a background in the malting business and is currently a non-executive director of Pauls Malt Ltd (Boortmalt); having been deputy group CEO and chief commercial officer for Boortmalt. Previous to this he held board and senior level positions with Greencore Malt and Pauls Malt Ltd.

David has previously been a trustee and director of Age UK, Suffolk, vice chair and trustee of St Elizabeth Hospice, Ipswich and chair and trustee of East Anglia's Children's Hospices (EACH).

Independent director – yes (satisfies criteria of code of governance B. 1.1)

Note 1

Dr Richard Davies 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.

(b) Executive directors

Mr Craig Black – interim chief executive (from August 2021)

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 has 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.

Nicola Cottingham - chief operating officer (from 1 November 2021)

Areas of responsibility: prior to joining the Trust in November 2021, Nicola was deputy chief operating officer at James Paget University Hospitals NHS Foundation Trust, associate director of operations roles at West Suffolk NHS Foundation Trust and Mid Essex Hospital Trust and assistant director roles at Suffolk Community Healthcare and Bromley Healthcare.

Mr Jeremy Over – executive director of workforce and communications*

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

Prior to joining the Trust in November 2019 Jeremy was director of workforce at Norfolk and Norwich University Hospitals NHS Foundation Trust. He has over 20 years' experience in people management and development roles in the NHS, having started out as a training officer in his home town of Hereford. He also held an executive role at the University College London Hospitals NHS Foundation Trust.

Jeremy is a fellow of the Chartered Institute of Personnel and Development and former chair of NHS Employers medical workforce forum.

Mrs Susan Wilkinson – executive chief nurse

Areas of responsibility: joint operational responsibility with the chief operating officer and medical director for the operational management and delivery of all clinical services. Also, professional leadership for nurses, midwives and allied health professionals, nursing strategy and nurse management, professional education, clinical governance and quality, safeguarding children, vulnerable adults, risk management, integrated governance, complaints, litigation and chaplaincy. Sue is also the director of infection prevention and control; CQC lead for the Trust.

Sue was appointed as interim executive chief nurse in June 2020 and was successful in her substantive appointment in December 2020

Sue joined us 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 a number of roles including clinical nurse specialist in colorectal surgery; divisional head of nursing for surgery, and assistant director of nursing. Sue is a registered nurse and has previously been a divisional head of nursing for surgery, and assistant director of nursing.

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

Nick Macdonald - interim executive director of resources (from 9 August 2021)

Areas of responsibility: prior to being appointed as interim executive director of resources, Nick was deputy director of finance at West Suffolk NHS Foundation Trust

Nick has also worked as head of financial management, Cambridge University Hospitals NHS Foundation Trust.

Dr Paul Molyneux - interim executive medical director (from 1 June 2021)

Areas of responsibility: prior to being appointed to the role of Interim Medical Director on 1st June, 2021, Paul was consultant in neurology at West Suffolk and Cambridge University Hospitals, Deputy Medical Director, at West Suffolk NHS Foundation Trust and clinical director for specialist medicine at WSFT and secondary care specialist at North East Essex CCG.

Executive directors who left the Trust during 2021-22**Mrs Helen Beck – chief operating officer (stepped down in November 2021)**

Areas of responsibility: performance management and joint operational responsibility with the medical director and chief nurse for the operational management and delivery of all clinical services. Also responsible for transformation and service/business development. Board lead for emergency planning and preparedness.

Helen joined the Trust in September 2014 as deputy chief operating officer, having previously held positions at Cambridge University Hospital as senior operational manager and theatre manager.

Helen has 36 years' experience in the NHS and is a registered general nurse with a diploma in theatre nursing.

Dr Stephen Dunn CBE – chief executive (stepped down in August 2021)

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

Stephen joined the Trust as chief executive in November 2014 from the NHS Trust Development Authority where he was regional director of delivery and development for the south.

Stephen's previous experience was as a director of policy and strategy at NHS Midlands and East; director of strategy and provider development at NHS East of England; and senior civil servant at the Department of Health.

Trustee of Brightstars, a registered charity that supports five to 19-year-old children and young people with additional needs, a director of Helpforce and honorary commander of RAF Lakenheath.

Stephen was appointed a Commander of the Order of the British Empire (CBE) in the New Year's Honours 2019.

Dr Nick Jenkins - executive medical director (stepped down in June 2021)

Areas of responsibility: joint operational responsibility with the chief operating officer and chief nurse for the operational management and delivery of all clinical services. Also responsible for clinical audit; clinical networks; clinical research; GP liaison; post-graduate education and overarching responsibility for patient safety. Nick was the responsible officer for the General Medical Council (GMC) and Caldicott Guardian. He also led the Trust's vaccination programme.

Nick is a consultant in emergency medicine and joined the Trust in October 2016 from Warrington and Halton NHS Foundation Trust, where he was deputy medical director. Prior to this he was a secondary care specialist for Haringey Clinical Commissioning Group.

Nick was on the NHS Leadership Academy executive fast track programme.

Nick stepped down from his role as medical director at the end of May 2021. Deputy medical director Dr Paul Molyneux took over in the interim while the recruitment process for a replacement takes place.

* Non-voting director

During 2021-22 Kate Vaughton, director of integration and partnerships who was employed and remunerated by West Suffolk Clinical Commissioning Group attended WSFT Board meetings on a regular basis along with Clement Mawoyo, director of integrated adult health and social care who is a joint appointment funded by West Suffolk NHS Foundation Trust and Suffolk County Council.

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 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.

2.2.4 Appointment of chair and non-executive directors

The council of governors 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 council of governors makes a recommendation for appointment for a non-executive director to the council of governors. This committee comprises the chair of WSFT, four public governors (including the lead governor), one staff governor and one partner governor. The committee is chaired by the Trust chair, except when considering the appointment, remuneration and terms and conditions of the Trust chair, when it is chaired by the lead governor.

Non-executive 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 openly-contested process with appointment by the council of governors.

The removal of a non-executive director requires the approval of three-quarters of the members of the council of governors. Details of the criteria for disqualification from holding the office of a director can be found in paragraph 31 of WSFT's constitution.

Disclosures of the remuneration paid to the 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 meetings 2021-22

Name	Title	Attendance (out of 9)
Jude Chin ^(a)	Interim Chair	4 (of 5)
Craig Black ^(b)	Interim CEO	9 (of 9)
Nicola Cottingham ^(c)	Chief operating officer	3 (of 3)
Richard Davies	Non-executive director	8
Jeremy Over	Executive director of workforce and communications	9
Louisa Pepper	Non-executive director	7
Alan Rose	Non-executive director	8
Susan Wilkinson	Executive chief nurse	9
Nick Macdonald ^(d)	Interim Executive director of resources	4 (of 4)
Paul Molyneux ^(e)	Interim Executive medical director	6 (of 7)
Individuals no longer on the Board		
Sheila Childerhouse ^(f)	Chair	7 (of 7)
Stephen Dunn ^(g)	Chief executive	4 (of 4)
Angus Eaton ^(h)	Non-executive director	2 (of 2)
Nick Jenkins ⁽ⁱ⁾	Executive medical director	2 (of 2)
Rosemary Mason ^(j)	Associate non-executive director	2 (of 2)
David Wilkes ^(k)	Non-executive director	2 (of 2)

(a) Jude Chin was appointed as interim NED from 1 September 2021 (attended 1 of 2 meetings) and interim Chair from 1 February 2022 (attended 3 of 3 meetings)

(b) Craig Black was executive director of resources (attended 4 of 4 meetings) and was appointed as interim CEO in August 2021 (attended 5 of 5 meetings)

(c) Nicola Cottingham was appointed 1 November 2021

(d) Nick Macdonald was appointed 9 August 2021

(e) Paul Molyneux was appointed 1 June 2021

(f) Sheila Childerhouse stepped down in January 2022

(g) Stephen Dunn stepped down in August 2021

(h) Angus Eaton stepped down in May 2022

(i) Nick Jenkins stepped down in August 2021

(j) Rosemary Mason stepped down in June 2021

(k) David Wilkes stepped down in June 2021

Meeting dates

• 30 April 2021	• 28 May 2021
• 25 June 2021	• 30 July 2021
• September 2021	• 15 October 2021
• 17 December 2021	• 28 January 2022
• 25 March 2022	

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

The Trust's governance structure was strengthened during 2021-22 to provide a greater focus on culture, patient safety and quality through three assurance committees of the Board:

- **Insight Committee** with a focus on operations, finance and organisational risk
- **Involvement Committee** on people and organisational development
- **Improvement Committee** on quality, patient safety and change management.

A report from each meeting of 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 within the governance structure ensure timely and effective escalation from directorates and specialist committees to the Board via the trust executive group. The assurance committees' chair key issues reports, governance report and serious incident, inquests, complaints and claims report are standing agenda items on the Board and include escalation of risks from Board committees and other sources.

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

The 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 external expertise is used to support delivery of this programme.

2.2.6 Audit committee

Membership of this committee is made up of non-executive directors and is chaired by a NED with appropriate financial expertise. The committee has overarching responsibility for monitoring specific elements of the systems and processes relating to governance, including financial systems, records and controls; financial information; compliance with law, guidance and codes of conduct; independence of internal and external audit; and the control environment (including measures to prevent and detect fraud). The committee is responsible for providing an opinion as to the adequacy of the integrated governance arrangements and board assurance framework.

The directors are responsible for preparation of the accounts under direction by NHS Improvement (NHSI) 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 NHSI, 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 with the external auditor without officers present on an annual basis.

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 £135k for the financial year 2021-22.

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 2021-22.

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)
Jude Chin (start date 1 Sept 2021)	Interim non-executive director	1 (of 1) *
Richard Davies	Non-executive director	5 (of 5)
Louisa Pepper	Non-executive director	5 (of 5)
Alan Rose	Non-executive director	4 (of 5)
Christopher Lawrence (start date 1 June 2021)	Non-executive director (audit committee chair)	4 (of 5)
Angus Eaton (last date 31.05.2021)	Non-executive director (audit committee chair)	1(of1)
Rosemary Mason (last date 22.06.2021)	Associate non-executive director	1(of 1)
David Wilkes (last date 11.06.2021)	Non-executive director	1(of1)

(a) Jude Chin was appointed interim chair on 1 February 2022 and therefore no longer a member of the audit committee

Meeting dates: 30 April 2021, 25 June 2021, 30 July 2021, 5 November 2021 and 1 March 2022

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. During 2021-22 the Board engaged with senior leaders to review its subcommittee structure and assurance arrangements for quality, safety, engagement and improvement. Discussion will take place with NHS England and Improvement regarding timing of a well-led developmental review to evaluate the implementation and effectiveness of the new structure. Further details of the structure are provided in the annual governance statement (section 2.6).

2.2.8 Details of consultation

Local groups and the public and patient involvement activities

Public engagement has unfortunately been limited throughout the year due to COVID-19 restrictions. The Trust's patient and public engagement group, VOICE, has remained involved as much as has been possible. Its engagement activities have included:

- Assisting the Future System programme team with patient surveys
- Attended patient workshops organised by the Future System programme
- Supporting staff across the Trust in patient engagement projects
- Creating new project roles for VOICE members in accordance with Trust needs
- Input into the NHS England / Improvement framework for involving patients in patient safety
- Establishing links to local community networks and groups
- Attending local events
- Linking in with other patient groups and attending their meetings

The relaxation of regulations around volunteers being present on site in June 2021 allowed VOICE members to continue their patient project work in person. In addition, with more resource within the patient experience and engagement team being dedicated to engagement, this has provided more support to VOICE, enabling an increase in activity with local groups and service users.

Future System programme

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), will be involved in meaningful engagement, and invited to co-produce the building design and clinical model to be used. It means everyone, from patients and carers to staff and local partners – has an equal stake in developing 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, in the future for generations to come.

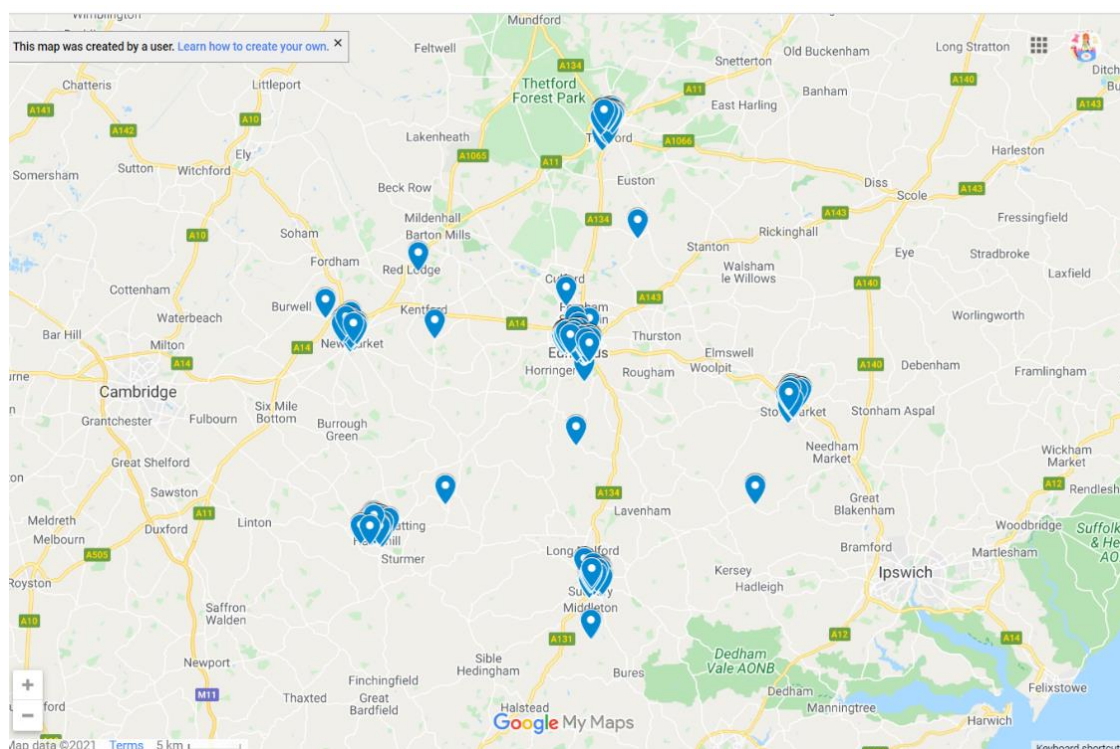
The engagement activity carried out so far has been focused separately on the estate and building work, and the clinical design.

Estate

Phase 1 pre-application outline planning engagement

In June 2021 the first phase of planning engagement was launched to gather people's views about the preferred site of Hardwick Manor. More than 800 feedback forms were received and 150 people spoke to us both face to face and virtually at our events. We reached nearly 60,000 people online via sharing social media posts via our channel, some of which were paid for ; and we received nearly 7,000 hits to the website.

Feedback was gathered across West Suffolk as demonstrated in the map below. The requirement for planning is to gather feedback within the immediate area (Bury St. Edmunds), however, the Trust was keen to carry out significant engagement and to gather views from across our patient catchment area.



Phase 2 pre-application outline planning engagement

The second phase of the pre-application planning engagement launched on schedule on 1 November and ran for six weeks until 12 December 2021.

