

Annual report and accounts

2025/26



Compassionate care,
healthier communities

West Suffolk NHS Foundation Trust

Annual Report and Accounts 2025-26

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, West Suffolk Hospital as WSH, and Newmarket Community Hospital as NCH.

1. Performance report

1.1 Overview

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

1.1.1 A message from the chair and chief executive

Welcome to the 2025-2026 Annual Report for the West Suffolk NHS Foundation Trust, a year that has been marked by progress at our Trust against a background of significant change in the NHS.

In the autumn we launched a refreshed Trust Strategy 2025 to 2028, which will guide us over the next three years as we continue the vital work of enhancing the quality of our services. This has the vision to support and develop a healthier West Suffolk where compassionate care helps everyone to thrive. Its five ambitions, powered by our FIRST values of Fairness, Inclusivity, Respect, Safety, and Teamwork, are:

- High quality care
- Joined-up services
- Empowered to improve
- Responsible with resources
- Fit for tomorrow.

The ambitions and priorities are designed to create positive health outcomes for our communities, ensure resources are used sustainably, and strengthen joint working with local community leaders. This is key if we are to fully deliver the promise of our plans for the new West Suffolk Hospital and the Future System that will deliver the right care in the right place for our whole community.

Our new strategy is informed by the Government's 10-Year Health Plan for England, which was published in July 2025 and is aligned to three shifts in the way the NHS works and the care it provides:

- Hospital to community
- Analogue to digital
- Sickness to prevention.

These are ambitious goals, but they reflect the transformation we have been developing and delivering across the organisation. With evolution in the NHS at local, regional and national level – not to mention the shifting expectations of our partners and patients - we need to embrace the opportunities that come from change.

The Trust's teams have achieved across the board on our national targets, delivering the 5% improvement in referral to treatment, the 28-day faster diagnosis standard and 62-day treatment standard for cancer. The Trust has also made significant diagnostic performance improvements, and achieved the 78% 4-hour standard in our emergency department.

Having been in tier 1 for cancer services early last year due to staff sickness and a temporary reduction in activity within high-volume pathways, we improved to tier 2 in April 2025. Our cancer services are achieving against their targets almost across the board, and we have exited tiering for cancer altogether, a remarkable turnaround achieved by this service in just one year.

Other notable achievements during the year included a high ranking for hip fracture care in the

National Hip Fracture Database and praise from cancer patients through the Cancer Patient Experience Survey. We have also performed well when surveyed for the training we provide to our foundation and resident doctors, alongside gaining teaching partner status from the University of Cambridge.

Last summer NHS England launched the National Oversight Framework, which aims to take a consistent approach to assessing the performance of NHS providers. In the first quarterly report the WSFT was in a disappointing 90th place but, by the second report, we had risen to 57th - a much fairer reflection of the quality of care we provide. While we will remain in segment three of the four-tier framework as long as we have a financial deficit plan, we continue to strive to improve and consolidate our position in the years ahead.

The 2025 NHS Staff Survey brought some positive news, in that our scores improved for 59 of the 99 questions asked, with 19 of those showing significant improvements. There were positive trends around managers and speaking up, but concerning results around burnout and career development. We know there is work to do, particularly for our staff who have disabilities, and we are committed to tackling this so we can offer fulfilling careers to all.

Our colleagues continue to show amazing loyalty to the NHS, often giving a whole life's work of service to our community – long-service awards of 40, 45 and even 50 years are not unusual. Our peer-nominated Putting You First awards continue to share how our people go above and beyond in their compassionate and skilled care for others – from our porters to our digital services, nurses to doctors, educators to our selfless volunteers.

All this has been accomplished while dealing with challenges including strikes by resident doctors, and a winter season that saw an increase in flu and norovirus. Our community vaccination team did sterling work delivering vaccinations against seasonal illnesses to both our staff and members of the public.

We continue to look to the future, including plans for the further development of the Community Diagnostic Centre (CDC) at Newmarket Hospital, which has brought such improvements in care for our patients, closer to home. We have made important progress in plans for the new hospital in Bury St Edmunds, including engagement on the detailed design of the development, and the submission of the Reserved Matters planning application.

The plans for our estate will be informed by the Green Plan 2025-2029 we launched in November, which details the steps we will be taking to become more sustainable and improve the health and wellbeing of colleagues, patients, visitors and our local communities.

In its biggest ever appeal, our My WiSH Charity has launched a £1 million fundraising appeal to power state-of-the-art robot-assisted surgery to west Suffolk. Being able to deliver this advanced technology will greatly benefit our patients and help us attract, train and retain the best clinicians.

My WiSH marked its 30th anniversary in September, an opportunity for us to celebrate its enormous contribution to enhancing patient care and support for our staff. We also value the generous donations of The Friends of West Suffolk Hospital – and of course, the amazing support of our community in fundraising, donations and legacies.

Having appointed our chief finance officer and chief people officer to their permanent roles, we now have a fully substantive executive team. This is an important element of how we develop going forward, giving us stability as we strive to maintain the momentum of all we have achieved, together.

As a leadership group, we provide both the direction and support needed to become a modern and sustainable provider of high quality care. A key aspect of this works is balancing the books. Colleagues from every part of the Trust have made significant contributions to the improvement in our

financial position, and we are now ahead of our targets to reduce our deficit, with the aim of breaking even by March 2028.

Thanks to these collective efforts, our financial focus is shifting from reducing our costs to improving our efficiency and productivity – working ‘smarter’, not necessarily harder, so we can do more with what we have.

We still have a significant financial challenge ahead but there is a clear plan to meet it, which includes balancing cost reductions with income we can generate from uplifts in productivity. We continue to explore how more efficient and effective ways of working can enhance the services we provide, and I believe our commitment to continuous quality improvement will be transformative in the years to come.



Jude Chin
Chair
23 June 2026



Dr Ewen Cameron
Chief executive
23 June 2026

1.1.2 About our Trust – a summary

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

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

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

Our vision is to support and develop a healthier West Suffolk, where compassionate care helps everyone to thrive.



The image above captures our vision, mission, values, and strategic ambitions for 2025-2028. Our vision and priorities align with those of our partners and we are committed to working closely with all partners within the integrated care board. Throughout 2025-26, this was through the Suffolk and North East Essex Integrated Care Board (SNEE ICB). Following a reorganisation, from 1 April 2026, this will be through the newly created NHS Norfolk and Suffolk Integrated Care Board (ICB). The ICB plans and funds health and care services across Norfolk and Suffolk. Its role is to make sure NHS services meet the needs of our population, now and into the future, which seamlessly fits with our vision – to support and develop a healthier West Suffolk, where compassionate care helps everyone to thrive.

While the strategy has been crucial in setting the Trust's direction, signalling intent to stakeholders, and galvanising priorities, the next phase in 2026-27 is to ensure the Trust's delivery mechanisms and enabling strategies are structured for the benefit of all who use our services.

The Board receives assurance regarding quality across the organisation through its assurance committees. As part of its ongoing development, and in response to emerging cyber security risks, the Board decided in the final quarter of 2025–26 to strengthen its assurance by adding a fourth committee focused on digital and data. This committee reports quarterly to the Board and supports the work of the other three assurance committees of the Board. Together, these committees ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. As highlighted below, each assurance committee provides a specific focus:

- **Finance & Performance Committee** with a focus on operations, finance and organisational risk
- **People and Organisational Development Committee** focusing on making sure the Trust is engaging and involving people who use the services, the public, the staff and external partners to support high quality sustainable services and organisational development
- **Quality & Patient Safety Committee** with a focus on ensuring there is a culture of high quality, sustainable care and robust systems for learning, continuous improvement and innovation
- **Digital and Data Committee** focusing on reviewing areas of future development as technology and business intelligence opportunities emerge to facilitate technology enabled change.

At an organisational level, the Quality and Patient Safety Committee receives updates from specialist groups focusing on quality, safety and clinical effectiveness at topic level with examples such as NICE (National Institute for Health Care and Excellence) compliance, falls, pressure ulcers, nutrition, medicines management, infection prevention and safeguarding. It also has oversight of clinical audit, public health, research and development, accreditation and the work of the quality improvement team through the 'clinical effectiveness governance group' (CEGG).

Our future plans - continuous quality improvement (CQI) approach

Continuous Quality Improvement (CQI) is a Trust strategic priority. The Trust is committed to embedding CQI methodology into all of our workstreams. CQI activity spans frontline teams, divisions and Trust-level priorities.

In 2026-27, the CQI team will focus on strengthening the enabling infrastructure, governance and capability required to support consistent and effective improvement over time. This includes early design, alignment work and ensuring a shared approach to improvement across the enabling strategies portfolio.

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 to go home on the same day. WSH has around 500 beds and 14 operating theatres, including three in the day surgery unit and two in the eye treatment centre. Early in 2025 we completed a comprehensive programme of structural maintenance. Access to specialist services is offered to local residents by WSFT networking with tertiary (specialist) centres, most notably Cambridge University Hospitals and Royal Papworth Hospital. The Trust operates a streaming service embedded and co-located within the emergency department (ED). Patients who attend the ED during the operating hours of the streaming service are assessed and directed to either the ED or the primary care unit, meaning they access the service that best addresses their healthcare needs.

We also own and operate Newmarket Community Hospital (NCH), a community hospital with approximately 33 beds. These inpatient beds provide rehabilitation care to patients referred by GPs, or who are transferred from an acute hospital as a step-down facility prior to discharge. In 2024 we opened a Community Diagnostic Centre at NCH, providing a range of tests including X-ray, computed tomography (CT) and magnetic resonance imaging (MRI). We run outpatient clinics from NCH and some of our community teams use the hospital as a base. Oakfield GP surgery is also based at the site.

The Community Division within WSH delivers a range of nursing and therapy services which are provided by our health and specialist community teams in patients own homes, health clinics / centres and community hubs. It is responsible for the provision of urgent and planned care with Integrated Neighbourhood Teams and specialist services working closely with adult social care, a range of community stakeholders and primary care to deliver care closer to home. This includes provision of personal care, reablement and rehabilitation in the patient's home through a team of reablement support workers and trusted assessors, working seamlessly with community therapists and adult social care. The Adult Community Integrated Healthcare teams operate out of administrative bases in Mildenhall & Brandon, Bury St Edmunds, Haverhill, Newmarket, Stanton and Sudbury.

In addition, specialist services are provided by integrated pain management services, cardiac rehabilitation, heart failure and specialist therapy teams. Specialist therapies include pulmonary rehabilitation, palliative care, neurological services, frailty therapies and the early supported discharge for Stroke Team (county wide). These teams mostly see patients in their own homes, but also offer clinics and gym sessions in the localities and are based in the Disability Resource Centre in Bury St Edmunds.

A virtual ward is also delivered through an integrated pathway allowing Adult Community Healthcare teams to deliver care with consultant oversight within the patient's own home. The community assessment bed bases at Newmarket Community Hospital and Hazel Court facilitate reablement based care within a community inpatient setting.

The community division also provides a clinical assessment and prescribing service for a county wide community wheelchair service, working closely with community therapists and nurse specialists.

Community Adult speech and language therapy services are provided at the Disability Resource Centre, Bury St Edmunds. The team is integrated across acute and community services and can therefore offer services in a wide range of settings including Newmarket Hospital, Stow Lodge, Sudbury Clinic and community rooms. The adult and paediatric dietetics team is also integrated across acute and community. Their community base is at Maple House, Bury St Edmunds.

The community division is also responsible for the delivery of Integrated Community Paediatric Services who operate across east and west Suffolk, with some teams working across county and for children and families in Thetford.

The community children's teams comprise of eight core paediatric services which operate as part of an integrated model of delivery primarily to children and young people with medical, developmental, neuro-disabling, and cognitive disabilities and longer-term health conditions. These services are Community Paediatric Medical Team, Children's Community Nursing Team, Children's Therapies (Speech and Language Therapy, Occupational Therapy and Physiotherapy), Paediatric Audiology, Child & Family Clinical Psychology Services and Suffolk Communication Aids Resource Centre.

The teams work out of three main Child Development Centres in Ipswich, Bury St Edmunds and Stowmarket, with outreach clinics and bases in Ipswich and Woodbridge. The community teams deliver services in clinic settings, schools and in children's own homes. Therapy teams are also based in the main special school sites in Suffolk.

Integrated Community Paediatric Services work collaboratively and in partnership with education, social care and other universal health and mental health teams.

In Autumn 2025 the Trust, supported by system partners, arranged for the divestment of Glemsford GP Surgery from the range of services that we offer. The Trust was able to arrange the transfer of the surgery to Unity Healthcare, which agreed to continue in the same location. Divestment enables the local population to benefit from the specialist expert GP management that Unity Healthcare can provide.

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

Our staff

We are one of the largest employers in Suffolk, employing 5,329 staff as of April 2026.

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

We worked particularly closely with the SNEE ICB and look forward to developing similar close relationships with the newly created Norfolk & Suffolk ICB throughout 2026. We will also continue working with: Suffolk County Council (SCC), the Suffolk GP Federation, and Primary Care Networks (PCNs). We have valued the relationship we have developed with Healthwatch, which is now known as Knowing Works Community Interest Company. We also engage with a wide range of other important local partners, such as the University of Cambridge, West Suffolk Council, and Abbeycroft Leisure as part of the delivery of services.

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

Provider Collaborative

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

A key milestone was the launch of the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) in November 2024. The centre has provided much needed additional capacity whilst the Trust refurbished its orthopaedic theatres in the Spring of 2026. Collaborative clinical initiatives have also focused on shared pathways, including the repatriation of paediatric urology patients from WSFT to ESNEFT, easing pressure on services and addressing child health inequalities.

Future collaboration with ESNEFT will focus on joint work regarding the procurement of community services, working together to ensure our smaller clinical services are resilient, and the development of new ways of working such as the Care Management Service. We will also refresh our governance approach to provider collaboration to ensure we are focusing our efforts on those projects which will provide the greatest benefit to Suffolk patients and families.

Going concern

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

The Trust has reported an adjusted deficit position of £14.5m in 2025-26. The Trust is forecasting a

deficit of £12.8m for 2026-27, for which non-recurrent deficit support funding will be received in order to achieve a break-even position. The expectation is that income will continue to be forthcoming from NHS England during 2026-27 and future years, along with any cash support required to support the Trust's cash position if required. The Trust is also supported by the Government for the New Hospital Programme.

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

1.2 Performance analysis

The Trust'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.

1.2.1 Performance management framework

The performance report helps readers to understand and assess how the Trust has performed during 2025-26 in meeting its main objectives and to assess how risks are being managed. The report has been prepared in accordance with the relevant statutory guidance and the NHS foundation trust annual reporting manual.

Clinical divisions review performance through their divisional boards and associated governance arrangements. Monthly performance review meetings are held between the executive team and each clinical division, with issues escalated, as required, to the Management Executive Group.

Performance is monitored by the Board through a monthly Integrated Performance Report, with detailed scrutiny and assurance sought by the four Board assurance committees (Digital & Data; Quality and Patient Safety; People and Organisational Development; and Finance and Performance). All committees and the Board have a focus across a broad range of metrics covering quality, operational performance, workforce and finance, further details of these controls and assurances are summarised below:

Performance monitoring:

- monthly quality and performance reports and performance dashboard. These include the Trust's priorities for improvement in the quality report, analysis of patient experience, incidents and complaints, review of serious incidents and ward-level quality performance
- monthly financial performance reports
- monthly quality and performance reports by divisions to executives
- quarterly reports to the Council of Governors on the work of the Board
- reports to the Board and its assurance committees setting out quality improvement and learning
- reports to the Board and its assurance committees from the Freedom to Speak Up Guardian and Guardian of Safe Working
- risk assessments and analysis of the risk register.

Governance framework:

- assurances provided through the work of the digital and data, finance and performance, people and organisational development and quality and patient safety assurance committees of the Board
- reports from the future system scheme executive programme and the audit and risk committee received by the Board
- self-assessment against delivery of the Care Quality Commission (CQC) registration requirements
- assurances provided through the work of internal and external audit, the CQC, NHS England, NHS Resolution and accountability to the Council of Governors.

Engagement and measurement:

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

1.2.2 Principal activities and achievements

Care Quality Commission (CQC) registration

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

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

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency care	Requires improvement ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020
Medical care (including older people's care)	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Good ↔↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020	Good ↔↔ Jan 2020
Critical care	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Outstanding Aug 2016	Good Aug 2016

Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Outstanding Jan 2018	Outstanding Jan 2018
Outpatients	Requires improvement ↓ Jan 2018	Not rated	Good ↔ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018

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

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

Last inspection: 13 April 2021

Report published: 22 June 2021

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

Glemsford GP surgery, while still part of WSFT at the time during 2025-2026, maintained a CQC rating of ‘Good’ during its inspection in June 2025.

The WSFT acknowledges the CQC has introduced a revised assessment framework since our last inspection. As this framework continues to evolve through consultation, the Trust will maintain its close relationship with the regulator. We anticipate a future inspection under the new regime and welcome the opportunity to demonstrate how the organisation is working towards achieving a ‘Good’ rating.

Our services

In the table below we list the range of patient services we provide and compare that to the numbers seen and treated over the last six years:

Indicators	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
Adult Community Services	293,306	309,724	305,306	279,026	260,237	239,900
Paediatric Community Services	87,502	87,056	89,035	85,637	84,885	69,491

Indicators	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
Inpatient planned	3,075	3,548	3,330	3,476	2,407	1,722
Inpatient non-planned	41,684	39,035	38,234	33,977	32,708	29,623
Day cases	30,686	29,786	30,706	29,104	28,903	18,747
Outpatient attendances ward	315,974	315,518	288,181	267,015	281,162	234,464
Outpatient procedures	126,215	126,033	110,719	79,420	58,503	37,749
ED attendances	105,994	101,855	94,254	89,588	86,312	64,764

Note: Chemotherapy switched from being recorded as a day case in previous years to an outpatient attendance in 2024-25, hence the change in day case figures.

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

Our financial performance

Our reported position as at the end of 2025-26 was a deficit of £5.7m. This reflects the reversal of a previous impairment of £7.9m on our hospital site and the donation of a surgical robot from My Wish. Before these adjustments we would report a deficit of £14.5m which is in line with the Trust's adjusted control total for 2025-26. Note that the 2025-26 control total was originally agreed at £20.7m, but was revised in February 2026 due to additional funding being awarded from NHS England.

	2025/26 £'000	2024/25 £'000	2023/24 £'000	2022/23 £'000	2022/21 £'000
Operating Income	455,508	427,951	397,307	383,628	352,179
Operating Costs	(444,981)	(436,995)	(383,973)	(363,322)	(336,573)
EBITA* surplus/(deficit)	10,527	(9,044)	13,334	20,306	15,606
Depreciation, PDC dividends and other costs	(22,344)	(16,672)	(19,947)	(20,610)	(15,386)
Fixed Asset impairments net reversals**	6,150	(7,380)	(89,638)	755	(4,647)
Retained earnings	(5,667)	(33,096)	(96,251)	451	(4,427)
Adjusted Financial Performance					
Add back I&E impairments/(reversals) not impacting financial performance	(7,960)	7,380	89,638	(755)	4,647
Donated capital donations, including depreciation and other adjustments	(864)	368	343	334	(5,866)
Adjusted financial performance surplus/(deficit)	(14,491)	(25,348)	(6,270)	30	(5,646)

*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. Sometimes impairments are reversed.

Highlights of the year

In October 2025 we launched a refreshed West Suffolk NHS Foundation Trust strategy - *Compassionate care, healthier communities*. The three-year strategy has five ambitions and is underpinned by our FIRST values – Fairness, Inclusivity, Respect, Safety, and Teamwork. Each of the ambitions has strategic priorities and, in this section, we report some of the ways we are striving towards meeting those goals.

Our ambition – High Quality Care

The strategic priorities:

- improve access, experience, and safety of services
- achieve improvements in the greatest health inequalities
- embed continuous quality improvement in everything we do.

Faster diagnosis closer to home: The Newmarket Community Diagnostic Centre (CDC) has been caring for patients since December 2024 but was officially opened in May 2025. In its first year, the CDC saw 37,696 patients and performed 43,693 investigations, significantly reducing diagnostic waiting times. This positive trend has continued and further developments at the site will bring further improvements.

Lung screening programme and smoke-free: We are taking part in the targeted lung cancer screening programme being rolled out across England by the NHS, which screens anybody aged between 55 and 75 who has ever smoked. The screening programme is aimed at identifying early-stage lung cancer, giving people a better chance of living longer. We work closely with primary care on this initiative, an example of system working bringing improved care and health outcomes for our community.

Respiratory health was the focus of specialist talk at our Annual Members' Meeting in October. This year we have also embedded smoke-free practices at the West Suffolk Hospital (WSH), with new signage across the site, an expanded smoking cessation team, and increased support for patients and staff who smoke.

Hip fracture care rated highly: For the second consecutive year, the Trust was recognised as a leading provider of hip fracture care, topping the National Hip Fracture Database (NHFD) rankings in England and Wales. The team achieved an outstanding 95.4 per cent compliance score with the national best practice tariff - nearly double the national average of 48.8 per cent. Collaborative, multi-disciplinary working, innovation and pioneering practice all contributed to the results.

Praise from cancer patients: More than 90 per cent of cancer patients rated the experience of the care they received from us as very good or good, according to the 2024 National Cancer Patient Experience Survey.

Recognition for work on patient flow: Collaborative efforts to improve patient flow and support the improvements made in urgent and emergency care were recognised in the national Proud2bOps awards, where our teams reached the shortlist.

The nomination was for the reset of Ward F7 at WSH back to short stay, a whole team effort with consultants and nursing teams in the acute assessment unit and emergency department identifying appropriate patients, empowering Ward F7 to select the most appropriate people to admit to their ward. This increased the number of discharges and reduced length of stay in hospital.

15 Steps to improvement: Local schoolchildren came to the WSH paediatric ward as part of our Little Steps initiative. This has grown from our 15 Steps initiative, designed to identify potential improvements we can make from observations made within 15 steps of entering the area. The children suggested changes to the ward, including more outdoor activities, photos of the staff on the walls and activities for older children.

Extended visiting hours: To give more choice and flexibility for people to spend time with loved ones receiving care, we committed to expanding visiting hours at our hospitals from 1 April 2026, extending from 2pm-8pm to 10am-8pm.

Our ambition – Joined Up Services

The strategic priorities:

- provide more care closer to home through transformed hospital and community services

- create new models of preventative care with our partners
- work closely with our partners to create the conditions for success.

Newmarket Community Diagnostic Centre: As mentioned already, the CDC has reduced waiting times and provided state-of-the-art diagnostic care in a purpose-built facility close to towns and villages in the west of our locality.

The One Haverhill partnership: Members of our Haverhill Integrated Neighbourhood Team have worked with Wellbeing Suffolk and Abbeycroft Leisure to organise marketplace events focused on health and wellbeing. With good turnout and positive feedback from stallholders and attendees, the events are attracting growing interest in an area with poorer health outcomes compared to other areas.

Services recognised at regional awards: Colleagues were recognised for their excellence and innovation at the Suffolk and North East Essex ICS 'Can Do' Health and Care Awards 2025. The Trust had six nominations across five categories, taking three 'runner up' spots as well as one 'highly commended' and two 'commended' accolades.

The nominations included joint projects with system partners, including Abbeycroft Leisure and Suffolk County Council.

Caring for heart failure patients at home: Collaboration between the Trust's cardiac team, virtual ward, and community nursing teams has supported a care pathway which provides intravenous diuretic treatment at home. This provides a better experience for heart failure patients who would previously have been treated as inpatients.

Vaccination campaign: Protecting NHS staff from seasonal influenza is a priority for the Trust. Our community vaccination team provided the free vaccine to colleagues at times and places to suit them, with more than 52% of frontline staff taking up the offer. The team also provided flu, Covid-19 and respiratory syncytial virus (RSV) vaccines to eligible members of the public, including many of our vulnerable patients. Pregnant women were offered RSV and pertussis vaccines, with excellent take-up – recent national figures have shown the RSV maternal vaccine cuts baby hospital admissions by up to 85%.

Cancer support group: in partnership with local charity Cancer Support Suffolk, colleagues from our cancer services have established a monthly drop-in group for people affected by cancer.

Our ambition – Empowered to Improve

The strategic priorities:

- nurture a safe, high performing and inclusive culture
- proactively support colleagues' health, wellbeing and development
- strengthen leadership to foster autonomy, accountability and ensure staff feel valued.

Continuous Quality Improvement: CQI is being embedded across the Trust, empowering staff to identify issues, make changes, and measure the improvements they are making to deliver the best patient care. As well as supporting many QI projects bringing positive change across our services, we are now training CQI Leaders and Coaches who will further promote QI to their colleagues.

Supporting sexual safety: We have implemented a Sexual Misconduct Policy to protect our staff, patients, and visitors, supported by a communications campaign featuring posters and digital display across the Trust, along with regular communication to staff. We have also developed sexual safety guidelines as a resource for staff, and created an online form where people can safely report sexual misconduct.

International Women's Day events: In March, we marked International Women's Day with in-person

and online events, as well as articles from some of our staff network chairs. The talks and sessions covered technology and sexual harassment, resilience and wellbeing, and a panel discussion focused on leadership, overcoming challenges, and celebrating achievements.

Accolades for our education and training: In June, we achieved the prestigious Work Experience Quality Standard Gold Award from NHS England, recognising the opportunities we provide for young people interested in an NHS career.

In October, and for the second year running, the Trust was named T Level employer of the year in the Department of Education's regional 2025 National Apprenticeship and Skills Awards. We are the preferred partner for the West Suffolk College for its health and care T Level students, and the number of students getting work experience at the Trust has doubled in two years.

WSFT is the top performing acute trust in the East of England region in the General Medical Council (GMC) trainee survey, as it has been for the last two years. This reflects the experience of our foundation year 1, 2 and 3 doctors.

Our ambition – Responsible with Resources

Strategic priorities:

- achieve a long-term sustainable financial position
- instil shared responsibility for managing all our resources wisely
- make efficiency and productivity improvements.

Financial turnaround: Thanks to the efforts of staff across the Trust, we delivered our financial deficit plan for the 2025-26 financial year. We had agreed a £20.7m deficit for 2025-26, which was an ambitious target. At the end of March 2026, we had achieved this and put ourselves in a good position for the coming year.

Future plan: Our three-year plan for the planned trajectory for our finances has been agreed. This shows how we will steadily reduce our deficit until we are breaking even by March 2028, ensuring we will receive financial support as long as we continue to meet our targets.

Support to manage our finances: With our commissioners, we have moved from a block contract to a model which allows the Trust to earn money from our activity. This will allow us to balance cost saving activity – the focus of the past 18 months - with income earned from productivity improvements.

Transformation of administration: The aim of this work is to improve patient experience, and embed flexibility, resilience and consistency in the way we provide administrative support. We also want to create more fulfilling administrative and clerical careers with more development opportunities, aligned with our Trust strategy.

Developed with the input of our colleagues, the approach will focus on establishing three areas: centralised administration hubs; outpatient reception and health records hub; and central medical resource hub. It is expected to be delivered over the next two to three years, beginning in June 2026 with the central medical resource hub.

Our ambition – Fit for Tomorrow

Strategic priorities:

- accelerate the adoption of technology to enhance our services
- improved access to data to enhance decision-making
- modernise the way we work to free up time for colleagues.

Community Diagnostic Centre expansion: Building on the success of our CDC, which uses the latest

equipment to give patients accurate and timely results, we aim to expand the diagnostic services at the Newmarket Community Hospital site.

The proposed expansion would provide endoscopy and children's audiology services and increase capacity, enabling timely access to these services and helping to address health inequalities.

Surgical robot appeal: A £1million fundraising appeal from My WiSH Charity was launched in March to fund the use of advanced surgical robotics at WSH, enabling surgeons to carry out procedures with greater precision while maintaining the same highly skilled clinical leadership patients expect.

The aim is to provide patients with faster recovery times, shorter hospital stays, and an earlier return home. As well as improved patient care, robot-assisted surgery reduces physical strain on surgeons, modernises surgical practice, and will support the Trust to attract, train, and retain the best clinicians.

Green Plan 2025-2028: This was launched in November, and lays out the Trust's plans for the next four years, focusing on carbon reduction, sustainable care, and climate resilience. With the support of colleagues and establishing system-wide partnerships, many of the plan's aims are already under way.

One objective, the nitrous oxide project which has seen the Trust moving to a portable supply, is already complete. Savings have been made across the triple bottom line – People (improved air quality), Planet (annual saving of 132 tonnes of carbon dioxide equivalent), and Profit (an annual saving of £2,700).

Solar panels: During construction, the CDC, and the main Newmarket hospital building were fitted with 128 solar panels, which have generated more than half of the facility's electricity. This has significantly reduced the carbon impact the facility has, saving a considerable amount of money which can be used in other areas to improve care.

Digital first: In planning for our new hospital, we have engaged the public and staff on a proposed 'digital first but not digital only' approach. This seeks to embrace the use of technology and its opportunities to improve care, while ensuring less digitally engaged patients do not face barriers to accessing healthcare.

Our new hospital: This project continues to progress, including the signing of the Alliance Agreement, which sets out how the partners involved in the project, such as the Trust and the NHS England New Hospital Programme team, will work together to deliver a new hospital for west Suffolk.

It establishes clear roles and responsibilities, shared principles, and a commitment to collaborative decision-making in the best interests of the programme.

In April, the Trust received additional clarity around the amount of funding we will receive to build a new West Suffolk Hospital - another definitive indication of the Government's commitment to our project.

We are now progressing into the second phase of the planning process, known as 'reserved matters' which focuses on the detailed design of the new hospital, and have submitted this application to the West Suffolk Council.

Ahead of this application, and alongside our coproduction approach, we undertook extensive in-person and online engagement with the public and our staff. We invited feedback on the building heights and appearances, access and transport, and the ecology and landscaping of the project, and this informed our application.

Progress on elective recovery: Our colleagues have made significant progress to reduce waiting times for elective surgery. At the end of March 2026:

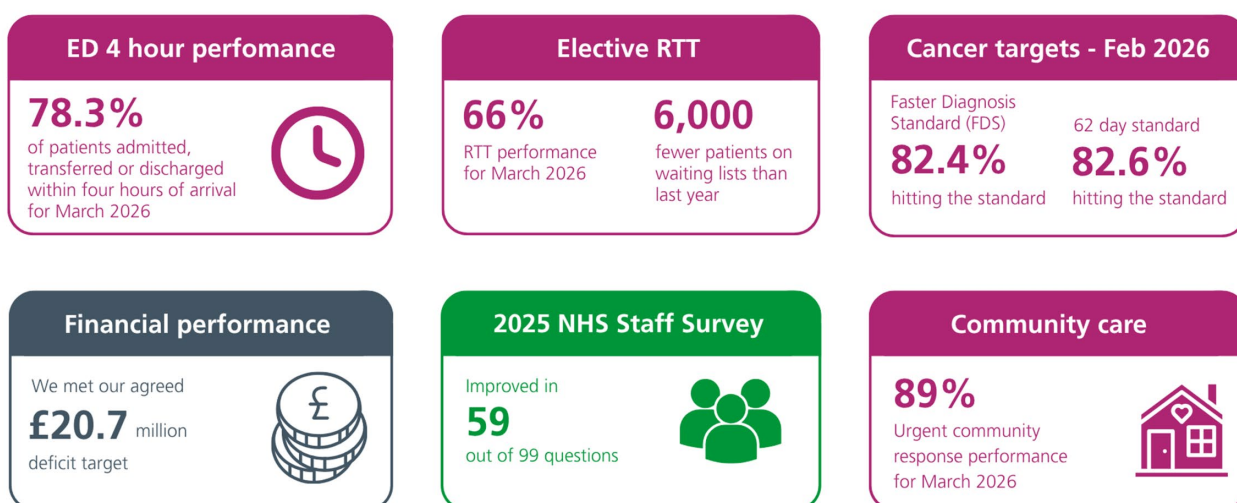
- 422 patients were waiting over 52 weeks, a reduction from 1,086 patients at the start of the year and representing 1.4% of the total waiting list size against the target of 1%, down from 3.4% in March 2025.

- 15 patients were waiting over 65 weeks, down from 102 patients at the start of the year, therefore maintaining the progress made in 2024-25.
- 66.0% of patients were waiting less than 18 weeks as of March 2026, exceeding WSFT's target of 64.2%.

The picture below shows our performance statistics in more detail, including our financial performance and staff survey results, which are discussed further throughout the report.

Delivering compassionate care and healthier communities

Our performance highlights from 2025/26



1.2.3 Quality and operational performance

Quality priorities for 2026-27

Our quality priorities have been developed to support our ambition to deliver high quality services and the best possible experience for our patients. The quality priorities have been informed by insight which has been escalated through our governance structures and by listening to what our partners, community and staff tell us.

Patient safety priority

- Improve the safe and secure storage of medicines

Clinical effectiveness priority

- Implement the sequential steps of National Safety Standards for Invasive Procedures for all invasive procedures across the organisation

Patient experience priority

- Aim to meet reasonable adjustments digital flag (RADF) standards

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

Patient safety priority:**Improve the safe and secure storage of medicines****Why is this a priority?**

The safe and secure storage of medicines at the patient's bedside is a known patient safety issue within the organisation and we have a legal and regulatory requirement to be able to meet acceptable standards.

The inability to safely store patients' own medicines at the bedspace has multiple known risks to both patients and staff, including the potential for misappropriation, missing medication requiring resupply, or the potential for missed and delayed doses resulting in adverse patient outcomes and complaints.

What is our target?

To reduce the amount of medication safety storage incidents and improve audit compliance with securing medicines safely.

What will we do to improve our performance?

We will increase our colleagues' understanding of the requirements to store medicines safely, apply systems thinking to consider alternative ways of working, and give colleagues additional facilities to be able to store medicines safely.

How will we measure success?

We will see a reduction in medication safety storage incidents and improved audit data.

How and where will progress be reported?

Progress will be reported via the medication safety group to the Drugs and Therapeutics committee and the Quality Delivery Group (QDG). *Formally this committee was called Patient Quality and Safety Governance Group (PQASG).*

Clinical effectiveness priority:**Implement the sequential steps of NATSSIPs 2 for all invasive procedures across the organisation****Why is this a priority?**

In January 2023, the Centre for Perioperative Care published revised National Safety Standards for Invasive Procedures (NatSSIPs 2), which have been designed to reduce safety errors and improve team cohesion*. NatSSIPs2 has organisational standards for people, process and performance, supported by eight sequential steps**.

To date there has been good adoption of NatSSIPs2 within our surgical footprint, however we want to ensure these standards are fully embedded across the organisation to ensure patient safety and clinical effectiveness for all patients having an invasive procedure.

What is our target?

To fully adopt the organisational standards and sequential steps for safe invasive procedures across the organisation where all invasive procedures are undertaken.

What will we do to improve our performance?

Develop a consistent trust-wide approach which can be monitored by record keeping on our electronic patient record. The compliance data will be monitored and reviewed at a newly developed Safer Procedures Group.

How and where will progress be reported?

Progress will be reported to the Clinical Effectiveness Governance Group on a quarterly basis, reporting upwards to the Quality and Patient Safety Committee.

*[NHS England » National safety standards for invasive procedures \(NatSSIPS\)](#)

**[National-Safety-Standards-for-Invasive-Procedures-2-NatSSIPs-2023.pdf](#)

Patient Experience priority:

Aim to meet reasonable adjustments digital flag (RADF) standards

Why is this a priority?