A similar format was followed to the first round of pre-application planning engagement, with a range of digital and non-digital approaches taken to remain inclusive. These included:

- A leaflet and feedback form that was posted to nearly 30,000 members of the community within the vicinity of the hospital, and to those within a half-mile radius of each face to face event, ahead of the launch of the engagement period to ensure everyone had the maximum time available to digest the information
- Update sent to project newsletter mailing list with a circulation of more than 200 people
- Paid for advert placed in the Bury Free Press newspaper and Elmswell intouch magazine
- Community pop-up events in Bury St Edmunds, Haverhill, Thetford, Newmarket, Sudbury, Mildenhall, Brandon and Stowmarket
- Pop up events at West Suffolk Hospital on Hardwick Lane site and Newmarket Community Hospital
- Two virtual engagement events held for staff
- Virtual engagement event for local residents
- Virtual engagement event for the general public
- Social media adverts to publicise the engagement events and drive traffic to the website
- Social media posts
- Stakeholder meetings were arranged with local councillors, Thetford planning committee, Newmarket planning committee (cancelled by the council due to COVID-19) and Barrow Parish Council (cancelled by the council)
- Dedicated project website (including an online feedback form)
- Press releases to local media ahead of the launch of the phase to raise awareness and maximise the engagement time available
- Freepost address and project email address
- Opportunity shared with members of the project's community engagement group, Trust members, governors, charitable donors, volunteers, patient experience VOICE group and staff, through existing channels.

As always, the team were keen to hear from as many people as possible so the website and online feedback form were compatible with screen readers. The online feedback form could also be translated into several languages at a flick of a switch. The printed leaflet was available in easy read, large print, Portuguese, Polish and Russian and could be sent back at no cost using the Freepost address or handed in at any event.

In order to make the events suitable for as many people as possible, the first hour of each event was sensory friendly with lights turned down, quieter and limited numbers.

We were also mindful of the shifts and working patterns that our staff are committed to. Because of this, two face to face events were arranged for the Hardwick Lane and Newmarket Community Hospital sites. Originally this was for patients too, but in light of the latest WSFT COVID-19 visiting restrictions, it was limited to just staff. Two online events were also held for staff at 12noon and 8:00pm considering the time of people's shifts. In total this reached 95 people.

A number of stakeholder briefings were held with local councillors including councillors Soons, Stamp and Chung. Further briefings were due to be delivered to Newmarket planning committee and Barrow Parish Council however these were cancelled by the respective councils. Briefings were delivered to Thetford planning committee and Bury Residents' Association.

Nine face to face events were held, three more than during phase 1, following public feedback, and two online events. These events were not purely for Bury St. Edmunds but expanded across West Suffolk and South Norfolk recognising our patient catchment area. One of the face to face events was specifically for neighbours of the hospital to raise and discuss their concerns.

The two pre-application phases together, which took place during 2021, resulted in:

- 129,000 people reached online via social media posts and adverts, with significant likes and shares across Facebook, Instagram and Twitter; 12,711 visits to both our websites
- Speaking to nearly 450 people online and face to face at our events
- Receiving more than 1,792 completed feedback forms via the post, at events and online.

Over-arching feedback is broadly positive, with concerns raised around building height, traffic and car parking. Many individuals would like concrete plans for these elements, however, they do understand that we are not in a position to confirm these as yet.

An application for outline planning permission was submitted to the local planning authority at the end of March 2022. A complete overview of the pre-application public planning engagement can also be seen in the statement of community involvement, which was submitted as part of our outline planning application and can be accessed on the local planning authority portal.

Clinical services engagement

The current clinical services operating in the West Suffolk Hospital building at Hardwick Lane have been split into 12 co-production workstreams, each with their own lead(s) recruited from the WSFT workforce. The leads are forming planning groups to include the views and ideas of everyone who has an interest or viewpoint in each service.

Each workstream includes clinical and operational staff relevant to the workstream 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 fit for the healthcare system as a whole.

To support the clinical engagement co-production work, engagement with the public mirrored these phases of work.

Phase 1

Bespoke engagement events were carried out with key demographics including young adults and those under 16. Two surveys were launched – one aimed at staff and the other aimed at patients, which ran for

approximately eight weeks.

- Both the staff and patient survey were translated into Polish and Portuguese to increase accessibility
- Nearly 200 responses were received.

Phase 2

Phase 2 of the clinical patient and staff engagement was via an online survey.

In total 253 people responded. The feedback generated was predominately from patients, with 25% of responses from staff.

A number of areas were explored including remote appointments, the use of the Patient Portal and where appointments should be held.

To provide a snapshot:

- 57% of the public did not have a preference as to when their appointment was and subsequently 75% were happy to have an appointment in an evening or weekend, 62% were happy with either
- A majority of the public said that their appointment had not been delivered using technology which was concurrent with staff feeling that they could make better use of technology
- Staff felt they needed better connectivity, equipment and improved WiFi to make better use of technology
- Patients who did receive their appointment via video phone call or telephone felt the greatest benefits were less travelling time, the ability to have their carer present, and it was more comfortable and more convenient
- 88% of responders felt that mental health and social influences should be considered when treating an ailment
- In terms of ward configuration, 81% of the public who responded stated they would prefer to stay in a single room compared to 48% staff who preferred to treat patients in a single room.

The survey also detailed what would improve patient experience and what is expected of a 21st century facility as well as a breakdown of responses specific to each clinical area.

To supplement this work community engagement group sessions were carried out for all workstreams (14 in total). 80 people attended which averaged at six attendees per session. This is not representative of the number of views captured, for example one attendee spoke to 20 members prior to attending the meeting.

Phase 3

Specific engagement was carried out to cover three clinical areas. These included the delivery of the Denosumab injection, point of care testing and the medical termination of pregnancy service.

A survey was sent to 90 Denosumab patients via the DrDoctor mobile application. The survey received a response rate of 21%. There are a number of landline numbers where surveys can be completed over the phone and with additional resource it was recommended that this is pursued.

Literary and field engagement was carried out for point of care testing and this will be revisited in the future once the remit has been narrowed.

Surveys were handed out to patients waiting to be seen in the WSFT medical termination of pregnancy clinic. Despite each patient being given a survey the return rate was low.

Engagement reports were compiled for each area and supplied to the clinical workstream.

Phase 4

Phase 4 launched at the beginning of March 2021 and will culminate in May 2022. 26 focus groups were arranged throughout March, comprising two groups per department across 13 departments or services at various times of the day to capture as many people as possible. These groups were attended by 68 people. To support this, a survey ran that has received more than 400 responses.

In June 2022, those who attended the workshops will be invited back to see the latest designs that our co-

production leads and our architect, Ryders, has been working on (note – patients have not seen any departmental designs so far). The overall findings will be included in the 2022-2023 annual report.

It is important that we hear and include views from a range of perspectives. We have had meetings and conversations with audiences which have included:

- Those with learning disabilities
- Those with severe mental health needs
- Homeless and rough sleeper community
- Young adults and students
- Staff
- Patients who have suffered a stroke or care for someone who has
- Women's Institute groups
- Residents' associations
- Local councils and councillors.

Community Engagement Group and Peer Review Panel

Whilst there is a governance structure in place, which is important for a project of this magnitude, there is understanding and support for the co-production process throughout the project. This approach is not just an ethos but a way of working which will hopefully be replicated Trust-wide.

Peer review panel

Each of the co-production work streams is focusing on its service area and engaging with patients and clinical and operational staff. Prior to it being presented to the programme board, an independent peer group will provide a holistic view of the proposals from a staff and clinical perspective. The panel will provide knowledgeable peer review scrutiny of the methodology used and the recommendations generated from each of the workstreams. This provides a sense check against other policy mandates, prevailing trends and background intelligence.

The panel will comprise a designated deputy from each of the Trust executive directors to ensure that each director can have confidence in the recommendations being made. They will also provide an unbiased and independent assessment in scrutinising and approving recommendations.

The members of the panel are as follows:

- deputy chief operating officer
- deputy chief nurse
- a deputy medical director
- a suitable deputy for the director of integration
- a deputy director of workforce
- a deputy director of finance.

Once recommendations have been validated, they can be sent to external partners for any additional suggestions and inputs. On final endorsement of recommendations, papers can be submitted for approval to the programme board for ratification. Papers will then be submitted to the WSFT Board for final approval.

Community engagement group

To sit alongside this and provide an independent view from a community and patient perspective a community engagement group has been established.

The group discusses proposals before they are presented to the project board for final decision. They are advocates for the project and our eyes and ears in the community. This group meets on an ad hoc basis and has a rolling membership meaning that those who have requested to join the group do not have to attend every meeting.

We ask for people to express an interest in joining the group, and each meeting includes different individuals with an interest in the matters being discussed at that meeting. However, it is important that a broad

representation of views can be heard at every meeting.

The ethos of co-production is embedded in the future system programme. One of the key elements of this is developing clinical and design proposals with our patients, staff and stakeholders, such as governors and the community, working with those it affects the most.

In March 2021 we introduced the community engagement group (formerly known as the co-production community engagement group). To date we have nearly 200 members that we can call on to participate in bespoke focus groups and workshops to develop our clinical visions. The Trust's patient experience VOICE group assisted in developing a new name for the group.

Other engagement activity

The Trust has engaged closely with its key external stakeholders throughout the programme, including system partners, NHS England and Improvement, Suffolk and North East Essex Integrated Care System and the Department of Health and Social Care. All these stakeholders have representatives on the programme board and have played an active role in the governance of the programme. Other key groups with which we have a close relationship are:

- VOICE patient representatives
- West Suffolk Alliance engagement group.

Accessibility

All communication and engagement activities have considered accessibility needs, with mitigations made where possible. The Trust will continue to create items which can be accessed and understood by all, including working with adult speech and language therapist colleagues on language and layout.

The Trust will host briefings online which will be recorded and feature subtitles in various languages. As soon as restrictions allow, briefings will be held face to face to widen the reach of engagement as far as possible. These will be held at various times to ensure maximum participation by all audiences and members of the community.

The Trust is working with system partners to reach those seldom heard, including rough sleepers, homeless people, sex workers, refugees, asylum seekers, the Gypsy, Roma and Traveller communities, and the younger members of our community.

Bespoke sessions will be held which are accessible for those with learning disabilities or severe mental and physical disabilities.

Public consultation

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.

As stated in the Health and Social Care Act 2012, Section 242 of the National Health Service Act 2006, and Equality Act 2010, if a service provision is changing from a service users perspective then this would require public consultation.

To evaluate the potential impact of any service change, templates have been developed. Should a feasible option be identified, this would be developed with members of staff and the community and presented to the local Health Overview Scrutiny Committee with a plan demonstrating how views would be captured.

Whilst the potential for service change has been identified through work initiated by the co-production process, its execution will take place within a time frame and budget that is independent to that of the Future System programme. Consequently, responsibility for any public and/or staff consultation and the construction/approval of a suitable business case sits with the team leading the necessary project.

With regard to the location of the new hospital, whilst the preferred site has been announced, the Trust is continuing to explore other avenues and has not ruled out other locations depending on feasibility. The current recommendation of Hardwick Manor as the Trust's preferred site means that the location of services provided by the Trust at the present acute site will not be significantly changed and thus the need for formal public consultation is not currently necessary. The decision to consult in the future will remain open until further decisions about changes to the location are made. At this point a formal consultation will be launched.

For any formal consultation, the Trust will follow advice to hold this over a minimum of 12 weeks to make sure it is in line with best practice guidelines.

Communications

Website

A website all about the new hospital is available at <https://www.wsh.nhs.uk/New-healthcare-facility/New-healthcare-facility.aspx>.

The website 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 at <https://www.wsh.nhs.uk/Planning/Planning.aspx>

Newsletter

A newsletter has been launched and more than 300 people have subscribed to it.

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 2021-22.

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 £3k of interest under the Late Payment of Commercial Debts (Interest) Act 1998 in 2021-22 (2020-21 £0).

	2021-22		2020-21	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in the year	51,861	263,449	47,952	199,575
Total non-NHS trade invoices paid within target	32,417	208,951	35,411	160,185
Percentage of non-NHS bills paid within target	62.5%	79.3%	73.8%	80.3%
Total NHS trade invoices paid in the year	2,707	32,312	1,477	21,357
Total NHS trade invoices paid within target	1,661	24,104	664	13,177
NHS trade invoices paid within target (%)	61.4%	74.6%	45.0%	61.7%
Total percentage of bills paid within target	62.5%	78.8%	73.0%	78.5%

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.



Craig Black

Interim Chief Executive

15 September 2022

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 July 2014, is based on the principles of the UK corporate governance code issued in 2012.

The Board of directors supports the principles set out in the NHS foundation trust code of governance. The way in which the Board applies the principles and provisions is described within the various sections of the report and the directors consider that the Trust has been compliant with the code.

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).

The Board was not fully compliant with code requirement B.1.2 that at least half the board of directors, excluding the chairperson, should comprise non-executive directors as there was a gap between the end of Gary Norgate's term of office on 31 May 2020 and David Wilkes' appointment from 31 July 2020.

2.4 NHS Improvement's single oversight framework

NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust has been placed in segment 3. This segmentation information is the Trust's position as at 16 May 2022. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

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 Improvement.

NHS Improvement, 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 Improvement, 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*.



Craig Black
Interim Chief Executive
15 September 2022

2.6 Annual governance statement

West Suffolk NHS Foundation Trust annual governance statement – 1 April 2021 to 31 March 2022

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that *supports* the achievement of the NHS 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 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 Trust Accountable 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 [insert name of provider] NHS 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 2022 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 in order to achieve organisational objectives, safety, and quality of services, and in which they relate to the wider community and partner organisations. The audit committee independently reviews the effectiveness of risk management systems, ensuring that all significant risks are properly considered and communicated to the Board of directors. It reviews implementation of the board assurance framework to assure itself that risks are being appropriately identified and managed and appropriate assurance obtained. This is supported by "deep dive" review of risks from the board assurance framework, supported by internal audit.

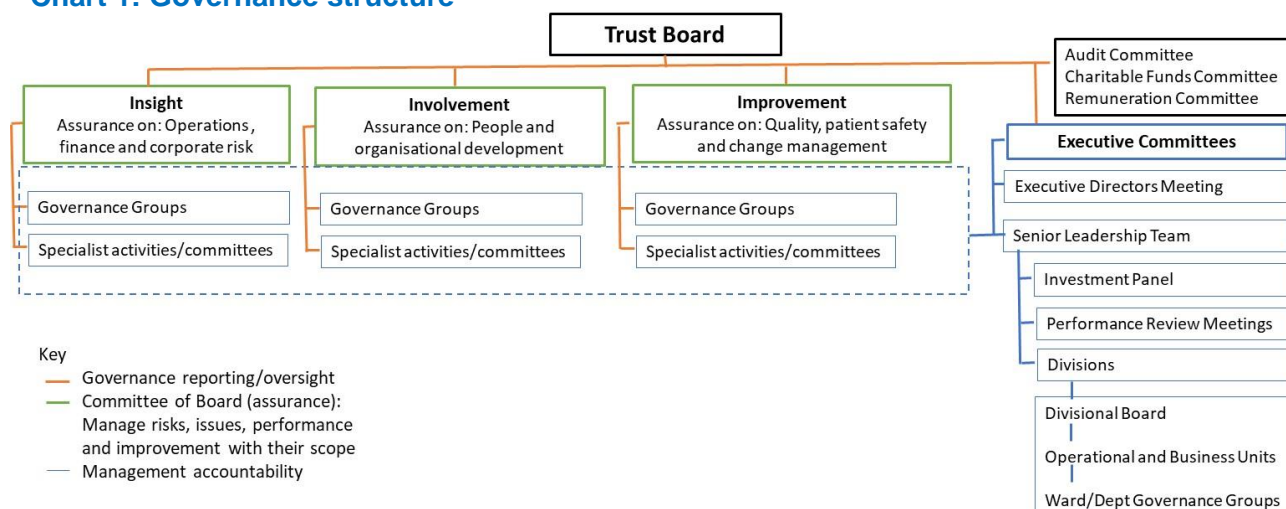
The audit committee is supported by the three assurance committees of the board in order to improve understanding and provide assurance to the board in relation to:

- **Insight Committee** – operational delivery, finance control and corporate risk
- **Involvement Committee** – people and organisational development, including the Trust's strategies, plans and the management of risks, relating to staff engagement and involvement; patient engagement and involvement and system involvement & public engagement
- **Improvement Committee** - quality, patient safety and change management.

The assurance committees of the Board are supported by a range of governance and specialist

groups. Management accountability for the remains with the executive and divisional leaders. This new framework was introduced in September 2021 and has been subject to review and refinement.

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 within the organisation, including the ways in which risk is identified, evaluated 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 Board reviewed its risk appetite during 2021-22.

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

- Performance management framework
- 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, review of serious incidents, and ward-level quality performance

- Monthly financial performance reports
- Self-assessment against delivery of the CQC registration requirements
- Quarterly quality, performance and financial reports to the council of governors
- Assurances provided through the work of the three board assurance committees
- Reports from the future system board and the audit committee received by the Board
- Assurances provided through the work of internal and external audit, the Care Quality Commission, NHS Improvement, NHS Resolution, patient-led assessments of the care environment (PLACE), and accountability to the council of governors
- The work of clinical audit, whose scope includes national audits, audits arising from national guidance such as National Institute for Health and Care Excellence (NICE), confidential enquiries and other risk and patient safety-related topics
- 15 step challenge visits, including executive directors, non-executive directors and governors have not been possible due to the social distancing requirements of Covid-19. During these restrictions executives, non-executives and governors colleagues have engaged with staff through virtual meetings, including the regular all staff briefing
- 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 targets**, meeting a number of national targets in 2021-22
- **Maintaining status of global digital exemplar**
- **Excellent reputation for teaching** – both undergraduate and graduate.

It has been an unprecedented and challenging year for the Trust, the NHS, the nation and the world, but there are many achievements to be proud of.

The publication of our five-year Trust strategy – First for patients, first for staff and first for the future (2021 – 2026) - has given us the opportunity to lay out our priorities and ambitions for the whole organisation. It is founded on our updated FIRST Trust values – fairness, inclusivity, respect, safety and teamwork; and the vision of delivering the best quality and safest care for our community.

First for patients

The pandemic has forced us to make the difficult decision to restrict or suspend visiting at various times over the past year to reduce transmission of the COVID-19 virus. To help patients and their loved ones stay informed and in touch with each other, we established a clinical helpline and Keeping in Touch team. The clinical helpline is staffed by colleagues with clinical backgrounds, who give updates on patients' conditions and answer queries. The team won a Patient Experience National Award in the support for caregivers, friends and family category. Digital technology allows the Keeping in Touch team to keep friends and relatives in contact with people on our hospital wards – for example the team enabled a patient to be a virtual guest at their daughter's wedding.

WSFT has a fantastic research team and the work it reports on and delivers to a wide variety of vital studies, with the support of our patients recruited to the projects, is helping to advance medical understanding and treatment. We were named as the top national recruiting site for the global RECOVERY trial for two consecutive weeks in November. The RECOVERY (Randomised Evaluation of Covid-19 Therapy) trial is investigating treatments that may benefit people hospitalised with Covid-19.

One of our clinical research practitioners, Angharad Williams, has been named as the winner of the 2022 award for Clinical Research Practitioner Leadership by the Academy for Healthcare Science. A wonderful achievement for her.

WSFT is one of 12 integrated care systems in England signed up as an “accelerator site” to tackle waiting lists and elective recovery, trialling new ways of working, implementing and evaluating innovative ways to increase elective operations. We are also part of the Waiting Well pilot which aims to offer support to patients by reducing the risk of deterioration of their mental and physical health while they are waiting for their procedure.

Across the NHS, digital technology has supported ways of working that allow clinicians to offer care and support to patients. Our Patient Portal and “DrDoctor” text messaging service enable patients to see their records, results, appointments and letters, so they can take more control of their treatment.

Our community services have increasingly used telehealth to offer enhanced care to patients where they live, allowing them to have the clinical oversight and support they need to stay out of hospital. Through our integrated care networks and multi-disciplinary way of working, we are expanding our virtual ward beds which means people can receive the individual care they need at home.

We are active members of the West Suffolk Alliance, and are committed to an “alliance way of working” with our partners across the system. In July, Clement Mawoyo was appointed director of integrated community health and adult social care, as part of the work driving further integration with our social care and other alliance colleagues.

Our Mildenhall integrated neighbourhood team is now based at the new Mildenhall Hub, co-located not only with social care, but also a school, leisure centre and other public services. The Brandon team is based at the town’s health and leisure hub, and all our teams are able to refer patients directly to trained Abbeycroft Leisure instructors working at local Abbeycroft leisure centres and gyms.

A network of integrated neighbourhood team co-ordinators has been established, who with our hospital-based locality liaison co-ordinator, support community teams and wards to facilitate admission and discharge. We are also working with partners to improve waiting times and ensure equity in access to treatment.

Working with the Suffolk and North East Essex integrated care system (SNEE) we have established a WSFT vaccine taskforce. After our successful vaccine rollout to our staff and colleagues from key partner organisations, the taskforce joined the campaign to vaccinate as many people as possible at the heart of their community. Giving people expert advice, taking time to answer questions and allay fears, the team has helped thousands to access the vaccines, including some of the most vulnerable.

We recently marked the first anniversary of becoming an early adopter of the Patient Safety Incident Response Framework, a national initiative aimed at identifying risks and learning from incidents to improve quality and safety. Our Patient Safety and Quality Improvement (QI) team has been expanded and developed, and is undertaking projects across the Trust, embedding QI in all aspects of our work.

Improvements in our maternity services were noted by the Care Quality Commission after an unannounced inspection, which reported on progress being made, but also raised concerns which are being dealt with.

With our alliance partners East Suffolk and North Essex NHS Foundation Trust (ESNEFT) we have taken over the Early Supported Discharge service for stroke patients in the county, with the staff also transferred to the trusts.

We continue to perform well on the National Hip Fracture Database, where the data puts us at the top of all hospitals in England, Wales and Northern Ireland for meeting best practice criteria when

assessing patients with a hip fracture.

Our cancer care teams have extended the hours for people to access routine screening or referral appointments; and innovative screening tools using artificial intelligence are helping us to increase the numbers of patients we see and reduce waiting times.

The Macmillan Unit based at the hospital was recently awarded the Macmillan Quality Environment Mark for the third time. The award champions cancer environments that go above and beyond to create welcoming and friendly spaces for patients.

First for staff

We continue to be inspired by the commitment, compassion and teamwork of each one of our colleagues who have shown extraordinary resilience.

We recently received the results of the 2021 NHS Staff Survey, to which 2,000 of our staff responded. While there are areas we need to focus on and work hard to make things better the results compared reasonably well with trusts across the country, with all our key scores above the national average. We are working with colleagues to examine the findings in detail, learn from them and use that learning to improve the working lives of our colleagues.

As part of our commitment to build an open, learning and restorative culture, we have appointed two new Freedom to Speak Up (FTSU) guardians: Amanda Bennett and James Barrett. We have also recruited FTSU champions across the Trust, who with the guardians, are working closely with the Board to identify and tackle concerns expressed by our staff.

We have invested in and developed our staff support psychology service, which was the recipient of a Suffolk Heroes award, nominated by the county's MPs, in recognition of their work during the pandemic. Laura Rawlings, manager of the countywide community equipment service, also received one of the awards – both richly deserved.

Another major investment has been a partnership with Abbeycroft Leisure, which has allowed any WSFT colleague to access free membership to the facilities and services at Abbeycroft gyms and leisure centres. Our staff have taken up this offer in large numbers, and shared their enthusiasm for the scheme which has been extended for a second year.

Our chaplaincy team has been expanded and the chapel refurbished, and the team works tirelessly to support staff, patients and visitors of all faiths and beliefs.

It has been very heartening to see members of our team recognised. Consultant anaesthetist Jeremy Mauger has been a volunteer with the Suffolk Accident Rescue Service for 20 years and volunteers hundreds of hours for the emergency responders each year. To mark Suffolk Day, he was awarded the county's highest honour, the Suffolk Medal.

While off-duty, critical care nurse Debbie Lavender performed CPR and used a defibrillator to revive a man who collapsed, and was awarded with a Resuscitation Certificate from the Royal Humane Society.

We are often humbled by the appreciation, gratitude and generosity of our patients. Breast cancer patient Chris Goddard was diagnosed and treated at the WSFT during the pandemic. She was inspired to paint portraits of all the staff who cared for her – her NHS heroes as she calls them – and her images of the main masked clinicians are a poignant reminder of the journey that she – and we – have been on.

First for the future

The Trust is one of 40 in the country to receive funding for new build projects through the New Hospitals Programme, which will see the building of a new healthcare facility as part of a system to provide innovative, joined-up healthcare for West Suffolk.

Progress has been made this year, with the preferred site for the new facility at Hardwick Manor identified, outline planning permission applied for, and extensive face-to-face and online engagement undertaken to ensure we hear people's views on this great opportunity for our community. There is still much work to do and building is not expected to start before 2025. We are committed to taking on board – and learning from – the knowledge and opinions of our staff, patients and community.

The existing hospital buildings on Hardwick Lane were built in 1974 with an intended 30-year life span. The Trust has invested heavily in their upkeep over the years, and an extensive programme of maintenance is under way to ensure the safety of everyone using the site until the new hospital is completed.

While those works go on, we have increased the flexibility we can offer with the building of a new “decant” 32-bed ward, G10. We have also increased the community beds we have commissioned to support the discharge of medically optimised patients.

Our Trust strategy reflects the importance with which we see our role at the heart of our community. Our place in the wider world is also a vital part of looking to the future, and with that in mind we have published our Green Plan 2021 – 2025, which underlines our commitment to being part of a sustainable health system. We want to work within available resources and understand the social, environmental and economic impacts of our actions.

The My WiSH charity

Tireless in its support for the Trust and its staff, in September 2021 the charity saw the end of its #25 birthday appeal, smashing the target of raising £25,000 and ended the year with almost £31,000. This money will be used to provide a play specialist for the paediatric emergency department, and the department was able to welcome Claire Thompson during the year due to additional fundraising from the Help your NHS hospital appeal.

The charity matched Government funding to provide state-of-the-art toilet facilities for patients with complex disabilities with the completion of a new Changing Places facility. Changing Places are toilets with additional equipment for people who are not able to use the toilet independently, including adult-sized changing benches and hoists.

Refurbishment of the West Suffolk Hospital chapel, including a prayer facility for Muslim people, was also supported by My WiSH.

From providing and equipping quiet spaces for staff to go during the worst of the pandemic; to giving every colleague a reusable cup for the free tea and coffee available to them, the charity has come up with imaginative ways to improve the working lives of our staff.

As well as their own fundraising activities, now being planned once more as restrictions ease, My WiSH is supported by hundreds of local people and businesses and to whom we extend our sincere thanks.

But, we also have some challenges and these are considered in more detail in the conclusion of this annual governance statement:

- **Staff engagement and raising concerns**
- **Building structure**
- **Covid-19 response and access**

Risks to our strategic objectives are regularly reviewed by the Board as part of the board assurance framework (BAF). A summary of the BAF is provided below.

Board assurance framework summary

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
Quality of care	If we do not establish effective governance structures, systems and procedures over safety and quality, this will lead to poor standards of care to all patients and service users, potential harm, service failure, reputation damage, poor patient experience and regulatory action	Poor care and treatment of patients. Loss of public and GP confidence that leads to reduced referrals as a consequence of public choice. Restricted authorisation / licensing by regulators
	If we do not manage emergency capacity and demand in the context of Covid activity and delivery of the RAAC remediation plan, this will affect our ability to deliver safe, effective and efficient services and care to patients	Patient safety. Reputational impact and poor patient experience/satisfaction. Regulatory action. Negative impact on staff wellbeing
	If we do not deliver elective access standards based on clinical priorities in the context of Covid activity, this will affect our ability to deliver safe, effective and efficient services and care to patients	Poor care and treatment of patients. Loss of public and GP confidence. Negative impact on staff wellbeing.
Environment, effectiveness and continuous improvement	If we do not implement the estates strategy to provide an adequately maintained building environment suitable for patient care caused by the deteriorating state of Trust buildings, lack of access to capital to fund the remediation programme, this may result in potential harm incidences, capacity pressures and improvement notices	Ageing building environment suitability for patient care which could lead to reputation damage and loss of income. Unknown financial impact if reputational consequences. Risk of improvement notices if fail to effectively maintain building(s). Ability to fund the capital programme
	If we do not progress our programme of work for digital adoption, transformation and benefits realisation, the digital infrastructure will become obsolete and vulnerable to cyber-attack, resulting in poor data for reporting and decision support, digital systems failure, loss of information and inability to provide optimum patient care, safety and experience	Delivery risk to patient safety and the operational effectiveness of the Trust. Ability to report patient care and activity both timely and accurately. Quality, service and financial impact of failure to deliver planned improvements and benefits

Category of risk	Description of risk	Potential impacts being mitigated by controls and future plans
Workforce	If we do not value our workforce and look after their well-being, particularly in the context of the Covid-19 pandemic, this may affect patient safety and quality of care due to lower levels of staff engagement and morale, and staff choosing to leave WSFT	Quality and safety and reputation impact. Adverse employee relations and staff motivation. CQC regulatory action. Withdrawal of Royal College recognition. Failure to achieve reduction in non-contracted pay as part of financial plans. Poor staff engagement hinders deliver of transformation and efficiency. Inability to recruit/retain key staff
Governance	External financial constraints (Revenue and Capital) impact on Trust and system sustainability and model of service provision in the west Suffolk system (even when services delivered in the most efficient way possible). This includes failure to identify and deliver cost improvement and transformation plans that ensure sustainable clinical and non-clinical services while delivering the agreed control total	Quality and ability to deliver safe services. Non-compliance with national standards, targets and terms of authorisation leading to breach of licence (CQC or NHSE/I). Impact on cash flow and income and expenditure. Inability to generate sufficient surplus to support capital investment. Local position leads to tension between local health economy partners. Loss of provider sustainability funding to the local health system

In considering the risks and challenges we face the Board recognises that it is currently recruiting a new Chair and up to three new non-executive directors. These appointments provide an opportunity for the Trust to drive its value based recruitment but also represents a significant change in the senior leadership. The impacts will be mitigated through planning and appropriate handover.

Changes to the NHS landscape both locally and nationally will also play an important part in the future focus of the Board. Ensuring effective working with the new Suffolk & North East Essex Integrated Care Board (ICB) and maximising the benefits for patients and the population within our system through collaboration with partners.

Board assurance framework summary

The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place which provide assurance to the Board that staffing processes are safe, sustainable and effective; including compliance with the "Developing Workforce Safeguards" recommendations. These systems include:

- activities of the involvement committee of the board
- integrated quality and performance report (IQPR) and finance 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 details 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 with 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 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). An improvement plan is in place to address the concerns identified in the recent CQC inspection.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the 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 Foundation 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 are complied with.

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

The board assurance framework provides evidence of the effectiveness of controls that manage the risks to the organisation achieving its principal objectives and that these have been reviewed. The annual governance statement is also informed by the latest CQC inspection report (January 2020).

The board assurance framework was reviewed and updated routinely during 2021-22 to ensure the principal strategic risks to the Trust's objectives were identified, recorded and correctly evaluated for impact and likelihood. Overall, analysis of key controls and assurances revealed that the Trust was managing its risks to a reasonable level, that the Board of directors was adequately informed of the effectiveness of control measures and that, where possible, appropriate corrective action was being taken to reduce identified high-level risks. This review has identified gaps in control or assurance as set out in the significant internal control section of the annual governance statement. The board assurance framework is subject to independent review by internal audit.