The Equality Act (2010) places a legal duty on all health and care services to make changes to their approach or provision to ensure that services are as accessible to people with disabilities as they are for everyone else. This duty aims to address the recognition that people with a disability may appear to have equal access to care and services but, without specific adjustments being made, that access may not be equitable. Ensuring that patients with disabilities have their disabilities and any reasonable adjustments discussed and recorded centrally for better joined up care and enhancing patient experience. NHS England has now made this mandatory for all qualifying providers.

What is our target?

Ensure we are fully compliant on the standards for the reasonable adjustments digital flag by 30 September 2026.

What will we do to improve our performance

Until the Reasonable Adjustments pilot launched in January 2026, neither impairments nor reasonable adjustments were being consistently recorded. Establishing a baseline of how many patients currently have a disability recorded on e-Care and SystemOne will enable us to track improvements in the recording of adjustments and, through ongoing patient engagement, understand the impact this has on patient experience.

Alongside this, we will work closely with key stakeholders across the Trust and community sites to promote the e-Learning for Healthcare RADF training, share patient stories, and provide support to staff as they embed this work into their practice.

How and where will progress be reported?

Quarterly performance updates will be a standard agenda item at the Experience of Care and Engagement Committee (EoCEC) reporting to the Quality and Patient Safety Committee.

Performance against 2025-26 priorities

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

To deliver safe care for patients being cared for in temporary escalation spaces

The following describes progress against our agreed delivery measures.

Why was this a priority?

Mounting pressure on the NHS has meant organisations have had to consider how and when it can safely deliver care to all those that require it and have had to adapt environments to ensure patients can access healthcare when they need it. This has meant the introduction of Temporary Escalation Spaces (TES) or corridor care to situate patients whilst they wait for a bed to become available. NHS England is clear that corridor care is unacceptable and must not be normalised. It should occur only in extremis, for the shortest possible duration, and where no clinically safer alternative exists. The practice is recognised as posing significant risks to patient safety, privacy, dignity, infection prevention and clinical outcomes, as well as having a detrimental impact on staff wellbeing and moral distress.

This situation has been defined as a national crisis and is not unique to WSFT or system partners, however WSFT chose to take this guidance as a quality priority for our patients to ensure we are delivering high quality, safe care even at times of extreme system pressure. To ensure we had good oversight of care being delivered to patients in temporary escalation spaces or corridors we have developed robust governance oversight which has been recognised regionally and nationally.

What was our target?

To deliver safe care for patients being cared for in temporary escalation spaces

Performance measures

- Total TES patients per month (Feb 2025 – March 2026)
- Total number of patients per TES area (Arrive by 9, Emergency Department corridor, Acute Assessment Unit corridor)
- Average length of stay for each area
- Number of days per month TES spaces have been utilised

Quality measures

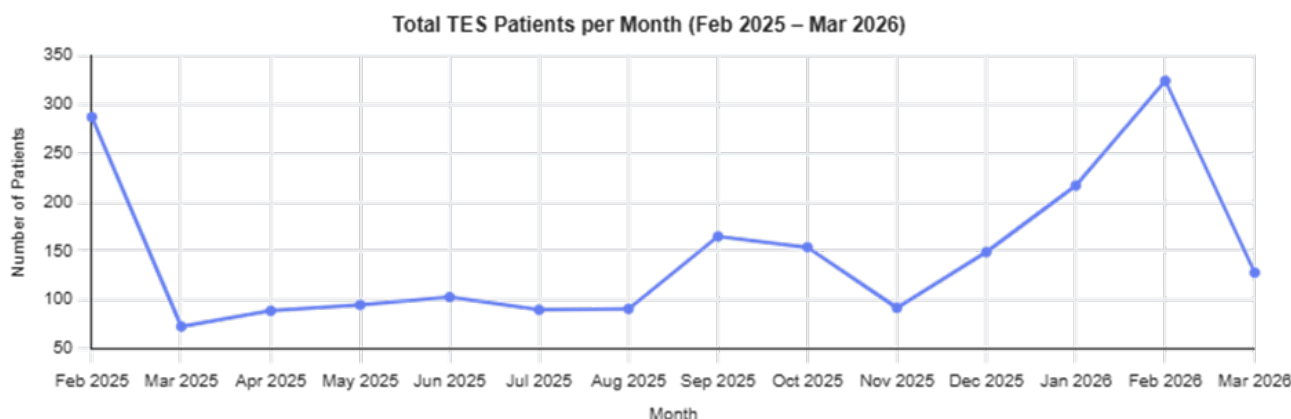
- Incident data
- PALs enquiries/ complaints received
- Patient harm reviews
- Quality audits to ensure compliance with fundamental standards of care
- Staff and patient feedback

What did we do to improve our performance?

- Implemented a multiprofessional steering group to oversee performance and quality data, led by the Head of Nursing for Medicine, with a robust governance structure and executive oversight at the reporting sub-Board assurance committee.
- Nursing and operational staff worked together and explored new ways of working and developed a suite of standard operating procedures (SOPS) to ensure consistency and appropriate placement of patients, reviewing inclusion and exclusion criteria through the Temporary Escalation Spaces and Corridor Care meeting.
- Risk assessed key patient safety and patient experience indicators when opening TES/corridor care spaces.
- Developed a suite of communications enabling us to be open with patients who are cared for in temporary escalation spaces, actively seeking feedback on improvements.
- Developed a staff survey to ensure our staff's voice was present in decision making for TES/corridor care recognising the substantial moral injury for all staff providing care.
- As a Trust, our aim is to eliminate the routine use of temporary escalation spaces and corridor care. However, when they are required to maintain patient safety during periods of operational pressure,

we ensure that standards of care are upheld. All patients in escalation areas are monitored for safety, experience, and outcomes through our established governance processes.

How did we measure and monitor our performance?



Total TES/corridor care usage shows clear seasonal and system-pressure-related variation across the period. February 2025 represents a significant outlier, reflecting a period of norovirus outbreaks, bed closures, and high emergency attendances, which collectively drove increased reliance on escalation spaces.

Following this, TES/corridor care usage reduced and stabilised through spring and summer 2025, indicating improved flow and recovery of bed capacity. A further increase is seen during winter 2025-26, peaking in February 2026, consistent with seasonal demand pressures, before improving again in March.

Overall, the pattern demonstrates that TES/corridor care continues to be used as a controlled, responsive measure during periods of exceptional pressure, rather than as a routine model of care, supported by strong governance and oversight.

Total performance data indicates that while predictable seasonal pressures have driven increased TES/corridor care usage at times, particularly during winter months, evidence shows that escalation remains proportionate, closely overseen, and responsive to emerging risks. This is demonstrated with ED Escalation activity significantly reduced compared with the very high numbers seen last year and 'arrive by 9' activity remaining below last year's peak months. 'Arrive by 9' is an initiative whereby patients are transferred to wards from the Acute Assessment Unit (AAU)/ED before 9am to help create early morning patient flow(capacity) in the ED. Average length of stay is broadly similar between the two years, with no evidence of system deterioration despite lower activity.

Where concerns have been identified, most commonly relating to environment or equipment, these have been promptly addressed such as call bells for patients.

Incident reporting related to 'arrive by 9' and corridor care remains minimal, with low and infrequent numbers recorded over time. Where incidents do occur, a harm review is completed, and no patient harm has been identified. This provides assurance that TES/corridor care-related incidents are effectively managed and subject to appropriate governance and learning.

We are aware that incident data alone cannot provide assurance of safety and so insight is supplemented with harm reviews, quality audits and patient experience data. Observational audits are led by a Senior Matron and demonstrate that the fundamental standards of care are consistently met for patients cared for in TES/corridor care.

What next for 2026?

External assurance and benchmarking: Complete and submit the Get It Right First Time (GIRFT) (Getting It Right First Time) gap analysis and HSSIB (Health Services Investigations Body) audit

submission. Current review confirms the Trust is compliant with all HSSIB requirements.

Ongoing quality and safety oversight: Continue to monitor TES/corridor care through established governance arrangements, including harm reviews, audits, SPC analysis, and patient experience feedback.

System collaboration: Work with system partners to address upstream factors impacting patient flow and escalation pressures.

Urgent and Emergency Care (UEC) improvement: Progress the UEC stream of work to reduce reliance on TES/corridor care, with a clear ambition to eradicate the use of temporary escalation spaces wherever possible.

Getting it right for patients and staff: place, service, pathway – Safer Handovers

Why was this a priority?

To provide safe care for our patients, care needs to be delivered in the right clinical setting with the right information available for staff. This was the finding from thematic analysis of areas for improvement from patient safety incident investigations undertaken under Patient Safety Incident Response Framework (PSIRF). By theming and mapping improvement work we have an opportunity to deliver quality improvement which has a positive impact of patient care and how staff work.

Getting it right for patients and staff; place, service, pathway is a broad ambition. Below is a list of categories which made up this theme.

- appropriate referral
- safest handover
- safest discharge
- right patient, right time, right place
- service provision.

Communication is a key factor in providing care and yet it is a complex and challenging component to improve. We have identified that if we can effectively communicate care needs at the time of handover, we will be able to ensure safer, quality and holistic care between wards.

An initial scoping exercise has been undertaken with the Quality Improvement team to identify what programmes of improvement work are already in place across the organisation. Safest handover was the theme that did not have any improvement work currently in progress and was chosen as the theme to take forward.

What was our target?

To implement a standardised approach that captures relevant information for staff to be to deliver safe care at the point of contact, that is effective and timely.

Performance measures

LifeQI process and balancing measures are captured to monitor progress:

- The percentage of nurses reporting their transfer is safe and effective (aim 80%)
- The number of monthly complaints/PALs enquiries/ Calls 4 concern
- Number of patient safety incidents relating to transfer
- Time to complete handover
- Number of patients exceeding 5 ward moves per admission
- Total number of transfers
- Average number of transfers per patient
- Staff feedback.

What did we do to improve our performance?

- A project group has been established with clinical and corporate services representation. The aim of the project is to improve the reported safety and effectiveness of nurse-to-nurse transfers between adult inpatient wards to 80% by April 2026, using staff survey and other balancing metrics.
- A review of what is currently used to record patient handover information. This was largely paper based and variable in every ward, meaning the potential to omit critical information.
- Initial results told us staff thought digital tools were an effective method for handover however they felt face to face handover would be safer. Our starting baseline for improvement was 59%, with an aim to reach 80%.
- Used the model of improvement to develop a driver diagram and change ideas. These were centred around tools and technology, communication, processes and engagement. Recognising the need to understand how we work as a key component of creating sustainable change.
- The project was initially commenced in three pilot wards with the view to adopt and spread across the organisation.
- Work is underway to develop a tool for handover which contains critical information for safety on our electronic patient record.

How did we measure and monitor our performance?

Measures are captured on LifeQI as change ideas are tested and adopted.

What next for 2026?

We will build and embed the handover tool on our electronic patient record to enable consistent information capture and standardisation of critical information at the point of handover, with a view to adopting this across the organisation.

We will complete the quality improvement programme of work to ensure all change ideas have been tested and adopted where relevant.

We will involve more professional groups to ensure their process of handover is safe and effective, guaranteeing patients are receiving the right clinical care, at the right time, and staff have the right information available to help them to do this.

Reduce inequalities in experience for service users (Experience)

Why was this a priority?

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

What was our target?

In line with our strategy to use feedback, learning, research and innovation to improve care outcomes, we aimed to reduce inequalities in experience for service users and to utilise feedback and engagement activity to drive changes that matter to our patients and the public

Experience of care measures

- Increase of 10% in reasonable adjustment needs recorded on e-Care by Q2 2025
- Development of personalised care and support plans ready for integration into e-Care, including the patient profile

- Put in place feedback mechanisms for shared decision making using the 9-item Shared Decision Making Questionnaire (SDM-Q-9) core questions
- Increase engagement with patients from marginalised groups and those affected by health inequalities in line with the national NHS England CORE20PLUS5 approach
- Empower service users and the public to use their experience and insight to shape service design and improvement, setting up a range of opportunities for them to do so
- Implemented volunteer programmes such as VOICE and Lived Experience and Patient Voice Partners
- Ensure a robust process for feedback to be shared and recorded from the VOICE network; actions and learning reported on, and VOICE members involved where possible
- Develop the relationship with Suffolk Family Carers to understand common issues faced by carers, promote the support available and learn from feedback to improve patient outcomes and carer experience
- Explore the use of AI to present feedback in a meaningful way to staff and share learning that affects the Trust as a whole.

What did we do to improve our performance?

See table below for a progress update for each item.

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

Of our eight measures of success, we completed four, two are on track for completion, and two will progress towards completion in 2026-2027.

How and where was progress reported?

To the Experience of care and engagement committee (ECEC) and its parent committee, the People and Organisational Development committee.

What next for 2026?

Progress update:

Measures of success	Activities/progress
Increase of 10% in reasonable adjustment needs recorded on e-Care by Q2 2025 and Improvements to booking and waiting procedures for those with reasonable adjustments by December 2025.	Progress on reasonable adjustment work is well underway. A Patient Equity Oversight Group has been established to provide strategic oversight of both measures, supported by dedicated working groups with agreed action plans allocated to key stakeholders. A Reasonable Adjustments policy has now been completed and implemented, ahead of the rollout of the digital flag and reasonable adjustment assessment process. Baseline data is currently being developed in collaboration with the public health team, and a pilot is underway across medical, surgical, and maternity wards to gather feedback and refine the approach. Staff training and engagement have been identified as essential next steps to ensure consistent adherence to reasonable adjustment provision. In line with national requirements introduced in December 2025, which mandate NHS providers to implement the digital flag by 30 September 2026, progress will be monitored through the Experience of Care Committee. Additional support is also being sought from the Quality Improvement (QI) team to embed QI methodology and strengthen delivery and impact.

Development of personalised care and support plans ready for integration into e-Care, including the patient profile by March 2026.

29 patient profiles have been completed since April 2025, designed for vulnerable patients or those lacking capacity. We are now looking to incorporate communication passports into patient profiles for patients who have acquired disabilities due to a stroke or neurological condition. The generic patient profile template incorporates elements of the personalised care and support plan datasets. This is subject to review to ensure usability for maximum impact by ascertaining what information is most useful for patients. This longer term project has a final timescale for implementation of the datasets in December 2026.

Ensure feedback mechanisms for shared decision making are in place using the SDMQ9 core questions by May 2025

An SDMQ9 survey has been created and promoted via the Trust's communication team. To date, just under 4000 survey responses have been received. The SDMQ9 survey has been promoted via a staff briefing and posters are being printed for display in outpatient areas. Return rates and feedback from these surveys will continue to be monitored.

Increase engagement with patients from marginalised groups and those affected by health inequalities in line with the CORE20PLUS5 approach by March 2026

This engagement work has made significant progress, with recent visits to:

- Bury Drop In
- Gatehouse
- Veterans wellbeing support sessions
- Bury Deaf Society

VOICE membership continues to grow, with targeted efforts to increase representation from marginalised communities and individuals with protected characteristics. Ongoing relationship-building with these groups remains essential to foster trust and encourage meaningful engagement in discussions about their experiences of accessing healthcare. An engagement plan has been developed to ensure focus on the most relevant communities in relation to health inclusion and inequality, supporting clearer evidence of progress and sustained involvement. This work is ongoing and has now been embedded within the Trust strategy, with specific actions incorporated into the patient experience and engagement workplan to support delivery. In parallel, enabling Trust strategies are being developed and implemented, with health inequalities identified as a key area of focus.

Implement volunteer programmes such as VOICE and Lived Experience and Patient Voice Partners to enable co-production on projects, patient representation at key meetings and involvement of those with protected characteristics in the completion of Equality Impact Assessments by September 2025.

VOICE activity continues to progress, with meetings maintaining good membership from a broad range of community groups who contribute to decision-making and co-production across the Trust. While engagement remains strong, further work is needed to support VOICE members to take a more proactive role, particularly in contributing to Equality Impact Assessments (EIAs). The patient story programme is ongoing, with a continued focus on recruiting lived-experience partners to share their experiences. A Patient Voice Partner role has been developed, advertised, and actively promoted across the Trust, with five partners recruited to date. These partners have been linked into existing projects and have attended key meetings to support collaboration and co-production. In addition, a new engagement toolkit has been developed to support staff leading change across the Trust to work more effectively with patients and local communities, ensuring that engagement reflects genuine co-production.

Develop the relationship with Suffolk Family Carers to understand common issues faced by carers, promote the support available and learn from feedback to improve patient outcomes and carer experience by December 2025.

Engagement and support activity has continued at pace, with 248 discussions and interactions taking place with professionals via email, virtual meetings, and face-to-face contact. Sixty new family carers have been registered during this period, bringing the total number of family carers supported to 83. Capacity has been strengthened through the recruitment of a new support worker (16 hours per week), funded by Suffolk County Council. In addition, a dedicated Patient Voice Partner has been recruited to support work with young carers, focusing on improving how they are identified, recorded, and supported. A young carers webpage has been developed and added to the WSFT website, providing clear information and links to the Suffolk Family Carers young carers team. Further staff training is planned to raise awareness and improve access to referral pathways for support.

Explore the use of AI by December 2025 to present feedback in a meaningful way to staff and share learning that affects the Trust as a whole.

Significant progress has been made in the use of AI across PALS and feedback functions to improve efficiency, quality, and accessibility. PALS is now using AI to support the drafting of responses, including more compassionate wording and the provision of simplified information or explanations for members of the public who require reasonable adjustments. AI has also been introduced to summarise survey feedback and produce reports for a small number of wards, with successful trials within the Gynaecology department, and to support reporting for the Mortality Oversight Group. This has increased effectiveness in analysing and presenting data for reports and meetings and enabled the thematic analysis and summarisation of feedback at scale. An ongoing Quality Improvement trial has demonstrated early results showing a 50% reduction in complaint timeframes. In addition, AI is being used for non-clinical guides and generic documents requiring translation, contributing to a reduction in interpreter and translation costs

Develop and implement a structured training programme for staff on complaint handling by March 2026

A training programme is currently in development to support this work. As part of this process, existing training materials have been collated and reviewed to identify gaps and opportunities for improvement. In addition, training packs have been requested from local organisations and at system level to ensure the programme is informed by best practice and aligned with wider approaches.

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 the ICB. Performance against agreed indicators is monitored by the Board on a regular basis. A range of nationally mandated quality indicators is reported in Annex B of the Trust's Quality Report.

National standards

	2025-26 Target	2025-26 Actual	2024-25 Actual	2023-24 Actual	2022-23 Actual	2021-22 Actual
C. difficile - health care associated ¹	91		83	67	52	37
Ambulance handover within 30 minutes	95.0%		95.7%			

	2025-26 Target	2025-26 Actual	2024-25 Actual	2023-24 Actual	2022-23 Actual	2021-22 Actual
Maximum waiting time of four hours in ED from arrival to admission, transfer or discharge ²	78% (Mar 26)	78.23%	88.4%	73.95%	-	-
62-day combined referral-to-treatment wait for first treatment - all cancers	70% (Mar 26)		83.2%	76.2%	65.3%	71.5%
28-day Faster diagnosis standard	77% (Mar 26)		79.07%	66.4%	67.3%	69.4%
Maximum six-week wait for diagnostic procedures	No target	86.28%	53.2%	68.2%	60.1%	67.1%
Referral to Treatment – patients waiting no longer than 18 weeks	64.2%	65.64%	31			

Positions are at March 2026 unless otherwise stated

¹ From 2022-23 target and performance includes both hospital and community onset healthcare associated cases, prior data only includes hospital associated cases

² WSFT piloted new emergency department reporting standards between 2018-19 and 2022-23 and therefore did not report performance against this standard during this period.

We are proud of the progress and achievements made in a number of areas but recognise that performance has not been consistent in all months of the year and this has been the subject of scrutiny at Board, assurance committees and governance groups. Plans to achieve the agreed standards for 2026-27 are monitored and reviewed through our specialist committees and governance groups, in line with the organisational governance framework.

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

There has been significant progress in reducing the elective waiting times for patients over 2025-26. Following positive progress throughout the year, the number of 65-week waits decreased further and although it did not reach the ambition of zero, there were only 15 patients in this cohort at the end of the year.

We also made significant progress on the requirement to reduce 52-week waits to 1% of our total waiting list size, achieving 1.4 % in March 2026 down from 3.4% the previous year, a reduction from 1,223 patients to 422.

Although there was no target for diagnostic tests delivered within six weeks by in 2025-26, capacity constraints specifically in ultrasound, DEXA (dual x-ray absorptiometry), endoscopy and audiology meant that performance deteriorated in the first half of the year. Alongside further increasing activity at the Community Diagnostic Centre (CDC) at Newmarket in Magnetic Resonance Imaging (MRI) and Computed Tomography (CT), additional activity in ultrasound and endoscopy have enabled the rapid recovery of performance in the second half of the year, boosted by the implementation of a new DEXA service from the end of May 2025.

Cancer performance standards were met in March 2026, for both the 28-day faster diagnosis and 62-day referral to treatment standards. This followed variable performance throughout the year, owing to challenged pathways particularly in breast, but with additional activity in Q4 supporting the recovery and maintenance of waiting times below 28 days for patients to attend and receive the results from their one-stop clinic.

With the national standards increasing again in both these areas for 2026-27, sustained improvements will be needed to respond to increases in demand across high volume pathways in breast, skin and gynaecological cancers, with working groups building on improvements and transformation work.

Urgent and emergency care

Having reintroduced the 4-hour standard for the emergency department (ED) in May 2023, WSFT has demonstrated continuously improved performance throughout 2025-26 with significant progress again in March, ending the year at 78.3% against the standard of 78%.

The headline metric for urgent and emergency care (UEC) will continue to be the 4-hour standard, which will increase to 82% to March 2027. Additional indicators of average ambulance handover times will need to be maintained below 30 minutes and the number of patients waiting 12 hours or more in the emergency department (ED) will need to be further reduced from current levels towards an ambition of fewer than 2% of attendances.

Delivery of these objectives will be underpinned by the continued implementation and consolidation of workstreams within the UEC Delivery Group plan. This will build on progress already made to reduce delays and improve patient flow across the integrated organisation. Key initiatives include embedding the ED Same Day Emergency Care (EDSDEC) model, exploring the development of a Community Same Day Emergency Care (CSDEC) offer, strengthening the use of criteria-led discharge, and reducing overall length of stay.

Community and primary care

Adult community services have consistently met the 2-hour urgent community response standard. However, demand for Integrated Neighbourhood Team (INT) nursing continues to rise month on month. Compliance with the 2-hour response activity has been maintained by a variety of activities and initiatives including the nursing teams cancelling and/or deferring less urgent planned care. The impact of postponing home visits on the delivery of community patient care is being monitored.

Integrated community paediatric service (ICPS)

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

The paediatric team continues to receive very high levels of referrals for autism assessments in the school age pathway and is working with the ICB and mental health trust to implement a new model for neurodevelopmental assessment in the future.

Waiting times for initial assessments in the audiology team have made progress in improving against the required standard of first appointment within six weeks, including through working with colleagues in the acute hospital audiology team to improve levels of compliance.

NHS Oversight Framework

The NHS Oversight Framework is published quarterly by the UK Government and assesses performance across a range of metrics, placing all providers into segments, with the best overall performers in segment 1 and those that are struggling placed in segment 5. In each of the three quarterly releases for 2025-26, WSFT has been placed in segment three – although our most recent unadjusted segment was in segment two, having a financial deficit automatically caps performance at segment three. Our most recent ranking was 66th out of 134 acute providers, slightly down from our best reported position of 57th.

Stroke services

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

home or in the community, and outcomes at six months after stroke.

In October 2024 SSNAP underwent a significant update to the data set with new KPI's being introduced in line with national guidelines. These targets have been designed to be ambitious to drive further improvement for stroke patients, locally and nationally. It is important to note that the changes in our SSNAP scoring does not reflect a deterioration in stroke care. WSFT continues to be the highest scoring team regionally and remain in the top ten trusts nationally in Oct to Dec 25 results.

Some of the ongoing challenges include but not limited to: access to psychology, complex imaging availability, and therapy resources.

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

Incident reporting and learning

The Trust's cloud-based risk management system (Radar) was fully embedded throughout 2025-2026 and continued to support multidisciplinary reporting of patient, staff and organisational incidents. By reviewing investigations and thematic learning, key learning can be identified, and actions put into place to prevent recurrence.

The Trust remains compliant in its use of the national Learn from Patient Safety Events (LFPSE) system.

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

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

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

During 2025-2026 the total number of patient safety incidents reported was 7,187. From that number, there were five patient safety incident investigations (PSIIs) commissioned.

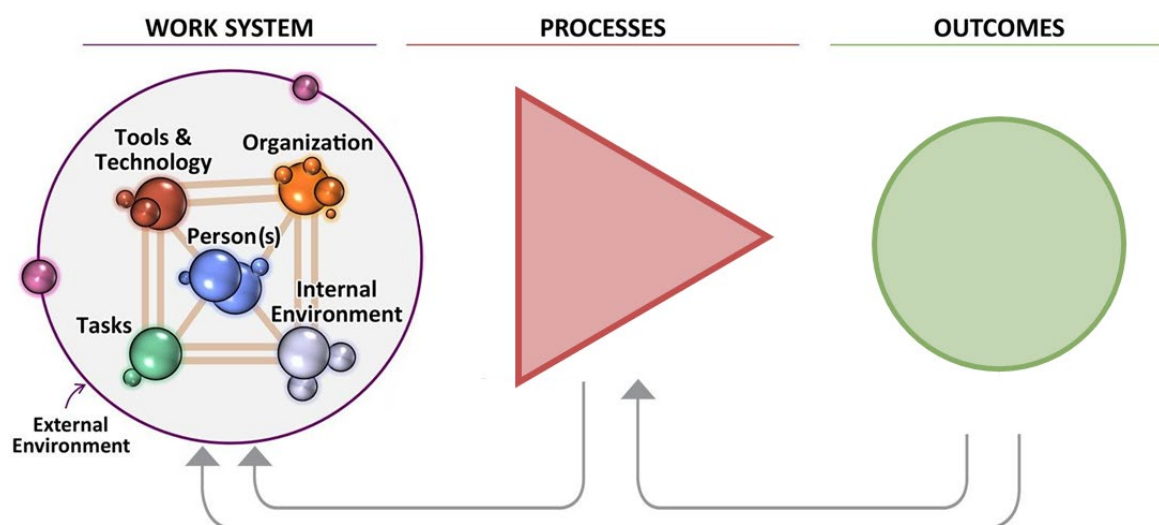
PSIIs are conducted for systems improvement. They are not inquiries into the cause of death, nor to apportion blame or hold individuals or organisations to account. Recommendations and improvement plans are then designed to effectively and sustainably address those system factors and help deliver safer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

The five PSIIs were commissioned in 2025-2026 according to the following (local and national) categories from our patient safety incident response plan (PSIRP).

Local	1C. Barriers to effective discharge due to issues in coordination of system	0
	2C. Diabetes, problems with the clinical care/management of diabetic patients when diabetes is not the primary reason for admission to service/hospital	0
	3C. Patient on an end-of-life pathway receiving unnecessary/inappropriate clinical interventions	0
	4C. Barriers to effective inclusivity	1
	5C. Potential for adverse impact on staff wellbeing where fundamentals of care cannot be provided due to staffing challenges	1

	6C. Identified increase in incident of subject theme which has potential for harm	2
National	7C. Never Event	1
	8C. Deaths more likely than not due to problems in care	0

All other patient safety incidents were subject to another method of review. This included local learning documented through our risk management system Radar, as well as centrally coordinated learning responses such as after actions reviews, patient safety reviews, patient safety audits or structured judgement reviews. This approach aligns the with the core principles of PSIRF which prioritises system-based learning to drive sustainable safety improvements. WSFT applies the Systems Engineering Initiative for Patient Safety (SEIPS) model for understanding the dynamic system factors influencing events and to inform meaningful improvement.

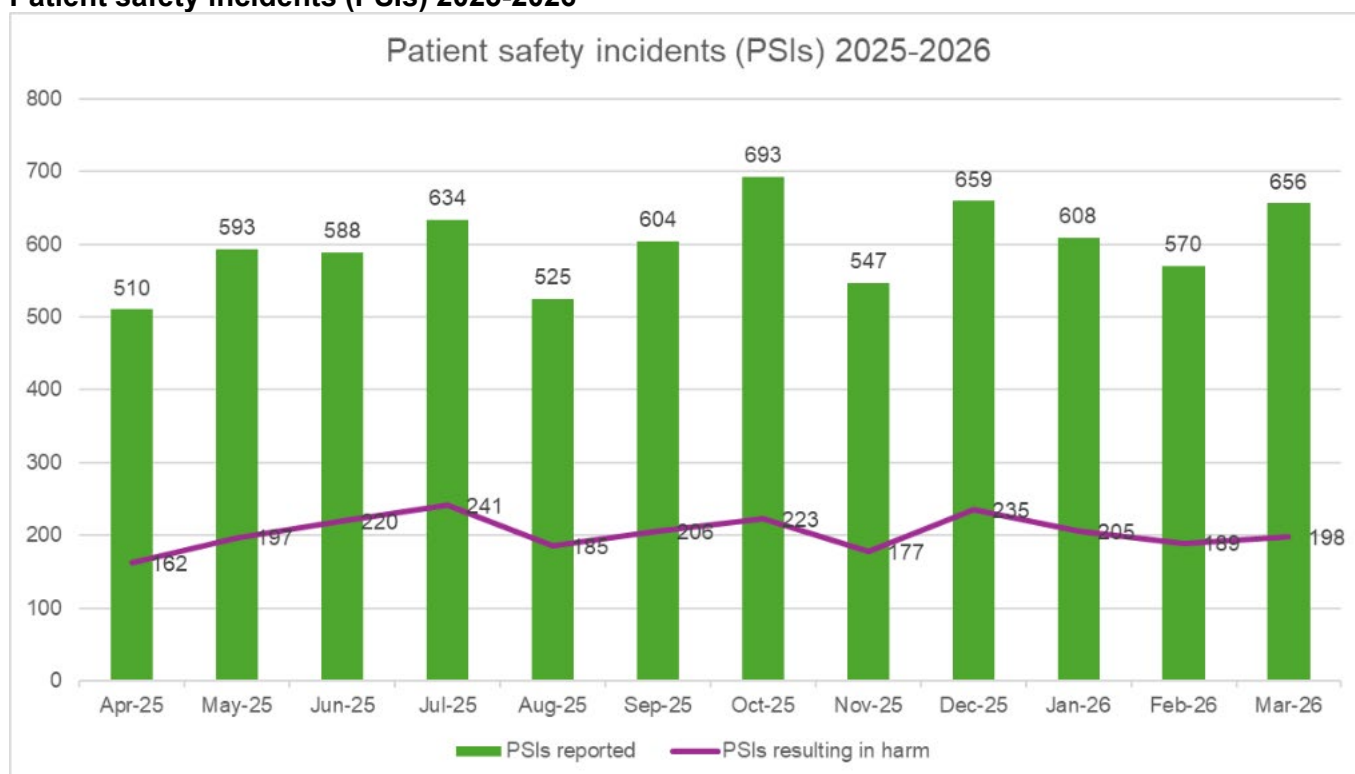


Overview of the SEIPS model, taken from Holden et al (2013), and Holden and Carayon (2021)

Patient safety incidents reported

The chart below shows how many patient safety incidents were reported in 2025-2026. The organisation reviews this data monthly 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) 2025-2026



Source: Source: Radar

Bar chart comparing total patient safety incidents to harm levels for the 2025-2026 financial year.

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

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

Safety actions are formally assigned to a divisional representative and tracked following an investigation pathway using Radar. Automated, interval-based notifications for overdue actions are sent to responsible staff and managers. Action metrics are reported directly to the Patient Quality and Safety committee.

The Trust has adopted the term 'Area for Improvement' (AFI) instead of recommendations to reduce the likelihood of identifying solutions at an early stage of the incident process, in line with the NHS England 'safety action development guide' (August 2022).

Patient safety actions are managed locally, with clear accountability held by divisional and specialist leads. 2,007 safety actions associated with patient safety incidents were completed in 2025-2026. AFIs identified from the five PSII reports completed in 2025-2026 are currently being finalised.

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

Patient Safety Incident Response Plan (PSIRP)

Following the implementation of our PSIRP on 1st June 2023, we continued to operate under our third iteration during 2025-2026 to ensure we had valuable insight on each of the topics categorised as a local risk. To ensure our safety investigations remain focused on current and high priority patient safety risks, we have refreshed our plan for a fourth time for the 2026-2027 financial year and this is awaiting approval from the ICB.

The organisational quality improvement programme for “Getting it right for patients and staff - place, service, pathway – safer handovers”, which was commissioned following a thematic analysis of areas for improvement undertaken by the patient safety team, continues. Colleagues are initially looking at safer nurse-to-nurse handover from ward to ward by implementing a consistent standard template which ensures critical information is available to staff in a timely and efficient manner to ensure safe, holistic care for our patient.

Areas for improvement which are not adopted will be risk assessed and added to the corporate risk register if deemed to be a clinical risk for patient care. The patient safety team will repeat this process of reviewing and theming areas for improvement ahead of the next safety summit scheduled for September 2026 to coincide with World Patient Safety Day.

Duty of candour

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

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

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

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

In 2025-26, the average time to complete the verbal duty of candour was seven working days, while the average for the written of candour was also seven days. The largest incident category requiring duty of candour was pressure ulcers.

Learning from deaths

During 2025-26, 1,042 WSFT patients died, including deaths occurring in the Emergency Department at West Suffolk Hospital and the Trust’s community hospital.

Certain adult deaths are subject to a case record review using the Royal College of Physicians’ structured judgement review (SJR) method. The objective of the SJR method is to review the quality of the care provided, to provide information about what can be learned about the hospital systems where care goes well, and to identify points where there may be omissions or errors in the care process. All deaths of patients under 18 years of age and all maternal deaths are reviewed through separate, dedicated investigation processes in line with national requirements and are therefore excluded from the adult SJR process. By 31 March 2026, 53 SJRs had been completed in relation to adult inpatient deaths.

Of the 1,042 patient deaths reported during the 2025–26 period, three deaths (0.28%) were judged to be more likely than not attributable to problems in the care provided, in line with the Hogan et al. (2012) preventability scale. All three cases were subject to detailed review, ensuring that contributory factors were fully explored and that learning and service improvement actions were clearly identified, implemented, and monitored.

The Table below seeks to break down the total deaths at WSFT in 2025-26 period into protected groups:

Quarter	Patient deaths						
	Total	Adults	People with learning disabilities	People with severe mental illness	Under 18-child, neonatal and stillbirths	SJRs (adults)	Judged Preventable (adults in accordance with Hogan scale)
Q1 (Apr-Jun 25)	249	244	0	1	5	13	0
Q2 (Jul-Sept 25)	232	218	3	0	14	18	1 (0.43% of total deaths)
Q3 (Oct-Dec 25)	242	240	0	2	2	13	1 (0.41% of total deaths)
Q4 (Jan-Mar 26)	319	314	2	0	5	9	1 (0.31% of total deaths)

Collation of mortality data and case review methodology

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

The maternity service is fully compliant with its statutory and regulatory reporting responsibilities to the Maternity and Newborn Safety Investigations (MNSI) programme. Robust governance processes are in place to ensure the timely identification, escalation, and notification of all qualifying incidents. There were no maternal deaths meeting MNSI reporting criteria in this timeframe (1st April 2025 - 31st March 2026).

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

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

Bereaved families are invited to give feedback on the care their relative received, this can be via the medical examiner, the learning from deaths reviewer, the patient safety incident investigator or MNSI.