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 – which are 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 quality and risk committee and audit committee provide an annual report to the Board on their activities and performance
- Reporting lines and accountabilities between the Board, its subcommittees and the executive team - are considered as part of the annual governance review and clear reporting and escalation channels exist between the Board and executive team

- Submission of timely and accurate information to assess risks to compliance with the Trust's licence
- 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 NHS safety thermometer, which covers falls, pressure ulcers and infection control; and patient and staff experience surveys building up a picture of care quality in our services. 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.

Information governance

The Trust's data security and protection assessment report overall score for 2020-21 was 'approaching standards'. 5 of the 118 mandatory evidence items were unable to be provided. The assessment for 2021-22 will be submitted in June 2022 and we anticipate a satisfactory score of 38/38 assertions being met consisting of 109 mandatory evidence items. An internal audit of the assessment has been completed and the Trust is committed to addressing the remedial actions identified prior to the submission.

The Trust reported 11 data breaches to the Information Commissioner's Office (ICO) in 2021-22, the majority involved inappropriate access of records by members of staff. All actions agreed with the ICO are being implemented.

Data quality and governance

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 NHSI's well-led framework and its eight key lines of enquiry (KLOEs):

1 Is there the leadership capacity and capability to deliver high quality, sustainable care?	2 Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	3 Is there a culture of high quality, sustainable care?
4 Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well led?	5 Are there clear and effective processes for managing risks , issues and performance ?
6 Is appropriate and accurate information being effectively processed, challenged and acted on?	7 Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	8 Are there robust systems and processes for learning , continuous improvement and innovation ?

Indicators relating to the quality report were identified following a process which included the Board of directors, clinical directors and senior managers of the Trust and have been incorporated into the key performance indicators reported regularly to the Board of directors as part of the performance

monitoring arrangements.

Scrutiny of the information contained within these indicators and its implication as regards 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 inter-relationship between the indicators in the quality report and other measures of the Trust's performance (financial and operational) is reviewed through the assurance structure and reported to the Board of directors. Reviews of data quality and the accuracy, validity and completeness of all Trust performance information fall within the remit of the audit committee, which is informed by the reviews of internal and external audit and internal management assurances.

The Board 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 will be developed to be used more widely across the Trust. During the Trust's Covid response reporting to the Board was amended to maintain the required oversight but recognising that many of the normal activity and access indicators were not meaningful.

Reviews of data quality, and the accuracy, validity and completeness of 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.

Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the 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 and the quality and risk committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of directors' role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed. 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 on a day-to-day basis.

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 16 reports from the 2021-22 plan; the "opinion levels" are summarised below:

Level of assurance	Number
Advisory report – no assessment made of the level of assurance	1
Substantial assurance - controls are suitably designed, consistently applied and operating effectively.	2
Reasonable assurance - identified issues that need to be addressed	8
Partial assurance - action is needed	5
No assurance - urgent action is needed	0

The conclusions from the five partial assurance internal audit reports are set out below and action to address the concerns have been reviewed by the audit committee:

- **Patient Safety Checklist (PSC) – Emergency Department Processes** (partial assurance) – review identified a number of weaknesses in the control framework, including a lack of guidance and assigned responsibility for oversight and monitoring. Issues regarding clarity of data and calculations were also identified. Action to address the weakness includes development of standard operating procedures; training and briefings; clarity of oversight and reporting; and action to support improved validation and performance.
- **Business Continuity Planning (BCP)** (partial assurance) –review identified weaknesses in the business continuity control framework. Specifically, relating to operational BCPs across the Trust functions; need for an overarching BCP supported by a formal testing schedule; and clarity over Trust-level and divisional governance around business continuity. Action to address the weakness includes identifying resource to review, develop and update operational and tactical BCPs underpinned by a testing programme in line with policy.
- **Rolling Improvement Plan – Part 2** (partial assurance) –review found areas of weakness in relation to the assessments undertaken to review the embedded status of the processes put in place to address actions, the retention of evidence to provide support for the decisions made in moving the action status, and in obtaining approval from the improvement programme board (now improvement committee) prior to changing the action status.
- **Staff Grievance Process** (partial assurance) – review found well-designed policy and procedural documents in place which clearly defined the roles and responsibilities of delegated leads, the HR Team and Trade Union representatives in relation to the management of grievances and lessons learnt from closed cases had been communicated to the closed Trust Board alongside senior management and line managers. Control weaknesses were identified relating to provision of formal training to delegated leads on the management and resolution of raised issues/concerns alongside the formal recording of all cases (informal and formal) on ESR. It was also noted that resolution meetings and the overall processing of investigations and the issue of investigation outcomes were not always conducted in a timely manner.
- **Appraisals, Mandatory Training and Workforce KPIs** (partial assurance) –review confirmed that the Trust Board had received timely and accurate data regarding appraisal completion and mandatory training compliance. We also noted that Divisional Performance Scorecards are generated monthly and detailed the Trust's workforce KPI performance, with figures for appraisals, staff turnover and absences agreeing back to reports from ESR. We also confirmed that the Trust's approach to mandatory training was defined within its Mandatory Training Policy, with a matrix in place detailing the training required for each role. The review found weaknesses and compliance. This included action plans to address low appraisal completion rates and low training compliance levels for divisions, staff groups and subjects, as well as NHS staff survey finding in relation to appraisals. Issues were also identified regarding assigning the correct mandatory training modules, inaccurate training compliance levels being reported.

The framework for monitoring and review of action in response to internal audit reports has resulted in reasonable progress against recommendations being reported by internal audit throughout the year.

For the 12 months ending 31 March 2022, 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 assurance 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:

- **Staff engagement and raising concerns**

The development of a culture where all staff feel confident to speak up and raise concerns at work is crucially important to us. We affirm its direct impact on a culture of safety with positive benefits for patient care, quality and staff experience and engagement.

The publication of the West Suffolk Review in December 2021 marked the end of a two-year independent investigation into significant failures of governance and decision-making related to 'speaking up'. First and foremost, we know the actions taken by the Board, which led to the review, understandably caused upset and anger amongst many of our staff, patients and their families, as well as our community. For those most affected it has also negatively impacted their wellbeing.

The learning arising from this must address any real or perceived detriment to staff by raising their concerns. Critical to shifting this is the attitude and approach of the Board, and particularly executive directors, in being open to concerns, and ensuring that the management of speak up issues does not become conflated with any other process, including performance management.

The development of a culture where all staff feel confident to speak up and raise concerns at work, and their concerns listened to, is crucially important to us all. It has a direct impact on a culture of safety with positive benefits for patient care, quality and staff experience. We know from the most recent set of staff survey results that further effort is required to develop this culture at WSFT given that an increased number of colleagues reported that they did not feel confident to speak up.

Furthermore, the impact of working during the pandemic has impacted on NHS staff across the country; the 2021 staff survey results show an unprecedented deterioration in reported staff satisfaction and experience across England. This impact is no less felt at West Suffolk and the ongoing pressures arising from when demand outstrips capacity (whether that be physical capacity or workforce capacity – both numbers of staff and their resilience), continue to exacerbate this situation. As such, levels of staff engagement will understandably be at risk, which demands a response.

The Board has developed and endorsed an organisational development plan in order to respond to these issues, which reflects work already taken forward that requires further embedding, and additional actions. This was approved at the meeting in public of the Board of Directors in March 2022, and identifies five themes of work:

- 1) Strategy & values
- 2) Board development
- 3) Speak up culture
- 4) HR practice
- 5) Staff engagement

The detailed action plan is available separately. Progress with this will be overseen by the Involvement Committee of the Board and reported in public. Our internal audit function has been tasked to undertake a review of the Board's response to the West Suffolk Review, the results and recommendations of which will also be reported in public.

- **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' likely won't extend beyond 2030.

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

The need for a new hospital has been nationally acknowledged and WSFT, and the rest of the west Suffolk health system, were delighted that the Trust was named as one of 40 to benefit from the Government's New Hospital Programme. However, whilst this news is very much welcome, any new facility will not be open for several years and we have a duty to ensure that the existing hospital is appropriately maintained and we are able to continue to provide high quality health services for our community.

In 2019 an additional, specific structural risk was identified about a product called reinforced autoclaved aerated concrete (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 sheer 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, robust and on the front foot 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 are carrying out remedial repairs across the estate as part of this; work has not stopped throughout the pandemic.

The Trust has engaged 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 are well underway around the hospital to further ensure the safety of our patients, visitors, and staff.

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 the programme during 2022/23.

- **Covid-19 response and access (including referral to treatment (RTT) and cancer)**

In 2022-23 the Trust is required to meet the standards set out in the NHS England and Improvement priorities and operational planning guidance in order to recover activity and reduce waiting times following the impact on the pandemic.

Whilst the RAAC remedial work in theatres is now mostly complete and therefore not impacting on theatre capacity, there is an operational impact of remedial work in ward areas. In addition, subsequent waves of COVID-19 are predicted to continue to impact on staff availability and patient fitness for surgery.

Access, including referral to treatment (RTT), diagnostics and cancer

Whilst the Trust has faced significant challenge in regards to COVID-19 waves, increased urgent and emergency care demand and the RAAC remedial work, there has been significant focus on our patients who are waiting the longest, with trajectories in place and on track to meet the performance standards set out in our 2022-23 planning submission.

The key aspects of RTT recovery fall into four key areas of delivery, our priorities are:

- Increasing health service capacity:
 - Continued work with system partners to meet the national thresholds
 - Mutual aid has been established and progressed well for ENT, gynaecology and orthopaedics
 - Additional capacity has been sourced with the independent sector (orthopaedics, general surgery, urology, gynaecology, ophthalmology diagnostics) and this will continue in 2022-23
 - Maximising use of existing capacity through weekend working and extended sessions has progressed
 - Theatre productivity workstreams, with particular focus on day surgery unit.
- Prioritising treatment:
 - Ensuring the order in which patients are seen reflects clinical judgement on need
 - Targeting support to reduce the number of people waiting a long time
 - Recovery plans are in place for all services with a review to treat out longest waiting patients, starting with those that have waited over two years
 - Clinical validation to ensure consistent clinical prioritisation across all points of delivery
 - Facilitating mutual aid and full use of the independent sector where possible.
- Transforming the way we provide elective care:
 - Implementation of community diagnostic centre
 - Personalised outpatient programme (which includes work on digital transformation, virtual appointments, advice and guidance and patient initiated follow up)
 - Nationally identified pathways which can be considered high volume, low complexity (HVLC). With 29 designated pathways in the following specialties: cardiology; trauma and orthopaedics; muscular skeletal; ophthalmology; gynaecology; ear, nose and throat; general surgery; and urology
 - Productivity opportunities via review of available benchmarking data (such as model hospital and the Getting It Right First Time (GIRFT) national programmes).

- Better information and support for patients:
 - Waiting well pilot for patients waiting for surgery
 - Implementation of Surgery school
 - Suffolk and North East Essex (SNEE) wellbeing website which offer patients ways to wait well
 - Additional schemes on communication to patients are being developed.

For diagnostics, the priority is recovery to 95% of patients having their diagnostic test within six weeks by March 2025, the actions in place to achieve this include:

- Maximising the use of our current capacity utilising weekend, evening and mobile capacity
- Continuing to engage with and expand the cytosponge, a non-endoscopic diagnostic tool and colon capsule capacity, with an increase in the volume of patients going through these pathways to free up capacity within endoscopy
- Implementation of community diagnostic centre
- Implement digital histopathology.

For cancer, the priorities are that: by March 2024 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days by March 2024; and return the number of people waiting more than 62 days from an urgent referral back to pre-pandemic levels by March 2023. The key actions to delivery these priorities include:

- The cancer programme will continue to link into the development of the community diagnostic centres, reviewing pathways available to primary care for pre referral testing and additional opportunities for secondary care in relation to diagnostics.
- Rollout of faecal immunochemical test (FIT) pathway for lower gastrointestinal (GI)
- Continued engagement and implementation of innovation projects
- Continue to work as a system to support improvements in 62-day and 104-day breaches, by working with our quality teams we have continued to review themes from root cause analysis and implementing transformation following the learning, we currently have a pre-diagnosis nurse pilot running following learning relating to complex patients on our patient tracking list (PTL) and we have recently recruited a psychological project lead to support the development of a psychological pathway and measuring psychological harm
- Implement a clinical decision tool in primary care to support patients to arrive at secondary care with pre-referral tests completed, this will ensure there are minimal delays on first days of the two-week wait pathway
- Continue the implementation of the best practice time pathways. Ensuring pathways are compliant and developing action plans to support those that require improvement
- Encourage appropriate access to advice and guidance across primary and secondary care to promote referring the right patient on the right pathway at the right time.

Covid-19 – operational response and impact

As a Trust, we have a "command, control and coordination plan", also known as a "C3" plan. It covers the arrangements we use when responding to an incident that might affect our business as usual, or stop us from delivering services in the way we would normally. Responding to COVID-19 falls into that category, so we have followed the C3 plan with enhanced capability and resources to support our response. These included:

- **Strategic commander:** the strategic commander has overarching responsibility for the Trust's response to COVID-19. Our strategic commander is the chief operating officer (COO). Supported by members of the executive team, the COO leads a strategic group that considers and approves recommendations from the core resilience team (CRT), and tactical group.

- **Tactical:** looks after the day-to-day issues, that is things that need action immediately. It also decides how to put strategic group decisions into practice, and implements them. It's sub-groups include:
 - Operational: how we put decisions into practice in a way that works
 - Resources: managing things like personal protective equipment (PPE) stocks
 - Divisional operational command centres (DOCCs): this is a technical name for the teams looking after specific operational areas – including surgery, community, medicine, women and children's services, and patient flow. Staff can contact them directly for operational issues related to these areas.
- **Core resilience team:** looks after the 'mid-term' issues. It includes the following sub-groups:
 - Clinical: made up of clinical colleagues from across the Trust. It covers things like making sure we are following and implementing the right clinical guidelines
 - Community: community teams face very different challenges to acute colleagues, so this group looks at those specifically. It includes how we link with other providers, like care homes
 - Workforce: all things 'staff', including wellbeing and risk assessments, linking in with occupational health
 - Future planning: considers how we will turn services back on, in what order, and what support the Trust might need moving forward
 - Ethical: a group to temperature check some of the difficult decisions we've had to make. For example, the temporary suspension of, and then reinstating, services and activities.

The structures we put in place through our emergency planning arrangements supported us in responding to internal and external requirements and allowed the Trust to continue to provide emergency and urgent care to our patients. Significant changes to the operational arrangements were managed and delivered in a timely and considered manner. However, we do not underestimate the impact of the decisions and changes we made had on patients, relatives and our staff. It is significant to note that the head of internal audit's opinion is a position opinion despite the challenges placed on us through Covid-19, demonstrating that we were able, through our existing plans, to implement an effective control environment.

Despite the challenges that COVID-19 presented there are also opportunities for us to achieve sustainable improvements based on how we responded, such as the transformation of our outpatient services to enable virtual consultations by phone and video and the cross-agency collaboration to meet patients' needs. These and other changes were underpinned by a clinically-led approach to developing and delivering solutions – the value of this has been clear and we must further strengthen this clinical engagement in our managerial structures and decision-making. We will use a formal review process to capture learning, positive and negative, and this will inform future developments.

I am confident that the internal control systems are operating well and that the work we have done to maintain and develop our risk management systems will help us to consolidate this position in the future. The Trust is committed to the continuous improvement of processes of internal control and assurance. This includes the effective tracking of action to mitigate significant control issues through the board assurance framework.