The Trust records and reviews deaths of patients with a learning disability and patients with a severe mental illness. Feedback from these reviews to enhance wider learning is included as scheduled agenda items in the monthly mortality oversight group meetings. This includes feedback from external reviews to incorporate wider national learning.

Our learning themes

Case record reviews and investigations conducted in relation to the deaths have enabled the following improvements to be implemented as a direct result of learning during 2025–26:

- Updated alcohol withdrawal guidance, aligned with national best practice and partner healthcare organisations
- Increased visibility and education for staff and patients regarding the Martha's Rule/Call4Concern safety initiative

- Development of bite-size learning resources in targeted areas, with the ability to measure staff engagement
- Improved communication pathways between laboratory services and clinical teams
- Enhanced sharing of learning through structured MPR overview reports
- Strengthened governance arrangements for venous thromboembolism (VTE) initial assessment and reassessment
- Improved identification of deteriorating patients within the Emergency Department
- Auditing of NEWS2 monitoring and escalation practices at departmental level
- Publication of a seven-step learning bulletin focused on type 2 respiratory failure and appropriate blood gas monitoring.

Complaints management

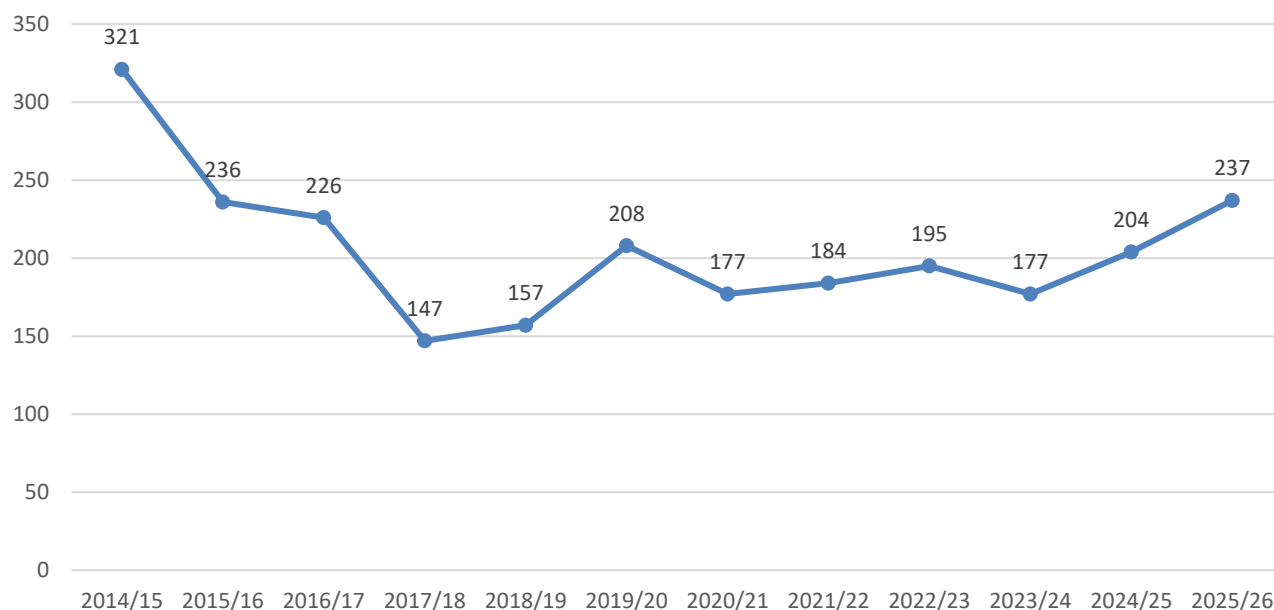
WSFT is committed to providing an accessible, fair and effective means of communication for anyone who wishes to express their concerns with regard to the care, treatment or service provided by the Trust. In responding to and reviewing complaints, WSFT adheres to the NHS Complaints Standards as published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

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

Examples of learning are detailed below. Themes and lessons learned are also reviewed at the experience of care and engagement committee and by the people & organisational development committee.

WSFT received 237 formal complaints during 2025-2026. The Board monitors complaints and learning each month as part of the quality reporting arrangements.

Number of formal complaints received



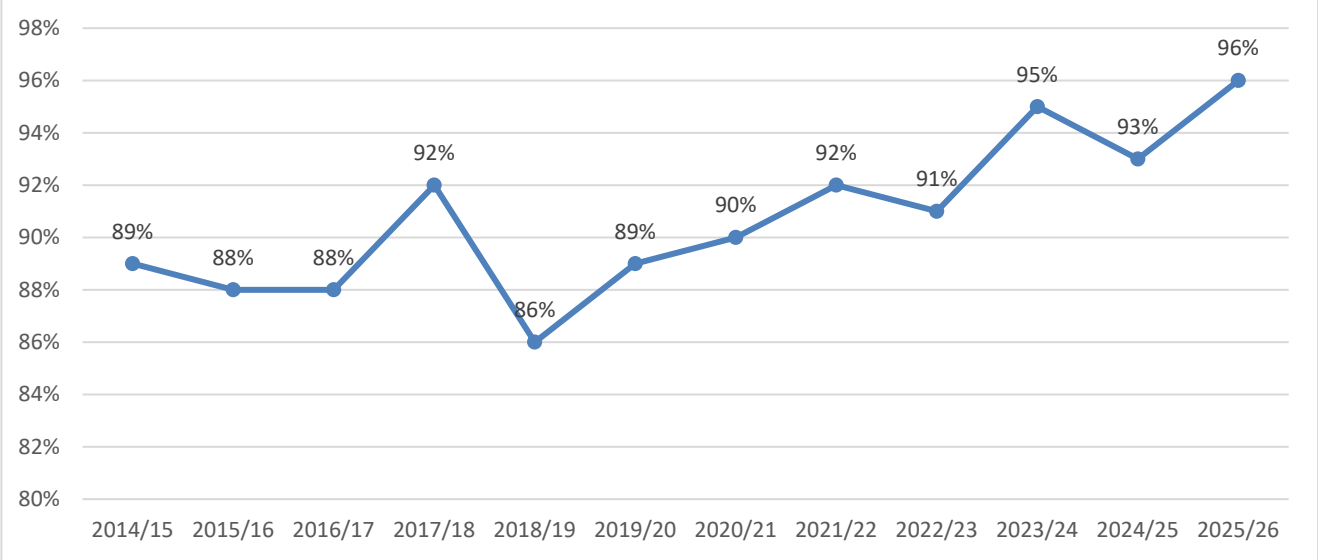
Source: Radar

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

In 2025-2026 the Trust resolved 238 complaints in total. Of the 238, the Trust successfully resolved 228 at the first stage, with 10 investigations escalating to second stage throughout the year, reflecting a 96% first time resolution rate.

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

Complaints closed at first stage



Source: Radar

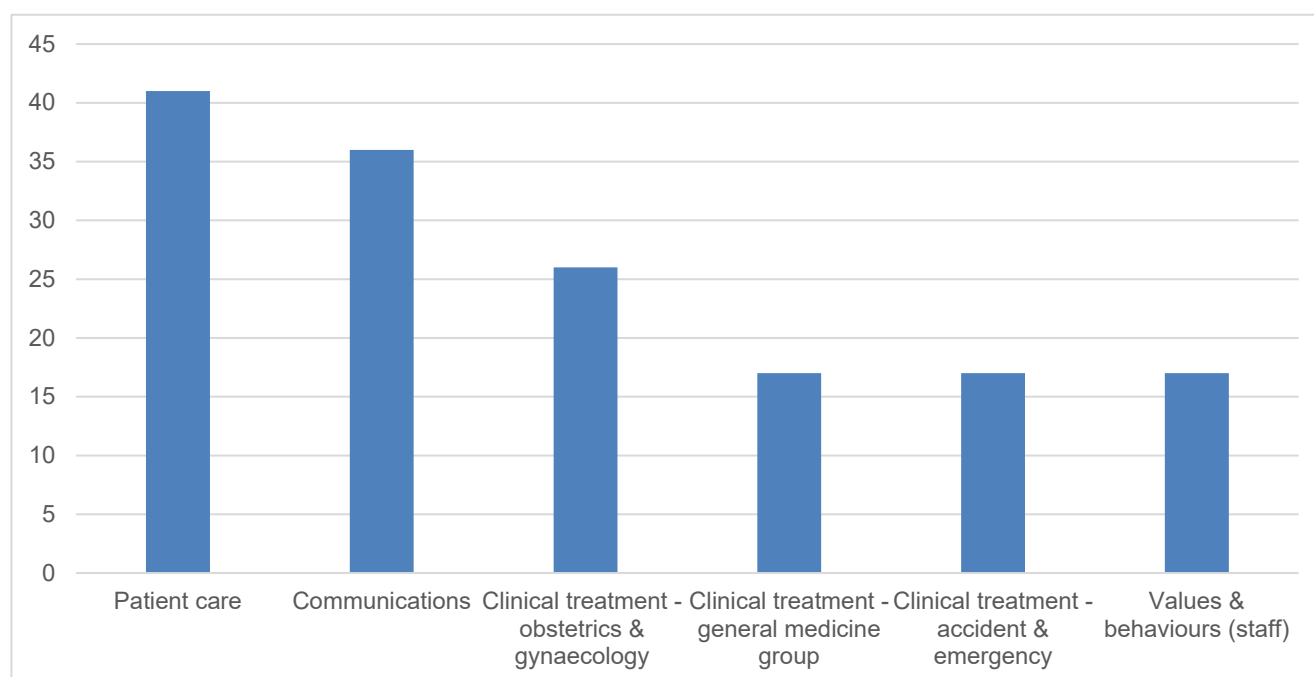
All complaints responded to are recorded as either upheld, partially upheld or not upheld depending on the outcome of the investigation, taking into consideration the details of the complaint and the investigation findings. These outcomes are recorded on the complaints management system.

Out of the 238 complaints responded to in 2025-2026, 62 were upheld, 89 were partially upheld, and 87 were not upheld.

Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the PHSO or the Local Government and Social Care Ombudsman (LGSCO) for an independent review. During 2025-2026, one complaint was referred to the PHSO. This complaint was only accepted at the end of March 2026 and therefore the investigation is still on-going.

With only one complaint being referred in 2025-2026, this further demonstrates the thorough and fair investigations and engagement from clinical staff to resolve complaints at local level.

Top six primary subjects of complaints



Source: Radar

The numbers identified in the chart above list only primary concerns; many complaints have multiple categories. Five out of the six top categories have remained the same since the previous year, however, clinical treatment for obstetrics & gynaecology has become one of the highest subject for formal complaints in 2025-2026.

Patient care has become the top category of concern for 2025-2026 with the number of complaints increasing from 30 in 2024-2025 to 41 in 2025-2026. Communication complaints have decreased from 40 in 2024-2025 to 36 in 2025-2026.

Values & behaviours (staff) has also decreased from 26 in 2024-2025 to 17 in 2025-2026. Clinical treatment – general medicine group has increased slightly from 16 in 2024-2025 to 17 in 2025-2026.

For the first time in a number of consecutive years, complaints about appointments have fallen out of the top six highest complaint categories, however the number of complaints has remained the same (13). Complaints relating to clinical treatment in accident & emergency have increased from 14 in 2024-25 to 17 in 2025-2026

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

- Visiting times for visitors changed to allow more flexible visiting
- Adaptive cutlery has been implemented to help aid patients with eating at mealtimes
- Actions have been completed to improve communications between staff, patients and relatives
- Permanent DEXA service currently in the process of being implemented and is due to be operational in early April 2025
- Theatres have acquired gel straps to be used on patients to prevent slipping from table
- Patient experience story used to aid training for medical staff by highlighting the importance of applying walking boot correctly and the importance of prescribing VTE prophylaxis
- QI project completed and policy implemented whereby oral anticoagulants are being used as VTE prophylaxis, thereby removing the need for injections

- Now able to provide CT angiography for paediatric patients after providing training for the staff involved using a paediatric protocol based on guidance provided by the radiology team at CUH
- A working group for paediatric stroke has been set up involving key stakeholders across the region to build a clear pathway for investigation and management of children with stroke in the East of England
- For the ENT local anaesthetic clinic, no digital consent forms will be sent in advance if the patient has not been seen by the team previously in another clinic. Risk of infection is now included as a risk on any intervention/invasive procedure
- In the obstetrics department, in all cases where babies present with significant weight loss (over 10%), feeding difficulties or any other dysmorphism, staff should specifically check for a cleft palate and visualise the whole palate and uvula, in addition to checking for tongue tie
- System Safeguards Introduced: The laboratory system has been updated to prevent the use of 'NOT' or 'NOTW' codes. If a clinician is not stated or not known, the system now generates an error and halts processing. The lab must contact the sample location to identify a responsible clinician before proceeding
- Improved Clinician Identification: The lab now attempts to obtain the GMC number of any clinician not listed in the system, enabling IT staff to add them promptly and ensure future results are correctly routed
- Patient Safety Measures: We have introduced a new protocol advising patients to follow up on test results if they have not received any communication within four weeks. This is part of our commitment to improving communication and safeguarding patient care.

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

Managing compliments

A total of 639 compliments have been formally received by WSFT. This figure only includes “thank you” correspondence shared with the patient experience team.

National CQC patient surveys

The Care Quality Commission (CQC) carries out a variety of patient surveys, the most frequent of which occurs annually. Feedback from national as well as local surveys is used to monitor service performance and focus on quality improvement. WSFT was involved in the following CQC surveys which have been reported on during 2025-26:

- 2024 Adult Inpatient Survey (published September 2025)
- 2024 Children and Young People’s Survey (published May 2025)
- 2025 Maternity Survey (published December 2025).

Interpreting our data

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

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

2024 Children and Young People’s Survey (published May 2025)

Respondents and response rate

- 157 WSFT patients responded to the survey
- The response rate was 19%.

Banding

Much better than expected on 1 question:

- p30_2. Did any of the following bother your child while you were in the waiting area? Noise from other patients

Better than expected on 3 questions:

- p30_1. Did any of the following bother your child while you were in the waiting area? How long my child had to wait
- p30_3. Did any of the following bother your child while you were in the waiting area? Not having enough to do
- p30_4. Did any of the following bother your child while you were in the waiting area? Not having enough to eat or drink

Somewhat better than expected on 2 questions:

- c2. On the hospital ward, were you around people your own age?
- p68. Did staff tell you who to contact if you were worried about your child when you got home?

Somewhat worse than expected on 1 question:

- c13. Did staff talk to you in a way you understood?

Worse than expected on 4 questions:

- c14. Did you feel able to ask staff questions?
- c15. Did you feel like staff listened to what you had to say?
- c17. Did staff take the time to listen to your fears or worries?
- p66. Did staff give you any written information about caring for your child to take home with you?

About the same as other trusts on 56 questions.

2024 Adult Inpatient Survey (published September 2025)

Respondents and response rate

561 WSFT patients responded to the survey. The response rate was 47%.

Banding

Much better than most expected on 0 questions.

Better than expected on 1 question:

- Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Somewhat better than expected on 3 questions:

- Q28. Were you given enough privacy when being examined or treated?

- Q29. Do you think the hospital staff did everything they could to help control your pain?
- Q46. Overall, did you feel you were treated with kindness and compassion while you were in the hospital?

Somewhat worse than expected on 0 questions.

Worse than expected on 1 question:

- Q8_1. Were you ever prevented from sleeping at night by any of the following? Noise from other patients

Much worse than expected on 0 questions.

About the same as other trusts on 41 questions.

2025 Maternity Survey (published December 2025)

Respondents and response rate

133 WSFT patients responded to the survey. The response rate was 45%.

Banding

Much better than most expected on 0 questions.

Better than expected on 3 questions:

- C7. During your labour, were you ever sent home when you were worried about yourself or your baby?
- G5. Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?
- G6. Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?

Somewhat better than expected on 1 question:

- G7. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?

Somewhat worse than expected on 0 questions.

Worse than expected on 0 questions.

Much worse than expected on 0 questions.

About the same as other trusts on 54 questions.

Action plan

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

- the use of AI to simplify patient information

- addition of extra questions in local Trust surveys
- 'listening ears' project to support patients sleeping at night
- adaptive cutlery pilot
- availability of snack packs
- focused patient engagement through the Maternity and Neonatal Voices Partnership (MNVP)
- exploring virtual parent education sessions.

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

Health inequalities

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

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

The insights that we generate inform the actions that the Trust takes to address both health inequalities and healthcare inequalities. These actions are executed and governed under the Prevention, Health Inequalities and Personalised Care (PHIPC) strategy.

About 75% of the team's current work is determined by the PHIPC strategy, which is a sub-strategy of the Trust's corporate strategy and was adopted by the board in December 2023.

The PHIPC strategy sets out the objectives that the Trust has chosen to pursue from now to 2031, aligned to:

- its statutory, regulatory and contractual obligations
- the former SNEE ICB Joint Forward Plan
- the Trust's clinical and care strategy
- the requirements of the Future System Programme.

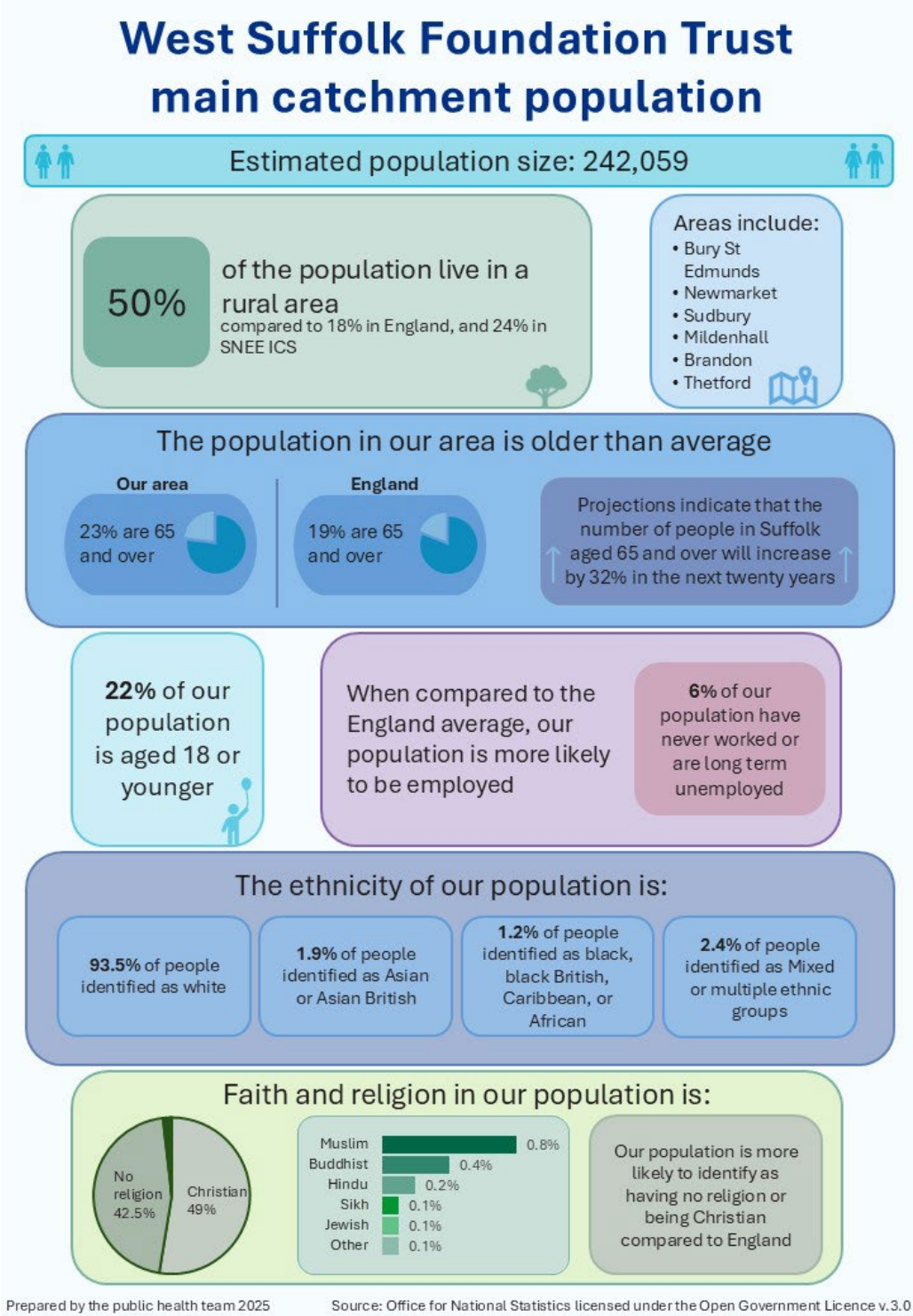
Actions towards the objectives are set on a 2-yearly basis.

Trust's population profile

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

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

Figure 1: WSFT population profile from 2021 census data



During 2024-2025, we added a community paediatric catchment profile to enhance our knowledge and understanding of the population served by the children and young people’s community services and the findings remain relevant this year.

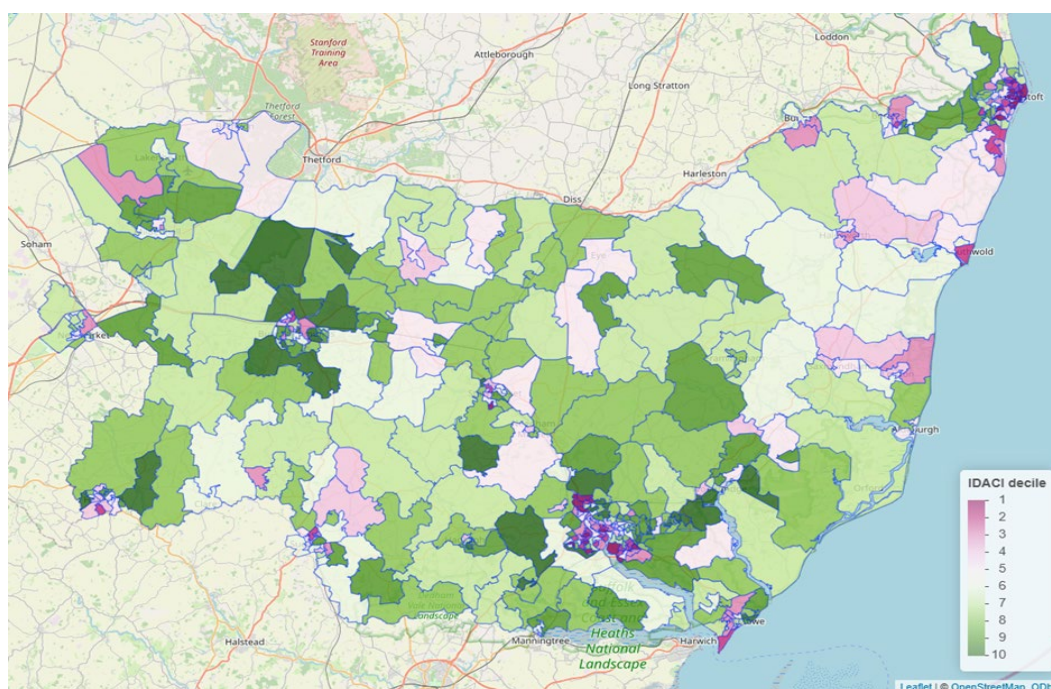
Community paediatric service catchment population

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

The population served by ICPS has the following characteristics:

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

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

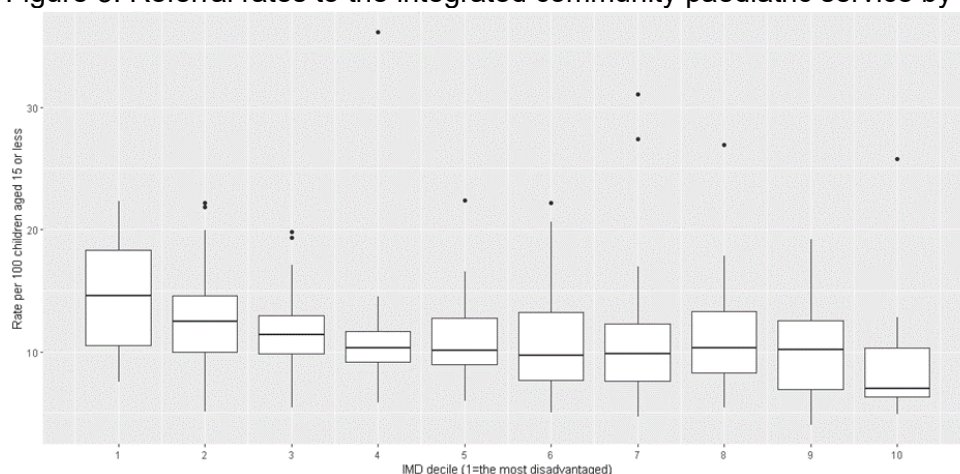


Sources: [English indices of deprivation 2019 - GOV.UK](#); Office for National Statistics licensed under the Open Government Licence v.3.0; Contains OS data © Crown copyright and database right [2025]

Referrals to WSFT community paediatric service

Analysing the referrals to the ICPS, we can see that referral rates are higher from the more deprived areas (Figure 4). This is a positive finding. It means that the families who have the greatest needs are successfully finding their way into the services that can help them. Healthcare inequalities are often created by people from less deprived areas being unable to navigate complex referral systems.

Figure 3: Referral rates to the integrated community paediatric service by deprivation decile



Conclusions:

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

Core20PLUS5 priority groups and services

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

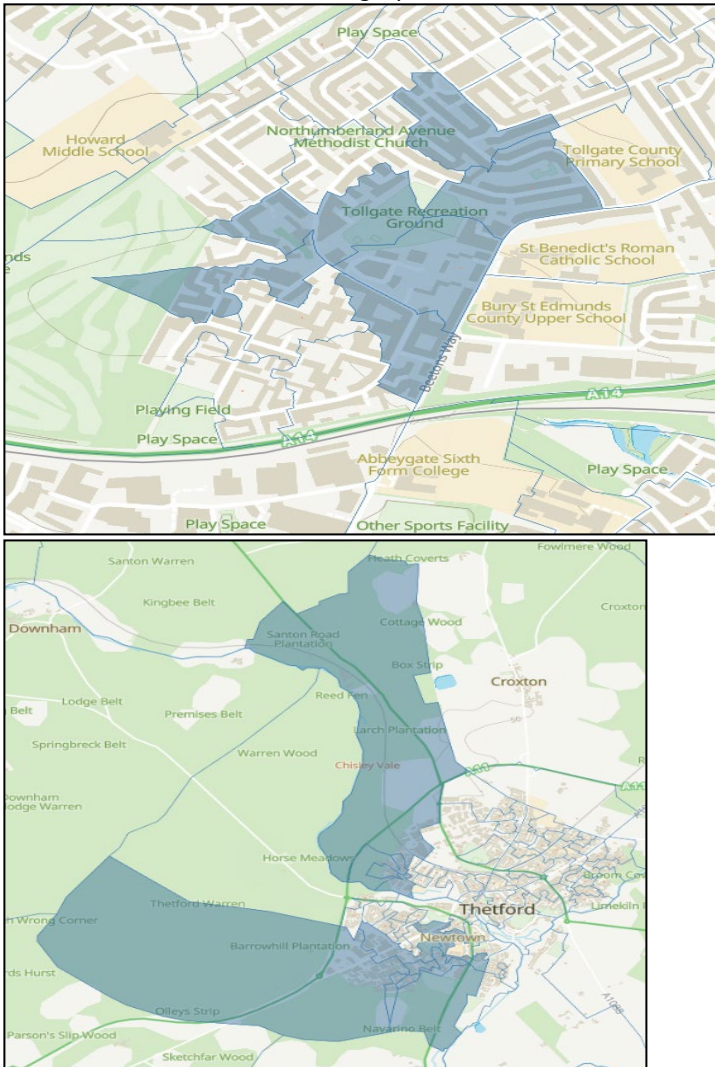
1. Core20 areas – the local areas which, when ranked nationally, are the most disadvantaged 20% in the country
2. PLUS populations – population groups chosen by integrated care systems experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20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

Core20 areas

There are four Core20 areas in the Trust's acute catchment area, where 6,900 people live. One is in Bury St. Edmunds, part of the Howard Estate, and three are in Thetford, which lies within

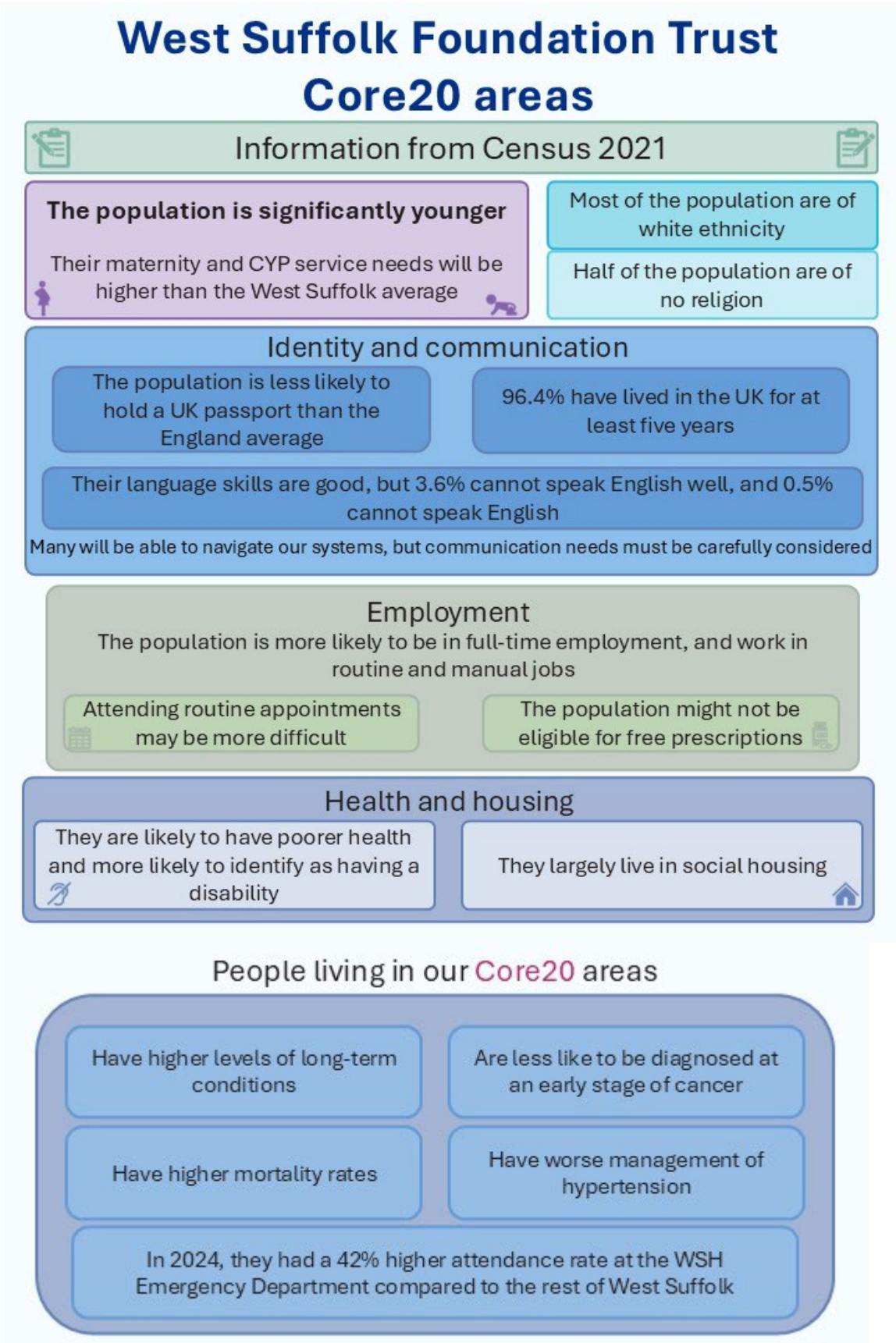
the Norfolk County Council boundary (Figure 4). Understanding these communities and their health is important to reducing healthcare inequalities.

Figure 3: Maps showing the location of Core20 areas in the main WSFT catchment area (Bury St Edmunds left, Thetford right)



© Ordnance Survey from [ONS Census 21 interactive mapping](#)
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Figure 4: Population and health statistics for residents of Core20 areas in the WSFT acute catchment area



Action taken in 2025-26

The Trust remains firmly committed to tackling health inequalities, a shared priority with our key partners. This commitment is underpinned by the adoption of the nationally endorsed Core20PLUS approach, which focuses on improving outcomes for the most disadvantaged populations.

Over the past 12 months we have:

- Embedded the health inequalities portfolio into our divisional structure and work streams, for example:
 - The Patient Safety Team is beginning to monitor and report harm within the health inequalities lens and identifying and implementing actions that address inequalities.
 - The Women and Children division monitor harm and inequalities for their patient cohort.
 - The Patient Experience & Engagement Team is carrying out activities to design services with patients that are equitable and reduce health inequalities.
- Started work to embed the Core20PLUS5 framework into clinical pathways, undertaking Equality and Health Impact Assessments for service changes, and co-produce solutions with communities experiencing the greatest disadvantage.
- Adopted the health inequalities self-assessment tool which will be used by the Trust to assess its position and inform its work on health inequalities.
- As discussed elsewhere in this report, continued to work with partners across the health and care system to address some of the inequalities faced by people living in the Core20 areas.

In addition to the above the work of the team over the next year will continue to focus on:

- prevention
- health inequalities
- personalised care
- population health management
- teaching, training and research in public health.

PLUS populations

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

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

People who are in minority ethnic groups

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

Rural communities

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

We continue to focus on improving access through remote consultations where possible.

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

Five clinical priority areas for children, young people and adults

The five clinical priority areas for children and young people are shown in the Core20PLUS5 graphic in Figure 8. The five clinical priority areas for adults alongside smoking are shown in the Core20PLUS5 graphic - [NHS England » Core20PLUS5 infographic – Children and young people](#) and [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

In most cases the clinical priority areas require coordinated action across several organisations to address them; only the epilepsy and maternity priorities are uniquely controlled by the Trust. Some examples of the actions that the Trust has undertaken in 2025-26 include:

Maternity

Trust data reviewed as part of the March 2026 thematic review continues to reflect inequalities in perinatal outcomes for families from global majority communities, consistent with national Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) findings. The case numbers at the trust were small and the majority related to extreme preterm births. Reviews identified no care issues that would have altered outcomes, the thematic review highlighted opportunities to further improve equitable access, communication, personalised care and support for women and pregnant people with additional needs. Learning from MBRRACE-UK findings regarding inequalities in outcomes for ethnic minority women has also strengthened referral pathways into the Jade Community Midwifery Team, where reduced caseloads allow additional time for highly individualised and compassionate care for women identified as requiring enhanced support.

A key area of improvement during 2025-26 has been the continued development of the Bump and Baby Transport Scheme, introduced following local audit findings and MBRRACE learning linking missed antenatal care with adverse outcomes. Local analysis demonstrated that women living in the most deprived areas were twice as likely to miss appointments, with transport identified as a significant barrier to accessing care. Midwives now routinely assess transport needs at booking appointments, with identified concerns recorded within the electronic patient record as a recognised risk factor. The scheme currently provides free bus travel across Haverhill, Mildenhall, Newmarket, Bury St Edmunds and Brandon, with 83 bus passes issued to date and further expansion planned across Sudbury and Thetford. In addition, the Trust is developing a Transport Volunteers Network (TVN) to provide low-cost community transport for antenatal appointments, reducing reliance on taxi provision and supporting earlier engagement with maternity care. Due to changes in the organisational structure of the WSFT public health team, the Maternity department is also reviewing future arrangements for this work and may need to establish a more direct network approach to ensure sustainability of transport support initiatives.

Alongside transport initiatives, the Trust has continued to strengthen equitable maternity care through enhanced interpretation and communication support, Open Access to Triage communication cards, promotion of accessible digital tools such as Recite Me, and implementation of a reasonable adjustments digital flag pilot to improve identification and recording of individual support needs within the electronic patient record. A neonatal jaundice quality improvement project has also been launched to improve equitable assessment of jaundice in babies with darker skin tones through

increased use of Transcutaneous Bilirubin Meters (TcBRs) across maternity and community services.

Chronic respiratory disease in adults

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

Early cancer diagnosis in adults

The targeted screening for lung cancer programme (TSLCP) was launched in March 2025 and is aimed at people aged between 55 and 74 who are current or former smokers. So far around 2,500 people have had CT scans with around 20 lung cancers detected, the majority of which were at an early stage.

Smoking cessation

Smoking remains the single biggest cause of preventable illness and death in England. Smoking is also the biggest cause of health inequalities. Supporting people to manage their dependence on tobacco and to achieve abstinence from tobacco addiction is a recurrent theme in the health inequalities policy agenda. Smoking prevalence in the west of Suffolk remains as reported in the 2023-24 annual report at around 10%. Suffolk continues to aim for a prevalence of 5% by 2030.

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

Acute and community inpatient tobacco dependence service

Through collaborative working with SNEE ICB, Suffolk County Council Public Health and Communities team and other healthcare system partners, WSFT continued to offer an inpatient tobacco dependence service throughout 2025/26.

During 2025-26, the Trust's tobacco dependence service has continued to deliver support across inpatient, maternity, and outpatient pathways, alongside ongoing partnership working with community stop smoking services.

New and expanded tobacco dependence services have been implemented during the year, including additional provision within the Emergency Department, outpatients, and pre-assessment areas, providing support, advice, and treatment to patients and visitors. A dedicated staff support service has also been introduced. In addition, a new tobacco dependence service has been established as part of the lung cancer screening programme.

Activity and outcomes data for 2025-26 is currently being collated and validated to ensure accuracy. This includes referral activity, quit attempts, and four-week quit outcomes, as well as work to address health inequalities.

Key areas of focus during the year have included:

- Continued delivery of inpatient tobacco dependence treatment
- Support for pregnant people to stop smoking
- Ongoing partnership working with Feel Good Suffolk and other community services
- Further embedding of smokefree pathways and service expansion initiatives.

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

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

1.2.4 Principal (key) risks and uncertainties

Principal risks are managed through the Board Assurance Framework (BAF). This is a governance tool used by the Trust to identify, monitor, and manage risks to achieving our strategic objectives. Each risk is linked to a strategic goal and includes: the controls in place, assurances on their effectiveness, and actions required to mitigate the risk. The BAF allows the Board to focus on principal strategic risks and ensure that internal controls are sufficient and operating effectively.

In accordance with national best practice, risks are scored using a 5x5 risk matrix, with 1 to 5 scores for both the consequence (1 being negligible and 5 being catastrophic) and likelihood (1 being rare and 5 being almost certain). The highest risk score is therefore 25.

Board assurance framework (BAF)

During 2025-26, the BAF was regularly reviewed in accordance with the workplan to ensure that it provided an adequate evidence base to support the effective and focused management of the principal risks to meeting strategic objectives. All committees regularly report to the Board on the assurance received at their meetings and where there is a lack of assurance or risks to achieving our objectives.

After completion of the Trust' new strategy, in the third quarter of 2025, the Board undertook a workshop. This was to ensure that the 10 current BAF risks were reflective of the current and future principal risks. The Board took account of emerging risks across a wide range of areas including: technological; environmental; social; community; governance; economic; political; and, commercial risks.

Reflecting the fact that the BAF is a live document that evolves over time, the 10 BAF risks in place since 2023-24 will merge into seven new principal BAF risks for the start of 2026-27. These will centre around the following themes:

- BAF 1 – Cyber
- BAF 2 – Estates
- BAF 3 – Finances and loss of control
- BAF 4 – Workforce, staff engagement supply chain issues and diversity
- BAF 5 – Quality of care
- BAF 6 – Performance
- BAF 7 – Transformation of care and preparing for the new hospital

The executive director with delegated responsibility for managing and monitoring each of the BAF risks is clearly identified in the BAF. The BAF identifies the key controls in place to manage each of the principal risks and explains how the Board of directors is assured that those controls are in place and operating effectively. Risks are escalated when:

- Controls are ineffective or assurances are insufficient
- The risk poses a significant threat to strategic objectives

- Emerging issues or external factors increase the likelihood or impact of the risk
- Mitigations will not deliver the target score and the risk appetite needs to be reviewed.

Escalation involves reporting the risk to higher governance levels, such as the Board, after discussing at relevant assurance committees. It may trigger additional oversight/support as required.

Further details of how the Board gains assurance that there are effective arrangements in place for internal control and risk management to safeguard public investment, the Trust's assets, patient safety and service quality are included in the Annual Governance Statement (AGS) (section 2.6)

Effective risk and performance management

The Trust is committed to ensuring the safety of staff, patients and others through an integrated approach to managing risk, regardless of whether the risk relates to the delivery of patient care or achievement of business objectives. Good arrangements for risk management underpin the Trust's ability to identify and manage its risks in a robust manner and the Trust has a robust risk management strategy which ensures effective clinical governance and monitoring of compliance with best practice. The Board maintains a framework which ensures timely escalation of risk to the Board by committees and specialist groups.

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

The Trust's objective is to manage risk as part of normal line management responsibilities which are monitored by the Trust's committee structure with risk escalated in an appropriate and timely fashion. Delivery of improvement at an operational level is reported through the directorate executive performance review meetings, and is also tested through observational visits by Board members and governors as part of area observations. A programme of presentations and patient stories is also delivered to the Board and its subcommittees.

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

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

Mandatory service risk

The Trust's Board of directors was satisfied that:

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

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

Risk of any other non-compliance with licence

The Board of directors ensured that WSFT remained compliant with relevant legislation. Executive directors assessed the risk against each of the conditions in the licence. No significant risks were identified.

Contractors and suppliers

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

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

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

Additional disclosures required by the financial reporting manual (FReM)

The accounts have been prepared by WSFT in accordance with all relevant paragraphs within 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 and risk committee's review of the annual report and accounts

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

Social, community, anti-bribery and human rights issues

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

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

The Trust continues to embed 'Just Culture' principles within its policy approval and decision-making frameworks. The Trust has also developed a comprehensive equality impact assessment (EIA) process and accompanying documentation, guidance and resources to support and empower colleagues to complete these fully and efficiently. The EIA process seeks to explore both the positive and negative impacts of organisational activities upon groups of our staff and patients with protected

characteristics and from health inclusion groups. The Trust has also committed to delivering the actions within Unison's Anti-Racism Charter and has quarterly meetings with Unison to monitor and advance progress, and has shown clear commitment to the Sexual Safety in Health Charter by progressing a range of actions in this area.

The Trust remains committed to the effective implementation of policies and procedures in respect of fraud and corruption as well as the Bribery Act. It also has a nominated local counter fraud specialist (LCFS) whose role is to provide support and advice on all matters relating to fraud and to be a point of contact for fraud reporting. The LCFS reports to the audit and risk committee.

Over the past year the LCFS has delivered the following:

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

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

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

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

The NHS requires compliance reporting on 62 core standards for which there are grades of achievement; full, partial or non-compliance. Core standards require the 'completion' of all activities to record 'full compliance'.

As a result of self-assessment, the Accountable Emergency Officer (AEO) considered that the Trust overall level of compliance was 'substantially compliant' in that there were 2 (down from 12 last year) core standards in two (down from six) capability areas where there was not full compliance:

- training and exercising (one standard)
- business continuity (one standard)

There are mitigations and development plans in place for each of these standards, and there is confidence that the Trust could operate in the interim until each standard becomes fully compliant. The Trust has committed to maintaining and improving compliance by the next assessment in September 2026.

The significant improvement in compliance from 2024 has been achieved through collaboration with clinical and operational teams to mainstream emergency planning, particularly within decontamination capability, and rationalising the number of business continuity plans from over 150 down to 20, ensuring distinction between organisational level tactical plans and departmental operational procedures.

1.2.5 Future business plans

1.2.5.1 Integrated care system (ICS) West Suffolk Alliance

Purpose

West Suffolk Alliance is one of three place-based alliances across the former Suffolk and North East Essex Integrated Care System (ICS). The Alliance's purpose is to 'Improve Health through Partnership', using the Live Well model (below) and working in six localities with collaboration on service, premises, workforce, digital and data matters to enable integrated care for the people we collectively serve. In April 2026, a new Norfolk and Suffolk ICB was formed – the West Suffolk Alliance remains as one of five Places within it.

The Alliance is led in this purpose by a committee of senior West Suffolk leaders. This committee also functioned as a part of SNEE ICB Board to commission community health services, primary care and medicines optimization for West Suffolk. The Alliance is led by the Director for Primary Care and Neighbourhoods for Suffolk who also attends and reports progress to the WSFT Board. This builds on the long tradition of integration in practice philosophy in West Suffolk.

West Suffolk Alliance Partners

NHS & Council Statutory Bodies

- Suffolk and Northeast Essex ICB
- West Suffolk NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Suffolk County Council
- West Suffolk District Council
- Babergh and Mid Suffolk District Councils

Service Providers

- GP teams and Primary Care Networks
- Dentists, pharmacists & optometrists
- Department for Work & Pensions
- St. Nicholas Hospice Care
- Care Market
- Allied Health Professionals CIC
- West Suffolk College
- Abbeycroft Leisure

Voluntary Community Faith and Social Enterprise

- Community Action Suffolk
- Knowing Works CIC
- Active Suffolk
- Multiple local & national VCFSE Partners

2025-26 progress

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

Primary care

- **Primary Care/Secondary Care interface** - monthly interface meetings continued with good engagement and positive steps to solving issues together to enable joined up care.
- **All West Suffolk Practices** were compliant with 1st October GP Contractual changes, providing online consultation tools for the duration of core hours together with 'You and Your General Practice' being available on all websites
- **Additional winter care** - All Primary Care Networks stepped up additional proactive and reactive appointments through the winter period to help avoid hospital admissions, particularly for those with respiratory conditions.
- **Health checks** - West Suffolk Alliance achieved 88% of annual health checks for people with learning disabilities, surpassing the national target of 75%.
- **Community Pharmacy First** services continued to grow, enabling people to access clinical consultations close to home for seven common conditions.
- **Hypertension Case-Finding Service (BP Check service) and NHS Pharmacy Contraception Service** was offered by 95% of community pharmacies in West Suffolk. The BP service aims to improve the detection of previously undiagnosed hypertension and so improve detection and prevention of cardiovascular events. The national pharmacy contraception service now includes the provision of emergency hormonal contraception (EHC) as well as oral contraception.
- **Dental procurement:** In July 2025, the ICB approved a commissioning plan to increase NHS dental capacity in priority areas including in Bury St Edmunds and Brandon. A competitive procurement began and the mobilisation of new contracts is expected from June 2026.

Health and wellbeing

- **The Joy platform** went live to help people to access local services – 199 referrals were made as at March 2026 for mental health, financial, weight management and long-term condition support.
- **Citizens Advice – Supported Advice Service** enabled people with complex needs to reduce debt, secure income and benefit entitlements, and so improve their wellbeing.
- **A Physical Activity bid to Sport England** was submitted following significant community engagement to inform needs and goals. This partnership approach resulted in additional investment into the Mid and Babergh Council area to deliver universal approaches to improving physical activity.
- **Locality and health inequalities funding** was agreed for organisations to meet specific community health and wellbeing needs. For example, a Glemsford Seniors Fair and Slipper Swap enabled residents to meet a range of professionals and receive support and advice.
- **Respite on Prescription** was commissioned to enable carers to access respite care for their own health appointments.

Integrated community health and care services

- **Home First Reablement** enabled 55% of individuals to be fully re-abled after a hospital stay, and not require ongoing care. Accident & Emergency attendances also decreased. The service contributed to the strong discharge performance in West Suffolk.
- **A 2025-26 Winter Plan** included not only additional GP appointments but also additional investment in Home First, increasing operational capacity and allowing for 7 day working and acceptance of more calls from the ambulance service to help people stay well at home.
- **National Neighbourhood Health Improvement Plan** – All three Alliances in Suffolk and NE Essex were successful in bids to participate in this national programme. West Suffolk Alliance elected to focus on the prevention and proactive integrated management of diabetes care. This work will continue in 2026-27.

- **Community Contract** – West Suffolk partners engaged in a pan Suffolk programme of work to understand how community services are operating today and the needs and opportunities for community services for the next ten years.
- **Integrated Weight Management & Obesity Service** – A new, integrated service was launched across Suffolk to provide a single point of access and integrated support
- **Integrated Specialist Palliative and End of Life Care** further advanced this year with joined up working between St Nicholas Hospice Care and West Suffolk Foundation Trust, to support patients to receive care and to die in their preferred place with the most appropriate professional support. Over an initial six-month period over 99% of patients remained at home in line with their choice without an acute admission to hospital.

1.2.5.2 Performance improvements and developments

Operational achievements during 2025-26

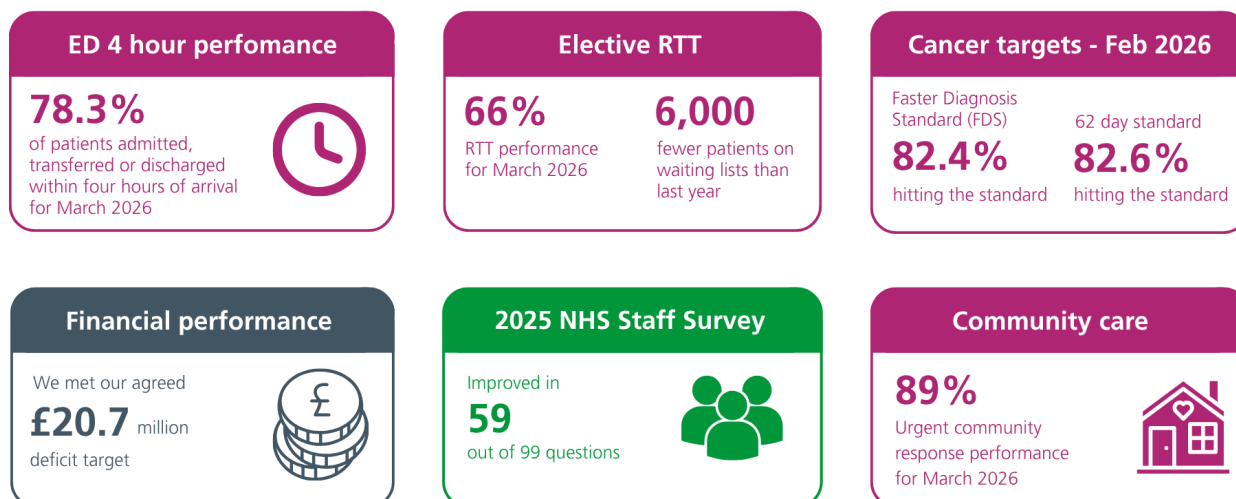
Over the past year, Trust performance has improved across several core indicators, particularly in access, outcomes, and productivity. Waiting list performance has strengthened significantly, with 52-week waits reduced from 1,086 to 422 and 65-week waits from 102 to 17, alongside an improvement in RTT 18-week performance to 66% and A&E 4-hour performance rising to 78%. Cancer 28-day Faster Diagnosis Standard has also improved to 82.4%, while patient experience indicators have strengthened, with Friends and Family Test scores increasing to 92.35% positive and staff-reported care confidence recovering to 61.2%. Quality outcomes show mixed but improving trends, including reductions in C. difficile infections (from 15 to 12 Hospital-Onset, Healthcare-Associated Infection (HOHA) cases) and stable MRSA, though mortality and harm rates require continued focus.

Workforce metrics show early recovery from a dip, with pulse survey engagement, motivation and advocacy scores improving between January and April 2026, alongside a reduction in sickness absence to 4.91%.

Financial and productivity discipline has also strengthened, with productivity growth increasing from 0.78% to 1.3% and improvements in underlying run rate, while oversight framework scores demonstrate relative progress despite some recent fluctuation. Overall, as the image below shows, the Trust has delivered meaningful improvements in elective recovery, urgent care performance, cancer pathways, patient experience, and productivity, while continuing to address residual challenges in quality and workforce experience.

Delivering compassionate care and healthier communities

Our performance highlights from 2025/26



Priorities and operational planning guidance for 2026-27

The Trust's Medium Term Plan (MTP) presents a coherent and credible route to delivering our strategic ambition of compassionate care, healthier communities. The plan for 2026–2031 is anchored in our newly launched strategy, which sets a clear and ambitious direction for the Trust, focusing on delivering outstanding, compassionate care and driving measurable improvements in the health and wellbeing of our local population. Our vision and mission are underpinned by five ambitions: 'high quality care,' 'joined up services,' 'empowered to improve,' 'responsible with resources' and 'fit for tomorrow.'

We are committed to embedding our FIRST values - Fairness, Integrity, Respect, Safety, and Teamwork, which will form the bedrock of how our colleagues work, make decisions, and interact with each other.

The 2026–2031 MTP plan reflects a maturing approach to business planning, strengthened triangulation of activity, finance and workforce assumptions, and constructive engagement with the ICB and our system partners. The plan demonstrates that the Trust has a clear line of sight from strategic objectives through to operational delivery, underpinned by realistic trajectories and targeted mitigations.

The plan sets out a balanced and evidence based approach to meeting national standards across elective care, urgent and emergency care, diagnostics, cancer, and outpatient transformation.

Detailed specialty level modelling, service development proposals, and participation in regional improvement collaboratives (including GIRFT Further Faster and the Elective Improvement Network) give assurance that our trajectories are achievable while remaining stretching.

While feedback on the plan has highlighted risks in inflation assumptions, income growth, and the scale and timing of required efficiency delivery, the MTP outlines credible mitigations. A shift towards productivity led improvement, enabled by improved planning maturity and better alignment of workforce, activity and cost profiles, expands the Trust's opportunity to develop cost improvement plans next year. Our agency usage remains low, and planned reductions are considered deliverable and consistent with activity phasing.

The plan is structured around the Three Shifts central to the NHS long term strategy, each of which is embedded in modelling and divisional plans:

- **Hospital to community:** activity assumptions incorporate left shift interventions from 2026/27 onwards, moderating UEC demand growth and supporting reductions in length of stay. This is underpinned by pathway redesign and stronger partnership working with primary care, community, and social care.
- **Analogue to digital:** our strategy accelerates the introduction of digital and AI enabled tools to improve clinical decision making, reduce administrative burden, and enhance patient experience and access.
- **Sickness to prevention:** population health management insights and early intervention pathways are embedded within the plan, supporting improved outcomes and enabling long term sustainability across the system.

Business planning for 2026-27

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

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

Joint forward plan and capital resource plan

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

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

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

- **Die Well** – giving individuals nearing end of life choice around their care.

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

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

Efficiency and productivity

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

New healthcare facility (Future System programme)

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

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

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

Progress to date

Stage 2 designs

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

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

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

part of the teams regular updates.



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

Announcement of a construction partner

In February 2025, NHP launched the Selection Questionnaire (SQ) for the Hospital 2.0 Alliance (H2A) Framework. This £37 billion, multi-supplier framework agreement will be used by Trusts to appoint Alliance Partners who will provide the detailed design, construction and handover of individual New Hospital Programme schemes between 2025 and 2040. The Hospital 2.0 Alliance will play a critical role in transforming healthcare infrastructure to deliver hospitals that are faster to build, safer for patients and staff, digitally enabled and the best value for money for the taxpayer.

Subject to final contractual processes, DRAGADOS Sociedad Anonima has been identified as the organisation expected to work alongside us to build the new hospital.

Reserved matters application submission

The Reserved Matters planning application for the new hospital, which is a standard stage in the planning process, has been submitted in Spring 2026.

Following submission, the design will continue to be developed and will evolve further as we progress through detailed design and ongoing assurance with the New Hospital Programme.

Outline Business Case

The project is currently developing its Outline Business Case through a process of “progressive assurance” with experts from NHP and remains on track to submit in summer 2026.

Estates progress

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

This includes the following pieces of work:

Borehole testing

In 2025 we undertook a period of borehole testing, which explored possible sustainable ways to heat and cool the building.

The team carried out tests to see if we can use an open loop ground source heat pump system. The technology uses the natural, steady temperature of groundwater to provide low-carbon heating in winter and cooling in summer.

The system works by drawing water from deep underground from something called an aquifer. The water flows through a heat exchanger, where it either gives off heat (to warm the building) or absorbs heat (to cool it down). The water is then returned to the ground, completing the loop.

This type of heating and cooling system is very efficient but only works if there's a suitable water source. Our development site, in Bury St Edmunds, sits above a major aquifer so two test boreholes were drilled, one to extract water and one to return it in, on both our Hardwick Manor development site and our adjacent existing site, to see if this is a viable solution for our new hospital.

This work was delivered with specialist contractors and with permission from the Environment Agency.

Each borehole went to around 110 metres deep, and once drilled, a pump was installed and ran a test. We measured how the aquifer responded to the pumping which gave us vital data on how much water it could supply and how well the system might perform.

If the tests are successful, this clean, green technology could become part of the final hospital design, helping us create a sustainable hospital for West Suffolk which supports the NHS's commitment to Net Zero.

The following video provides further information: <https://www.wsh.nhs.uk/news/testing-of-environmental-heating-and-cooling-systems-1>

Recommencement of buffer planting

The end of 2025 saw the recommencement of buffer planting works on the Hardwick Manor development site.

The buffer planting will contribute to mitigating the visual impact of the proposed new hospital and is a part of important enabling works to discharge pre-commencement planning conditions. Completing the planting at this early stage in the project will mean the trees will be as established, and therefore effective, as possible upon opening of the new hospital.

Power Provision

Following agreement by the Trust Board, the case for the provision of the power infrastructure required by the new hospital was agreed by the NHP investment committee and is now progressing.

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

Next steps

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

The programme is governed by a board that has drawn its membership from across the Suffolk

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

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

Trust digital programme

The Trust has undergone a year of change within the digital programme, with a drive to focus the programme on delivering our strategic priorities as well as the ambitions in the NHS Medium Term Plan and 10 Year Health Plan.

NHS England's digital maturity assessment as published the results for the 2025 assessment, and the Trust has continued to score well in the region when compared with others. This evaluates us against key metrics in the published 'What Good Looks Like' framework and a roadmap of improvements is in place to further improve our results on an annual basis.

Clinical systems

At West Suffolk, we used two main electronic patient records across our community and acute services as well as a number of specialist systems in some clinical areas. We have continued to undertake major code upgrades to our Oracle Health acute electronic patient record and have brought the management and service optimisation of SystmOne in-house under the digital services team. The transition into WSFT was smooth and we have been able to embed high quality documentation methods and case load management for our community colleagues.

In addition to ongoing clinical system management, we have performed system upgrades across several clinical systems and data sharing platforms within critical care, medical coding, neonatal device management and the mortuary to ensure our staff are able to work with the latest systems and features.

WSFT has also undertaken a large implementation of our laboratory information system which required close working with the pathology and laboratory services and our technical and project teams for a smooth go live.

We have continued the rollout of digital consent forms to further clinical specialties to support decision-making and ensure our patients have vital information about their procedure and any associated risks.

Digital infrastructure

In order to support our colleagues in an increasingly digital healthcare system, it is vital that we provide a reliable and safe infrastructure for these to run on.

We completed the mandated move of several thousand computers to Windows 11 across our entire Trust. This allows us to use the latest operating systems on our computers, ensuring that our devices receive the latest security features and patches. This also means we are using the latest mobile device management software through Microsoft to manage our mobile devices and computers. This aims to ensure that the deployment of applications and upgrades is smoother and more reliable.

Investments in a rolling replacement to our laptops, computers and mobile devices has been important this year as they come to the end of their working life following substantial investment during the COVID pandemic.

Cybersecurity remains a key priority for the organisation and we continue to strengthen our cyber defences and receive validation and accreditation of our security resilience. We have also seen

investments in our local area network upgrades and our security firewalls in order to keep our services secure, as well as a substantial investment and upgrade to our digital backup functionality.

Digital transformation

There has been a real focus this year in delivering improvements in productivity across the organisation and digital transformation plays a key part in this. Included in this is our use of both the NHS app and patient portals to reduce our reliance on printing and postal services. We have been able to make a substantial reduction in printing requirements and continue to drive improvements in use of digital communication methods with our patients. Increased enablement of text messaging and automated reminders for patients was supported, responding to service pressures and reducing reliance on manual, phone-based processes.

The hospital site has also moved fully over to a digital bleep solution for all routine and critical bleep services. Whilst the West Suffolk has had a clinical messaging or digital bleep solution in place for a number of years for routine messaging and tasks, it was a final step to take to remove pagers entirely across our hospital.

Our digital training team have focused on embedding and optimising the use of our digital learning platform, supporting organisational development in staff contents as well as our own digital training services. We have continued to support clinical colleagues in moving face to face training to online courses in order to free up valuable clinical time where possible. The training service has also begun to offer core basic digital skills courses in collaboration with local partners.

Joining up with our digital colleagues within the Future System programme, we have begun work on improving digital inclusion and accessibility which supports our ambition for a 'digital first but not digital only' approach to delivering on our digital strategy. The first step has been to provide digital accessibility training for all staff across the organisation.

We have also published our internal artificial intelligence (AI) policy to support and guide staff in the use of AI across the organisation. Whilst we already use some AI tools in clinical and corporate services, this has provided additional guidance and guard rails to support staff in their decision making. We are supporting trials of ambient voice technology in the integrated community paediatric services with a view to evaluate and understand the benefits before further implementation elsewhere.

Digital across West Suffolk and the wider community

WSFT has continued to run the health information exchange or Shared Care Record on behalf of the ICS. We continue to see improvements in monthly usage as colleagues across the health and care sector access patient records in order to have the latest information on their patients and service users at the point of care. March 2025 saw the highest usage both the HIE (Health Information Exchange) with a peak of over 181,000 uses; this continues our upward trend throughout this last year, with over 9000 users regularly accessing clinical data from other organisations to help their decision making.

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

Fit for tomorrow

A coordinated approach with the Future System programme digital team continues to ensure that our roadmaps for the future align with the ambitions of the new hospital programme. This includes clinical and patient facing technologies as well as a move to a smart hospital of the future and the

associated digital infrastructure that will support it.

The department continues to take an active role in sustainability within digital services as part of the trust green plan. We are looking at ways to quantify the environmental cost of using digital technology to help us move towards a net zero ambitions.

Procurement

The procurement landscape is still being impacted by sustained inflationary pressures and in some areas, reduced supply chain routes leading to limited availability of certain products. Our procurement team continues to engage with SNEE, national framework providers, and regional clinical networks to align contracts and explore collaboration opportunities where clear benefits have been identified.

The areas of direction currently under review are:

- embedding the Public Contract Regulations ensuring full implementation of the new procurement regulations across all Trust procurements.
- monitoring key performance indicators linked to identified social value metrics. Working to improve outcomes following the Commercial Continuous Improvement Assessment undertaken in 2026. Establishing pipeline opportunities and savings across the ICS through use of the national procurement system Atamis.
- Improving contract management arrangements to ensure full compliance with the procurement act.

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

- support the replacement of the Trust finance ledger and the streamlining of end to end procurement processes.
- support directorates to identify and achieve cost improvement opportunities.
- align the Trust procurement strategy with the wider ICS Procurement Strategy.

Procurement continues to evolve in response to both the local and national landscape. The full impacts of the Act will become clearer over time as the Trust undertakes larger procurements and accesses new frameworks awarded under the new regime. Our procurement team continue to explore collaborative opportunities identified across the ICB, clinical networks and the wider region to maximise value and resilience.

Areas of achievement:

- Successful Trustwide implementation of the new inventory management solution funded by NHS England.
- Successful implementation of point of care in Theatres, Day Surgery, Eyes, Endoscopy and Radiology allowing the tracking of implantable devices.
- GS1 compliance for implantable devices and general consumables.
- Introduction of additional recycling initiatives around disposable consumables, packaging or the replacement of disposable items with reusable alternatives where appropriate.
- Completion of a peer review under the Commercial Continuous Improvement Assessment framework achieving outcomes rated as good or better. Undertake all procurements under the new procurement act 2023.
- Delivery and reporting of all procurement cost improvement targets.
- Compliance around the publishing of pipeline opportunities in the Trust.
- Compliance with contract management requirements for the publishing of notices and key performance indicators.

Agency rules

The two main clinical staff groups where agency staff are used are doctors and AHPs (Allied Health Professionals). During 2025-26 we continued to use the agencies on the Workforce Alliance framework preferred supplier list for nursing staff and medical staff, which was developed with the

East of England procurement hub. The CPP framework is audited by the procurement hub for framework compliance. In 2025-26 our agency usage decreased by 93%.

Capital planning

The Trust has a 3 year capital plan that is revised and updated annual prioritisation process for the assessment of investment of capital resources, For 2026-2027 the plan has been informed by the evolving business plans for operational and corporate divisions and direct engagement with Associate Directors of Services (ADOs). Workshops held in November and December of 2025 also informed the plan to ensure alignment with evolving business plan priorities. A further review of the rate of refreshment of digital equipment, lease capitalisation, estates and facilities infrastructure and medical devices will also be required bring the internal capital spend within budget.

The prioritisation assessment process focuses on the benefits of investment against four criteria: compliance with the relevant strategy and service business plan, 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.

A number of multiyear projects will roll over into 2026-27, including New Hospital Programme, the Newmarket endoscopy development and RAAC (Reinforced Autoclaved Aerated Concrete).

Significant schemes planned for delivery in the period are set out below. They are in addition to rolling annual investments such as medical equipment and digital equipment replacements, kitchen refurbishments, room alterations, Green plan actions, CIP enabling works, compliance works and road maintenance.

- **Future Systems Programme** - 2026/27 will see the Future Systems Programme move from RIBA stage 2 Concept design (1:200 scale) to RIBA stage 3 Spatial Coordination (1:50 Scale). The completion of sufficient reserved matters in the outline planning permission to 'stop the clock' safeguarding the existing planning permission, appointment of the construction partner and progressing the scheme to Outline Business Case (OBC) stage.
- **Newmarket Hospital** –The minor surgery 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..
- **Reinforced Autoclaved Aerated Concrete (RAAC) mitigation works** – The RAAC mitigation works are complete. However, continued monitoring and assessment of roof and wall RAAC planks are required to identify any further works and ensure protective measures continue to mitigate the risk of structural failure. The Trust bids on an annual basis for ring-fenced PDC (Public Dividend Capital) (funding from NHSE for this purpose).

Backlog – 2026-27 will be the first year that NHSE provide additional public dividend capital for backlog under the Estates Safety Fund (ESF). The backlog programme is prioritised on an annual basis using risk-based methodology assessed by a range of disciplines (electrical, mechanical, architectural, etc.). The programme has also been informed by the independent RAAC 7 report recently undertaken by Mott MacDonalds. This report sets out recommendations for extending the life of the existing estate until the planned opening date for the new hospital.

Key schemes covered during 2026/27 include:

- Hot and cold water systems associated with legionella
- Fire compartmentation upgrades

- Anti-barricade doors
- Electrical infrastructure within operational areas
- Ventilation upgrades to clinical areas and the Education Centre
- Replacement cooling plant for main theatres, recovery and critical care

Medical Devices – The medical device replacement programme focuses on end of life and or unsupported equipment 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.

Equipment leases and managed services reverting to capital - 2026-27 will see a significant increase in leases for equipment ending and in 2027-28 the Cathlab managed service comes to an end. No leases or managed services are expected to end in either 2028-29 or 2029-30.

Clinical operational projects

Community Estate

The Trust is working closely with partners to map existing and future community infrastructure to support local service provision for both future community services and the ‘left shift’ from acute hospital care. This supports both the Future systems programme and preparation for the 2027 community services tender.

PDC (Public Dividend Capital) funding has been secured to undertake refurbishment work to the DRC building in Bury St Edmunds to aid consolidation and to take advantage of lease breaks to other buildings.

Diagnostics

PDC funded under the RtCS programme has been secured for ultrasound at Sudbury Health Centre along with internally funded Radiology MRI infrastructure works and microscopes replacement.

Surgery theatre refurbishments

Theatre refurbishment to ensure theatres meet ventilation and hygiene and safety requirements. This will support increased activity and surgery complexity.

Clinical support

Works to improve accessibility and to provide appropriate bereavement space.

Medicine

ED improvements including reception/MECU (Medical Enhanced Care Unit), relatives’ room, anti-barricade doors and design development for G3 ward refurbishment. The reception/MECU project is PDC funded under the RtCS NHSE programme.

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 cyber-security is maintained.

The 2026-27 digital programme includes uninterrupted power supply (UPS) and network equipment replacement, system migrations, device and hardware replacement.

1.2.5.3 Sustainability

Task Force on Climate- Related Financial Disclosures (TCFD)

NHS England’s NHS foundation trust annual reporting manual adopted a phased approach to incorporate the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury’s TCFD aligned disclosure guidance

for public sector annual reports. TCFD recommended disclosures are interpreted and adapted for public sector by HM Treasury. Local NHS bodies are not required to disclose scope 1, 2, and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

For 2025-26, the phased approach incorporated the disclosure requirements of the following pillars-governance, strategy, risk management, and metrics and targets. Where possible these disclosures are provided below with appropriate cross referencing to relevant external publications Our Green Plan 2025 - 2029. Where disclosures are not provided an implementation plan is provided.

Governance Pillar

In July 2025, the Trust Board approved an updated Green Plan that will continue to evolve over time as we achieve our goals and set ourselves even more ambitious targets. Our Green Plan is aligned to the Integrated Care Boards (ICB) Green Plan and supports the focus on activities that deliver a 3 up-3 down approach, to reduce carbon emissions, air pollution, and waste, and increase our support for green spaces and biodiversity, climate resilience and social value, ensuring our efforts help reduce inequality. We are committed to playing a leading role in securing a healthy and sustainable Suffolk.

The delivery of the Green Plan is overseen by the net zero board lead (NZBL), our executive director of finance with strategic and operational support provided by the sustainability lead and the sustainability net zero steering group (SNZSG). The governance and oversight are managed through the SNZSG. The group membership comprises of the net zero delivery leads (NZDL) for each focus area of the Green Plan, often senior managers who are responsible for the delivery of Green Plan actions. The purpose of the group is to provide good governance, assurance, oversight and accountability to ensure Trust compliance as a minimum with: statutory requirements

CQC requirements of 'environmental sustainability' and 'governance, management and sustainability

The net zero steering group meets monthly and is accountable to the Trust finance and performance committee. The group are responsible for providing a six-monthly update to the committee and an annual report to the Board.

Strategy Pillar

The Trust is exposed to a range of climate-related risks that have the potential to affect service delivery, financial sustainability, and long-term resilience. Our Green Plan acknowledges that mitigating the effects of climate change and adapting our estate, are crucial for our ability to maintain high quality safe care. The net zero steering group have identified the risks and impacts of climate change as the following:

Risks:

- Increasing frequency of extreme weather-related events (heatwaves, flooding, storms, cold temperatures, wildfires (including tree root fires)
- Prolonged and persistent change in weather patterns
- Increase in exotic disease and pathogens.
- Disruption to supply chain
- Poor air quality.