Craig Black
Chief executive
15 September 2022

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

Senior managers' pay consists of the following elements:

- senior managers' salaries are reviewed on an annual basis by the remuneration committee. The objectives of the committee are set out below.
- benefits in kind – in line with the Trust policy for all employees, senior employees are eligible to access salary sacrifice schemes such as lease cars and computer equipment. These may be considered as benefits in kind and are declared to HM Revenue and Customs and employees pay any additional tax due as appropriate.

To determine senior manager salaries the remuneration committee may use one or more of the following:

- an assessment of the Trust's performance
- an assessment of an individual's performance against agreed objectives
- NHS cost of living pay rise, based on the national NHS pay award
- benchmarking data, including NHS Improvement guidance and established ranges
- NHS and other relevant advertised jobs
- the prevailing market position, including the ability to recruit and retain individuals.

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:

- advise the Board about appropriate remuneration and terms of service for the chief executive, other executive directors and other senior employees including:
 - all aspects of salary (including any performance-related elements/bonuses)
 - provisions for other benefits, including pensions and cars
 - arrangements for termination of employment and other contractual terms

- make recommendations to the Board on the remuneration and terms of service of executive directors and senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff
- scrutinise the proper calculation of termination payments taking account of such national guidance as is appropriate, advise on and oversee appropriate contractual arrangements for such staff
- monitor and evaluate the performance of individual executive directors (and as agreed by the Board other senior employees) including:
 - establishing the objectives of the chief executive and review the performance of the chief executive against these objectives which support the Trust's priorities
 - scrutinising the objectives of the executive directors (to be established by the chief executive and to support the Trust's priorities) and review performance reports on the executive directors prepared by the chief executive
- scrutinise the recommendations of the clinical excellence awards committee
- review the terms of reference of the committee every two years
- report the frequency of meetings and the members of the remuneration committee in the Trust's annual report
- the committee shall report in writing to the Board the basis for its recommendations
- consider the Trust's equality, diversity and inclusion policy in all decisions made, the objectives of which are linked to the Trust's overall strategy. Further detail regarding **diversity and inclusion** is provided within the staff report (see page 88 for further details on this policy)

The committee comprises the Trust chair and non-executive directors of the Board. The committee is chaired by a non-executive director (Mr A Eaton until May 2021 and Alan Rose from May 2021). 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. Five meetings of the remuneration committee were held during 2021/22.

Attendance at remuneration committee meetings

Name	Title	Attendance (out of 5)
Sheila Childerhouse ⁽⁴⁾	Trust chair	4/4
Richard Davies	Non-executive director	5
Angus Eaton ⁽¹⁾	Non-executive director (remuneration committee chair until May 2021)	1/1
Rosemary Mason ⁽²⁾	Associate non-executive director	1/1
Louisa Pepper	Non-executive director	2
Alan Rose	Non-executive director (remuneration committee chair from May 2021)	4
David Wilkes ⁽³⁾	Non-executive director	1/1
Christopher Lawrence ⁽⁵⁾	Non-executive director	3/4
Jude Chin ⁽⁶⁾	Interim Trust Chair	1/1

Meeting dates: 8 April, 15 July, 8 August, 23 September 2021, 17 March 2022

⁽¹⁾ Angus Eaton resigned as a non-executive director on 31 May 2021

⁽²⁾ Rosemary Mason resigned as associate non-executive director on 22 June 2021

⁽³⁾ David Wilkes resigned as non-executive director on 11 June 2021

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, including any senior manager paid more than £150,000. 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 arrangement for managing the remuneration policy for senior managers was strengthened from 2018/19 to include engagement with staff and public governors.

The Trust does not have a performance-related pay scheme. The committee, however, has the delegated authority to pay one-off discretionary payments in exceptional circumstances. The chief executive presents an annual report on executive directors' performance (in the case of the chief executive this is presented by the 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 3 years. Further details can be found on page 45 of this report.

Policy on payment for loss of office

Approval for any non-contractual severance payments should be obtained from the remuneration committee and NHS Improvement 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 decreased to £1,077k from £1,286k. There were no exit packages paid to Board members in the 2021/22 financial year or the comparative year.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme; or arrangement to secure pension benefits in another pension scheme; or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures

and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV 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 are able to reclaim expenses necessarily incurred during the course of their duties. Details of these are shown below. The numbers include individuals who have acted in their capacity as director or governor for any part of the financial year.

	2021/22		2020/21	
	Directors	Governors	Directors	Governors
Total number in office during the year	18	27	15	39
Total number receiving expenses	8	3	4	0
Aggregate total of expenses paid during the year (£)	10,895	105	3,994	0

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 2021/22 was £195k - £200k (2020/21, £195k - £200k). There has been no change in the banded remuneration of the highest paid director between periods.

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 2021/22 was from £17,417 to £240,111 (2020/21, £18,005 to £224,242). The increase in the high end of the range between periods is a result of additional medical sessions provided by consultants. The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 10.8%. Nine employees received remuneration exceeding that of the highest-paid director in 2021/22 (2020/21, nine employees).

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.

2021/22	25 th Percentile	Median	75 th Percentile
Total pay and benefits exc. pension benefits	22,549	31,534	42,121
Salary component of pay	22,549	31,534	42,121
Pay and benefits excluding pension:pay ratio for highest paid director	8.8	6.3	4.7

The mid-point of the highest paid director's salary and allowances band was 6.3 times (2020/21, 8.2 times) the median remuneration of the workforce, which was £31,534 (2020/21, £24,157). This is calculated based on all staff employed, including agency staff covering vacancies, as at 31 March

2022. The ratio reduced because the median remuneration of the workforce increased but the mid-point of the highest paid director's remuneration band did not. A contributing factor to the median increase, and also to the percentage change in average employee remuneration, is pay increases awarded to the workforce generally and incremental progression within salary bands. The highest paid director is a different individual in 2021/22 after the 2020/21 highest paid director ceased to be in post during 2021/22. An increase in the salary and allowances of individuals whose earnings exceeded the highest paid director also contributed to the reduction in ratio between highest paid director and rest of workforce remuneration.

Table A – Single total figure

Name and title	Year to 31 March 2022				Year to 31 March 2021			
	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£'000	£'00	£'000	£'000	£'000	£'00	£'000	£'000
Mrs H Beck - Chief Operating Officer (Note 1)	90 - 95	-	-	90 - 95	125 - 130	1	30 - 32.5	155 - 160
Mr C Black – Interim Chief Executive (Note 2)	190 - 195	29	-	195 - 200	165 - 170	68	0 - 2.5	170 - 175
Mrs S Childerhouse - Chair (Note 3)	40 - 45	-	-	40 - 45	45 - 50	2	-	45 - 50
Mr J Chin - Chair (Note 4)	15 - 20	5	-	15 - 20	-	-	-	-
Mrs N Cottington - Chief Operating Officer (Note 5)	45 - 50	-	85 - 87.5	135 - 140	-	-	-	-
Dr R Davies - Non Executive Director	10 - 15	-	-	10 - 15	10 - 15	-	-	10 - 15
Dr S Dunn – Chief Executive (Note 6)	55 - 60	52	42.5 - 45	105 - 110	185 - 190	128	70 - 72.5	270 - 275
Mr A Eaton - Non Executive Director (Note 7)	0 - 5	-	-	0 - 5	10 - 15	-	-	10 - 15
Dr N Jenkins - Executive Medical Director (Note 8)	50 - 55	2	-	50 - 55	190 - 195	-	22.5 - 25	210 - 215
Mr C Lawrence - Non Executive Director (Note 9)	10 - 15	-	-	10 - 15	-	-	-	-
Mr N Macdonald - Executive Director of Resources (Note 10)	100 - 105	6	-	100 - 105	-	-	-	-
Mrs R Mason - Associate Non Executive Director (Note 11)	0 - 5	-	-	0 - 5	5 - 10	-	-	5 - 10
Dr P Molyneux - Interim Executive Medical Director (Note 12)	160 - 165	3	167.5 - 170	330 - 335	-	-	-	-
Mr J Over – Executive Director Workforce & Communications	115 - 120	6	7.5 - 10	125 - 130	120 - 125	-	20 - 22.5	140 - 145
Mrs L Pepper - Non Executive Director	10 - 15	-	-	10 - 15	10 - 15	-	-	10 - 15
Mr A Rose - Non Executive Director	10 - 15	7	-	10 - 15	10 - 15	14	-	15 - 20
Mr D Wilkes - Non Executive Director (Note 13)	0 - 5	-	-	0 - 5	5 - 10	-	-	5 - 10
Mrs S Wilkinson - Executive Director Chief Nurse	120 - 125	-	150 - 152.5	275 - 280	25 - 30	-	147.5 - 150	170 - 175

No additional performance pay and bonuses were paid to directors in 2021/22 or 2020/2021.

Table B – Pension benefits to 31 March 2022

Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump Sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent transfer value at 1 April 2021	Real increase in cash equivalent Transfer Value	Cash equivalent transfer value at 31 March 2022
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Craig Black (Note 15)	-	-	-	-	-	-	-
Nick Jenkins (Note 17)	-	-	35 - 40	60 - 65	685	-	588
Stephen Dunn (Note 16)	0 - 2.5	-	80 - 85	-	1,039	10	1,100
Helen Beck (Note 14)	-	-	-	-	-	-	-
Jeremy Over (Note 17)	0 - 2.5	-	35 - 40	55 - 60	478	1	498
Susan Wilkinson (Note 17)	5 - 7.5	20 - 22.5	45 - 50	145 - 150	954	177	1,153
Nicola Cottingham (Note 17)	0 - 2.5	2.5 - 5	30 - 35	60 - 65	437	24	515
Nick Macdonald (Note 18)	-	-	-	-	-	-	-
Paul Molyneux (Note 17)	5 - 7.5	12.5 - 15	75 - 80	175 - 180	1,347	145	1,556

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.

Notes

1. H Beck was Chief Operating Officer to November 2021.
2. C Black was Executive Director of Resources to, and appointed Interim Chief Executive from, August 2021.
3. S Childerhouse was Chair to January 2022.
4. J Chin was appointed NED from September 2021 and Interim Chair from January 2022.
5. N Cottingham was appointed Chief Operating Officer from November 2021.

6. S Dunn was Chief Executive to August 2021.
7. A Eaton was NED to May 2021.
8. N Jenkins was Executive Medical Director to June 2021. Remuneration includes payments for clinical sessions during period in Medical Director post.
9. C Lawrence was appointed NED from June 2021.
10. N Macdonald was appointed Interim Executive Deputy Director of Resources from August 2021.
11. R Mason was Associate NED to June 2021.
12. P Molyneux was appointed Interim Executive Medical Director from June 2021. Remuneration includes payments for clinical sessions during period in Medical Director post.
13. D Wilkes was NED to June 2021.
14. H Beck was over normal retirement age in prior year, therefore a CETV calculation was not applicable, and retired in the current year.
15. C Black opted out of the pension scheme in January 2020. As the member is no longer active in the pension scheme there are no figures available to calculate by the NHS Pension Agency.
16. Lump Sum is zero as a member of 2008 Section and 2015 Section which does not provide an automatic lump sum.
17. Lump Sum increase may be zero or low as now a member of 2015 Scheme which does not provide an automatic lump sum.
18. N Macdonald opted out of the pension scheme in December 2020. As the member is no longer active in the pension scheme there are no figures available to calculate by the NHS Pension Agency.



Craig Black

Interim Chief Executive
15 September 2022

2.8 Staff report

2.8.1 Our staff

The Trust is one of the largest employers in west Suffolk, employing 4,845 staff in April 2021. It firmly believes in the benefits of working in partnership with staff and the trade unions, and this was highlighted during 2021-22 with the following activities:

- the Trust achieved an above average rating for trusts for the staff engagement theme in the 2021 national NHS staff survey
- the percentage of staff recommending WSFT as a place to work in the 2021 national NHS staff survey was well above average for trusts
- our two Freedom to Speak Up Guardians, and Guardian of Safe Working for junior doctors, continue to support an open and inclusive culture
- staff governors also 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 both emotional and physical health and wellbeing. We provide a clinical psychologist-led staff support psychology service and offer a wide range of benefits to support staff.
- staff continue to receive financial assistance in the form of low-interest loans which are arranged by an external organisation, and have access to a staff physiotherapist
- all staff continue to have access to free membership of Abbeycroft Leisure which includes access to physical facilities and virtual classes
- all staff were offered both an influenza and COVID-19 vaccination in 2021-22
- we have introduced a full-time staffside lead role, replacing our part-time convenor role.
- we continue to develop our partnership working through the following groups:
 - Trust council
 - Trust negotiating committee (medical and dental)
 - health and wellbeing steering group
 - equality, diversity and inclusion steering group.

2.8.2 Staff costs

Staff costs

	Permanent	Other	2021-22 Total	2020-21 Total
	£000	£000	£000	£000
Salaries and wages	178,892	251	179,143	171,125
Social security costs	17,999	-	17,999	16,229
Apprenticeship levy	864	-	864	792
Employer's contributions to NHS pension scheme	29,653	-	29,653	27,485
Pension cost - other	66	-	66	66
Temporary staff	-	4,071	4,071	4,329
Total gross staff costs	227,474	4,322	231,796	220,026
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	227,474	4,322	231,796	220,026
Of which				
Costs capitalised as part of assets	1,651	-	1,651	3,938

2.8.3 Average number of employees (whole time equivalent (WTE) basis)

Average number of employees (WTE basis)

	Permanent Number	Other Number	2021-22 Total Number	2020-21 Total Number
Medical and dental	493	41	534	539
Administration and estates	837	49	886	807
Healthcare assistants and other support staff	812	106	918	937
Nursing, midwifery and health visiting staff	1,172	88	1,260	1,234
Scientific, therapeutic and technical staff	763	19	782	662
Total average numbers	4,077	303	4,380	4,179

Of which:

Number of employees (WTE) engaged on capital projects	103	-	103	103
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2.8.4 Reporting of compensation schemes - exit packages 2021-22

There were no compensation schemes/exit packages recorded in 2021-22.

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

	Male	Female	Total
Executive directors (including CEO)	4	2	6
Non-executive directors (including chair)	4	1	5
Other senior managers (band 8d and above)	10	5	15
Employees	940	3,879	4,845

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
23	22.5
Percentage of time spent on facility time	Number of employees
0%	18
1%-50%	4
51% - 99%	1
100%	0
Total cost of facility time	Costs
Total pay bill	£226,408,000
Percentage of pay bill spent on facility time	0.25%
Time spent on trade union activities as percentage of total facilities time	Percentage
857	38%

2.8.8 Equality and diversity

The Trust is committed to the provision of high quality, safe care for all members of the communities it serves and to the development of a culture of inclusion where all people are valued and respected for their individual differences; as evidenced by our strategy: 'First for our patients, staff and the future'.

This means we will embrace all people irrespective of, for example, race, religion or belief, gender identity or expression, sexual orientation, age, marital status, pregnancy, maternity or disability. We will give equal access and opportunities and remove discrimination and intolerance. We will do this both as an employer and as a service provider.

Our **inclusion strategy objectives** are:

For **patients, service users and carers**:

- Improve the experience and care of patients and service users experiencing mental distress; those with learning disabilities and neurodiversity
- Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities.

For **staff**:

- Promote and support inclusive leadership at all levels of the Trust
- Ensure recruitment and selection processes are bias-free and inclusive
- Facilitate the voices of all staff, providing fora for individuals to come together, to share ideas, raise awareness of challenges, provide support to each other and feedback to the Trust on issues of equality, diversity and inclusion
- Take action to support the mental health and wellbeing of all staff.

For **patients, service users, carers and staff**:

- Promote a culture of inclusion in delivery of care to all patients and staff
- Improve information and data collected, in respect of protected characteristics in order to understand what action may be required
- Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours.

Our objectives have been drawn from an in-depth analysis of progress to date with our equality delivery system (EDS), a review of EDS2 goals and outcomes, a review of our performance against the nine NHS Workforce Race Equality Standard indicators, national staff survey results, our gender pay gap report, the Trust's strategy and the requirements of the Equality Act (2010), including the Public Sector Equality Duty (PSED).

Our objectives were reviewed and updated in the summer of 2019 for August 2019 to July 2021. Progress is monitored quarterly by the equality and diversity steering group and an annual report is received by the Board. Progress towards our equality, diversity and inclusion objectives can be seen in the [inclusion plan](#) published on our website.

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			
	2021-22	2020-21	2019-20	2018-19	2021-22	2020-21	2019-20	2018-19
Age								
16	0	0	0	0	0	0	0	0
17-21	60	75	54	64	62	60	71	51
22+	4785	4673	4299	3981	6874	6077	6,105	5,800
Not specified	0	0	0	0	108	114	120	123
Total	4845	4748	4353	4045	7044	6251	6,296	5,974
Ethnicity								
White	3801	3765	3500	3382	6180	5540	5,600	5,331
Mixed	65	55	49	44	45	32	34	29
Asian or Asian British	517	485	461	312	167	106	95	88
Black or Black British	95	60	29	31	41	28	28	23
Other ethnic group	67	48	39	42	39	34	35	30
Not stated	162	186	198	213	572	511	504	473
Undefined	138	149	77	21	0	0	0	0
Total	4845	4748	4353	4045	7044	6251	6,296	5,974
Gender								
Female	3887	3833	3544	3281	4663	3953	3,932	3,673
Male	958	915	809	764	2381	2298	2,364	2301
Total	4845	4748	4353	4045	7044	6251	6,926	5,974
Disability								
No	2754	2436	2104	1770	-	-	-	-
Not declared	291	325	365	327	-	-	-	-
Undefined	1225	1370	1227	1276	6265	5670	5,661	5,338
Prefer not to answer	387	455	516	558	177	-	-	-
Yes	188	162	141	114	602	581	635	636
Total	4845	4748	4353	4045	7044	6251	6,296	5,974

Source: Electronic Staff Record (as at 1/4/2022)

	Male	Female	Total
Executive directors (including CEO)	4	2	6
Non-executive directors (including chair)	4	1	5
Other senior managers (band 8d and above)	10	5	15
Employees	940	3,879	4,845

Source: Electronic Staff Record (as at 1/4/2022)

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, recruitment and retention of people with disabilities, supporting people who are trans policy and equal opportunities policy) all support this focus.

The Trust completes an annual action plan based on its performance against the NHS Workforce Race Equality Standard, Workforce Disability Equality Standard and gender pay gap reporting, the national NHS staff survey and other locally identified priorities.

Gender pay gap legislation requires all employers of 250 or more employees to publish their gender pay gap as at 31 March each year. You can download our gender pay gap report via <https://www.wsh.nhs.uk/CMS-Documents/EqualityandDiversity/GPG-Report.pdf>.

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, and WSFT has a policy to support the recruitment and retention of people with disabilities. Additionally, our policy 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 has systems and processes in place to review staff turnover. Information for the year is available via <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-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 then escalates any issues of concern to the corporate risk governance group. Issues that cannot be resolved or which need to be escalated are reported up to the insight committee and the board of directors accordingly.

Risk assessment

The strategy for the management of risk in WSFT continues to be developed and promoted Trust-wide. The Datix risk register is a tool for capturing, prioritising and managing the Trust's significant 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 departmental manager to ensure all their significant risks are captured on the risk register. Risk register training is provided by the head of health, safety and risk and the Trust's health and safety advisor.

Between April 2021 to March 2022, nine members of staff were trained in the principles of health, safety and risk assessment. This has improved the quality and quantity of risk assessments and has helped to promote the use of the risk register.

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. 254 members of staff have now gained this qualification. Once completed, the inspection is captured on the risk register so actions can be monitored.

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

Between April 2021 to March 2022 16 incidents were reported to the Health and Safety Executive (HSE) as required under RIDDOR. This is a decrease of five from the previous year.

There were no RIDDOR reportable incidents relating to asbestos or needlesticks. There was a decrease in the category of moving and handling from six to two incidents; slips, trips and falls from six to four incidents. Violence and aggression incidents increased from two to five while health and safety related incidents remained at five.

RIDDOR description	2021-22
Moving and handling incidents	2
Slips, trips and falls	4
Health and Safety	5
Violence and aggression	5

The Trust continues to improve standards which has helped to reduce the number of moving and handling incidents, this includes:

- Handling patients and safe handling of loads policy and procedure
- All front-line staff attend mandatory moving and handling training via e-learning and classroom sessions
- Improved moving and handling advisor and trainer resource
- All wards and departments are required to have moving and handling risk assessments.

Of the 16 incidents reported to the HSE, 12 (75%) were due to being off work for more than seven days following an incident. The health and safety committee reviews incident trends, including RIDDORs to ensure that appropriate learning takes place and action is taken.

Incident reporting system

The Datix 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 2021 to March 2022 there were 367 violence, abuse and harassment incidents - a increase of 30 from the previous year. These incidents take into account physical assaults, verbal abuse, harassment and physically threatening behaviour towards staff by patients. Out of the 337 incidents reported there were 128 physical assaults, and 90 were recorded as having a clinical cause. Clinical-caused incidents are those whereby the patient is not aware or has no control of their actions. This can be postoperative due to having a general anaesthetic or, more commonly, the patient is suffering from dementia or is cognitively impaired. During 2017 new training to support staff in managing challenging behaviour was introduced.

There were 1,813 reported incidents of personal accident/ill-health during 2021-22. This is an increase of 33 incidents (2%) from the previous year. This figure includes staff, patients, visitors and others and is broken down into specific incident categories, which include slips/trips/falls, contact with an object, contact with a sharp, 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 3 (quality report).

2.8.10 Occupational health report / occupational health and wellbeing service

Occupational health and wellbeing vision:

To deliver a professional, quality occupational health and wellbeing service to the West Suffolk NHS Foundation Trust and become an essential component in the quality service delivered to the local community by taking a public health approach to occupational health and wellbeing.

Promoting the health and wellbeing of all our staff is important to support them in delivering excellent care for our community as well as being a marker of a good employer.

Our health and wellbeing steering group oversees our programme of action to support our staff and our wellbeing plan sets out our annual priorities.

In October 2021 we entered into a new partnership with Workplace Health and Wellbeing, part of the Norfolk and Norwich University Hospitals NHS Foundation Trust, to provide comprehensive occupational health services for all our staff.

We continue to focus on the emotional, physical and financial wellbeing of our staff. Offering, for example, a clinical psychologist-led staff support psychology service, free membership of Abbeycroft Leisure for all our staff, access to a staff physiotherapy service and a debt management service for any staff who may be experiencing financial stress.

All our staff have had easy access to both an influenza and COVID-19 vaccination through our inhouse vaccination programmes.

2.8.11 Staff survey

The NHS staff survey is each year across the service in England. It is one of the largest staff feedback and benchmarking exercises for any employer in the world. A set of standard questions is used, with each Trust required to appoint an independent survey contractor to administer the process, collate results and submit these to the national staff survey centre. This then leads to all Trusts receiving a standardised report which benchmarks them against their own historical performance, and against comparator organisations. The WSFT is benchmarked against other acute and acute & community trusts.

The staff survey provides deep insights into the views and experiences of our staff. We use the results to understand our current position and involve our teams in how the report's findings are interpreted and taken forward.

Staff support and engagement

The WSFT moved from a partial survey to a full census of all its staff for the 2019 survey. This was done so the Trust could better understand the thoughts of the staff on what was working well and how we can better improve our services for the benefit of patients and the public. The Trust encourages open and honest communication throughout the organisation. A number of methods have been developed to encourage all staff to feel that they can contribute:

- All-staff briefing – weekly live briefing and Q&A with executives
- 'What Matters to You' survey – staff discussion workshops during the pandemic
- Monthly team briefings
- Freedom to Speak Up guardians
- Guardian of safe working for junior doctors
- Senior independent director – non-executive director lead for whistleblowing
- Weekly executive director open door session in Time Out restaurant (impacted by COVID-19)
- Executive and environmental walkabouts (impacted by COVID-19)
- Electronic staff briefing issued at least once a week
- Monthly medical director's bulletin for medical staff
- The Green Sheet weekly staff newsletter
- The 5 o'clock club - our leadership and culture development forum
- Staff recognition programme
- Staff health and wellbeing focus groups
- Staff networks – LGB&T+, BAME and disability networks
- Staff engagement on corporate social media, e.g. Twitter and Facebook

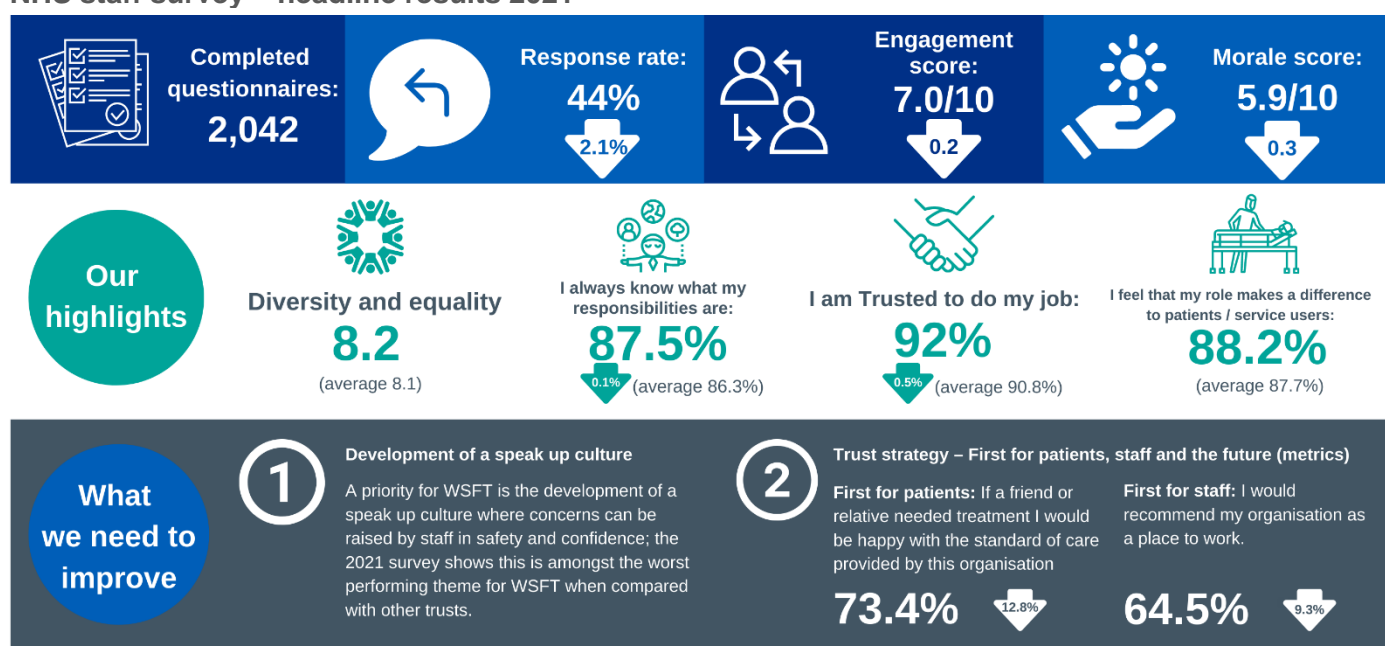
- A telephone hotline and web-based reporting for raising concerns anonymously
- Network of FTSU champions.

Summary of staff survey

From 2021 onwards, the results from questions were grouped to give scores in nine indicators. The themes of the new indicators are centered around the NHS People Promise. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

In all of the themes the Trust is considered to be average or above average, we are average in only one theme.

NHS staff survey – headline results 2021



The themes have changed from the previous years, and though some themes have the same name, the questions that make up that theme also differ. The themes that have data for 2020 and 2019 are those that have a similar tone to the new themes.

	2021		2020		2019	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
We are compassionate and inclusive	7.3	7.2	-	-	-	-
We are recognised and rewarded	5.9	5.8	-	-	-	-
We each have a voice that counts	6.7	6.7	-	-	-	-
We are safe and healthy	6.0	5.9	6.6	6.8	7.1	7.0
We are always learning	5.4	5.2	-	-	-	-
We work flexibly	6.0	5.9	-	-	-	-
We are a team	6.7	6.6	6.6	6.5	6.9	6.6
Staff engagement	7.0	6.8	7.2	7.0	7.5	7.0
Morale	5.9	5.7	6.4	6.2	6.6	6.1

Summary of staff survey response

The following summaries provide details on the response rates to the recent staff survey and how this compares to the previous years.

	2021	2020	2019
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Response rate	44%	45.7%	51.8%
Benchmarking group	52%	45.4%	47.5%

Best and worse scores against benchmarking

Best scores

Indicator	2021-22		2020-21		2019-20	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	74%	66%	83%	74%	86%	71%
q21c. Would recommend organisation as place to work	65%	59%	74%	67%	77%	63%
q11a. Organisation takes positive action on health and well-being	63%	57%	-	-	-	-
q8c. Colleagues are polite and treat each other with respect	76%	71%	-	-	-	-
q3e. Involved in deciding changes that affect work	54%	49%	52%	50%	58%	53%

Worst scores

Indicator	2021-22		2020-21		2019-20	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
q17b. Would feel confident that organisation would	52%	59%	55%	59%	67%	59%
q21b. Organisation acts on concerns raised by patients/service users	66%	71%	72%	74%	80%	73%
q14d. Last experience of harassment/bullying/abuse reported	43%	48%	46%	46%	45%	46%
q17a. Would feel secure raising concerns about unsafe clinical practice	69%	73%	69%	72%	75%	71%
q13d. Last experience of physical violence	65%	67%	71%	68%	72%	68%

Next steps on our journey

The staff survey theme results have been shared with our colleagues and there are plans to share more detail through all-staff briefings, this is to provide staff with an opportunity to share their thoughts on the report.

The Trust will include a check-in in relation to the things they are working on to make improvements, and the opportunity for staff to suggest other improvements.

Later in the year we plan to hold another 'What Matters to You' programme, this will provide further opportunities for the staff to input into our priorities for improving WSFT as a place to work – as a whole, and across individual teams.

2.8.12 Pension liabilities for ill-health retirement

There were three ill-health retirements during the year to 31 March 2022 (2020-21: two); the additional pension liability borne by NHS Pensions was estimated as £69k (2020-21: £120k).

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 2022 earning £245 per day or greater:

No. of existing engagements as of March 2022	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	1
No. that have existed for four or more years at time of reporting	4

All highly paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater:

No. of off-payroll workers engaged during the year ended 31 March 2022	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 2021 and 31 March 2022:

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.	26

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 2021 and 31 March 2022.

During 2021-22, the Trust spent £238k on consultancy costs (2020-21 £365k). 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 2022

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Foreword to the accounts

West Suffolk NHS Foundation Trust

These accounts, for the year ended 31 March 2022, 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	Craig Black
Job title	Chief Executive Officer (Interim)
Date	15 September 2022

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 2022 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 state of the Trust's affairs as at 31 March 2022 and of the Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2021/22.

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 Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to 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 Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified and concur with the Directors' 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.
- Reviewing the Trust’s accounting policies.

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 and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals and provisions.

On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included:
 - Unexpected postings to cash and expenditure codes; and
 - Any material post-close journals.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing the appropriateness of expenditure recognised with specific emphasis placed on cut-off. This included:
 - Sample testing of year-end accruals;
 - Review of year-end journals posted to increase expenditure accounts;
 - Sample testing of invoices and bank payments post year-end;

Identifying and responding to risks of material misstatement related to non-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 directors and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

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.