Impact(s) arising from the risks:

- Health service capacity and resilience
- Patients and staff suffering increased ill health- disproportionately affecting the most vulnerable populations
- Disruption to service continuity and patient access

- Increased demand for supplies leading to higher procurement and operational costs.
- Water scarcity, injury and mortality from extreme weather events, negative impact on mental health, respiratory illness, heat related illness and vector borne diseases.

These risks are not formally defined with a specific time horizon; however extreme weather events will be prioritised as an immediate short-term climate-related risk.

Metrics and Targets Pillar

Whilst NHS bodies are not required to disclose scope 1,2 or 3 emissions, progress against Green Plan guidance can be found in our Green Plan 2025-2029.

The Trust continues to develop its sustainability function and acknowledges that further work is required to achieve full alignment with the recommendations of the Task Force on Climate-Related Financial Disclosures (TCFD).

Over the past two years, the Trust has strengthened its governance arrangements, improved the quality of statutory reporting, and embedded sustainability considerations more consistently across operational and strategic processes. To progress towards full compliance, the SNZSG will lead a structured programme of work to identify and agree detailed climate-related risks and opportunities, escalate through the Finance and Performance Committee, and incorporate them into the Board Assurance Framework. This work will form the development of a comprehensive Climate Adaptation Plan, ensuring climate-related risks are systematically assessed, governed and integrated into the Trust's operational, strategic and financial planning over the short-medium and long term.

Green Plan Annual Progress Update

During this reporting year, the Trust has continued to make strong progress against its Green Plan, delivering environmental, financial, and social benefits. Our updated Green Plan sets out our strategic approach to delivering sustainable healthcare and meeting our net zero targets. We continue to progress actions across key focus areas and the following sections provide a summary of progress achieved. Sustainability is increasingly embedded in into decision-making processes, supporting regulatory compliance, service resilience and long-term value for money.

Workforce and System Leadership

The Trust continues to invest in sustainability capability and workforce engagement. Two Green Champions have commenced a Level 4 Corporate Responsibility and Sustainability Practitioner Apprenticeship, strengthening internal capacity to deliver Green Plan priorities at departmental and organisational level. The Nature at Work programme has continued to support staff wellbeing, with ongoing charitable funding secured from My WISH to extend delivery into 2026–27. Engagement activity will be strengthened to increase reach across the workforce.

Sustainable Models of Care

Environmental sustainability is now embedded within the Trust's Continuous Quality Improvement (CQI) approach. All CQI projects are required to consider impacts across the triple bottom line (people, planet, and profit), supporting sustainable decision-making. Sustainability training will be incorporated into all CQI training programmes during the next reporting period, strengthening organisational capability and alignment with CQC Well-Led expectations.

Green Space and Biodiversity

Partnership working has supported both patient outcomes and environmental improvement. Collaboration with the Green Light Trust has enabled the maintenance and enhancement of therapeutic green space supporting stroke rehabilitation, while also increasing biodiversity on the hospital site through the introduction of native planting. The partnership is mutually beneficial, with the Green Light Trust participants also benefiting from the delivery of their wellbeing sessions within the Trust's gardens, supporting improved mental wellbeing and connection with nature.

Estates and Facilities

The Trust has secured capital funding from the Department of Health and Social Care to expand onsite renewable electricity generation. Installation of 325 additional solar photovoltaic panels at West Suffolk Hospital is underway, with a further 252 panels planned for Newmarket Community Hospital. This increases onsite energy generation, improves resilience and contributes directly to carbon and cost reduction objectives. The Trust now procures 100% zero-carbon electricity sourced from a combination of renewable and nuclear power generation.

In addition, the Newmarket Community Diagnostic Centre is on target to achieve BREEAM (Building Research Establishment Environmental Assessment Method) Excellence, demonstrating best practice in sustainable healthcare infrastructure delivery and CarboniCa will continue to be used to track, reduce and report the CDC's whole life usage.

Medicines

The Trust has completed its nitrous oxide reduction programme, transitioning to a portable supply model. This has delivered significant environmental and financial benefits, including an estimated annual reduction of 132 tonnes of CO₂e emissions, equivalent to the weight of approximately 11 double-decker buses, by avoiding the release of around 252,000 litres of nitrous oxide per year. The initiative also supports improved air quality for patients, staff and visitors, alongside minimum annual cost savings of £2,700. A review of pharmacy ordering practices reduced monthly orders from an average of 950 to 500 delivering £32,000 in savings on delivery charges. The reduction in deliveries has also lowered the number of vehicles required, resulting in a reduction in CO₂e emissions.

Supply Chain and Procurement

Recognising that approximately 62% of NHS emissions arise from procurement and supply chains, the Trust has approved a one year contract with CO₂ Analysis to develop a robust Scope 3 carbon baseline. This work will identify high emission procurement hotspots and prioritise practical carbon reduction opportunities, supporting evidence based action on the Trust's largest and most complex emissions source.

The Trust continues to embed sustainability and social value within its procurement activity. Social value considerations are now applied across all procurement, with high value tenders requiring suppliers to provide a published Carbon Reduction Plan, supporting alignment with national NHS requirements. The Trust is also working in partnership with the Norfolk and Suffolk Integrated Care Board to support the development and implementation of a supplier roadmap, strengthening engagement with the supply chain on carbon reduction.

Operational initiatives have reduced reliance on single use consumables, including tourniquets, toner cartridges and stationery, alongside the recycling of staff uniforms and plastic clinical tubing in Theatres and Day Surgery. Further progress has been made through the introduction of repair processes for upholstered furniture and the rollout of plastic free wipes across Trust and community services, supporting waste reduction, circular economy principles and value for money.

Food and Nutrition

The Trust is taking further steps to improve the sustainability of its catering services. From May 2026, food waste will be separated and measured in line with simpler recycling requirements, supporting improved monitoring and waste reduction.

Approximately 50% of patient meals are now being ordered through a digital meal ordering system, with further roll out underway, helping to improve ordering accuracy and reduce waste.

Menu changes have also reduced the environmental impact of catering, including reduced beef content and the introduction of meat-free main meals on Monday evenings, delivering an estimated

20% reduction in meat use across the week.

Travel and Transport

The Trust continues to reduce emissions from travel and transport through investment in electric vehicle (EV) charging infrastructure. In 2025 after receiving external funding, 9 dual charging points were installed at Newmarket Community Hospital creating 18 EV charging spaces. The infrastructure supports fleet decarbonisation, staff and visitor use, and wider progress against the Trust's Green Plan.

Waste and Circular Economy

As part of its waste reduction and circular economy objectives, the Trust has expanded the use of furniture repair and reupholstery instead of replacement. Since April 2025, this approach has delivered financial savings of £6,302, reduced waste disposal costs and avoided an estimated 40kg CO₂e emissions per item repaired, supporting both environmental and financial sustainability.

During 2025–2026, West Suffolk NHS Foundation Trust continued to expand and refine its recycling infrastructure across both acute and community sites. Across the year:

West Suffolk Hospital sent 9.17 tonnes of plastic waste for recycling, reflecting sustained engagement with the rigid and soft plastics streams.

Newmarket Community Hospital contributed 2.4 tonnes of dry mixed recycling, prior to the full transition to segregated recycling streams.

The rigid plastic and aluminium recycling streams are now well embedded across West Suffolk Hospital. Rollout into clinical areas has progressed steadily, using a phased, engagement led approach to ensure staff buy in and correct segregation at source.

At Newmarket Community Hospital, the former dry mixed recycling stream has now been fully replaced by the dedicated rigid plastic and aluminium streams, improving compliance and reducing contamination.

The Trust has also successfully implemented a soft plastics recycling stream at West Suffolk Hospital. This is now routinely used by Catering, Estates, Portering and Procurement teams for packaging waste, supporting the Trust's wider ambitions around circularity and material recovery. Looking ahead, the next stage of development will focus on achieving full compliance with the Simpler Recycling regulations, ensuring that food waste and glass recycling are available and accessible to staff, patients and visitors across all Trust sites.

In 2025–2026, West Suffolk NHS Foundation Trust strengthened its circular economy approach by prioritising waste prevention, reuse and material recovery across all sites. The Trust continues to embed the waste hierarchy into everyday operations, ensuring that waste is minimised, and resources remain in circulation for as long as possible.

Prioritising Reuse and Refurbishment

- The Trust processed 11.39 tonnes of Waste Electrical and Electronic Equipment (WEEE) during the year. Of this:
 - 2.3 tonnes were sent for reuse, extending the life of equipment, and reducing the need for new products.
 - 4.4 tonnes were sent for recycling, ensuring valuable materials were recovered responsibly.
- To maximise reuse opportunities, the Trust works with:
 - A medical device auction partner, which refurbishes and resells clinical equipment no longer required.
 - Ramco, a national reuse specialist, which collects nonclinical items for refurbishment

and resale, keeping materials in circulation and reducing disposal.

- These partnerships support the Trust's commitment to reducing waste by ensuring equipment and materials are reused wherever safe and appropriate.
- Embedding Circular Practices in Waste Streams.
- The Trust is also strengthening waste segregation to ensure that recyclable and compostable materials are not incorrectly disposed of in clinical waste streams. Improving segregation accuracy increases recycling rates and reduces the environmental impact of waste treatment.
- At West Suffolk Hospital, the transition to soft compaction of offensive waste will reduce the number of waste collections required, lowering vehicle movements on site, and cutting associated emissions. This supports the Trust's wider circular economy objectives by improving efficiency and reducing the environmental footprint of waste handling.
- Recycling target:
 - The Trust's current recycling rate: 34%
 - Target: 30% by end of 2025-26 financial year.

Partnerships

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

Strategic partnerships are already established with the following organisations:

- Suffolk and North-East Essex Integrated Care System
- East of England Greener NHS
- Suffolk Growth Programme Board
- East of England Procurement Hub
- Alliance partners – Suffolk County Council, Suffolk GP Federation, Norfolk and Suffolk NHS Foundation Trust, working closely with wider stakeholders such as the ambulance service, independent care providers, the voluntary community sector, employers, the education sector and business.
- The East Anglian Waste Consortium.

Annual Reporting Requirements

Business Travel – Agenda for Change and resident doctors

	Mileage (miles)	tCO₂e* (tonnes)
2021-22	1,115,310	307
2022-23	1,201,342	330
2023-24	1,366,975	379
2024-25	1,317,990	366
2025-26	1,214,498	338.6

(2025 -2026 uses*DESNZ carbon factor 2025 medium car, unknown fuel type 0.27877 kgCO₂e/mile)

Waste

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

Waste		2021-22	2022-23	2023-24	2024-25	2025-26
Recycling/ re-use	(tonnes)	268	267	240.44	269.84	288.72
	tCO ₂ e	5.7	5.68	5.11	1.73	6.048

Other recovery	(tonnes)	366	382	358.49	747.44	368.8
	tCO ₂ e	7.79	8.12	7.62	4.79	2.9504
High temperature disposal	(tonnes)	533	554	562.77	172.95	185.6
	tCO ₂ e	117.26	*489.98	*507.22	*155.88	73.445
Landfill	(tonnes)	0	0	0	0	0
	tCO ₂ e	0	0	0	0	0
Total waste (tonnes)		1,168	1,203	1162	1190.23	843.12
% Recycled or re-used		23%	22%	21%	23%	34.16%
Total waste tCO ₂ e		130.75	503.78	520.01	162.40	379.404

Newmarket Community Hospital total waste

Waste		2021-22	2022-23	2023-24	2024-25	2025-26
Recycling/ re-use	(tonnes)	8.20	9.63	6.58	9.28	9.60
	tCO ₂ e	0.17	0.20	0.14	0.06	0.2
Other recovery	(tonnes)	47.66	47.08	46.15	92.94	45.4
	tCO ₂ e	1.01	1	0.98	62.94	18.7
High temperature disposal	(tonnes)	16.73	18	17.58	0.35	0.68
	tCO ₂ e	3.68	*16.22	15.84	0.32	0.081
Landfill	(tonnes)	0.00	0	0	0	0
	tCO ₂ e	0.00	0	0	0	0
Total waste (tonnes)		72.58	74.71	70.31	72.57	55.86
% recycled or re-used		11%	13%	9%	13%	17%
Total waste tCO ₂ e		4.86	17.42	16.96	0.78	11.172

Data source – quarterly waste returns, DESNZ carbon factors

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

Energy

West Suffolk Hospital

Resource		2021-22	2022-23	2023-24	2024-25	2025-26
Gas	Use (kWh)	25,555,792	27,248,895	23,686,716	24,811,583	25,834,824.00
	tCO ₂ e	4,681	5,511	4,324	4528	4987
Oil	Use (litres)	0	15,639	3,424	1339	31556
	tCO ₂ e	0	43	9	4	79.45
Grid Electricity	Use (kWh)	5,694,398	4,111,584	6,777,019	6,995,875	6,837,148
	tCO ₂ e	1,209	795	1,389	1448.50	1319.57
Total energy CO ₂ e		5,890	5,949	5,722	5980	6,126.99
Total energy spends		£1,515,326	£1,911,066	£2,257,582	£2,961,864	£1,779,049

Sources of data: Site readings, invoices and distribution on site

Newmarket Community Hospital

Resource		2021-22	2022-23	2023-24	2024-25	2025-26
Gas	Use (kWh)	1,495,016.79	1,622,246.92	1,379,091	1,360,306	880,899.6
	tCO ₂ e	274	328	252	248	161.1
Oil	Use (kWh)	0	0	0	0	0
	tCO ₂ e	0	0	0	0	0
Electricity	Use (kWh)	489,502.80	494,096	539,124	746,063	890,585.41
	tCO ₂ e	103	95	110	154	162.88
Total energy CO ₂ e		377	423	364	402	323
Total energy spends		£122,080	£166,583	£193,834	£268,898.07	£263,097.91

Data for gas use is up to January 2026

Energy output PV panels (kWh)	2021-22	2022-23	2023-24	2024-25	2025-26
Quince House	9,680	10,928	9,645	6,766	8,882
Accommodation (Beeton, Bloomfield and Clarke)	25,309	25,284	20,035	21,520	21,770
G10	10,824	19,758	20,006	18,771	17,338

Photovoltaic panels – energy generation at the WSH site

Combined heat and power (CHP) unit

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

CHP	2021-22	2022-23	2023-24	2024-25	2025-26
Fossil energy input to the CHP system (kWh)	14,023,976	17,308,104	10,231,300	9,088,370	36,918,000
Electrical energy output of CHP system (kWh)	4,557,809	5,665,645	3,361,400	3,022,176	3,307,011
Thermal energy output of CHP system (kWh)	5,761,290	7,427,276	4,524,000	3,780,135	471,000

Reported gas consumption associated with the Trust's Combined Heat and Power (CHP) unit shows a marked increase in 2025-26 compared to the previous year. This variance is not considered to be representative of underlying operational demand and is currently under review. The CHP unit has experienced a number of reliability issues during the year, contributing to its reduced effectiveness. In response, the Trust is planning to replace the CHP installation in the next financial year to improve resilience and performance of the energy infrastructure.

Finite resource use – water

West Suffolk Hospital

Water		2021-22	2022-23	2023-24	2024-25	2025-26
Mains water	m ³	145,244.22	158,015	184,089	143,878	264,903
	tCO ₂ e	21.6	23.54	32.58	22.09	50.7
		(supply) 35.4 (treatment)	(supply) 36.53 (treatment)	(supply) 31.45 (treatment)	(supply) 22.71 (treatment)	(Supply) 45.3 (Treatment)
Water and sewage spend	£	£333,995	£295,889	£346,364	£391,555.53	£373,395.36

Water consumption increased in 2025-26 compared to the previous year. This increase was primarily attributable to a leak within the Trust estate during the reporting period. The issue has since been identified and resolved, and water consumption is expected to return to normal levels.

Newmarket Community Hospital

Water		2021-22	2022-23	2023-24	2024-25	2025-26
Mains water	m ³	3,402	5,011	4,967	4,348	3,051
	tCO ₂ e	1.7 (supply) 0.79 (treatment)	0.75 (supply) 1.23 (treatment)	0.88 (supply) 0.84 (treatment)	0.66 (supply) 0.68 (treatment)	0.58 (supply) 0.52 (treatment)
Water and sewage spend	£	£10,139.99	£16,015.27	£16,103.57	£17,563.95	£19,244.28

Source of data - ERIC returns to the Information Centre. - UK 2025 DESNZ conversion factors.

Paper

Paper (A4)		2021-22	2022-23	2023-24	2024-25	2025-26
Volume used	Tonnes	39.8	37.8	37.9	33.8	24.6
Carbon emissions	tCO ₂ e	29.4	27.9	27.7	31.8	25.8

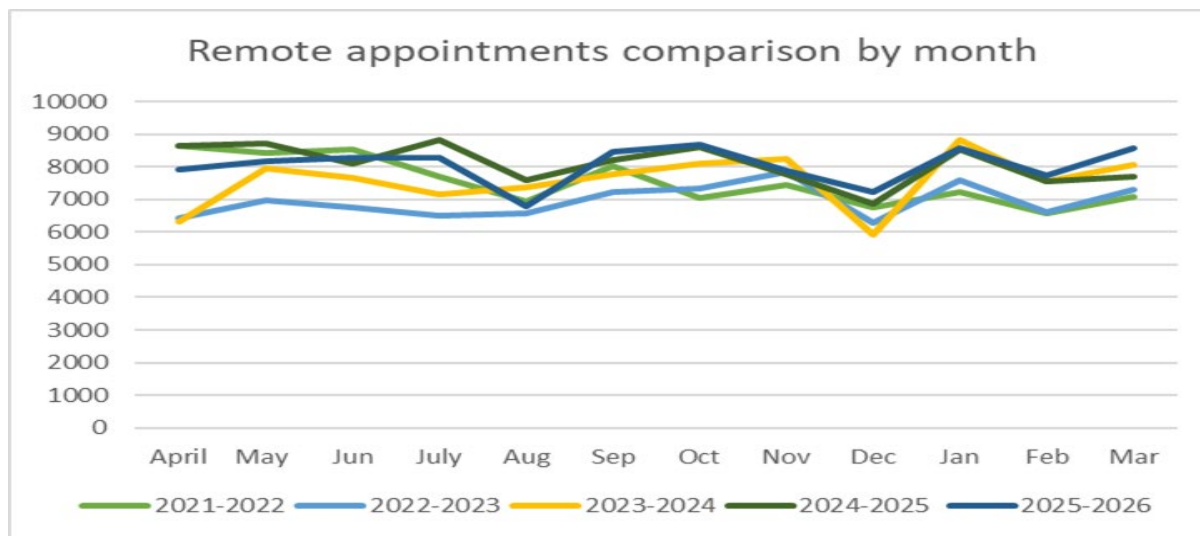
The Trust buys 100% recycled A4 paper, carbon factor applied using the 2025-26 DESNZ GHG conversion factors is paper from a closed loop source.

Remote appointments:

The number of remote appointments for patients in 2025-26 was 96,478. The associated benefits, based on the avoidance of the appointments, are:

- 3,731,126 patient miles saved, equivalent to going around the world 150 times
- 1,608 hours of patient time saved through avoided face to face appointments
- 44,624 car park spaces saved
- A reduction of 639.4 tonnes of CO₂ emissions. It would take 336.3 hectares of forest a year to capture that amount of CO₂. (using the outpatient transformation benefits calculator v1 January 2021).

Month	2021-22	2022-23	2023-24	2024-25	2025-26
Apr	8,649	6,419	6,317	8,631	7,903
May	8,427	6,961	7,951	8,702	8,161
Jun	8,537	6,754	7,649	8,087	8,265
Jul	7,712	6,509	7,166	8,826	8,266
Aug	6,920	6,571	7,368	7,575	6,808
Sep	8,014	7,234	7,777	8,223	8,454
Oct	7,059	7,331	8,112	8,589	8,676
Nov	7,444	7,846	8,248	7,787	7,865
Dec	6,747	6,294	5,932	6,858	7,238
Jan	7,238	7,605	8,829	8,526	8,559
Feb	6,567	6,622	7,555	7,538	7,733
Mar	7,075	7,299	8,074	7,689	8,550
Total	64,776	83,445	90,978	97,031	96,478



1.2.5.4 Equality of service delivery to different groups

Equality of service delivery to different groups

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

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

WSFT must also ensure in keeping with the Equality Act, that neither staff nor service user, is discriminated against because of one of the 9 protected characteristics. These include, but are not limited to age, disability, race, religion or belief, sex and sexual orientation.

Health inequalities

We know that those who experience health inequalities, are more likely to have poorer health outcomes. There are several barriers service users may face in accessing healthcare, one of which is a lack of inclusivity.

A diverse workforce and inclusive environment in NHS organisations are crucial to ensuring better health outcomes for service users.

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

- Engagement with the Bury Deaf Society, which led to a patient story being recorded and potential Quality Improvement Project (QIP) identified.
- Submission of Equality Delivery System (EDS) which focussed on accessibility of the Emergency Department (ED) for those with protected characteristics. Actions identified include:
 - ✓ Co-producing personalised care plans
 - ✓ Targeted patient engagement with those groups who experience barriers when accessing care
 - ✓ Improving accessible information and compliance with the Accessible Information Standard (AIS)
 - ✓ Ensure at least 80% of those who require Reasonable Adjustments have this recorded and implemented.
- Veterans' aware nationally accredited training has been delivered to the Patient Experience and Engagement team, the Palliative Care team, Senior Leadership team and Patient Equity and

Oversight Group. Further open sessions are also being run. Over 257 people have attended training so far, with an additional 106 watching the video version. 160 people have also completed in-house training as part of the Welcome to the Trust induction.

- Creation of a Reasonable Adjustments policy and pilot launched around implementing the Reasonable Adjustments Digital Flag (RADF).
- Adaptive cutlery QIP pilot launched on G10.
- Ongoing support with regard to completion of Equality Impact Assessments (EIAs) to understand impact of service changes to those with protected characteristics.

From a workforce perspective, The Trust's EDI priorities workplan brings together actions and priority areas arising from several of our EDI commitments, including: WRES, WDES, Unison's Anti-Racism Charter, NHS EDI Improvement plan, NHS Sexual Safety Charter, and data from staff survey and other statutory reports (including pay gap reports).

It includes actions relating to: becoming an anti-racist organisation, enhancing allyship and being an active bystander across the organisation, upholding our commitments to ensure sexual safety within our healthcare settings, improving the EDI disclosure rates of protected characteristics amongst our staff, supporting our four staff networks and, embedding our Equality Impact Assessment (EIA) process, including providing additional resources to empower and educate colleagues on how to complete EIAs efficiently for all change activities that impact colleagues and/or patients with protected characteristics and from health inclusion groups.

Further information is provided within section 2.8.7 (equality and diversity).

2. Accountability report

2.1 Governors' report

2.1.1 Responsibilities

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

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

2.1.2 Composition

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

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

Carol Bull ¹
Anna Conochie
Val Dutton
Sarah Hanratty
Elizabeth Hodder
Robin Howe ²
Ben Lord
Gordon McKay

Tom Murray ³
Jayne Neal
Adrian Osborne
Becky Poynter
Barry Probert ⁴
Clare Rose
Jane Skinner
David Slater ⁵

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

Anna Clapton
Louisa Honeybun
Andy Morris ⁶
Adam Musgrove ⁷
Diana Stroh

Partner governors – nominated by partner organisations of WSFT

Dr David Brandon	West Suffolk Alliance
Sue Kingston	Volunteers and Friends of West Suffolk Hospital
Councillor Rowena Lindberg ⁸	West Suffolk Council also representing Mid Suffolk District Council and Babergh District Council
Vacant (second representative)	SNEE ICB in consultation with local general practitioners and West Suffolk Alliance
Lisa Parish	University Campus Suffolk (UCS) in consultation with West Suffolk College
Dr Thomas Pulimood	University of Cambridge
Councillor Heike Sowa ⁹ VACANT	Suffolk County Council

Notes:

- 1) Carol Bull resigned in May 2025
- 2) Robin Howe appointed in April 2025
- 3) Tom Murray resigned July 2025
- 4) Barry Probert appointed in August 2025
- 5) David Slater appointed in June 2025
- 6) Andy Morris resigned October 2025
- 7) Adam Musgrove resigned May 2026
- 8) Councillor Rowena Lindberg resigned March 2026
- 9) Councillor Heike Sowa resigned October 2025

Governor attendance at Council of Governors' meetings 2025-26

There were eight formal meetings of the Council of Governors: 14 May 2025; 3 June 2025 (held in private); 11 September 2025; 8 October 2025 (Annual Members Meeting); 13 November 2025; 8 December 2025 (held in private) 5 March 2026 and 18 March 2026 (held in private)

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

Name	Title	Attendance (out of seven meetings)
Carol Bull ¹	Public governor	0 (of 0)
Anna Conochie	Public governor	3
Val Dutton	Public governor	6
Sarah Hanratty	Public governor	4
Elizabeth Hodder	Public governor	6
Robin Howe ²	Public governor	5
Ben Lord	Public governor	6
Gordon McKay	Public governor	4
Tom Murray ³	Public governor	1 (of 2)
Jayne Neal	Public governor	6
Adrian Osborne	Public governor	5
Becky Poynter	Public governor	4
Barry Probert ⁴	Public governor	2 (of 5)
Clare Rose	Public governor	6
Jane Skinner	Public governor	7
David Slater ⁵	Public Governor	5
Anna Clapton	Staff governor	6
Louisa Honeybun	Staff governor	7
Andy Morris ⁶	Staff governor	3 (of 3)
Adam Musgrove ⁷	Staff governor	3
Diana Stroh	Staff governor	5
Dr David Brandon	Partner Governor	3
Sue Kingston	Partner Governor	7
Councillor Rowena Lindberg ⁸	Partner Governor	1 (of 5)
Lisa Parish	Partner Governor	2
Dr Thomas Pulimood	Partner Governor	3
Councillor Heike Sowa ⁹	Partner Governor	2 (of 4)

Notes:

- 1) Carol Bull resigned in May 2025
- 2) Robin Howe appointed in April 2025
- 3) Tom Murray resigned July 2025
- 4) Barry Probert appointed in August 2025
- 5) David Slater appointed in June 2025
- 6) Andy Morris resigned October 2025
- 7) Adam Musgrove resigned May 2026
- 8) Councillor Rowena Lindberg resigned March 2026
- 9) Councillor Heike Sowa resigned October 2025

Jude Chin, non-executive director/chair as chair of the Council of Governors attended five out of six meetings. Others in attendance at these meetings (public meetings) were: Ewen Cameron, chief executive officer (3 of 4); Nicola Cottington, chief operating officer (1 of 1); Matt Keeling, deputy chief operating officer (1 of 1); Jonathan Rowell, chief finance officer (2 of 2); Sam Tappenden, director of strategy & transformation (0 of 0); Julie Hull, chief people officer (0 of 0), Dan Spooner, chief nurse (1 of 1); Richard Goodwin, medical director (0 of 0)

0); Tracy Dowling, non-executive director (2 of 3); Richard Flatman, non-executive director (4 of 4); Heather Hancock, non-executive director (1 of 4); Antoinette Jackson, non-executive director (2 of 4); Michael Parsons non-executive director (3 of 4); Roger Petter, non-executive director (1 of 1); Paul Zollinger-Read, non-executive director (1 of 4); Alison Wigg, non-executive director (4 of 4); David Weaver, associate non-executive director (0 of 0)

2.1.3 Register of interests

All governors are asked to declare any interests on the register at the time of their appointment or election. This register is reviewed and maintained by the Trust secretary. The register is available for inspection by members of the public. Anyone who wishes to see the register should contact the Trust secretary at the following address: Trust secretary, Foundation Trust Office, West Suffolk NHS Foundation Trust, West Suffolk Hospital, Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ.

2.1.4 Governors and directors working together

Governors and directors have developed a professional working relationship, on both a formal and informal basis. Governors attend and observe the monthly Board of directors' meetings. This gives them an insight into and an understanding of the performance of the Board, particularly from a quality and finance perspective, and provides an insight into the role and performance of the non-executive directors (NEDs). Governors were invited to act as observers at the four assurance committees of the Board – the Finance and Performance, People and Organisational Development Quality and Patient Safety and Digital and Data Assurance committees.

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

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

To support governors in their role a range of joint board/governor briefings took place during 2025-26:

- 3 April 2025 – CQC Inspection Framework
- 17 July 2025 – patient safety & quality - Patient Safety Incident Response Framework (PSIRF)
- 16 September 2025 – Future System Programme Update
- 21 October 2025 – Virtual Ward
- 24 February 2026 – effective challenge & questioning - NHS Providers
- 3 March 2026 – Future System Programme Update
- 28 April 2026 – Fit for Future NHS 10 Year plan

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

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

The Membership and Engagement Committee, which is a sub-committee of the Council of Governors, meets quarterly and a report on the committee's activities is provided to the Council of Governors. In 2024-25, the committee refreshed the WSFT Council of Governors' membership and engagement strategy. The purpose of this strategy is to outline our vision

and methods to develop our membership and ensure it is representative, communicate with members and the public and engage with members and the public to understand and facilitate feedback from members of the public to the Trust.

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

2.1.5 Membership

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

Public membership

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

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

Staff membership

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

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

Membership numbers

On 31 March 2026 there were 6,285 public members and 5,345 staff members.

Membership

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

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

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

The Annual Members Meeting was held at the University & Professional Development Centre, 73 Western Way, in Bury St Edmunds in October 2025.

Contact procedures for members

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

A newsletter is sent to all members annually to update members on WSFT news, and give details of how to contact the Trust.

2.1.6 Nominations committee

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

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

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

In July and October 2025, the committee met to discuss the appointment of University of Cambridge nominated NED and reappointment of non-executive directors. The committee met in January 2026 to discuss the term of chair's office. Following a comprehensive review of the proposed options, a recommendation was made to extend the term of office for existing chair until August 2027 and the extension was approved at a closed Council of Governors' meeting on 18 March 2026.

Attendance at nominations committee meetings 2025-26

Name	Title	Attendance (out of 5)
Jude Chin ⁽¹⁾	Chair	4 (of 4)
Carol Bull ⁽²⁾	Partner governor	1 (of 1)
Ben Lord	Public governor	5
Andy Morris ⁽³⁾	Staff governor	1 (of 2)
Jayne Neale	Public governor	5
Adrian Osborne	Public governor	2 (of 5)
Thomas Pulimood	Partner governor	5
Jane Skinner	Public governor	5
Heike Sowa ⁽⁴⁾	Partner governor	1 (of 2)

1) Recused from extraordinary meeting due to conflict of interest

2) Stepped down from the council of governors in May 2025

3) Stepped down from the council of governors in October 2025

4) Stepped down from the council of governors in October 2025

Meeting dates: 7 May 2025; 10 July 2025; 22 October 2025 and 14 January 2026 and an extraordinary meeting on 25 February 2026.

2.2 Directors' report

2.2.1 Responsibilities

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

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

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

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

2.2.2 Composition

(a) Non-executive directors

Jude Chin - non-executive director and chair

(Appointed on a three-year term from 2 June 2023. Term extended until 31 August 2027)

Areas of special interest/responsibility: Jude is chair of the Board of directors and chair of the Council of Governors of WSFT. He is also chair of the remuneration committee of the Board and chair of the governors' nominations, appointments and remuneration committee.

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

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

Antoinette Jackson: non-executive director and senior independent director

(Appointed from 1 November 2022)

Areas of special interest/responsibility: chair of the finance and performance committee, member of the remuneration committee, audit and risk committee, people and organisational development committee and charitable funds committee, lead NED Board freedom to speak up guardian, including whistleblowing.

Antoinette has a background in local government and was the chief executive of Cambridge City Council between 2009 and 2020. She began her career at Reading Borough Council before joining the London Borough of Camden in roles focusing on quality and customer services. Antoinette is also chair of trustees for Arthur Rank Hospice Charity.

Antoinette was appointed as senior independent director in April 2023.

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

Michael Parsons: non-executive director

(Appointed from 1 May 2023, reappointed for a second term until 30 April 2029)

Areas of special interest/ responsibility: chair of the audit and risk committee and Future System Scheme Executive Programme, member of the Finance & Performance and Remuneration Committee.

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

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

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

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

Richard Flatman: non-executive director

(Appointed from 1 September 2024)

Areas of special interest/responsibility: Chair of the Charitable Funds Committee, member of the Remuneration Committee, Audit and risk committee, Finance and Performance Committee and Data & Digital Assurance Committee.

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

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

He joined the Trust in September 2024. Richard's other current non-executive responsibilities include being a Trustee, Treasurer and Chair of audit and risk committee at the British Accreditation Council, which for over 40 years has been responsible for setting standards within the independent further and higher education sector and being a professional adviser Trustee at the British Society of Gastrointestinal and Abdominal Radiology.

Past non-executive responsibilities include being a Board member, Senior Independent Director and Chair of Audit & Risk Committee at South West London & St George's Mental Health Trust for many years until 2024.

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

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

(Appointed from 1 September 2024)

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

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

Paul is a former director of primary care to the East of England Strategic Health Authority, was an advisor to the King's Fund and has spent time as the global chief medical officer for BUPA. In 2012, Paul was appointed a Commander of the British Empire for services to the NHS. Paul works part time for Re-Cycle, repurposing bicycles to be sent to partners in Africa. Independent director – yes (satisfies criteria of code of governance B. 2.6)
Heather Hancock: non-executive director (Appointed from 1 September 2024) Areas of special interest/responsibility: member of the Remuneration Committee, member of Charitable Funds Committee, People and Organisational Development Committee, Finance & Performance Committee, Digital and Data Assurance Committee, NED lead for equality, diversity and inclusion for both patients and workforce. Heather has over 25 years of experience in the healthcare industry, beginning her career as a scientist and progressing to operational delivery in hospitals and leading businesses in software and analytics. Heather is currently the CEO of DigitalFutureway Ltd, where she advises biotech companies on global expansion. Heather joined the Trust in September 2024, with extensive experience in leading transformative projects and promoting inclusive culture initiatives at the executive level. Independent director – yes (satisfies criteria of code of governance B. 2.6)
Alison Wigg: non-executive director (Appointed from 1 September 2024) Areas of special interest/responsibility: Chair of the Digital and Data Assurance Committee, member of the People & Organisation Development Committee, Future System Executive Programme Board. Alison is also on the board of a new charity called Suffolk Together, that supports community projects focused on wellbeing and learning. She is also a STEM ambassador helping to promote science and technology in schools. Alison was previously a non- executive director for the East of England Ambulance Service NHS Trust for 6 years and also chaired a regional digital committee for the ICB. Alison has a background in technology, working in global telecoms in the US and the UK. She set up a women in tech network and ran events to encourage and promote gender diversity in technology. Independent director – yes (satisfies criteria of code of governance B. 2.6)
Dr Michael Knapton: University of Cambridge-nominated non-executive director (Appointed from 1 April 2026) Areas of special interest/responsibility: Member of the People and Organisational Development Committee, Quality and Patient Safety Committee (Deputy Chair), Charitable Funds Committee Dr Knapton also leads on and is the link for the follow assurance roles: Doctors Disciplinary, NED link to Medical Director, NED link to Community Services, NED link Theatres and Theatre utilisation. Dr Knapton brings more than four decades of clinical, educational, commissioning, and governance expertise gained from across the NHS and charitable sectors. He served as a

non-executive director of Cambridge University Hospitals NHS Foundation Trust and, since 2017, has been a member of Addenbrooke's Charitable Trust, where he currently serves as Vice Chair. He is also a non-executive director of the Cambridgeshire and Peterborough NHS Foundation Trust, where he chairs the Quality, Safety and Patient Experience Committee.

Dr Knapton graduated from the University of Cambridge in 1982, earning his MB and BChir, before training locally as a GP. Alongside his practice, Dr Knapton has made significant contributions to medical education and commissioning, as well as hospital, community, and primary care services.

He also worked as a Cardiology Assistant at Addenbrooke's Hospital, which influenced his decision to join the British Heart Foundation as Associate Medical Director in 2006. He played a pivotal role in innovating approaches to the prevention and management of cardiovascular disease, as well as becoming an authoritative and trusted media spokesperson for the charity.

Independent director – yes (see Note 1)

Note 1

Dr Michael Knapton 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 the nominated status.

Non-executive directors who left the Trust

Tracy Dowling: non-executive director

(Appointed from 1 November 2022 and stepped down 17 November 2023 on to take-up interim Chief Executive role at Mid and South Essex ICB. Tracy re-joined the WSFT Board on 1 August 2024. Tracy resigned from the Trust with effect from 28 February 2026 to take up the role of Chair at East Suffolk and North Essex Foundation Trust).

Areas of special interest/responsibility: chair of the People & Organisational Development Committee from April 2023, member of the audit and risk committee, remuneration committee and improvement committee.

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

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

Dr Roger Petter: University of Cambridge-nominated non-executive director

(Appointed from 1 March 2023 until June 2025)

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

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

Independent director – yes (see Note 1)

David Weaver: associate non-executive director

(Appointed from 1 September 2024 until 30 April 2025)

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

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

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

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

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

Executive directors**Dr Ewen Cameron: chief executive officer**

(from February 2023)

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

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

He was previously interim chief operating officer, divisional director, director of the Cambridge Bowel Cancer Screening Centre and clinical lead for endoscopy over his 16 years as a consultant gastroenterologist at Cambridge University Hospitals NHS Foundation Trust.

Ewen has 30 years of experience within the NHS. Having graduated from the University of Cambridge, he has worked in hospitals across the East of England and the East Midlands.

Jonathan Rowell: chief finance officer

(from July 2024, joined as Financial Recovery Director on 8 July and appointed as interim chief finance officer on 11 August 2024, appointed as chief finance officer from October 2025)

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

Formerly our interim chief finance officer, Jonathan was appointed permanently in October 2025. He joined the Trust on secondment from NHSE for a period of 12 months to help the Trust to recover its financial position.

Jonathan has worked for the NHS for 26 years and has most recently been director of finance for specialised commissioning nationally where he has looked after a budget of £27bn across England.

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

Nicola Cottington: chief operating officer / deputy chief executive officer

(from 1 November 2021)

Areas of responsibility: executive lead (with chief finance officer) for Finance and Performance committee, executive lead for digital and information services, Senior Information Risk Owner (SIRO) for Trust, executive lead for delivery of NHS operational standards, chair of West Suffolk Alliance operational group, accountable officer for emergency planning, chair of investment panel, chair of temporary staff control panel, senior responsible officer and chair (with medical director) for Clinical Productivity Board, chair of Digital and Data Programme Board, executive sponsor for PRIDE network, Trust representative at integrated care partnership.

Nicola deputises for the Chief Executive including when required at the ICB Board.

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

Nicola is also a director on the Board of Trustees for Restore Women's Aid (Bury St Edmunds Women's Refuge).

Julie Hull: chief people officer

(appointed as interim chief people officer from June 2025 and as chief people officer from November 2025)

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

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

Julie is a Fellow of the Chartered Institute of Personnel and Development. She also leads Freedom To Speak Up.

Sam Tappenden: executive director of strategy and transformation

(from 24 June 2024)

Areas of responsibility: Sam leads the development of the Trust's corporate strategy, directs the Trust's planning processes, leads the Trust's approach to improvement and transformation, is responsible for the Trust's cost improvement programme (CIP), is the Trust's lead for provider collaboration with East Suffolk and North Essex Foundation Trust (ESNEFT), and is the executive sponsor of the Trust's Race, Equality, and Cultural Heritage (REACH) network.

Sam has many years of experience in NHS transformation, having previously held the role of director of development at the East and North Hertfordshire Health and Care Partnership, and director of strategy at the Hertfordshire Community NHS Trust. Sam has also held senior roles in local government, policing, and the voluntary sector. Sam holds an MSc in Public Management from the University of Birmingham, completed the Accelerated Director's Development Scheme in Hertfordshire, and completed the Oxford Executive Strategy Programme at Saïd Business School. Sam has been a trustee for Age UK Hertfordshire, has been a board member at Hertfordshire Independent Living Services, and a special constable for South Wales Police.

Dr Richard Goodwin: medical director

(from 4 November 2024)

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

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

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

Daniel Spooner: executive chief nurse

(from August 2025)

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

Dan is a senior nurse and Florence Nightingale Scholar with more than 26 years' experience in the NHS, predominantly across the East of England. He trained at Ipswich Hospital before spending 15 years at Cambridge University Hospitals NHS Foundation Trust, where he developed his clinical career in emergency nursing and clinical leadership. He later joined the former Mid Essex Hospital NHS Trust, progressing to Deputy Director of Nursing. Dan was appointed Executive Chief Nurse at West Suffolk NHS Foundation Trust in August 2025, having served as Deputy Chief Nurse since June 2020.

Dan has a strong track record in strengthening nursing governance, leading workforce reviews, and securing sustained investment in nursing. His leadership has contributed to measurable improvements in quality, safety, and patient outcomes, with a strong focus on harm-free care. With a clinical background in emergency care, he is committed to building a highly skilled, compassionate workforce to deliver consistently high standards of care.

Dan holds a master's degree in healthcare leadership and is dedicated to advancing the nursing profession. He is particularly passionate about reducing inequality and promoting inclusive career opportunities. He has also undertaken study at Harvard University, enhancing his understanding of bias in decision-making and its impact on leadership, governance, and equity in healthcare.

During 2025-26, Clement Mawoyo (Area Director, HomeFirst, Safeguarding and West Suffolk); Peter Wightman, West Suffolk Alliance director; and Maddie Baker-Woods (Executive Director (Designate), Primary Care and Neighbourhood Health for Suffolk), attended WSFT Board meetings on a regular basis.

Executive directors who left the Trust

Susan Wilkinson: executive chief nurse

(from June 2020 until 31 July 2025)

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

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

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

Jeremy Over: executive director of workforce and communications

(from November 2019 until May 2025)

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

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

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

2.2.3 Register of interests

All directors are required to declare any interests on the register at the time of their appointment. This register is reviewed and maintained by the Trust secretary. The register is available for inspection by members of the public. Anyone who wishes to see the register should contact the Trust Secretary, Foundation Trust Office, West Suffolk NHS Foundation Trust, West Suffolk Hospital, Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ.

2.2.4 Appointment of chair and non-executive directors

The Council of Governors (CoG) has the responsibility for appointing the chair and non-executive directors in accordance with WSFT's constitution and in accordance with paragraph 19(2) and 19(3) respectively of schedule 7 of the National Health Service Act 2006.

The nomination, appointments and remuneration committee of the CoG makes a recommendation for appointment for a non-executive director to the CoG. This committee comprises the chair of WSFT, a minimum of four public governors (one of whom is the lead governor), up to two staff governors and

two partner governors. The committee is chaired by the Trust chair, except when considering the appointment, remuneration and terms and conditions of the Trust chair, when it is chaired by the lead governor.

Non-executive director appointments are normally for a term of three years. Following their first term, and subject to satisfactory appraisal, a non-executive director will normally be reappointed for a second term without competition. This assumes Board competency requirements have not changed. Following this second term, and subject to satisfactory appraisal, a non-executive director can be considered by the Council of Governors for a further term of office subject to annual renewal. Vacant non-executive directors' positions will be subject to an open competition with appointment by the Council of Governors.

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

Disclosures of the remuneration paid to the chair, non-executive directors and senior managers are given in the remuneration report (section 2.7).

2.2.5 Evaluation of the Board of directors' performance

Attendance at Board of directors (open) meetings 2025-26

Name	Title	Attendance (out of 6)
Jude Chin	Chair	6
Ewen Cameron	Chief executive officer (CEO)	6
Nicola Cottington	Chief operating officer/deputy chief executive officer	6
Richard Goodwin	Medical director	6
Julie Hull ¹	Chief people officer	5 (of 5)
Jonathan Rowell ²	Chief finance officer	5
Daniel Spooner ³	Executive chief nurse	3 (of 4)
Sam Tappenden	Executive director of transformation and strategy	5
Tracy Dowling ⁴	Non-executive director/deputy chair	5 (of 5)
Richard Flatman	Non-executive director	6
Heather Hancock	Non-executive director	4
Antoinette Jackson	Non-executive director/senior independent director	6
Roger Petter	Non-executive director	1 (of 1)
Michael Parsons	Non-executive director	6
Paul Zollinger-Read	Associate non-executive director	5
Alison Wigg	Non-executive director	6
Individuals no longer on the Board		
Jeremy Over ⁵	Executive director of workforce and communications	0 (of 1)
Susan Wilkinson ⁶	Executive chief nurse	1 (of 2)

1. Julie Hull appointed as Chief People Officer from November 2025
2. Jonathan Rowell appointed as Financial Recovery Director from July 2024, started as interim chief finance officer from August 2024 and appointed as substantive chief finance officer
3. Daniel Spooner appointed as Chief Nurse from August 2025
4. Tracy Dowling left the Trust in Feb 2026
5. Jeremy Over left the Trust in May 2025
6. Susan Wilkinson retired on 31 July 2025

Meeting dates: 23 May 2025; 25 July 2025; 26 September 2025; 28 November 2025; 30 January 2026; and 27 March 2026.

Attendance at Board of directors' meetings (held in private) 2025-26

Name	Title	Attendance (out of 12)
Jude Chin	Chair	11 (of 12)
Ewen Cameron	CEO	11 (of 12)
Nicola Cottington	Chief operating officer / deputy CEO	10 (of 12)
Julie Hull ^(a)	Chief people officer	9 (of 9)
Dan Spooner ^(b)	Executive chief nurse	8 (of 8)
Richard Goodwin	Medical director	10 (of 12)
Sam Tappenden	Executive director of transformation and strategy	9 (of 12)
Jonathan Rowell	Chief finance officer	9 (of 12)
Antoinette Jackson	Non-executive director/senior independent director	11 (of 12)
Michael Parsons	Non-executive director	9 (of 12)
Richard Flatman	Non-executive director	10 (of 12)
Heather Hancock	Non-executive director	8 (of 12)
Paul Zollinger-Read	Non-executive director	9 (of 12)
Alison Wigg	Non-executive director	10 (of 12)
Individuals no longer on the Board		
Jeremy Over ^(c)	Executive director of workforce and communications	1 (of 2)
Susan Wilkinson ^(d)	Executive chief nurse	5 (of 5)
Tracy Dowling ^(e)	Non-executive director/deputy chair	12
Roger Petter ^(f)	Non-executive director	3 (of 4)
David Weaver ^(g)	Associate non-executive director	0 (of 1)

- a. Julie Hull appointed from June 2025
- b. Dan Spooner was appointed as chief nurse from August 2025
- c. Jeremy Over stepped down from May 2025
- d. Susan Wilkinson retired on 31 July 2025
- e. Tracy Dowling stepped down w.e.f. 28 February 2025
- f. Roger Petter stepped down from 30 Juen 2025
- g. David Weaver stepped down w.e.f. 1 May 2025

Meeting dates: 15 April 2025; 1 May 2025; 23 May 2025; 20 June 2025; 25 July 2025; 29 September 2025; 4 November 2025; 28 November 2025; 16 December 2025; 30 January 2026; 11 February 2026 and 27 March 2026.

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

2.2.6 Committees of the Board

The Trust's governance structure was strengthened during 2025-26 as discussed above in section 1.1.2 reflecting on emerging risks specifically around cyber security, adding a fourth assurance committee focusing specifically on aspects relating to digital and data assurance. This committee reports quarterly to the Board and supports the work of the other three assurance committees of the Board. As highlighted below, each assurance committees (each chaired by a non-executive

director) provides a specific focus:

- **Finance & Performance Committee** with a focus on operations, finance and organisational risk
- **Development Committee** focusing on making sure the Trust is engaging and involving people who use the services, the public, the staff and external partners to support high quality sustainable services and organisational development
- **Quality & Patient Safety Committee** with a focus on ensuring there is a culture of high quality, sustainable care and robust systems for learning, continuous improvement and innovation
- **Digital and Data Committee** focusing on reviewing areas of future development as technology and business intelligence opportunities emerge to facilitate technology enabled change

A report from each meeting is received by the Board. The separation of this accountability and reporting line from the audit and risk committee is fully consistent with good practice, allowing the audit and risk committee to provide a truly independent and objective view of the Trust's internal control environment.

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

The chair and acting 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 reviews its skill set and uses this to inform a development programme for Board members. Appropriate internal and external expertise is used to support delivery of this programme.

Each Board committee reviews its terms of reference and undertakes a periodic review of its effectiveness.

Finance and Performance Committee - attendance 2025-26

Name	Title	Attendance (out of 12)
Antoinette Jackson	Non-executive director and chair	12
Michael Parsons	Non-executive director	8 (of 12)
Richard Flatman	Non-executive director	12
David Weaver <i>(until April'25)</i>	Associate non-executive director	0 (of 1)
Heather Hancock	Non-executive director	10 (of 12)
Dan Spooner	Chief nurse	8 (of 8)

Name	Title	Attendance (out of 12)
Nicola Cottington	Chief operating officer / deputy CEO	12
Richard Goodwin	Medical director	10 (of 12)
Sue Wilkinson <i>(until Jul'25)</i>	Executive chief nurse	4 (of 4)
Jonathan Rowell	Chief finance officer	12
Sam Tappenden	Executive director of strategy and transformation	10 (of 12)

The chair, other non-executive directors and chief executive are not members but have an open invitation to attend meetings of the committee – Jude Chin attending 10 and chief executive officer attending 11 of 12 meetings.

The attendance figures above include attendance by deputies: Nick Macdonald, Deputy Director of Finance (2).

People and Organisational Development Committee - attendance 2025-26

Name	Title	Attendance (out of six)
Tracy Dowling <i>(until Feb'26)</i>	Non-executive director / chair	6
Antoinette Jackson	Non-executive director / SID	6
Alison Wigg	Non-executive director	6
Heather Hancock	Non-executive director	4 (of 6)
Roger Petter <i>(until Jun'25)</i>	Non-executive director	2 (of 2)
Julie Hull <i>(from Jun'25)</i>	Chief people officer	4 (of 5)
Jonathan Rowell	Chief finance officer	3 (of 6)
Richard Goodwin	Medical director	5 (of 6)
Sam Tappenden	Executive director of strategy and transformation	4 (of 6)
Nicola Cottington	Chief operating officer / deputy CEO	5 (of 6)
Dan Spooner <i>(from Jul'25)</i>	Chief nurse	4 (out of 4)
Jeremy Over <i>(until May'25)</i>	Executive director of workforce and communications	1 (of 1)
Sue Wilkinson <i>(until Jul'25)</i>	Executive chief nurse	2 (of 2)

The chair, other non-executive directors and chief executive are not members but have an open invitation to attend meetings of the committee – chair attending two of six and chief executive officer attending six meetings.

The attendance figures above include attendance by deputies: Matt Keeling, deputy chief operating officer (2).

Quality and Patient Safety committee - attendance 2025-26

Name	Title	Attendance (out of 11)
Dr Roger Petter <i>(until Jun'25)</i>	Non-executive director and chair	3 (of 3)
Paul Zollinger-Read <i>(chair from Jul'25)</i>	Non-executive director and chair	9 (of 11)
Tracy Dowling <i>(until Feb'26)</i>	Non-executive director / deputy chair	9 (of 10)
Nicola Cottington	Chief operating officer / deputy CEO	11
Dan Spooner <i>(from Aug'25)</i>	Chief nurse	7 (of 7)
Richard Goodwin	Medical director	10 (of 11)
Julie Hull <i>(from Jun'25)</i>	Chief people officer	6 (of 9)
Sam Tappenden	Executive director of strategy and transformation	10 (of 11)
Jeremy Over <i>(until May'25)</i>	Executive director of workforce and communications	0 (of 1)
Sue Wilkinson <i>(until Jul'25)</i>	Executive chief nurse	4 (of 4)

The chair, other non-executive directors and chief executive have an open invitation to attend meetings of the committee, chief executive attending 10, chair attending three meetings

The attendance figures above include attendance by deputies: Matt Keeling, deputy chief operating officer (1), Ravi Ayyamuthu, deputy medical director (1).

Audit and risk committee

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

The directors are responsible for preparation of the accounts under direction by NHS England (NHSE) in exercise of powers conferred on it by paragraphs 24 and 25 of schedule 7 of the National Health Service Act 2006.

External audit

Ernst & Young LLP (EY) were appointed as WSFT's external auditor for the 2025-26 audit. EY reports to the Council of Governors through the audit and risk committee. EY's accompanying report on the financial statements is based on its examination conducted in accordance with the audit code for NHS foundation trusts, as issued by NHS England, independent regulator of foundation trusts.

The responsibility of the Trust's external auditors is to independently audit the financial statements and the part of the remuneration report to be audited in accordance with relevant

legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

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

The Council of Governors in its closed session on 19 November 2024 approved the appointment of EY as the Trust's external auditors for a five-year period from 1 April 2025. The estimated cost of statutory services/audit fee was £273k plus VAT for the financial year 2025-26 (base fee without overruns).

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 and risk committee will be advised, which will ensure that objectivity and independence is safeguarded. No such work was undertaken in 2025-26.

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 and risk 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 and risk committee meetings

Name	Title	Attendance (out of 4)
Michael Parsons	Non-executive director / chair	4
Antoinette Jackson	Non-executive director / senior independent director	4
Richard Flatman	Non-executive director	3 (of 4)
Heather Hancock (<i>from Mar'26</i>)	Non-executive director	1 (of 1)
Alison Wigg (<i>from Mar'26</i>)	Non-executive director	1 (of 1)
Tracy Dowling (<i>until Feb'26</i>)	Non-executive director / deputy chair	3 (of 3)
Roger Petter (<i>until Jun'25</i>)	Non-executive director	1 (of 1)

All NEDs were invited to attend audit and risk committees (including deep dive presentations) but only those specified above are members of the committee. Meeting dates: 20 June 2025, 25 September 2025, 16 December 2025 and 17 March 2026.

2.2.7 Well-led framework

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

Details of improvements that we have made in patient safety are given elsewhere in this report, including section 2.6 (annual governance statement). The annual governance statement also describes the arrangements the Board of directors has put in place to deliver and monitor quality.

The Board of directors reviews the arrangements in place to deliver quality as part of the annual governance review it undertakes. This includes a review of relevant assurances within the board assurance framework. Further details of the structure are provided in the annual governance statement (section 2.6).

In line with good governance practice, during 2023-24 the Board commissioned ConsultOne (the consultancy arm of AuditOne) to undertake a well-led developmental review of leadership and governance at the Trust. The review took place between December 2023 and March 2024, to inform further development work to support continuous improvement of our governance arrangements.

The review process included documentary assessment, interviews with Board members, members of staff, governors and external stakeholders as well as meeting observations for the Board and its committees, Council of Governors and operational management meetings.

The final report was issued in May 2024 and highlighted well-led strengths and areas of further focus by the WSFT Board. An improvement plan to address the findings of the report was prepared, which was structured around the Care Quality Commission and NHS England well-led framework guidance. The Management Executive Group (MEG) has received regular updates on progress of the 32 management action points and recommendations throughout the year. Internal Audit has also provided additional assurance about the robustness of the check and challenge process during a review in 2025-26. Progress against the actions has seen 28 of 32 actions closed, with a delivery plan to close the remaining actions early in 2026-27 on track. Further updates will be provided to MEG and escalated to the Board as required.

2.2.8 Details of consultation

Local groups and the public and patient involvement activities

VOICE

The VOICE network continues to grow, with a diverse membership representing patient support groups and charities in the local community. Members' feedback from their respective groups and their input into developments at the Trust, ensures service user involvement whilst also providing groups with ongoing opportunities to support patient experience improvement initiatives.

Groups with which we have engaged include:

- Steel Bones
- Alzheimer's Society
- Chronic Pain Support Group
- Our Special Friends
- Parkinson's Support Group
- Lymphoedema Support Group

- Ace Anglia
- Upbeat Heart Support
- Women's Health Hope
- Suffolk Libraries
- Cancer Services User Group
- Communities Together
- Suffolk Sight
- BSE 4 Black Lives

Following the restructure of the Trust's patient and public engagement group, VOICE, the group has grown in membership and has supported the following projects over the past year:

- Providing feedback on designs for the refurbished toilets within the hospital
- Involvement in the stop smoking campaign
- Providing feedback on gender neutral toilet signage
- Patient personas
- Improving communication with patients re. appointment delays.

There are several new groups which have signed up to be part of VOICE including Suffolk Libraries, Churches Together and the Befriending Scheme.

Public engagement activities

- Primary school children: Coordinated a 'little steps' event for groups of primary school children to provide feedback on children's ward and outpatient area
- Jehovah's Witnesses: Met with the Jehovah's Witness Hospital Liaison Committee regarding improving support for members of this community when they come into hospital to give birth
- Suffolk Sight: Attended their annual event; one of their members agreed to be part of VOICE
- Bury Drop In: Looking at how we can better signpost homeless people to support when they are discharged from hospital
- Glemsford GP surgery: 140+ people attended an event to provide feedback on new animal system
- Bury Deaf Society: Invited to speak at one of their events, updated on reasonable adjustments work and received lots of feedback about accessing services at the Trust.

Healthwatch Suffolk

In the past 12 months, the patient experience and engagement team has organised four patient engagement sessions with Healthwatch Suffolk. Areas of focus have been:

- Children's outpatients
- Eye Treatment Centre

Feedback obtained from these sessions has been shared with leads of these areas and compared against Patient Advice and Liaison Service (PALS) and complaints data.

Public involvement activities

The patient experience and engagement team has ensured that the collection of patient and carer stories covers a wide range of experiences and includes those with a protected characteristic. These stories are shared at the Trust Board and other forums as an effective, impactful way to share feedback and are also uploaded to the Trust's learning platform, Totara. Those who share their stories are told where their stories have been shown, as well as what actions and learning have been identified.

Future events

The engagement team will place a strong focus on reasonable adjustments, proactively working with patients, carers and communities who may require additional support to access our services. This will include strengthening our approach to identifying individual needs, ensuring adjustments are implemented consistently, and capturing feedback to understand whether these adjustments are effective in improving patient experience.

In line with the Trust's commitment to reducing health inequalities, we will strengthen our engagement with Core20PLUS5 populations. This work will focus on listening to seldom-heard voices, understanding the barriers these groups face when accessing care, and empowering individuals and communities to work in partnership with us to codesign improvements to services and pathways.

We will also prioritise improvements in the recording and use of ethnicity data, recognising its importance in understanding differences in patient experience and outcomes. By improving data quality and analysing patient feedback alongside protected characteristics, we aim to better identify inequalities, target action where it is most needed, and evidence the impact of our engagement activity.

Future System programme

Meaningful engagement

A new healthcare facility is set to be built for the people of West Suffolk by the people of West Suffolk. Members of the local community, staff and stakeholders of West Suffolk NHS Foundation Trust (WSFT) are involved in meaningful engagement to help develop the new hospital and its services. The result will be a building design and clinical model that is fit for the needs of our population now and for generations to come.

With this in mind, the Future System Programme prides itself on aspiring to be the most co-produced scheme as part of the wider Government New Hospital Programme. To meet this aim, we have carried out meetings and conversations with specific audiences which have included, but are not exclusive to:

- those with learning disabilities
- those with severe mental health requirements
- homeless and rough sleeper community
- young adults and students
- clinical patient support groups
- Romany, Gypsy and traveller community
- staff
- patients who have suffered a stroke or care for someone who has
- women's Institute groups
- resident associations
- local councils and councillors.

As a part of the Future System clinical co-production, the team has been working with staff and patients to understand how clinical services could (and arguably should) look like in the future. This has included the possibility of some clinical services being delivered in a different way and/or from a different location.

Duty to involve

NHS and foundation trusts have a duty to involve users of health services when planning or engaging on the provision of health services (s.242 NHS Act 2006) and this involvement can be in a variety of ways.

The Future System team is committed to involving our staff, patients and local community and a local Health Overview Scrutiny Committee Task and Finish group is linked to the Future System programme.

For any formal public involvement, the Trust will follow advice and hold this over a period which is proportionate to the scale of change in line with best practice guidelines.

Engagement activity

Overview

Emphasis needs to be placed on the quality of output rather quantity of interactions however, key statistics include:

- Nearly 10,000 people spoken with over the course of the programme
- 159 co-production workshops and briefings held across clinical, workforce, estates and facilities management (EFM), digital and public engagement workstreams, delivered during 2025 – 2026
- 52 resident letters sent during 2025 – 2026.

All 5,000 members of staff are reached on a regular basis via news updates, online and face-to-face staff briefings as well as dedicated co-production workshops for each specialty.

Stakeholder engagement

The team continues to develop and foster relationships with local MPs. The Programme Director and Chief Executive have met with Peter Prinsley, MP for Bury St. Edmunds, Nick Timothy, MP for West Suffolk, and James Cartlidge, MP for Babergh and Mid-Suffolk.

Written updates are shared on a regular basis.

Patient personas

Following initial work completed by ergonomic specialists, our patient personas have been developed further based on our engagement activity and were ratified by patients to ensure that they were representative of our local patient population. These personas join our staff personas and are used to test clinical pathways, wayfinding and digital technologies amongst other elements of the new hospital as we work through RIBA 2 and RIBA3.

Estates

The team continues to engage with local residents regarding key estates milestones including buffer planting and the borehole testing.

Engagement has been in the form of written letters delivered to local residents and at in-person engagement events.

Route B travel engagement follow-up

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

A feedback period of nearly four weeks was launched on 30 September 2024 with letters directly sent to approx. 400 residents in the vicinity of the proposed changes to upgraded active travel connections and the proposed reduction in speed limit. Iterative draft plans were hosted on a dedicated webpage on the Future System planning website with a feedback form to capture responses. Paper copies of the plans and the feedback form were sent to residents upon request by writing to a Freepost address. Only one resident requested a paper copy.

The feedback remained open until midnight on Friday 25 October 2024. All comments received were shared with Suffolk County Council to assist with plan development. Of those who responded, 40% were supportive of the suggested road safety measures to encourage active travel.

As part of a broader package of measures to support safe and effective access to the site, and with the support of Suffolk County Council, it was proposed that a 20mph speed limit zone be introduced on Rembrandt Way and Barons Road upon opening of the replacement hospital. This is intended to improve safety for pedestrians and cyclists, as well as support safer traffic flow around the new hospital.

Changes to the proposals following this engagement include the creation of flush road narrowing to allow one vehicle to pass at points along the route between Rembrandt Way and Barons Road greatly reducing the number of new raised speed tables proposed to address the comments received. These proposals have been submitted to the local planning authority for approval and discharge.

Reserved matters pre-application engagement

A key milestone for the estates workstream has been the development of the reserved matters application for planning permission. This included a four-week period of pre-application public engagement between February and March 2026.

A multi-channel approach was used to maximise awareness and accessibility:

- Engagement activity reached over 4,000 staff, supported by Trust-wide communications (including All Staff Update) and a main staff briefing attended by 185 colleagues
- Additional staff opportunities were provided through lunchtime online sessions and an in-person event spanning working hours and shift handover periods
- A public drop-in event was held over an extended period to enable attendance outside standard working hours, alongside an evening online session
- Targeted briefings were delivered to Governors, Non-Executive Directors, councillors and system stakeholders
- Digital and social media activity generated over 197,000 views, supported by 1,381 website visits

In total, 113 pieces of feedback were received.

The results can be broken down into the following:

Clarity of Materials

- Very/Quite clear: ~67%
- Neutral: ~23%
- Unclear: ~13%

Overall Sentiment / Support

- Very/Quite satisfied: ~66%
- Neutral: ~23%
- Dissatisfied: ~11%

Key Interpretation

This represents a strong level of support for a Reserved Matters stage engagement, noting that:

- Respondents are typically more engaged and more likely to raise concerns
- Feedback is constructive and focused, with no fundamental objections to the scheme.

The key themes were:

- Arrival access and movement
- Car parking provision
- Construction, timescales and delivery
- Accessibility and ease of use

- Transport options (including shuttle bus)
- Environment and landscape
- General support / positive feedback.

Overall, the engagement feedback demonstrates a strong level of support for the scheme at this stage, particularly given the typical nature of Reserved Matters engagements.

The feedback is consistent and focused, with no fundamental objections to the proposals.

Comments are concentrated around a small number of practical areas and are largely based on current lived experience of accessing healthcare and local road conditions, rather than opposition to the scheme itself.

The feedback therefore provided a clear opportunity to strengthen the reserved matters application ahead of submission which has been made in Spring 2026.

Clinical services

The development of the clinical model for the new hospital is led by 12 co-production workstreams, recruited from the WSFT workforce.

Each workstream includes relevant clinical and operational staff, supported by the future hospital team and includes viewpoints from patients and the local community. Co-production leads are also tasked with working with peers and partners across the health and care system to develop plans fit for now, the future, and the healthcare system as a whole.

The clinical team has focused on ratifying the designs developed through co-production, reconciling them with national standards and expectations shared by the New Hospital Programme team.

RIBA 2 report engagement

Given our commitment to co-production as the foundation ensuring patients and staff actively contribute to the design of our new hospital, a full communications and engagement strategy was launched in Autumn 2025, ensuring operational and clinical colleagues had the opportunity to view and comment on their respective departments before they got drawn to the next level of detail. This targeted process for sharing and gathering input on the RIBA2 designs included:

- Inviting co-production leads, Trust executives and associate directors to engage in design discussions with the NHP clinical team.
- Securing dedicated slots at divisional boards to present proposed designs.
- Keeping all staff informed through established internal communication channels, including the monthly “all staff update” event and fortnightly Green Sheet email.

The plan encompassed three phases; phase 1 centred on working with primary care, community colleagues and co-production leads, those who have assisted with the design to date, ensuring clinical compliance; phase 2 widened our reach to all WSFT staff utilising existing communication channels, face to face stands in staff areas and online briefings before phase 3 is due to be launched later in 2026 where we will share our plans with the wider community and patients following the completion of NHP ratification.

Communications

Webpages

Information all about the new hospital is available at our [new healthcare facility website](#).

The site features engagement opportunities, up to date information on the programme, including news updates, frequently asked questions and contact details.

A dedicated website regarding the pre-application planning engagement and indicative designs was launched and can access by [visiting the planning website](#).

Newsletter

More than 900 people have subscribed to a newsletter about the progress of the Future System programme.

Communication with residents

It is important for the programme team to maintain transparency and build good relations with our close neighbours. To this end, regular communications have been sent to local residents, particularly relating to milestones and updates which may impact them. Feedback routes are also clear, allowing the relationship to be mutually beneficial.

Stakeholder briefings

Briefings are supplied to key stakeholders at each milestone, providing clear and transparent information which may be of interest.

2.2.9 Other disclosures

Companies Act disclosures

To improve the readability of the annual report a number of disclosures relevant to the directors' report have been included in the strategic report. These are:

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

Cost allocation

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

Income statement

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

Political donations

The Trust did not make any political donations during 2025-26.

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 £11k of interest under the Late Payment of Commercial Debts (Interest) Act 1998 in 2025-26. In 2024-25, the figure was £18K.

	2025-26		2024-25	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in the year	37,906	176,728	24,626	147,902
Total non-NHS trade invoices paid within target	26,964	152,948	15,789	124,541
Percentage of non-NHS bills paid within target	71.1	86.5	64.1%	84.2%
Total NHS trade invoices paid in the year	1,787	24,840	1,180	17,486
Total NHS trade invoices paid within target	773	15,884	532	11,121
NHS trade invoices paid within target (%)	43.3	63.9	45.0%	63.6%
Total percentage of bills paid within target	69.9	83.8	63.2%	82.0%

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.



Dr Ewen Cameron
Chief Executive Officer
23 June 2026

2.3 Foundation trust code of governance compliance

The Trust has applied the principles of the NHS foundation trust code of governance on a comply or explain basis. The NHS foundation trust code of governance, most recently revised in October 2022, is based on the principles of the UK corporate governance code issued in 2014 and 2012. The code of governance 2022 is applicable from April 2023.

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

Disclosures relating to the Council of Governors and its committees are in the governors' report (section 2.1). Disclosures relating to the Board of directors and its committees are in the directors' report (section 2.2).

2.4 NHS oversight framework

NHS England's NHS Oversight Framework 2025-26 is the framework for assessing health systems including providers. It promotes transparency, improvement, and helps identify potential support or intervention needs. NHS Organisations are allocated to one of five 'segments'.

Segmentation indicates performance and whether improvement is required, from high-performing across all domains (segment 1) to low performance across a range of domains (segment 4). An organisation assessed as segment 4 combined with a low capability to improve is allocated to segment 5.

NHS England's oversight response to an organisation is based on:

- a) Its segment derived from scored metrics under five performance domains (being access to services, effectiveness and experience of care, patient safety, people and workforce, and finance productivity)
- b) Considering financial override which may limit a segment to be no better than 3
- c) Contextual metrics which are not scored (for example those under sixth domain of improving health and reducing inequality) and
- d) Capability assessments which consider the organisation's leadership governance

Segmentation

The Trust has been placed in segment 3. This segmentation information is the Trust's position as at 9 May 2026. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/nhs-oversight-framework/segmentation-and-league-tables/>. The trust is included on the acute trust dashboard.

2.5 Statement of accounting officer's responsibilities

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

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

NHS England has given Accounts Directions which require West Suffolk NHS Foundation Trust (WSFT) 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 WSFT and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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



Dr Ewen Cameron
Chief Executive Officer
23 June 2026

2.6 Annual governance statement

West Suffolk NHS Foundation Trust annual governance statement – 1 April 2025 to 31 March 2026

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust 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 West Suffolk NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in West Suffolk NHS Foundation Trust for the year ended 31 March 2026 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 and risk committee provides an independent and objective view of WSFT's internal control environment and the systems and processes by which the Trust leads, directs and controls its functions to achieve organisational objectives, safety, and quality of services, and in which they relate to the wider community and partner organisations. It reviews implementation of the board assurance framework to assure itself that risks are being appropriately identified and managed and appropriate assurance obtained. This is supported by 'deep dive' assurance reviews by the assurance committees of the Board as well as the audit and risk committee.

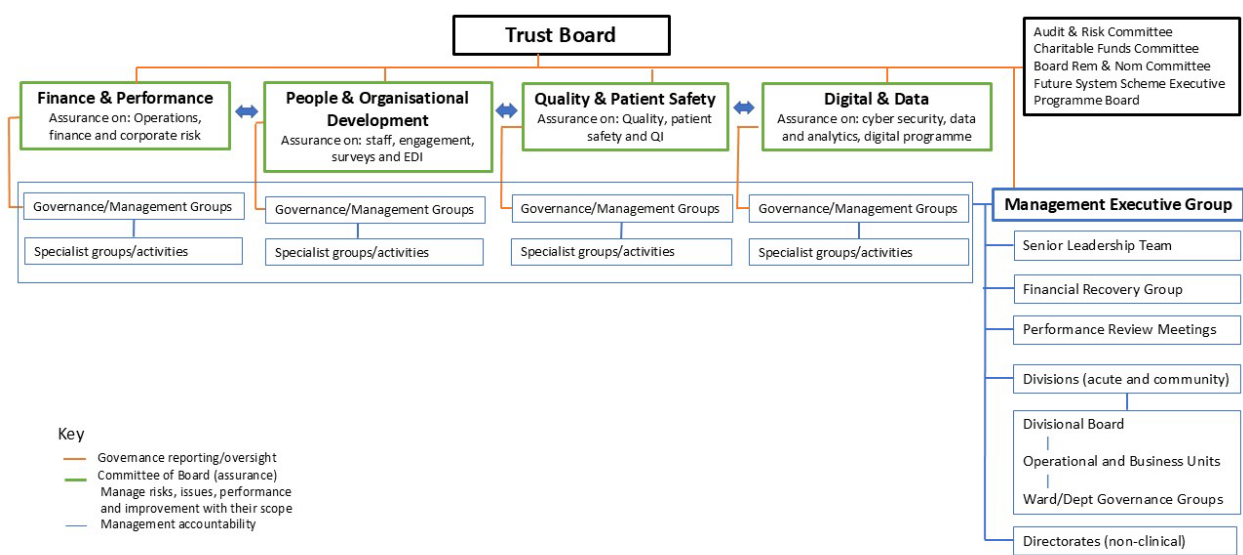
The audit and risk committee independently reviews the effectiveness of risk management systems, ensuring that all significant risks are properly considered and communicated to the Board of directors.