The Trust is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

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 these 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 Directors are responsible for the other information presented in the Annual Report together with the financial statements. 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.
- in our opinion that report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 85, 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 dissolve the Trust without the transfer of their services to another public sector entity.

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.

During December 2021, the West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published. The report noted that the Trust's Board performance fell short on both ensuring accountability and shaping culture.

We acknowledge that the Trust has acted on some of the recommendations made by the Review and, following the publication of the formal Review report, the Trust has developed a detailed Action Plan which was approved by the Board in March 2022. However, for the year under review, there was a significant weakness in the Trust's governance arrangements.

We have raised a recommendation within our Auditor's Annual Report for the Trust to ensure that implementation of the action plan to respond to the recommendations of the independent review is appropriately monitored and the agreed actions are implemented.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting 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 have undertaken 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 the use of 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 issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the relevant NHS regulatory body 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 Trust incurring unlawful expenditure, or is about to take, or has taken, a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

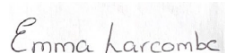
We have nothing to report in this respect.

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 and the terms of our engagement by the Trust. 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 the further matters we are required to state to them in accordance with the terms agreed with the Trust, 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.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of West Suffolk NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Emma Larcombe
for and on behalf of KPMG LLP
Chartered Accountants
Botanic House
100 Hills Road
Cambridge
CB2 1AR

16 September 2022

Statement of Comprehensive Income for the year ended 31 March 2022

		2021/22	Restated 2020/21
	Note	£000	£000
Operating income from patient care activities	3	328,976	264,518
Other operating income	4	23,203	56,764
Operating expenses	6, 21	(120,875)	(103,806)
Employee Benefits	8, 21	(230,145)	(216,088)
Operating surplus/(deficit) from continuing operations		1,159	1,388
Finance income		13	3
Finance expenses		(1,701)	(2,378)
PDC dividends payable		(3,918)	(2,832)
Net finance costs		(5,606)	(5,207)
Other gains / (losses)		20	(42)
Surplus / (deficit) for the year		(4,427)	(3,861)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments - taken to the revaluation reserve	7	(77)	(574)
Revaluations	12.4	3,038	2,605
Other reserve movements		-	30
Total comprehensive income / (expense) for the period		(1,466)	(1,800)

Statement of Financial Position as at 31 March 2022

		31 March 2022 £000	Restated 31 March 2021 £000
	Note		
Non-current assets			
Intangible assets	11, 21	52,039	46,025
Property, plant and equipment	12	169,487	135,703
Investment property		1,400	1,400
Receivables	13	5,807	6,341
Total non-current assets		228,733	189,469
Current assets			
Inventories		3,574	3,481
Receivables	13	15,069	19,362
Cash and cash equivalents	14	33,323	23,788
Total current assets		51,966	46,631
Current liabilities			
Trade and other payables	15	(60,164)	(52,522)
Borrowings	16	(5,858)	(6,439)
Provisions		(38)	(46)
Other liabilities		(2,888)	(1,357)
Total current liabilities		(68,948)	(60,364)
Total assets less current liabilities		211,751	175,736
Non-current liabilities			
Borrowings	16	(44,002)	(47,719)
Provisions		(415)	(852)
Total non-current liabilities		(44,417)	(48,571)
Total assets employed		167,334	127,165
Financed by			
Public dividend capital		200,285	158,650
Revaluation reserve		11,704	8,743
Income and expenditure reserve	21	(44,655)	(40,228)
Total taxpayers' equity		167,334	127,165

The notes on pages 135 to 167 form part of these accounts.



Name
Position
Date

Craig Black
Chief Executive Officer (Interim)
15 September 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - restated	158,650	8,743	(40,228)	127,165
Surplus/(deficit) for the year	-	-	(4,427)	(4,427)
Impairments	-	(77)	-	(77)
Revaluations	-	3,038	-	3,038
Public dividend capital received	41,635	-	-	41,635
Taxpayers' and others' equity at 31 March 2022	200,285	11,704	(44,655)	167,334

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Restated Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	74,065	6,942	(33,583)	47,424
Prior period adjustment (see note 21)	-	-	(3,044)	(3,044)
Taxpayers' and others' equity at 1 April 2020 - restated	74,065	6,942	(36,627)	44,380
Surplus/(deficit) for the year (restated - see note 21))	-	-	(3,861)	(3,861)
Other transfers between reserves	-	(230)	230	-
Impairments	-	(574)	-	(574)
Revaluations	-	2,605	-	2,605
Public dividend capital received	84,585	-	-	84,585
Other reserve movements	-	-	30	30
Taxpayers' and others' equity at 31 March 2021 - restated	158,650	8,743	(40,228)	127,165

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 the year ended 31 March 2022

		2021/22	Restated 2020/21
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)	21	1,159	1,388
Non-cash income and expense:			
Depreciation and amortisation	6, 21	9,800	7,243
Net impairments	7	4,647	1,496
Income recognised in respect of capital donations	4	(149)	(371)
(Increase) / decrease in receivables and other assets		4,997	12,678
(Increase) / decrease in inventories		(93)	(609)
Increase / (decrease) in payables and other liabilities		11,945	14,464
Increase / (decrease) in provisions		(445)	85
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		31,861	36,374
Cash flows from investing activities			
Interest received		13	3
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(8,174)	(12,983)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(45,736)	(27,526)
Sales of PPE and investment property		20	6
Net cash flows from / (used in) investing activities		(53,877)	(40,500)
Cash flows from financing activities			
Public dividend capital received		41,635	84,585
Public dividend capital repaid		-	-
Repayment of loans from DHSC		(2,307)	(56,258)
Repayment on other loans		(442)	560
Capital element of finance lease rental payments		(1,567)	(1,287)
Interest on loans		(1,107)	(1,525)
Interest paid on finance lease liabilities		(573)	(981)
PDC dividend (paid) / refunded		(4,088)	(3,025)
Net cash flows from financing activities		31,551	22,069
Increase / (decrease) in cash and cash equivalents		9,535	17,943
Cash and cash equivalents at 1 April - brought forward		23,788	2,441
Impact of prior period adjustment	21		3,404
Cash and cash equivalents at 31 March	14	33,323	23,788

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards 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 Trust achieved an adjusted financial surplus position (after adjusting for impairments and donated items) during the financial year and is forecast to breakeven in the forthcoming year.

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 Trust has a 25% share in Collaborative Procurement Partnership Limited Liability Partnership (LLP) with three other NHS Organisations. The LLP was established in 2017/18 and the investment in this is not yet material to the Trust. Therefore assets have not been reflected in the accounts. No income has been accrued for in 2021/22 as no profits are expected to be distributed (Nil in 2020/21).

MyWish 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. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

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, e.g., 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 (i.e. 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. 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.

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.

In 2020/21 this included assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end. The Trust did not receive any donated property, plant and equipment from the Department of Health and Social Care in 2021/22.

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 Years	Max life Years
Buildings, excluding dwellings	13	86
Dwellings	49	87
Plant & machinery	5	25
Information technology	5	10
Furniture & fittings	10	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Recognition

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

Software

Software which is integral to the operation of hardware, e.g. 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, e.g. application software, is capitalised as an intangible asset.

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.

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 Years	Max life Years
Information technology	5	10
Software licences	5	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 the Office of National Statistics.

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, i.e., 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, 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

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

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

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

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the Statement of Financial Position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

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

The Trust as a lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised 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 the discount rates published and mandated by HM Treasury.

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 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 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.16 Standards, amendments and interpretations in issue but not yet effective or adopted**IFRS 16 Leases**

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	11,603
Additional lease obligations recognised for existing operating leases	(11,603)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	-
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(2,258)
Additional finance costs on lease liabilities	(101)
Lease rentals no longer charged to operating expenditure	2,315
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	(44)
Estimated increase in capital additions for new leases commencing in 2022/23	190

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted. This is not expected to have a material impact on the Trust.

Note 1.17 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 experience in the last 6.5 years it is assumed that 68% of deposits outstanding at the balance sheet date will be recovered, which equates to £7.9m million for 2021/22.
- **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 and the last full valuation was undertaken in 2018/19. Every year the Trust requests that the Valuer considers the accuracy of this valuation and to apply a desktop valuation to ensure that the value of land and buildings remains materially accurate. The value of the Trust's land and buildings equates to £130m as at 31 March 2022. 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 1.18 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 2 Operating Segments

The Trust reports to the Board, which is considered to be the Chief Operating Decision Maker, the performance at a divisional level on a monthly basis. Segments are considered where the total income is 10% or more of the Trust's total income. The Trust has identified five reportable segments. The main source of income for the Trust is from Commissioners in respect of healthcare services from CCGs who are under common control and classified as a single customer. In 2020/21 and 2021/22 the Trust received block contract income rather than income based on activity performed. As a result the majority of income is shown against the corporate function for 2020/21 and 2021/22.

Net assets are not reported to the Board on a segmental basis therefore have been excluded for the purposes of this note.

The Trust reports to the Board by directorate down to an operating contribution.

	Medicine	Surgery	Women and Children	Corporate	Community	Other	Total
	£000	£000	£000	£000	£000	£000	£000
2021/22							
Income	89,805	59,884	26,381	119,176	46,016	10,936	352,198
Expenditure	(82,212)	(60,453)	(22,452)	(72,713)	(51,224)	(62,924)	(351,978)
Contribution	7,593	(569)	3,929	46,463	(5,208)	(51,988)	220

	Medicine	Surgery	Women and Children	Corporate (Restated)	Community	Other	Total (Restated - note 21)
	£000	£000	£000	£000	£000	£000	£000
2020/21							
Income	74,721	44,076	20,143	130,902	42,180	9,260	321,282
Expenditure	(78,773)	(54,655)	(19,964)	(61,907)	(46,616)	(57,979)	(319,894)
Contribution	(4,052)	(10,579)	179	68,995	(4,436)	(48,719)	1,388

These segments represent the management structure in the organisation. This note analyses total income by management unit within the Organisation.

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)	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income	231,571	186,052
High cost drugs income from commissioners (excluding pass-through costs)	15,929	13,108
Other NHS clinical income	16,683	16,794
Community services		
Block contract / system envelope income	33,001	29,571
Income from other sources (e.g. local authorities)	9,784	9,455
All services		
Private patient income	1,500	966
Elective recovery fund	11,001	-
Additional pension contribution central funding*	9,004	8,222
Other clinical income	503	350
Total income from activities	328,976	264,518

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021/22	2020/21
	£000	£000
Income from patient care activities received from:		
NHS England	27,982	13,210
Clinical commissioning groups	285,318	240,537
Other NHS providers	12,477	8,104
Local authorities	1,196	1,351
Non-NHS: private patients	1,462	934
Non-NHS: overseas patients (chargeable to patient)	38	79
Injury cost recovery scheme	503	303
Total income from activities	328,976	264,518
Of which:		
Related to continuing operations	328,976	264,518

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2021/22	2020/21
	£000	£000
Income recognised this year	38	79
Cash payments received in-year	62	36
Amounts added to provision for impairment of receivables	16	216
Amounts written off in-year	1	9

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	709	-	709	565	-	565
Education and training	8,328	456	8,784	7,485	-	7,485
Non-patient care services to other bodies	8,420		8,420	16,224		16,224
Reimbursement and top up funding	510		510	24,791		24,791
Receipt of capital grants and donations		149	149		371	371
Charitable and other contributions to expenditure		871	871		3,859	3,859
Support from the Department of Health and Social Care for mergers		-	-		-	-
Rental revenue from operating leases		96	96		118	118
Other income*	3,664	-	3,664	3,234	117	3,351
Total other operating income	21,631	1,572	23,203	52,299	4,465	56,764
Of which:						
Related to continuing operations			23,203			56,764

*Other income includes £665k of car parking (2020/21 £400k) and £650k of catering income (2020/21 £600k).

Note 5 Income from activities arising from commissioner requested services

Under the terms of its provider licence, 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:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	328,976	264,518
Income from services not designated as commissioner requested services	23,203	56,764
Total	352,179	321,282

Note 6 Operating expenses

	Note	2021/22 £000	Restated 2020/21 £000
Purchase of healthcare from NHS and DHSC bodies		-	81
Purchase of healthcare from non-NHS and non-DHSC bodies		3,802	1,743
Staff and executive directors costs	21	230,145	216,088
Remuneration of non-executive directors		126	127
Supplies and services - clinical (excluding drugs costs)		41,270	37,610
Supplies and services - general		3,362	3,239
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)		24,380	21,825
Inventories written down		265	244
Consultancy costs		238	365
Establishment		7,129	3,893
Premises		5,761	8,264
Transport (including patient travel)		1,323	1,281
Depreciation on property, plant and equipment		6,806	5,179
Amortisation on intangible assets	21	2,994	2,064
Net impairments		4,647	1,496
Movement in credit loss allowance: contract receivables / contract assets		(6)	187
Increase/(decrease) in other provisions		24	13
Change in provisions discount rate(s)		7	117
Fees payable to the external auditor			
audit services- statutory audit*		135	62
Internal audit costs**		163	150
Clinical negligence		9,304	8,967
Legal fees		203	196
Insurance		232	156
Education and training		1,623	628
Rentals under operating leases		6,497	5,680
Car parking & security		19	27
Hospitality		61	22
Other		510	190
Total		351,020	319,894
Of which:			
Related to continuing operations		351,020	319,894

* The audit fees are disclosed net of VAT. VAT is not recoverable and the VAT element is included in 'other'.

** All internal audit costs are non-staff related as the service is provided by an external firm.

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020/21: £1 million).

Note 7 Impairment of assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	-	421
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	4,647	-
Changes in market price	-	1,075
Total net impairments charged to operating surplus / deficit	4,647	1,496
Impairments charged to the revaluation reserve	77	574
Total net impairments	4,724	2,070

Impairments arose in 2021/22 as a result of a desktop revaluation exercise carried out at the end of the year. The Valuer has reviewed the value of the Trust's land and buildings and a reduction in asset value has occurred as follows:

	Net Impairment £000
Main Hospital Block	5,369
Land	(108)
Other Buildings	(537)
Total	4,724

The impairment on the main hospital block is due to unforeseen obsolescence with the structure and the works required to bring the asset into repair and back in to use.

Note 8 Employee benefits

	2021/22	Restated 2020/21
	Total	Total
	£000	£000
Salaries and wages	179,143	167,721
Social security costs	17,999	16,229
Apprenticeship levy	864	792
Employer's contributions to NHS pensions	29,653	27,485
Pension cost - other	66	66
Temporary staff (including agency)	4,071	4,329
Total staff costs	231,796	216,622
Of which		
Costs capitalised as part of assets (restated - see note 21)	1,651	534

Remuneration of non-executive Directors is excluded from this note and is disclosed separately in note 6.

Note 8.1 Retirements due to ill-health

During 2021/22 there were 3 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £69k (£120k in 2020/21).

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 two 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 are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Note 10 Operating leases

Note 10.1 West Suffolk NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where West Suffolk NHS Foundation Trust is the lessee.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	6,488	5,680
Contingent rents	9	-
Total	6,497	5,680
	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	1,134	632
- later than one year and not later than five years;	1,810	664
- later than five years.	42	647
Total	2,986	1,943
Future minimum sublease payments to be received	-	-

The lease costs in this note include properties on licence from NHS Property Services used for the delivery of community services. No leases have been signed for in relation to these properties so £0 has been included in future commitments. The remaining leases relate to equipment.