The audit and risk committee is supported by the four assurance committees of the board in order to improve understanding and provide assurance to the board (please see 1.1.2 for details of the committees).

The assurance committees of the Board are supported by a range of governance and specialist groups. Management accountability remains with the executive and divisional leadership. This framework was introduced in September 2021 and has been subject to regular review and

refinement. The management executive group, the senior management-level decision making group in the Trust with clinical, financial, people and operational oversight of performance, advising the Board, Board committees and executive directors as required.

Chart 1: Governance structure



The Council of Governors hold the non-executive directors individually and collectively to account for the performance of the Board of directors.

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

Guidance and training are also provided to staff through refresher programmes, specific risk management training, wider management training, policies and procedures, information on the Trust’s intranet and feedback from audits, inspections and incidents. Included within all of this is sharing of good practice and learning from incidents. Further detail of the risk management arrangements is contained in the Trust’s risk management policy.

The risk and control framework

The risk management strategy and policy set out the key responsibilities for managing risk in the organisation, including the ways in which risk is identified, evaluated, transferred and controlled. This is supported by the Board-approved organisational framework for governance which outlines the structure, accountabilities and processes by which governance and onward assurance to the board is achieved.

Risk is assessed at all levels in the organisation from the Board of directors to individual wards and departments. This ensures that both strategic and operational risks are identified and addressed. Risk assessment information is held in an organisation-wide risk register. The level of risk that the Trust is willing to take (risk appetite) is managed through this structured framework of risk assessment and appropriate escalation.

The Trust has in place a board assurance framework (BAF) which sets out the principal risks to delivery of the Trust’s strategic corporate objectives. The executive director with delegated responsibility for managing and monitoring each risk is clearly identified. The board assurance framework identifies the key controls in place to manage each of the principal risks and explains

how the Board of directors is assured that those controls are in place and operating effectively. These controls and assurances include:

- monthly quality and performance reports, statistical process control (SPC) charts and performance dashboard. These include the Trust's priorities for improvement in the quality report, analysis of patient experience, incidents and complaints
- monthly financial performance reports
- self-assessment against delivery of the CQC registration requirements
- quarterly reports to the Council of Governors from the Board and its assurance committees covering quality, operational performance and finance
- assurances provided through the work of the four board assurance committees, using their committee key issues report to summarise issues for the board and governors
- reports from the future system scheme executive programme board and the audit and risk committee received by the Board
- assurances provided through the work of internal and external audit, the Care Quality Commission, NHS England, NHS Resolution and accountability to the Council of Governors
- the work of clinical audit, whose scope includes national audits, audits arising from national guidance such as National Institute for Health and Care Excellence (NICE), confidential enquiries and other risk and patient safety-related topics
- 15-step visits, including non-executive directors and governors. During these visits, non-executives and governors engage with staff
- risk assessments and analysis of the risk register and board assurance framework
- benchmarking for clinical indicators
- external regulatory and assessment body inspections and reviews, including Royal Colleges, post graduate dean reports, accreditation inspections and Health and Safety Executive (HSE) reports.

The broad categories of risk faced by the Trust include:

- **Strategic risk** – associated with the Trust's ability to maintain its longer-term viability and the delivery of national and local priorities
- **Performance risk** – the ability of the Trust to deliver high quality care for patients in accordance with the Trust's business plan and the standards set by the Care Quality Commission and NHS England
- **Financial risk** – that a weakness in financial control could result in a failure to safeguard assets, impacting adversely on the Trust's financial viability and capability to provide services
- **Reputational risk** – that WSFT receives negative publicity, which impacts on public confidence in the organisation
- **Operational risk** – that threatens the day-to-day delivery of clinical care and services
- **Clinical Practice Risk** - to individual patients relating to their clinical care and treatment. The risks will start on admission and continue throughout the patient's episode of care. Assessment of risks and the process for documenting the outcome of any risk assessment is set out in clinical policies and guidelines.

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

- **Care Quality Commission (CQC):** an overall rating of "requires improvement"
- **performance against national standards:** meeting a number of national targets in 2025-26
- **focus on elective recovery** – the need to reduce the number of people waiting for treatment, usually surgery
- **integration with partners across the health, social care and voluntary sector:** as a key driver in improving the quality and outcomes of care
- **Sentinel Stroke National Audit Programme (SSNAP)** - Over the past 12 months, we have significantly adapted our clinical practice and introduced innovative models of care to respond to changes in SSNAP metrics. WSFT remains the highest performing Trust in the East of England
- **Urgent and Emergency Care:** The four-hour standard within the Emergency Department (ED)

has demonstrated sustained month-on-month improvement throughout 2025-26, with performance reaching 78.23% by year end against a target of 78%

- **regional awards:** Colleagues were recognised for their excellence and innovation at the Suffolk and North East Essex ICS 'Can Do' Health and Care Awards 2025.
- **National Hip Fracture Database (NHFD):** For the second consecutive year, the Trust was recognised as a leading provider of hip fracture care, topping the National Hip Fracture Database (NHFD) rankings in England and Wales.
- **experience of patients with cancer:** More than 90 per cent of cancer patients rated the experience of the care they received from us as very good or good, according to the 2024 National Cancer Patient Experience Survey.
- **improving quality and safety - Call 4 Concern/Martha's Rule:** we have achieved regional and national recognition for forward thinking and 'can do' attitude in the implementation of this public patient safety initiative
- the **Trust's vaccination team** has continued its dedicated work to protect our staff, system partners and the community of Suffolk from seasonal viruses
- **excellent reputation for teaching** – both undergraduate and graduate. We are a learning organisation and our training and education team support staff with a broad range of courses and training. In October, and for the second year running, the Trust was named T Level employer of the year in the Department of Education's regional 2025 National Apprenticeship and Skills Awards.
- **Freedom to Speak Up (FTSU) network** – continuing to grow the role of wellbeing champions to reflect our diverse workforce, and peer-led staff networks
- **our highly-trained and motivated workforce** - investing in, celebrating and looking after the thousands of people who devote their working lives to the NHS and our Trust
- **building of a new hospital** – including exploratory and preparatory works ahead of the construction phase
- **services closer to home:** The Newmarket Community Diagnostic Centre (CDC) has been caring for patients since December 2024, significantly reducing diagnostic waiting times.

In line with good governance practice, during 2023-24 the Board commissioned ConsultOne (the consultancy arm of AuditOne) to undertake a well-led developmental review of leadership and governance at the Trust. The review took place between December 2023 and March 2024, to inform further development work to support continuous improvement of our governance arrangements. The review was structured around the Care Quality Commission and NHS England well-led framework guidance.

The review process included documentary assessment, interviews with Board members, members of staff, governors and external stakeholders as well as meeting observations for the Board and its committees, Council of Governors and operational management meetings.

The final report was issued in May 2024 and highlighted well-led strengths and areas of further focus by the WSFT Board. An improvement plan to address the findings of the report was prepared, which was structured around the Care Quality Commission and NHS England well-led framework guidance. The Management Executive Group (MEG) has received regular updates on progress of the 32 management action points and recommendations throughout the year. Internal Audit has also provided additional assurance about the robustness of the check and challenge process during a review in 2025-26. Progress against the actions has seen 28 of 32 actions closed, with a delivery plan to close the remaining actions early in 2026-27 on track. Further updates will be provided to MEG and escalated to the Board as required.



As described in the picture above, in 2025-26 the Trust refreshed and formally adopted a revised strategy year which adopts the Department of Health & Social Care's new 10-year Health Plan with its 'three shifts' namely: (i) moving care from hospitals to communities; (ii) from sickness to prevention; and (iii) from analogue to digital. The new strategy has one vision and mission, five ambitions, with each ambition having three strategic priorities all centred around our FIRST values.

Like all Trust's we also have some challenges, and these are considered in more detail in the conclusion of this annual governance statement within the significant internal control section of the report:

- **building structure**
- **delivering patient access**
- **financial control and sustainability.**

Board assurance framework (BAF) summary

During 2025-26 the BAF was regularly reviewed in accordance with the workplan to ensure that it provided an adequate evidence base to support the effective and focused management of the principal risks to meeting our strategic objectives. All committees regularly report to the Board on the assurance received at their meetings and where there is a lack of assurance or risks to achieving our objectives.

After completion of the Trust's new strategy, in the third quarter of 2025, the Board undertook a workshop to ensure that the 10 current BAF risks were still reflective of the current and future principal risks and that they adequately took account of the emerging risks. A wide range of areas were reviewed including: technological; environmental; social; community; governance; economic; political; and, commercial risks. In 2024-25, internal auditors undertook a review of the BAF as part of annual internal audit plan, and reasonable assurance on controls was received. However, a number of low priority management actions were suggested to tighten up assurance and the risk office has been working through the recommendations, overseen by the Management Executive Group, to address those.

Reflecting the fact that the BAF is a live document that evolves over time, the 10 BAF risks in place since 2023-24 will merge into seven new principal BAF risks for the start of 2026-27. These will centre around the following themes: -

- BAF 1 – Cyber
- BAF 2 – Estates
- BAF 3 – Finances and loss of control
- BAF 4 – Workforce, staff engagement supply chain issues and diversity
- BAF 5 – Quality of care
- BAF 6 – Performance
- BAF 7 – Transformation of care and preparing for the new hospital.

The executive director with delegated responsibility for managing and monitoring each of the 10 BAF risks is clearly identified in the BAF. The BAF identifies the key controls in place to manage each of the principal risks and explains how the Board of directors is assured that those controls are in place and operating effectively. Risks are escalated within the BAF when:

- Controls are ineffective or assurances are insufficient
- The risk poses a significant threat to strategic objectives
- Emerging issues or external factors increase the likelihood or impact of the risk
- Mitigations will not deliver the target score and the risk appetite needs to be reviewed.

Escalation involves reporting the risk to higher governance levels after discussing at relevant assurance committees. It may trigger additional oversight/support as required, focusing on reviewing areas of future development as technology and business intelligence opportunities emerge to facilitate technology enabled change.

Changes to the NHS landscape both locally and nationally will also play an important part in the future focus of the Board. This will ensuring effective working with the NHS Norfolk & Suffolk Integrated Care Board and maximise the benefits for patients and the population in our system through collaboration with partners.

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

- activities of the People & Organisational Development committee of the Board
- integrated quality and performance report (IQPR) and workforce report - both reports are received at each Board meeting. These reports detail a range of metrics including patient outcomes, patient experience and staffing performance indicators
- nurse staffing monthly report to the Board which details the nurse staffing position and the Trust's future plans for nurse staffing
- Board reporting is underpinned by monthly divisional workforce reports which detail a range of performance indicators including sickness absence, turnover, maternity leave, training and average absence
- assessment of staff experience using the friends and family test (FFT), national staff survey and exit interviews
- we have also established networks for staff including BAME, disabilities and LGBT+
- Freedom to Speak Up Guardian and Guardian of Safe Working reporting to the Board
- e-rostering and e-job planning system for medical staff
- the Trust's clinical workforce strategy group oversees the development of new roles to support sustainability within the labour market.

These arrangements are underpinned by review and oversight by the executive chief nurse and medical director to ensure that effective systems are in place.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

The Trust has published on its website a register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12

months as required by the Managing Conflicts of Interest in NHS guidance.

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

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

The Trust has undertaken risk assessments and has plans in place which take account of the delivering a 'net zero' health service report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements within it are complied with.

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

The Board and its assurance committees analyse the key controls and assurances to ensure that the Trust can manage its risks to a reasonable level and that the Board of directors is adequately informed of the effectiveness of control measures and that, where appropriate, corrective action is being taken to reduce risk levels which are above tolerance. This review has identified gaps in control or assurance as set out in the significant internal control section of the annual governance statement.

In considering the principal risks to compliance with the Trust's conditions of authorisation we have had particular regard to the:

- effectiveness of governance structures – subject to annual review and recommendations for improvement monitored through an agreed action plan
- responsibilities of directors – directors' objectives and performance are regularly monitored by the remuneration committee
- responsibilities of subcommittees - are considered as part of the annual governance review and the audit and risk committee provides regular reports to the Board on their activities and performance
- reporting lines and accountabilities between the Board, its subcommittees and the executive team - are considered as part of the annual governance review and clear reporting and escalation channels exist between the Board and executive team
- submission of timely and accurate information to assess risks to compliance with the Trust's licence
- degree and rigour of oversight the Board has over the Trust's performance – the Board continually reviews and develops its reporting arrangements to the Board. The monthly quality and performance report for the Board supports an open reporting culture and includes the results from the Friends and Family Test. The range of indicators provides early warning of deterioration in performance and potential negative impact on quality. The Quality and patient safety committee has undergone a mid-year review and as a result has realigned the sub committees that report into it to strengthen assurance and developed new reporting templates to assist in highlighting key issues.

The Trust places a high priority on the quality of its clinical outcomes, patient safety and patient experience and strives to deliver the principles outlined in NHSE's well-led framework and its underpinning quality statements:

1. Shared direction and culture
2. Capable, compassionate, and inclusive leaders

3. Freedom to Speak Up
4. Workforce equality, diversity and inclusion
5. Governance, management and sustainability
6. Partnerships and communities
7. Learning, improvement and innovation
8. Environmental sustainability – sustainable development

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

The key elements of the Trust's operational and financial plans have been monitored by the financial accountability committee and the Finance & Performance committee has sought assurance on behalf of the Board of directors.

The priorities set out in the Trust's internal audit plan are based on analysis of corporate objectives, risk profile and assurance framework as well as other factors affecting the Trust in the year ahead, including changes within the sector. The findings of internal audit reports are reported to the audit and risk committee. Non-financial audits relating to quality are considered by the Quality & Patient Safety and People & Organisational Development committees.

The process to ensure that resources are used economically, efficiently and effectively across clinical services include divisional performance review meetings, the clinical audit programme and the regular monitoring of clinical indicators covering quality and safety.

Information governance

WSFT's data security and protection assessment report overall score for 2024-25 was 'Standards Not Met' at the time of publication in June 2025. An improvement plan was submitted to NHS Digital and subsequently accepted. The improvement plan was completed and the Trust's status was amended to 'Standards Met' in February 2026.

The final assessment for 2025-26 has not been submitted at time of reporting.

The Trust reported no data breaches to the Information Commissioners Office (ICO) in 2025-26 of its internal systems. However, in November 2025 a third party supplier (Synnovis) did notify the Trust of a cyber security breach of its systems, for which it had referred itself to the ICO. The incident related to a cyber-attack in 2024. Subsequent analysis by the supplier confirmed that WSFT, along with many other Trusts, was affected. As a precaution, WSFT reported the incident to the ICO, but no further action has been taken by them to date. We currently are liaising with the supplier and NHS England Regional team to close this incident.

Data quality and governance

The assessment of performance data, including quality metrics, is an integral part of the Trust's performance management system. The Trust produces a monthly Integrated Quality Performance Report (IQPR) which includes operational, quality, workforce and financial data. In addition to an ongoing programme of internal review and audit of data quality, data quality is subject to periodic audit by the Trust's internal auditors.

Indicators relating to the IQPR were identified following a process which included the Board of directors, clinical directors and senior managers of the Trust. These have been incorporated into the key performance indicators reported regularly to the Board of directors and its assurance committees as part of the performance monitoring arrangements.

Scrutiny of the information contained within these indicators and its implication as regards to patient safety, clinical outcomes and patient experience takes place at the Board as well as the board assurance committees and the groups and activities that report into them. The data is also scrutinised at divisional level in the performance review meetings (PRMs).

The relationship between the indicators in the IQPR report and other measures of the Trust's performance (quality, operational and financial) are reviewed through the relevant assurance structure and reported to the Board of directors. Review of data quality and the accuracy, validity and completeness of all Trust performance information fall within the remit of the audit and risk committee, which is informed by the reviews of internal and external audit and internal management assurances.

The Board has developed the use of statistical process control (SPC) charts to allow quality and performance indicators to be more systematically reviewed and to target action to the areas that require attention. The SPC method allows areas affected by change to be more easily identified and investigated, whether this change is positive or negative. The use of SPC intelligence is used more widely across the Trust.

Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads in the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit and risk committee, and the board's assurance committees. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of directors' role is to determine the overall strategic direction and to provide active leadership of the Trust in a framework of prudent and effective controls which enables risk to be assessed and managed. The Trust's strategic objectives are derived from the priorities determined in the Trust's strategy.

The Board of directors has put in place a robust escalation framework which ensures timely and effective escalation from divisions and specialist committees to the Board. Executive directors and their managers are responsible for maintaining effective systems of control.

In accordance with the public sector internal audit standards updated in 2017, internal audit provides the Trust with an independent and objective opinion to the accounting officer, the Board of directors and the audit and risk committee on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives. Internal audit reported 11 reports from the 2025-26 plan for which an assurance opinion was provided; the 'opinion levels' are summarised below:

Level of assurance	Number
Advisory report – no assessment made of the level of assurance	0
Substantial assurance - controls are suitably designed, consistently applied and operating effectively	2
Reasonable assurance - identified issues that need to be addressed	4
Partial assurance - action is needed	4
Minimal assurance - urgent action is needed	1

In addition to the above, a Data Security and Protection Toolkit (DSPT) audit was carried out in line with NHS Digital criteria, in regard to the 2024-25 submission, for which the outcome was a High Risk / High Confidence conclusion with only 3 management actions agreed.

Consistent with the head of internal audit's opinion the following partial and minimal assurance opinions are highlighted and are subject to management action:

- Establishment Control – partial assurance

- Decentralised finance processes – partial assurance
- Medical devices – minimal assurance
- Partnership working – partial assurance
- Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) - Partial Assurance

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

For the 12 months ending 31 March 2026, the head of internal audit's opinion for WSFT is that:

“The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective”.

External audit reports that the annual report and accounts are true and fair. In preparing this annual governance statement, as required under NHS foundation trust conditions, all relevant internal and external assurances have been taken into account regarding WSFT performance in respect of quality and finance.

Other areas of review

In considering any significant internal control issues the following were recognised:

Building structure

In 2019 an additional, specific structural risk was identified about RAAC planks, which were used in the original build of West Suffolk Hospital and the front residences in the 1970s. The building structural challenges we face at West Suffolk Hospital, as a result of this are well known and we have long documented that. We have previously reported that our buildings 'shelf life' was estimated to last until 2030. However, in 2025-26, WSFT received a further independent RAAC 7 report undertaken by Mott MacDonalds. This report sets out recommendations for extending the life of the existing estate until the planned opening date for the new hospital.

The Trust has faced estate challenges regarding its reinforced autoclaved aerated concrete (RAAC) roof for a number of years, and has put approved mitigations in place, such as reducing the weight on it and renewing the roofing membrane. These mitigations were recommended by structural engineers and have been well-managed and reported to our regulators as part of our planned estates works. Since receiving the alert, they have mapped every plank across the organisation, and implemented an assessment programme using sophisticated radar equipment and other approved tests to check all planks for signs of stress. The teams carried out remedial repairs across the estate as part of this as well as carrying out a full failsafe programme to help reduce the risks to the roof RAAC planks. This failsafe programme was completed in February 2025.

RAAC load bearing walls were also highlighted as a potential risk to the Trust so extensive works have been carried out to reduce that risk by externally installing anodes to protect the reinforcement bars, and by applying a breathable waterproof membrane to protect the RAAC, the intention being to prolong the life of the RAAC walls until we have our new hospital.

The need for a new hospital has been nationally acknowledged and WSFT were delighted that the Trust was named and is now part of the Government's New Hospital Programme. As discussed elsewhere in the report, the design of the new hospital is now well underway however while this news is very much welcome, any new facility will not be open for several years. We have a duty to ensure that the existing hospital is appropriately maintained and that we are able to continue to provide high quality health services for our community.

In addition to the RAAC risk, the ageing estate the Trust has a backlog of estates related

maintenance issues which have the potential to affect the operational and day to day function of the hospital estate. As discussed earlier in the report, 2026-27 is the first year that NHS England have provided additional public dividend capital specifically to address the backlog of estates related works. This is under the Estates Safety Fund (ESF). The backlog programme is prioritised on an annual basis using a risk-based methodology assessed by a range of disciplines (electrical, mechanical, architectural, etc.). The backlog programme has also been informed by the independent RAAC 7 report.

The Trust continues to engage with experienced structural engineers and experts to support future inspection work. All planks will be continually assessed in a rolling programme of routine estates work until we move to a new hospital site. In addition, proactive programmes of precautionary maintenance work will continue around the hospital to further ensure the safety of our patients, visitors, and staff.

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.

Delivering patient access

Each year, the NHS publishes a set of operational priorities. For 2025-26 a more rationalised approach was taken than in previous years, consolidating the 32 objectives into two headline statements to reduce the time people wait for elective care and improve A&E waiting times and ambulance response times, alongside an expectation for systems to deliver financial balance and main focus on the quality and safety of services.

The access standards themselves remained the same as in 2025-26 but with an increase in target thresholds and in the case of elective care, a shift in focus from long waits to delivery of the 18 week referral to treatment standard.

The priorities for operational performance for WSFT in 2025-26 were:

- reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 63.6% (later increased to 64.2%)
- continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- improve emergency department (ED) waiting times, with a minimum of 78% of patients seen within 4 hours in March 2026.

We achieved all of these requirements, as well as making significant progress on diagnostic waiting times and maintaining access standards for our community based services.

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

Delivery against elective access standards in 2025-26 has demonstrated continued and sustained improvement. The number of patients waiting over 52 weeks reduced significantly to 422 by year end, compared to 1,223 at the start of the year. This represents 1.4% of the total waiting list, a notable reduction from 3.4% in March 2025, and progress towards the 1% target. The number of patients waiting over 65 weeks has been maintained at a low level, with 15 patients recorded at year end, sustaining the gains achieved during 2024-25. Performance against the 18-week referral to treatment standard has also improved, with 66.0% of patients waiting less than 18 weeks as of March 2026. This exceeds the Trust's internal target of 64.2%, reflecting continued progress in improving timely access to care.

Similar improvement must be made in 2026-27, continuing to reduce waits of 52 weeks or more to

zero whilst delivering a 7% increase in the number of patients waiting less than 18 weeks by March 2027. Key to this will be delivery of our agreed activity plan across outpatients, day case and inpatient procedures, developed as part of annual business planning. As we move away from a block contract arrangement delivery of activity is also directly linked to clinical income and WSFT's overall financial position.

Whilst there was no national standard for diagnostics in 2025-26, significant progress has been made in reducing waiting times and improving performance against the DM01 standard; the percentage of patients waiting less than 6 weeks improved from a low of 42.33% to 86.28% in March 2026. Areas of focus for delivery of additional activity in 2026-27 are DEXA (bone density scan), endoscopy, non-obstetric ultrasound (NOUS) and audiology, aiming to improve on the March 2026 position.

Cancer performance standards were met in March 2026, for both the 28-day faster diagnosis and 62-day referral to treatment standards. This followed variable performance throughout the year, owing to challenged pathways particularly in breast, But with additional activity in Q4 supporting the recovery and maintenance of waiting times below 28 days for patients to attend and receive the results from their one-stop clinic.

With the national standards increasing again in both these areas for 2026-27 sustained improvements will be needed to respond to increases in demand across high volume pathways in breast, skin and gynaecology cancers, with working groups building on improvements and transformation work.

Urgent and emergency care

Having reintroduced the 4-hour standard for the emergency department (ED) in May 2023, WSFT has demonstrated continuously improved performance throughout 2025-26 with significant progress again in March, ending the year at 78.3% against the standard of 78%.

The headline metric for urgent and emergency care (UEC) will continue to be the 4-hour standard, which will increase to 82% to March 2027. Additional indicators of average ambulance handover times will need to be maintained below 30 minutes and the number of patients waiting 12 hours or more in the emergency department (ED) will need to be further reduced from current levels towards an ambition of fewer than 2% of attendances.

Delivery of these objectives will be underpinned by the continued implementation and consolidation of workstreams within the UEC Delivery Group plan. This will build on progress already made to reduce delays and improve patient flow across the integrated organisation. Key initiatives include embedding the ED Same Day Emergency Care (EDSDEC) model, exploring the development of a Community Same Day Emergency Care (CSDEC) offer, strengthening the use of criteria-led discharge, and reducing overall length of stay.

Financial sustainability

The Trust recorded a total deficit of £5.7m in 2025-26, including the reversal of an impairment of fixed assets of £7.9m and the donation of a surgical robot from My WiSH. Before these adjustments we would report a deficit of £14.5m. This is in line with the Trust's adjusted control total for 2025-26 which includes the benefit of central deficit support funding. This financial position represents a significant improvement and is due to the significant financial turnaround programme that began in 2024-25. As a result, the underlying 'run rate' of the organisation has continued to fall, by around £600k per month over the course of 2025-26. This reduction is largely as a result of reduced staffing levels, which have dropped by around 160 WTEs (3.2%) over the course of the year.

However, the Trust remains in a significant deficit position going into 2026-27 and has set a £12.8m deficit plan for the year, which will be matched by deficit support funding, meaning we plan to break even with this support. In order to achieve this, we have a further 6.8% in efficiencies. While control measures will remain in place, the cost improvement programme for 2026-27 is focusing on clinical

income in order to reduce waiting times (RTT) and associated clinical productivity.

A handwritten signature in blue ink, appearing to read 'Ewen Cameron', with a stylized, flowing script.

Dr Ewen Cameron
Chief Executive Officer
23 June 2026

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 contracts of service whose provisions are consistent with those relating to other employees within the Trust. There are no components within the remuneration relating to performance measures or bonuses.

Senior managers' remuneration policy

The guiding principles for salary awards are set out in detail in the Trust's executive directors' remuneration policy approved by the remuneration committee. The policy confirms that the Trust's aim is to maintain executive director salaries at an appropriate level in relation to their peers, taking into account the expectation of high levels of personal and collective performance which will allow the Trust to achieve the highest level of quality and financial performance.

Future policy table

Pay component	How the Trust operates this component	Maximum limit	Performance measures
Base salary	When setting remuneration for senior managers (Very Senior Manager (VSM) national remuneration arrangements) the remuneration committee reviews: • role, responsibilities and accountabilities • skills, experience and team performance • Trust performance • national and local pay awards • local and national employment market conditions • NHS advice and Treasury guidance • benchmarking across the NHS.	£150,000 threshold for Treasury disclosure. There is no maximum prescribed limit.	Not applicable
Taxable benefits	Senior managers' benefits include:	There is no maximum	Not applicable

Pay component	How the Trust operates this component	Maximum limit	Performance measures
	- a car lease scheme - pension-related benefits. non-executive directors do not receive benefits.	prescribed limit.	
Pension	The Trust operates the standard NHS pension scheme. Senior staff may opt out of the pension scheme and receive an amount equal to the employer contributions (that would be payable if they were in a scheme) to be paid to themselves and instead invest in a pension arrangement of their choice. This does not increase the overall cost to the Foundation Trust.	In line with the NHS pension scheme.	Not applicable
Bonus	The Trust does not have any bonus arrangements in place for very senior managers.		

There have been no additions or changes to the components of the remuneration package during 2025-26.

Remuneration committee

The aim of the remuneration committee is to make appropriate recommendations to the Board on the Trust's remuneration policy and the specific remuneration and terms of service of the chief executive, executive directors, and other staff as determined by the Board. The committee will:

- regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate and make recommendations to the Board and, where relevant, the Council of Governors, with regard to any changes.
- give full consideration to succession planning for executive board directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and the skills and expertise needed on the Board in the future.
- keep under review the leadership needs of the Trust, with a view of ensuring the continued ability of the Trust to undertake its obligations under the terms of its licence.
- be responsible for identifying and appointing candidates to fill executive Board vacancies as and when they arise.
- before any new appointment is made by the Board, evaluate the balance of skills, knowledge, experience and diversity on the Board, and, in the light of this evaluation, prepare a description of the role and capabilities required for new appointments to the Board. In identifying suitable candidates, the committee shall:
 - consider its advertising strategy and the need for external search consultants to support the search
 - consider candidates from a wide range of backgrounds
 - consider candidates on merit and against objective criteria and with due regard for the benefits of diversity on the Board.
- make recommendations to the Board concerning formulating succession plans for executive directors and in particular for the key role of chief executive.

- select members of the committee to form an appointments panel which will be responsible for making recommendations on the appointment of executive directors.
- have responsibility for setting the remuneration policy for all executive directors and senior managers not on Agenda for Change or clinical contracts, including pension rights and any compensation payments. no director shall be involved in any decisions as to their own remuneration.
- in determining such a policy, take into account all factors which it deems necessary including relevant legal and statutory requirements, the provisions and recommendations of the code and associated guidance. the objective of such policy shall be to attract, retain and motivate executive management of the quality required to run the Trust successfully without paying more than is necessary, having regard to the risk appetite of the Trust and alignment to the Trust's long strategic term goals.
- when setting remuneration policy for executive directors, review and have regard to pay and employment conditions across the Trust and the NHS, especially when determining annual salary increases.
- review the ongoing appropriateness and relevance of the remuneration policy.
- within the terms of the agreed policy and in consultation with the chair or chief executive, as appropriate, determine the total individual remuneration package of each executive director and the chief executive officer.
- obtain reliable, up-to-date information about remuneration in other trusts of comparable scale and complexity. To help it fulfil its obligations, the committee shall have full authority to appoint remuneration consultants and to commission or purchase any reports, surveys or information which it deems necessary.
- advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.
- review and agree the policy for authorising claims for expenses from the directors.
- where appropriate, to authorise any redundancy payments, and settlement agreements as determined within NHS rules on severance payments, including such payments which require final approval by DHSC.

Further detail regarding equality and diversity inclusion is provided within section 2.8.7 (staff report).

The committee comprises the Trust chair and non-executive directors of the Board and is chaired by a non-executive director (NED). The chief executive, chief people officer and Trust secretary may be present to advise but not for any discussions concerning their personal remuneration at the discretion of the remuneration committee 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. Two meetings of the remuneration committee were held during 2025-26.

Attendance at remuneration committee meetings

Name	Title	Attendance (out of two)
Jude Chin	Trust chair (remuneration committee chair)	2
Michael Parsons	Non-executive director	2
Tracy Dowling	Non-executive director	1
Antoinette Jackson	Non-executive director	2
Roger Petter	Non-executive director	2

Name	Title	Attendance (out of two)
Richard Flatman	Non-executive director	2
Heather Hancock	Non-executive director	2
Paul Zollinger-Read	Associate non-executive director	1
Alison Wigg	Non-executive director	2

In attendance: Ewen Cameron, chief executive officer (2) and Julie Hull, chief people officer (2)

Meeting dates: 25 June 2025 and 3 September 2025

Senior managers' (executive directors') pay is annually reviewed by the remuneration committee. The committee is presented with benchmarking information to demonstrate where each executive director's salary sits alongside similar posts in the NHS market in the context of pay awards to other staff groups. Decisions to increase salaries are based on this information, internal equity, affordability, whether there has been a significant change in a director's portfolio and responsibility. Through these arrangements the committee must be satisfied that the remuneration for senior managers is reasonable. WSFT complies with the requirements to seek approval for the remuneration packages of very senior managers above the prevailing limits set by the national body. In addition, each director can receive the NHS cost of living pay rise which is set by the secretary of state based on senior salaries review body (SSRB) recommendations. In recent years the Department of Health and Social Care has advised the chair on the expected level.

The Trust does not operate a formal performance related pay scheme, however, uses performance against agreed objectives as a factor in shaping its remuneration decisions. The remuneration committee has the delegated authority to pay one off discretionary payments in exceptional circumstances. The chief executive presents an annual report on executive directors' performance (in the case of the chief executive this is presented by the chair) based on the outcome of their annual appraisal.

The senior managers' salary does not include separate components and there are no performance measures that apply. Clinical elements are included in the salary of the medical director as part of the work undertaken in their medical role.

Service contracts obligations

The Trust's executive directors hold substantive employment contracts. Notice periods apply based on the early termination of their contract. The notice periods are as follows:

- chief executive – six months
- executive directors – six months.

The non-executive directors hold a term for three years. Further details can be found in section 2.2 (directors' report).

Policy on payment for loss of office

Approval for any non-contractual severance payments should be obtained from the remuneration committee and NHS England following submission of a business case. In respect of individuals earning over £100,000, any severance payment should include a provision requiring the repayment of the severance payment where the individual returns to work for the NHS in England within 12 months and/or before the expiry date of the period for which they have been compensated (as measured in equivalent months/part-months of salary). In such circumstances the employee would be required to repay any unexpired element of their compensation. This would be reduced to take account of any appointment to a lower grade post or reduced hours basis and reflect net salary.

Annual report on remuneration

In the financial year the directors' costs increased to £1,387k from £1,381k. There were no exit packages paid to a Board member in the 2025-26 financial year (one in 2024-25).

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

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

Both directors and governors can reclaim expenses necessarily incurred during the course of their duties. Details of these are shown below. The numbers include individuals who have acted in their capacity as director or governor for any part of the financial year.

	2025-26		2024-25	
	Directors	Governors	Directors	Governors
Total number in office during the year	19	27	22	26
Total number receiving expenses	13	16	15	8
Aggregate total of expenses paid during the year (£'00)	100	15	125	15

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 2025-26 was £250k - £255k (2024-25 £225k - £230k), an increase of 10.9% (2024-25 4.6%) from the mid-point of the bands. In 2024-25 the highest paid director was the Chief Executive and in 2025-26 it was the Medical Director. While the Chief Executive's basic pay remains higher, the Medical Director received remuneration in respect of both their clinical role and director role, including responsibility pay, programmed activity and clinical excellence award in addition to basic pay. The incumbent Medical Director joined the Trust in the comparative year which meant Medical Director remuneration reported was split between him and his predecessor in 2024-25.