Note 11 Intangible assets - 2021/22

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward (restated)	3,145	54,078	-	57,223
Additions	992	8,016	-	9,008
Valuation / gross cost at 31 March 2022	4,137	62,094	-	66,231
Amortisation at 1 April 2021 - brought forward	218	10,980	-	11,198
Provided during the year	410	2,584	-	2,994
Amortisation at 31 March 2022	628	13,564	-	14,192
Net book value at 31 March 2022	3,509	48,530	-	52,039
Net book value at 1 April 2021 (restated)	2,927	43,098	-	46,025

Note 11.1 Intangible assets - 2020/21

	Software licences	Internally generated information technology (restated - see note 21)	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	1,490	45,578	9,256	56,324
Prior period adjustments	-	(3,044)	-	(3,044)
Valuation / gross cost at 1 April 2020 - (restated)	1,490	42,534	9,256	53,280
Transfers by absorption	-	-	-	-
Additions (restated)	1,655	7,924	-	9,579
Revaluations	-	582	-	582
Reclassifications	-	9,256	(9,256)	-
Disposals / derecognition	-	(6,218)	-	(6,218)
Valuation / gross cost at 31 March 2021 - (restated)	3,145	54,078	-	57,223
Amortisation at 1 April 2020 - as previously stated	134	15,218	-	15,352
Prior period adjustments	-	-	-	-
Amortisation at 1 April 2020 - (restated)	134	15,218	-	15,352
Provided during the year	84	1,980	-	2,064
Disposals / derecognition	-	(6,218)	-	(6,218)
Amortisation at 31 March 2021 - (restated)	218	10,980	-	11,198
Net book value at 31 March 2021 (restated)	2,927	43,098	-	46,025
Net book value at 1 April 2020 (restated)	1,356	27,316	9,256	37,928

Note 12 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	10,870	82,083	10,741	16,205	15,285	-	12,185	135	147,504
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	21,766	-	17,742	1,476	-	1,292	-	42,276
Impairments	-	(6,814)	(38)	-	-	-	-	-	(6,852)
Reversals of impairments	108	1,076	868	-	-	-	-	-	2,052
Revaluations	752	(727)	25	-	-	-	-	-	50
Reclassifications	-	7,985	-	(7,985)	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(20)	-	-	-	(20)
Valuation/gross cost at 31 March 2022	11,730	105,369	11,596	25,962	16,741	-	13,477	135	185,010
Accumulated depreciation at 1 April 2021 - brought forward	-	4	-	-	8,380	-	3,290	127	11,801
Provided during the year	-	2,878	186	-	1,381	-	2,354	7	6,806
Impairments	-	(76)	-	-	-	-	-	-	(76)
Reversals of impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	(2,802)	(186)	-	-	-	-	-	(2,988)
Disposals / derecognition	-	-	-	-	(20)	-	-	-	(20)
Accumulated depreciation at 31 March 2022	-	4	-	-	9,741	-	5,644	134	15,523
Net book value at 31 March 2022	11,730	105,365	11,596	25,962	7,000	-	7,833	1	169,487
Net book value at 1 April 2021	10,870	82,079	10,741	16,205	6,905	-	8,895	8	135,703

Note 12.1 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	7,900	74,237	10,690	6,830	17,744	4	9,962	135	127,502
Additions	-	9,349	-	13,757	1,962	-	5,317	-	30,385
Impairments	(14)	(3,090)	-	-	-	-	-	-	(3,104)
Reversals of impairments	80	796	158	-	-	-	-	-	1,034
Revaluations	740	(842)	(110)	(582)	-	-	-	-	(794)
Reclassifications	2,164	1,633	3	(3,800)	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(4,421)	(4)	(3,094)	-	(7,519)
Valuation/gross cost at 31 March 2021	10,870	82,083	10,741	16,205	15,285	-	12,185	135	147,504
Accumulated depreciation at 1 April 2020 - as previously stated	-	-	-	-	11,396	4	5,391	118	16,909
Provided during the year	-	2,638	183	-	1,356	-	993	9	5,179
Revaluations	-	(2,634)	(183)	-	-	-	-	-	(2,817)
Disposals / derecognition	-	-	-	-	(4,372)	(4)	(3,094)	-	(7,470)
Accumulated depreciation at 31 March 2021	-	4	-	-	8,380	-	3,290	127	11,801
Net book value at 31 March 2021	10,870	82,079	10,741	16,205	6,905	-	8,895	8	135,703
Net book value at 1 April 2020	7,900	74,237	10,690	6,830	6,348	-	4,571	17	110,593

Note 12.2 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned - purchased	11,730	100,746	11,596	25,962	2,517	7,709	1	160,261
Finance leased	-	-	-	-	3,675	94	-	3,769
Owned - donated/granted	-	4,619	-	-	808	30	-	5,457
NBV total at 31 March 2022	11,730	105,365	11,596	25,962	7,000	7,833	1	169,487

Note 12.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	10,870	77,449	10,741	16,205	2,332	8,771	8	126,376
Finance leased	-	11	-	-	3,675	94	-	3,780
Owned - donated/granted	-	4,619	-	-	898	30	-	5,547
NBV total at 31 March 2021	10,870	82,079	10,741	16,205	6,905	8,895	8	135,703

Note 12.4 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 2022. This desktop valuation was undertaken by an external Valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The desktop valuation was prepared in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book').

Property, Plant and Equipment and Investment Properties on the Statement of Financial Position has a carrying amount of £183m. Within this, £116m is considered to be specialised property which is valued on a depreciated replacement cost basis. This includes the hospital site 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 £4.6m.

- **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 £5.8m.

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 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	10,417	14,362
Allowance for impaired contract receivables / assets	(221)	(365)
Deposits and advances	2,412	2,820
Prepayments (non-PFI)	1,265	1,034
PDC dividend receivable	500	330
VAT receivable	603	1,134
Corporation and other taxes receivable	90	47
Other receivables	3	-
Total current receivables	15,069	19,362
Non-current		
Deposits and advances	5,475	5,560
Other receivables	332	781
Total non-current receivables	5,807	6,341
Of which receivable from NHS and DHSC group bodies:		
Current	6,576	10,847
Non-current	332	781

Note 13.1 Exposure to credit risk

	31 March 2022 £000	31 March 2021 £000
Ageing of impaired financial assets		
0 - 30 days		0
31-60 Days		0
61-90 days		0
91 days- 1 year	8	44
1 year and over	213	321
Total	221	365
	31 March 2022 £000	31 March 2021 £000
Ageing of non-impaired financial assets past their due date (not including accruals)		
0 - 30 days	3,384	3,511
31-60 Days	593	439
61-90 days	159	262
91 days- 1 year	1,137	875
1 year and over	935	1,593
Total	6,208	6,680

£4.3m of the non-impaired financial assets past their due date are owed by NHS organisations (£4.9m in 2020/21).

Note 14 Cash and cash equivalents movements

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

	2021/22	2020/21
	£000	£000
At 1 April	23,788	2,441
Net change in year	9,535	21,347
At 31 March	33,323	23,788
Broken down into:		
Cash at commercial banks and in hand	6	6
Cash with the Government Banking Service	33,317	23,782
Total cash and cash equivalents as in SoFP and SoCF	33,323	23,788

Note 15 Trade and other payables

	31 March	31 March
	2022	2021
	£000	£000
Current		
Trade payables	11,638	11,078
Capital payables	3,875	6,650
Accruals	36,619	27,665
Social security costs	2,778	2,451
VAT payables	-	-
Other taxes payable	2,371	2,028
Other payables	2,883	2,650
Total current trade and other payables	60,164	52,522
Of which payables from NHS and DHSC group bodies:		
Current	2,721	8,632

Note 16 Borrowings

	31 March 2022 £000	31 March 2021 £000
Current		
Loans from DHSC	2,393	2,397
Other loans	444	441
Obligations under finance leases	3,021	3,601
Total current borrowings	5,858	6,439
Non-current		
Loans from DHSC	40,460	42,767
Other loans	2,420	2,865
Obligations under finance leases	1,122	2,087
Total non-current borrowings	44,002	47,719

Note 16.1 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Other loans	Finance leases	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	45,164	3,306	5,688	54,158
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,307)	(442)	(1,567)	(4,316)
Financing cash flows - payments of interest	(1,025)	(82)	(573)	(1,680)
Non-cash movements:				
Application of effective interest rate	1,021	82	595	1,698
Other changes	-	-	-	-
Carrying value at 31 March 2022	42,853	2,864	4,143	49,860

Note 16.2 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Other loans	Finance leases	Total
	£000	£000	£000	£000
Carrying value at 1 April 2020	101,552	2,746	6,769	111,067
Cash movements:				
Financing cash flows - payments and receipts of principal	(56,258)	560	(1,287)	(56,985)
Financing cash flows - payments of interest	(1,434)	(91)	(981)	(2,506)
Non-cash movements:				
Additions	-	-	206	206
Application of effective interest rate	1,304	91	981	2,376
Carrying value at 31 March 2021	45,164	3,306	5,688	54,158

Note 17 Finance leases

Note 17.1 West Suffolk NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2022 £000	31 March 2021 £000
Gross lease liabilities	4,143	5,688
of which liabilities are due:		
- not later than one year;	3,021	3,601
- later than one year and not later than five years;	1,122	2,087
Net lease liabilities	4,143	5,688
of which payable:		
- not later than one year;	3,021	3,601
- later than one year and not later than five years;	1,122	2,087

All finance leases relate to equipment. In 2018/19 the Trust entered into a seven year lease arrangement for Cerner applications and services. The current capitalisable value is £1.9m (£2.6m in 2020/21).

Note 18 Clinical negligence liabilities

At 31 March 2022, £177,989k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Suffolk NHS Foundation Trust (31 March 2021: £117,138k).

The Trust also held £19k (31 March 2021: £12k) of contingent liabilities for legal claims managed by NHS Resolution.

Note 19 Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	23,685	22,272
Intangible assets	6,446	10,033
Total	30,131	32,305

Note 20 Carrying values of financial assets

	31 March 2022	31 March 2021
	Held at amortised cost	Held at amortised cost
	£000	£000
Trade and other receivables excluding non financial assets	18,860	23,523
Other investments / financial assets	-	-
Cash and cash equivalents	33,323	23,788
Total at 31 March 2022	52,183	47,311

£6.4m of the Trust's financial assets relate to income owed from other NHS Organisations (2020/21: £11.6m). Of the remaining balance as at 31 March 2022, £7.9m 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 2020/21.

Note 20.1 Carrying values of financial liabilities

	31 March 2022	31 March 2021
	Held at amortised cost	Held at amortised cost
	£000	£000
Loans from the Department of Health and Social Care	42,853	45,164
Obligations under finance leases	4,143	5,688
Obligations under PFI, LIFT and other service concession contracts	-	-
Other borrowings	2,864	3,306
Trade and other payables excluding non financial liabilities - with DHSC group bodies	2,535	8,488
Trade and other payables excluding non financial liabilities - with other bodies	52,480	39,555
Provisions under contract	29	19
Total at 31 March 2022	104,904	102,220

Borrowing excluding finance leases is at a fixed rate and, apart from £2.9m 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 2020/21.

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 2022	31 March 2021
	£000	£000
In one year or less	61,872	55,609
In more than one year but not more than five years	12,162	16,935
In more than five years	40,431	40,431
Total	114,465	112,975

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 Prior Period Adjustment

A prior period adjustment has been required to the current year accounts. During the financial year it was identified that certain staff costs incurred in 2019/20 and 2020/21 had been incorrectly capitalised as intangible assets rather than expensed through the SOCI. This has been corrected by restating the accounts in the prior periods. The effect of the restatement on these financial statements is summarised below.

	2020/21 As previously stated	Adjustment	2020/21 Restated
	£'000	£'000	£'000
SOCI			
Staff costs	(212,684)	(3,404)	(216,088)
Amortisation	(2,339)	275	(2,064)
Operating Expenditure	(316,765)	(3,129)	(319,894)
Operating Surplus	4,517	(3,129)	1,388
(Deficit) for the year	(732)	(3,129)	(3,861)
Non-current assets			
Fixed Assets - Intangibles	52,198	(6,173)	(6,173)
Total non-current assets	195,642	(6,173)	(6,173)
Total assets employed	133,338	(6,173)	(6,173)
Reserves			
Income & Expenditure Reserve: Opening balance	(33,583)	(3,044)	(36,627)
Income & Expenditure Reserve: Closing balance	(34,055)	(6,173)	(40,228)
Total taxpayers equity	133,338	(6,173)	127,165

Note 22 Related parties

	Income		Expenditure	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Cambridge Univeristy Hospitals NHS Foundation Trust	1,152	1,093	2,939	2192
East Suffolk and North Essex NHS Foundation Trust	13,259	11,347	3,526	6,720
NHS West Suffolk CCG	235,921	184,181	92	521
NHS Ipswich And East Suffolk CCG	29,345	22,332	50	-
NHS Norfolk & Waveney CCG	19,147	18,382	0	3
NHS Cambridgeshire and Peterborough CCG	3,533	3,519	0	-
Health Education England	8,209	7,611	30	5
NHS England	17,552	45,716	202	118
NHS Resolution (formerly NHS Litigation Authority)	-	-	9,447	9,094
NHS Property Services	329	44	874	788
Total	328,447	294,225	17,160	19,441

	Receivables		Payables	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Cambridge Univeristy Hospitals NHS Foundation Trust	285	996	-	2120
East Suffolk and North Essex NHS Foundation Trust	1,231	1,256	129	2,927
NHS West Suffolk CCG	1,296	663	715	777
NHS Ipswich and East Suffolk CCG	177	741	50	-
NHS Norfolk & Waveney CCG	8	189	-	8
NHS Cambridgeshire and Peterborough CCG	-	11	-	-
Health Education England	1,500	7	86	105
NHS England	284	5,313	1,515	319
NHS Resolution (formerly NHS Litigation Authority)	-	-	-	1
NHS Property Services	120	168	927	2,428
Total	4,901	9,344	3,422	8,685

The Trust is the Corporate Trustee of My Wish Charity. During the year the Charity spent £149k on behalf of the Trust on capital items plus a further £325k on revenue items (2020/21: £112k on capital items plus a further £230k on revenue items). At the year end the Charity owed the Trust £57k (2020/21 £62k).

The Trust has disclosed transactions with NHS bodies where the income, expenditure, receivable or payable balance is over £2 million.

Note 23 Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	12	5	45	4
Bad debts and claims abandoned	28	45	35	21
Stores losses and damage to property	3	265	4	244
Total losses	43	315	84	269
Special payments				
Extra-contractual payments	3	3	-	-
Ex-gratia payments	24	168	16	580
Total special payments	27	171	16	580
Total losses and special payments	70	486	100	849

Ex-gratia payments includes corrective payments made to staff in relation to overtime payments (also referred to as the 'Flowers' judgement). £561k was paid in 2020/21 and was funded nationally. £142k was paid in 2021/22 and related to additional amounts that were locally agreed and funded. Approval from HM Treasury was obtained for these locally agreed payments.

Note 24 Reporting of compensation schemes - exit packages

	2021/22		2020/21	
	Number of compulsory redundancies	Number of other departures agreed	Number of compulsory redundancies	Number of other departures agreed
Exit package cost band (including any special payment element)				
<£10,000	-	-	-	-
£10,000 - £25,000	-	-	-	-
£25,001 - 50,000	-	-	-	-
£50,001 - £100,000	-	-	-	1
£100,001 - £150,000	-	-	-	-
£150,001 - £200,000	-	-	-	-
>£200,000	-	-	-	-
Total number of exit packages by type	-	-	-	1
Total cost (£)	0	0	0	£63,000

Exit packages: other (non-compulsory) departure payments

	2021/22		2020/21	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	1	63
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	-	-	1	63