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 2025-26 was from £21,113 to £277,569 (2024-25 £23,615 to £250,695). The increase in the high end of the range is a result of an increased number of enhanced medical sessions completed by the highest paid consultant in

the current year, paid at a rate inclusive of 2025-26 pay award. The decrease in the low end of the range is because in 2025-26 two trainee technicians were in post outside of Agenda for Change contracts, whereas in 2024-25 the lowest paid employees were those in band 2 posts on the Agenda for Change contract. The percentage change in average employee remuneration (based on total for all employees on an annualised full time equivalent basis divided by full time equivalent number of employees) between years is -1.32% (2024-25 1.77%). The slight decrease reflects cost reduction measures, such as reduction in use of enhanced rates and additional sessions available to individual clinical staff, and a reduction in use of expensive agency staff (FTE). Two employees received remuneration exceeding that of the highest-paid director in 2025-26 (2024-25 eight employees), a decrease that reflects a reduction in medical consultants at the top pay scale completing additional sessions.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2025-26	25th Percentile	Median	75th Percentile
Total pay and benefits exc. pension benefits	30,162	39,925	51,658
Salary component of pay	26,598	37,796	50,273
Pay and benefits excluding pension:pay ratio for highest paid director	8.4	6.3	4.9

2024-25	25th Percentile	Median	75th Percentile
Total pay and benefits exc. pension benefits	27,850	37,163	49,073
Salary component of pay	25,674	36,483	45,994
Pay and benefits excluding pension:pay ratio for highest paid director	8.2	6.1	4.6

The mid-point of the highest paid director's salary and allowances band was 6.3 times (2024-25 6.1 times) the median remuneration of the workforce, which was £39,925 (2024-25 £37,163). This is calculated based on all staff employed, including agency staff covering vacancies, as at 31 March 2026. The ratio increased marginally because the mid-point of the highest paid director's remuneration band, per the single total figure table, increased at a higher rate than the median remuneration of the workforce. See previous comments regarding Medical Director remuneration. The primary factor in the median pay increase which largely offset an increase in the ratio is increases awarded to the workforce generally.

Similarly consistent between 2024-25 and 2025-26 are the ratios between the mid-point of the highest paid director's salary and allowances band and the remuneration of the employee at the 25th and 75th percentiles, both of which reflect a slight movement of employee remuneration away from that of the mid-point of the highest paid director – respectively 8.4 (2024-25 8.2) and 4.9 (2024-25 4.6). This slight increase in the ratio results from the increase in highest paid director pay, which was the Chief Executive in 2024-25 but in 2025-26 is the Medical Director inclusive of a full year of variable additional pay from clinical duties.

Table A – Single total figure

Name and title	Year to 31 March 2026				Year to 31 March 2025			
	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)
	£000	£	£000	£000	£000	£	£000	£000
Mr C Black – Executive Director of Resources	0	0	0	0	155 - 160	800	0	160 - 165
Dr E Cameron - Chief Executive	230 - 235	0	82.5 - 85	315 - 320	225 - 230	0	57.5 - 60	285 - 290
Ms N Cottingham - Executive Chief Operating Officer and Deputy Chief Executive	140 - 145	2,100	95 - 97.5	240 - 245	130 - 135	1,100	0	130 - 135
Dr R Goodwin - Executive Medical Director	250 - 255	1,900	302.5 - 305	555 - 560	75 - 80	500	327.5 - 330	400 - 405
Ms J Hull - Executive Chief People Officer (note 1)	115 - 120	0	20 - 22.5	140 - 145	0	0	0	0
Dr P Molyneux - Executive Medical Director	0	0	0	0	135 - 140	0	67.5 - 70	205 - 210
Mr J Over – Executive Director Workforce & Communications (note 2)	25 - 30	300	0	25 - 30	145 - 150	1,300	10 - 12.5	155 - 160
Mr J Rowell - Executive Chief Finance Officer (note 3)	155 - 160	1,400	62.5 - 65	220 - 225	95 - 100	600	30 - 32.5	130 - 135
Mr D Spooner - Executive Director Chief Nurse (note 4)	85 - 90	900	102.5 - 105	190 - 195	0	0	0	0
Mr S Tappenden - Executive Director of Strategy and Transformation	130 - 135	1,800	37.5 - 40	170 - 175	100 - 105	900	37.5 - 40	140 - 145
Mrs S Wilkinson - Executive Director Chief Nurse (note 5)	45 - 50	0	55 - 57.5	105 - 110	130 - 135	0	0	130 - 135
Mr J Chin - Chair	55 - 60	2,700	0	55 - 60	50 - 55	2,800	0	55 - 60
Mrs T Dowling - Non Executive Director (note 6)	10 - 15	1,300	0	15 - 20	5 - 10	400	0	10 - 15
Mr R Flatman - Non Executive Director	15 - 20	1,000	0	15 - 20	5 - 10	400	0	5 - 10
Mrs H Hancock - Non Executive Director	15 - 20	0	0	15 - 20	5 - 10	0	0	5 - 10

Name and title	Year to 31 March 2026				Year to 31 March 2025			
	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)	Salary paid (bands of £5000)	Expense payments (taxable) to nearest £100	All pension- related benefits (bands of £2500)	Total (bands of £5000)
	£000	£	£000	£000	£000	£	£000	£000
Ms A Jackson - Non Executive Director	15 - 20	1,100	0	15 - 20	10 - 15	1,000	0	15 - 20
Dr G O'Sullivan - Non Executive Director	0	0	0	0	0 - 5	200	0	0 - 5
Mr M Parsons - Non Executive Director	15 - 20	600	0	15 - 20	10 - 15	800	0	15 - 20
Mrs L Pepper - Non Executive Director	0	0	0	0	5 - 10	0	0	5 - 10
Dr R Petter - Non Executive Director (note 7)	0 - 5	500	0	0 - 5	10 - 15	1,300	0	15 - 20
Ms A Wigg - Non Executive Director	15 - 20	900	0	15 - 20	5 - 10	300	0	5 - 10
Mr D Weaver - Non Executive Director (note 8)	0 - 5	0	0	0 - 5	5 - 10	0	0	5 - 10
Mr K Yergol - Non Executive Director	0	0	0	0	0 - 5	100	0	0 - 5
Mr P Zollinger-Read – Non Executive Director	15 - 20	0	0	15 - 20	5 - 10	0	0	5 - 10

No additional performance pay and bonuses were paid to directors in 2025-26 or 2024-25.

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.

Disclosed amounts for taxable expenses/benefits in kind relate to director travel. For non-executive directors this includes reimbursement for mileage incurred travelling from home to West Suffolk Hospital, which is taxable in full as ordinary commuting. For executive directors this includes the taxable value of lease cars received through a salary sacrifice arrangement and reimbursement for business mileage incurred to the extent that the reimbursement rate exceeds tax-free thresholds for respective travel.

Table B – Pension benefits to 31 March 2026

Name	Real increase / decrease in pension (Bands of £2,500)	Real increase / decrease in lump sum (Bands of £2,500)	Total accrued pension (Bands of £5,000)	Total lump sum (Bands of £5,000)	CETV 01/04/2025	Real increase in CETV	CETV 31/03/2026
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr E Cameron	5 - 7.5	2.5 - 5	85 - 90	215 - 220	1,888	97	2,046
Ms N Cottington	5 - 7.5	7.5 - 10	50 - 55	120 - 125	937	94	1,065
Dr R Goodwin	15 - 17.5	32.5 - 35	75 - 80	195 - 200	1,365	316	1,736
Ms J Hull (note 1)	0 - 2.5	0 - 2.5	5 - 10	0 - 5	50	17	90
Mr J Rowell (note 3)	2.5 - 5	2.5 - 5	55 - 60	135 - 140	1,095	66	1,198
Mr D Spooner (note 4)	5 - 7.5	10 - 12.5	40 - 45	105 - 110	706	95	879
Mr S Tappenden	2.5 - 5	0 - 2.5	20 - 25	0 - 5	216	18	255
Mrs S Wilkinson (note 5)	2.5 - 5	5 - 7.5	60 - 65	160 - 165	93	0	0

Notes

1. Ms J Hull was appointed Interim Chief People Officer from June 2025 and appointed permanently to the role from October 2025.
2. Mr J Over was Director Workforce & Communications until June 2025. He opted not to be covered by the pension arrangements from October 2024.
3. Mr J Rowell was Interim Chief Finance Officer from August 2024 and appointed permanently to the role from December 2025.
4. Mr D Spooner was appointed Executive Chief Nurse from August 2025.
5. Mrs S Wilkinson was Executive Chief Nurse until August 2025.
6. Mrs T Dowling was Non-Executive Director until February 2026.
7. Dr R Petter was Non-Executive Director until July 2025.
8. Mr D Weaver was Non-Executive Director until May 2025.



Dr Ewen Cameron
Chief Executive Officer
23 June 2026

2.8 Staff report

2.8.1 Our staff

Our staff

The Trust is one of the largest employers in west Suffolk, employing 5,329 staff as at 1 April 2026. It firmly believes in the benefits of working in partnership with staff and the trade unions, and this was highlighted during 2025-26 with the following activities:

- the Trust's results from the 2025 NHS Staff Survey improved in 59 out of 99 questions, with particular improvements in areas related to leadership/line management and wellbeing, although there remain a number of significant areas for improvement
- we were awarded funding from the Department for Education to fund a system-wide post to lead on the co-ordination and development of clinical and non-clinical T-level placements across health settings
- we gained Veteran's Aware re-accreditation highlighting our commitment to those working, or who have worked, in the armed services and their families
- as part of the Trust's health and wellbeing programme we continue to focus on emotional and physical health and wellbeing. Wellbeing and inclusion champions have been introduced at the Trust, a stress management policy was launched, and we have continued to review and focus our existing wellbeing services to ensure they are meeting needs
- a significant campaign around sexual safety has taken place across the Trust, alongside the launch of a sexual misconduct policy and guidelines
- our Freedom to Speak Up Guardian, supported by Freedom to Speak Up champions across the organisation, continue to support an open and inclusive culture
- staff governors continue to support staff to discuss challenges and achievements and report on these
- we continue to invest in a full-time staff side lead role who plays a vital part in collaboration with us to help shape change and transformation that is people centred.

2.8.2 Staff costs

Staff costs				
			2025/26	2024/25
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	240,590	-	240,590	237,680
Social security costs	31,332	-	31,332	25,134
Apprenticeship levy	1,178	-	1,178	1,261
Employer's contributions to NHS pension scheme	46,451	-	46,451	45,340
Pension cost - other	52	-	52	70
Other employment benefits	74	-	74	138
Termination benefits	1,588	102	1,690	468
Temporary staff	-	1,708	1,708	3,285
Total gross staff costs	321,265	1,810	323,075	313,376
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	321,265	1,810	323,075	313,376
Of which				
Costs capitalised as part of assets	3,040	-	3,040	4,346

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

Average number of employees (WTE basis)				
			2025/26	2024/25
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	598	45	643	641
Administration and estates	984	22	1,006	1,117
Healthcare assistants and other support staff	841	75	916	965
Nursing, midwifery and health visiting staff	1,274	150	1,424	1,453
Scientific, therapeutic and technical staff	864	8	872	892
Total average numbers	4,561	300	4,861	5,068
Of which:				
Number of employees (WTE) engaged on capital projects	38	-	38	57

2.8.4 Reporting of compensation schemes - exit packages 2025-26

There were several compensation schemes and exit packages recorded in 2025-26 which directly affected 69 colleagues (27 in 2024-25), with payments equating to £1,785k (£632k in 2024-25). None of these payments required approval from HM Treasury.

Reporting of compensation schemes - exit packages 2025/26				
		Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
		Number	Number	Number
Exit package cost band (including any special payment element)				
<£10,000		8	25	33
£10,000 - £25,000		6	11	17
£25,001 - 50,000		6	4	10
£50,001 - £100,000		4	-	4
£100,001 - £150,000		5	-	5
Total number of exit packages by type		29	40	69
Total cost (£)		£1,332,000	£453,000	£1,785,000

Reporting of compensation schemes - exit packages 2024/25				
		Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
		Number	Number	Number
Exit package cost band (including any special payment element)				
<£10,000		3	9	12
£10,000 - £25,000		4	1	5
£25,001 - 50,000		3	2	5
£50,001 - £100,000		4	1	5
Total number of exit packages by type		14	13	27
Total resource cost (£)		£443,000	£189,000	£632,000

Exit packages: other (non-compulsory) departure payments				
	2025/26		2024/25	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Mutually agreed resignations (MARS) contractual costs	28	348	-	-
Contractual payments in lieu of notice	12	105	13	189
Total	40	453	13	189

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

	Male	Female	Total
Executive directors (including CEO)	5	2	7
Non-executive directors (including chair)	5	3	8
Other senior managers (band 8d and above)	11	10	21
Employees	1133	4160	5293
Total	1154	4175	5329

Source: Electronic Staff Record (as at 1/4/2026)

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 Equality and diversity

At West Suffolk NHS Foundation Trust (WSFT), fairness, inclusivity, and respect are at the very heart of our FIRST values, and they fundamentally shape how we deliver high quality care to our patients and support our workforce.

In addition to equality, diversity and inclusion (EDI) being a key organisational priority for us, as an NHS organisation, there are statutory requirements that we must adhere to which guide our policies, activities and areas of work dedicated to improving equity within our Trust.

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

WSFT must also ensure, in keeping with the Equality Act, that neither staff nor service users, are discriminated against due to their protected characteristics¹.

Our EDI workforce priority plan brings together actions and priority areas that have been informed by several of our workforce EDI commitments and workforce data sources including (but not limited to): Workplace Race Equality Standard (WRES), Workplace Disability Equality Standard

¹ Age, disability, ethnicity/race, gender reassignment, marriage/civil partnership, maternity/pregnancy, religion/belief, sex, and sexual orientation.

(WDES), Unison's anti-racism charter, NHS EDI improvement plan, our commitment to armed forces communities as a NHS Veteran Aware accredited organisation, our commitment to upholding the highest standards of sexual safety across all areas of care and employment, data from the Trust's NHS staff survey results, pay gap data and EDI workforce monitoring data.

We must remain accountable for making and monitoring progress and impact of this work to ensure that we are upholding our strategic and organisational EDI ambitions and our legislative duties. Governance is provided for the Trust's workforce EDI agenda through the 'Workforce Wellbeing and Inclusion' group. This is a newly amended group that combines workforce EDI matters alongside workforce health and wellbeing. This group provides assurance to the People and Organisational Development Committee, which is a sub-committee of the Trust Board.

The Trust's patient EDI agenda is governed through the *Experience of Care and Engagement Committee*. Although governed through separate structures, there remains established links between workforce and patient EDI work.

Following approval by the Trust's People and Organisational Development Committee and the Board, the Trust's 2025-26 EDI statutory reports² and the EDI workforce annual report will be available on the following webpage in Summer 2026: [Information we publish](#).

A summary of key highlights from 2025-2026:

2025 WSFT NHS staff survey results:

Our 2025 staff results showed that the experience of our Global Majority colleagues have improved since 2024, with the following areas coming out particularly strongly in questions relating to:

- Manager support
- Organisation taking positive action on health and wellbeing.
- Occurrence and quality of appraisals; and access to personal/professional/career development opportunities
- Having clear expectations, understanding responsibilities and being able to cope with demand pressures
- More likely to recommend as a place to work than their White colleagues (65.2% v 46.3%)
- More likely to say that care of patients is the organisations top priority.

Whilst these improvements are positive, our 2025 NHS staff survey results also showed:

- Global Majority colleagues experienced higher levels of discrimination from patients/service users
- Global Majority colleagues are likely to have "strained" relationships with their colleagues, less likely to "enjoy" working with their colleagues, and less likely to "have a strong attachment" to their team
- Global Majority colleagues are more likely to work extra unpaid hours and less likely to work extra paid hours than their white colleagues.

There are actions within our staff survey action plan and our EDI workforce priority plan to address these, and we will continue working alongside our staff REACH network colleagues as we continue to tackle racial inequity within our Trust and uphold our anti-racist commitment

² The statutory reports are the: Gender Pay Gap, Workplace Race Equality Standard (WRES), Workplace Disability Equality Standard (WDES), EDI Monitoring report, and Equality Delivery System 2 (EDS 2). Although it is not yet mandatory, the Trust has reported on its ethnicity pay gap since 2024, and its disability pay gap since 2025.

Launch of 'Our values behaviour framework'

The Trust's 'Our values behaviour framework' provides a clear set of shared values and expected behaviours for our staff that form the foundation of our organisational culture. It supports individuals, managers and teams to work effectively, respectfully and in alignment with the Trust's ambitions, and better enables us to deliver high-quality care.

'Make your profile count' campaign

The aim of this campaign was to increase the number of staff who had updated their EDI data through their Electronic Staff Record (ESR) profile.

This was identified as a key priority arising from several of our data sources, particularly in relation to disability. As at 31st March 2025, 20% of our workforce had not shared or updated their disability information through their ESR profile. High levels of non-disclosure present a problem as it limits the ability to draw robust conclusions from our data.

During the campaign, there was a 6.3% increase of staff who updated or shared their disability data via ESR. More broadly, between 31 March 2024 and 31 March 2025, there was an increase of disability disclosure by 7.83%.

This can be observed by the data in Table 1, which shows that the number of staff responding 'yes' and 'prefer not to say' in 2025-2026 has increased since 2024-25 and the number of staff responding 'no' 'undefined' or 'not declared' has decreased since 2024-25. More specifically, the number of staff who have declared a disability is the highest since at least 2021-22, and the number of staff who have not declared a disability or shared any disability information ('not declared' or 'undefined') is the lowest since at least 2021-22.

The campaign also resulted in an increase in staff sharing their armed forces (family member), socio-economic background and working career data through ESR.

Whilst this campaign has made an impactful and positive start, there is more work to be done to continue to increase EDI disclosure for disability and other characteristics.

Table 1: The number of staff and public members each year between 2021-22 and 2025-26 by age, ethnicity, sex and disability

	Staff in post					Public members				
	2025-26	2024-25	2023-24	2022-23	2021-22	2025-26	2024-25	2023-24	2022-23	2021-22
Age										
16	0	0	0	0	0	0	0	1	3	0
17-21	55	66	86	59	60	10	15	27	47	62
22+	5274	5,421	5,375	5,159	4,785	6168	6,302	6,417	6,795	6,874
Not specified		0	0	0	0	107	107	107	108	108
Total	5329	5,487	5,461	5,218	4,845	6285	6,424	6,552	6,953	7,044
Ethnicity										
White	3897	4,095	4,133	4,017	3,801	5421	5,553	5,677	6,048	6,180
Mixed	74	71	64	72	65	41	41	41	45	45
Asian or Asian British	649	650	681	622	517	158	159	158	166	167
Black or Black British	167	173	144	123	95	44	43	43	42	41
Other ethnic group	212	205	109	75	67	34	34	34	39	39
Not stated	78	93	115	134	162	587	594	599	613	572
Undefined	252	200	215	175	138		-	-	-	-

Total	5329	5,487	5,461	5,218	4,845	6285	6,424	6,552	6,953	7,044
Sex										
Female	4175	4,346	4,350	4,175	3,887	4224	4,303	4,369	4,629	4,663
Male	1154	1,141	1,111	1,043	958	2040	2,100	2,162	2,314	2,381
Not stated	0	0	0	0	0	21	21	21	10	0
Total	5329	5,487	5,461	5,218	4,845	6285	6,424	6,552	6,953	7,044
Disability										
No	3747	3,815	3,530	3,164	2,754	5532	5,924	-	-	-
Not declared	286	334	366	332	291			-	-	-
Undefined	656	851	902	1,088	1,225			6,036	6,389	6,265
Prefer not to answer	234	217	314	354	387	284	-	-	-	177
Yes	406	270	349	280	188	469	500	516	564	602
Total	5329	5,487	5,461	5,218	4,845	6285	6,424	6,552	6,953	7,044

Source: Electronic Staff Record and Civica membership database (as at 1/4/2026)

Our commitment to sexual safety:

As a signatory of the NHS Sexual Safety Charter, we have pledged to uphold the highest standards of sexual safety across all areas of care and employment, and to create an organisational culture where sexual violence, harassment, abuse, and inappropriate behaviours are never tolerated. The Trust has implemented the following things:

- Sexual misconduct policy
- Sexual safety guidelines
- A reporting form.

Additionally, ways to speak up and report incidences of sexual harassment have been highlighted.

Further information can be found on the following webpage: [Sexual safety support](#).

A summary of ongoing priorities

Reaffirming our anti-racist commitment:

In September 2023, the Trust formally committed to UNISON's Anti-Racism Charter. Since then, whilst there has been progress in nine out of twenty areas of the charter, there is further work that must be done to continue to progress anti-racist commitments within the organisation and to relentlessly eradicate discrimination in our practice and behaviours. In addition to the work already underway to address racial inequity within the Trust, agreed targeted areas of focus are:

- Increasing visibility of our anti-racist commitment, and articulating our zero tolerance of racism

Update: The creation of anti-racism campaign to raise visibility of this important commitment will be launched in Summer 2026.

- Enhancing literacy and understanding of anti-racism across our organisation

Update: Interactive, informative and powerful training sessions have been created and delivered. In addition to sessions with colleagues across the Trust, the following anti-racism training sessions have also taken place: with the People, Culture and Communications Directorate in January 2026, with the Trust Board in March 2026, and with the Senior leadership Team, also in March 2026.

Strengthening disability inclusion

Our 2025 NHS staff survey results showed that disabled colleagues scored lower than non-disabled colleagues in all but four questions asked, indicating that there is a significant difference in the

experiences of our disabled and non-disabled staff.

Additionally, from our NHS staff survey results, 71.9% of disabled colleagues stated that the “organisation made reasonable adjustment(s) to enable me to carry out my work”, which is a slight decrease from the previous year (71.9%).

Although we have seen an increase in disability disclosure through ESR as a result of the ‘make your profile count’ campaign, our NHS staff survey results show that 23.4% (572) of colleagues who responded to the survey (2438) shared that they have a disability or long-term health condition. This figure is considerably higher than the number of colleagues who have disclosed their disability through ESR (Table 2), highlighting that there is further work that must be undertaken to ensure colleagues feel safe, supported and empowered to share their disability information.

There are actions within our Trust’s staff survey action plan and our EDI workforce priority plan to address these issues, and we will continue working alongside our staff disability network to be able to make sustainable and inclusive cultural changes.

Creating an inclusive culture:

Work is underway to create our ‘creating an inclusive culture’ policy. This will replace our existing ‘Equal opportunities and developing and culture of inclusion policy.

The scope of this policy will be widened and it will become applicable to all employees in addition to all patients and visitors receiving care on a Trust site or in a home setting. The policy will reflect the Trust’s strategy through the ‘empowered to improve’ and the ‘high quality care’ ambitions and the Trust’s FIRST values.

In accordance with Trust’s processes, as with all new or amended policies, an equality impact assessment (EIA) will be undertaken to assess the impact of this policy upon our patients, visitor and staff groups.

Inclusive recruitment:

Our Trust data has shown that there is bias within our recruitment processes. We have addressed this concerning insight by taking actions such as (but not limited to):

- Reviewing and strengthening the current recruitment and selection training
- Developing an inclusive recruitment toolkit
- Restricting access to TRAC, the Trust’s recruitment system. Only staff who have completed the recruitment and selection training will have access to TRAC. Access is needed for anyone who is on a selection panel. Prior to this, there was only the requirement for the recruiting managers (the Chair of the panel) to have undertaken this training.
- Ensuring that incidents of bias within the recruitment and selection process are dealt with as conduct issues.

Work continues to eliminate bias and disparity of outcomes within our recruitment and selection processes.

Reviewing our Equality Impact Assessment (EIA) process:

Following the launch of the Trust’s EIA process in January 2025, and the creation of the EIA PowerApp in September 2025 (which allows for EIAs to be reviewed, quality checked and submitted electronically), we will be reviewing the Trust’s EIA process in 2026-2027 alongside other adjacent processes to ensure that it is integrated effectively and impactfully.

2.8.8 Health and safety report

Health and safety report

The Trust’s health and safety performance is reported to and monitored by the Health and Safety Committee, which escalates any areas of concern to the Corporate Risk Governance Group. Issues

that cannot be resolved, or that require further escalation, are then reported to the Finance and Performance Committee and subsequently to the Board of Directors as appropriate.

Radar Healthcare

The introduction of Radar Healthcare, which replaced Datix in April 2024, has enabled the Trust to make significant improvements in how risks and risk assessments are captured and managed. As part of this transition, the Trust has established a dedicated event type for recording risk assessments, alongside a separate, structured risk register

Risk Assessment Events

The risk assessment event type is used to capture all significant local risks identified across the Trust. These include risks that affect specific departments or wards — for example, failure of essential equipment, slips, trips and falls, outcomes from workplace inspections, and staffing concerns. This event type now functions as a dedicated repository for risk assessments, separate from the formal risk register. Since its introduction, 1,570 risk assessments have been recorded.

Risk Register

The Trust-wide strategy for managing risk continues to be developed and actively promoted. The Radar Healthcare risk register provides a central tool for capturing, prioritising, and managing each Division’s most significant risks and remains an integral component of the Trust’s overall risk management framework.

The risk register enables all Divisions to manage, monitor, and review their own risks effectively. Each Division is responsible for ensuring that all significant risks are accurately recorded within the system and a risk assessment has been captured and linked to the risk register entry. Training on the use of the risk register is available via the Totara e-learning platform.

By operating with a single-level structure, the Division gains improved oversight and control over its risks. Although this approach removes the need for separate location-specific or corporate (Trust-wide) risk registers, the option to introduce these in future remains available if required. It is also important to note that individual areas can continue to record risk assessments within the risk assessment repository. Since the system’s launch, 201 risks have been added.

Workplace inspections

Workplace inspections are carried out by Health and Safety Link Persons who hold the Royal Society for Public Health (RSPH) Level 2 Award in Health and Safety. This qualification equips them with the knowledge and skills required to undertake effective inspections. To date, 398 staff members have achieved this accreditation.

When an inspection identifies concerns, these are recorded as a risk assessment in Radar so that actions can be tracked and monitored. The Risk Office supports this process and conducts workplace inspections directly when required.

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

Between April 2025 to March 2026, 20 incidents were reported to the Health and Safety Executive (HSE) as required under RIDDOR. This is a decrease of one from the previous year.

There has been an increase in moving and handling incidents from six to ten, slips, trips and fall incidents from four to five and violence and aggression from zero to four.

There has been a decrease for health and safety related incidents from seven to one, needlestick incident from three to zero and asbestos from one to zero.

RIDDOR description	2024-25	2025-26
Moving and handling incidents	6	10

RIDDOR description	2024-25	2025-26
Slips, trips and falls	4	5
Health and safety	7	1
Violence and aggression	0	4
Needlestick	3	0
Asbestos	1	0

The Trust continues to improve health and safety standards which has helped to prevent RIDDOR reportable incidents. This includes:

- level 2 award in health and safety training
- RIDDOR accidents are investigated
- health and safety link persons in every department
- regular workplace inspections undertaken
- quarterly health and safety committee
- risk assessments captured on radar.

Of the 20 incidents reported to the HSE, seventeen (85%) were due to being off work for more than seven days following an accident, two (10%) were due to a specified injury and one (5%) were due to a dangerous occurrence. The health and safety committee reviews incident trends, including RIDDORs to ensure that appropriate learning takes place and action taken.

Incident reporting system

The Radar Healthcare incident reporting system is used to record all clinical and non-clinical incidents. Non-clinical incidents include personal accidents, violence and aggression, abuse and harassment, fire-related incidents, and security breaches. All incidents, regardless of severity, are investigated and managed in line with the Trust's incident policy and procedures. Outcomes and actions arising from investigations are shared through divisional governance groups, while the Board of Directors receives a quarterly report summarising incident trends and associated actions.

For the period April 2025 to March 2026 there were 291 violence, abuse, and harassment incidents, an increase of 69 from the previous year. These incidents consider physical assaults, verbal abuse, harassment and physically threatening behaviour towards staff by patients. Out of the 291 incidents reported there were 92 physical assaults, which is 1 more than last year. The Trust has engaged with our staff networks to review how we manage unacceptable behaviour, including the support we provide to those affected.

There were 1643 reported incidents under the overall category of health and Safety during 2025-26. This is an increase of 76 incidents (5%) 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 staff and patients
- moving and handling
- needlestick
- Violence and aggression.

Further detail of learning and action is provided in section 1.2.3 (quality and operational performance).

2.8.9 Occupational health and wellbeing service report

Staff Health and Wellbeing 2025-26

Promoting and supporting the health and wellbeing of our colleagues remains central to our ambition

to be an employer of choice and to enable the delivery of high-quality care for our community. We recognise that a healthy, supported, and engaged workforce is essential to sustaining performance, improving quality, and delivering compassionate care.

Our newly revamped workforce wellbeing and inclusion group provides strategic oversight and coordination of the Trust's wellbeing and equality, diversity and inclusion agenda, delivering a comprehensive programme of work aligned to our wellbeing workplan. The workplan is routinely informed by workforce data, staff survey feedback, sickness absence trends, occupational health insights, and national guidance.

Key achievements in 2025-26

During 2025-26, we made significant progress in strengthening the consistency, accessibility, and safety of wellbeing support across the Trust.

Expanded access to early wellbeing support

We introduced a Trust-wide Employee Assistance Programme (EAP), providing colleagues with confidential, 24/7 access to advice and in the moment support on emotional, practical, and financial concerns. This has strengthened early intervention and complements existing occupational health, psychology, and peer support provision.

Improved health and wellbeing capability for managers and staff

We delivered a focused programme of health and wellbeing training for managers, supporting them to have confident wellbeing conversations, recognise early signs of distress, and implement reasonable adjustments effectively. This was supported by an expanded range of self-learning resources available to all colleagues, covering topics such as stress, energy management, sleep, and long-term health conditions, enabling staff to manage their wellbeing proactively.

Inclusive support through improved workplace adjustments

The embedding of our new workplace adjustments dashboard has strengthened oversight and assurance. During the year, over 95 workplace adjustment requests were recorded and monitored, improving timeliness, consistency, and our understanding of themes and demand. This has supported retention, inclusion, and compliance with our equality duties.

Menopause support

We introduced a new Menopause Policy, setting out clear guidance, support options, and reasonable adjustments for colleagues experiencing menopause symptoms. This policy has helped normalise conversations, strengthen manager confidence, and ensure colleagues are supported to stay healthy and productive at work.

Strengthening sexual safety and psychological safety

We continued to embed our commitment to the NHS Sexual Safety Charter, supported by the implementation of a strengthened Sexual Misconduct Policy and clearer reporting and support pathways. Throughout the year, we undertook extensive work to improve awareness, leadership confidence, and organisational response to sexual safety concerns, reinforcing our unacceptable behaviour approach and our commitment to a safe, respectful, and trauma-informed workplace.

Ongoing access to specialist health support

Our partnership with Workplace Health and Wellbeing at Norfolk and Norwich University Hospitals NHS Foundation Trust continues to provide timely and professional occupational health services. We improved service access and quality through clearer referral guidance for managers, reducing delays and improving outcomes. Our in-house physiotherapy and ergonomic health service remains in place,

ensuring rapid access to musculoskeletal support, while our clinical staff psychology service continues to provide specialist support for colleagues affected by trauma, stress, and work-related psychological challenges.

Looking ahead

In 2026/27, we will continue to strengthen the link between wellbeing, workforce sustainability, and quality of care. Our focus will be on prevention, leadership behaviour, and using insight to target support where it has greatest impact, ensuring wellbeing interventions align with operational pressures and long-term workforce needs.

2.8.10 Staff survey

The NHS Staff Survey is conducted annually. The Trust uses an external company called Picker, to allow for the survey to be anonymous. The survey is promoted by Picker directly to colleagues, as well as through internal communication routes, to maximise its publicity and uptake rates. The survey questions align to the seven elements of the NHS People Promise as well as the themes of engagement and morale. All indicators are based on a score out of 10 for specific questions, with the indicator score being the average of those. The response rate to the 2025 survey among trust colleagues was 45% (2024: 44%).

Staff experience and engagement

The WSFT conducts a full census of all colleagues, including bank colleagues, giving everyone the opportunity to share their views and perspectives. The Trust uses the survey results to gain a better understanding of colleagues' views on a range of topics, including what is working well for them at work, what could be improved, as well as how services can be improved for the benefit of patients and the public. In addition to the staff survey, the Trust encourages open and honest communication across the organisation. Different methods and avenues have been developed to encourage colleagues to contribute through:

- All Staff Update - monthly live briefing presented by members of the executive team and others with the opportunity to ask questions
- Weekly drop-ins with a member of the executive team in the canteen at West Suffolk Hospital
- Freedom to Speak Up Guardian and champions
- Guardian of safe working for resident doctors
- Senior independent director – non-executive director lead for whistleblowing
- Staff briefing issued by email at least once a week
- Monthly medical director's bulletin for medical staff
- Green Sheet, fortnightly staff newsletter
- Staff networks – PRIDE (LGBT+), REACH (race, equality and cultural heritage), disability, and parents and carers network
- Staff engagement on corporate social media e.g. X (formerly Twitter) and Facebook (including a closed staff Facebook group)
- A telephone hotline and web-based reporting for raising concerns anonymously.

Staff survey response rate

For the 2025 survey, the Trust utilised a mixed-mode (email/postal) full census survey, of eligible staff members. The Trust has seen an increase in the response rate from last year but is still below average.

	2025	2024	2023	2022	2021
Our organisation	45%	44%	46%	40%	43%
Average	48%	48%	41%	44%	46%

2024-25, 2023-24 and 2022-23

Scores for each indicator together with that of the survey benchmarking group acute and acute community trusts are presented below.

Indicators (‘People Promise’ elements and themes)	2025		2024		2023	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.1	7.3	7.0	7.2	7.3	7.3
We are recognised and rewarded	5.8	5.9	5.8	5.9	6.0	6.0
We each have a voice that counts	6.4	6.6	6.3	6.7	6.7	6.7
We are safe and healthy	5.8	6.1	5.9	6.1	6.2	6.1
We are always learning	5.3	5.6	5.3	5.6	5.6	5.6
We work flexibly	6.1	6.2	6.2	6.2	6.3	6.3
We are a team	6.6	6.8	6.6	6.7	6.7	6.8
Staff engagement	6.4	6.7	6.5	6.8	7.0	6.9
Morale	5.51	5.8	5.6	5.9	6.0	5.9

Highest five benchmarked scores (compared to average)

The following table outlines the five questions in which the Trust scored well:

Top 5 scores vs Organisation Average	Org	Picker Avg
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	75%	67%
q22. I can eat nutritious and affordable food at work	63%	56%
q24a. Organisation offers me challenging work	72%	67%
q23a. Received appraisal in the past 12 months	92%	88%
q8c. Colleagues are polite and treat each other with respect	73%	70%

Lowest five benchmarked scores (compared to average)

The following table outlines the five questions in which the Trust scored lowest:

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q3h. Have adequate materials, supplies and equipment to do my work	43%	55%
q25b. Organisation acts on concerns raised by patients/service users	56%	67%
q25a. Care of patients/service users is organisation's top priority	59%	70%
q3i. Enough staff at organisation to do my job properly	21%	31%
q24b. There are opportunities for me to develop my career in this organisation	40%	50%

Areas of improvement/deterioration from prior year

The table below shows where the Trust scores have improved, and scores have improved significantly in five of the questions:

Most improved scores	Org 2025	Org 2024
q11a. Organisation takes positive action on health and well-being	46%	41%
q9g. Immediate manager listens to challenges I face	73%	68%
q9c. Immediate manager asks for my opinion before making decisions that affect my work	60%	56%
q19d. Feedback given on changes made following errors/near misses/incidents	53%	49%
q19a. Staff involved in an error/near miss/incident treated fairly	57%	53%

The table below shows where the Trust scores have declined, and scores have declined the most in all five of these questions:

Most declined scores	Org 2025	Org 2024
q3i. Enough staff at organisation to do my job properly	21%	27%
q3h. Have adequate materials, supplies and equipment to do my work	43%	47%

q25a. Care of patients/service users is organisation's top priority	59%	63%
q12f. Never/rarely feel every working hour is tiring	47%	51%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	85%	88%

Future priorities and targets

The NHS Staff Survey results have been shared with colleagues across the Trust. The results show that the Trust has improved in 59 out of 99 questions compared to last year (that can be compared to last year and positively scored; 19 of these significantly), with 5 questions showing a significant decline. The previous staff survey in 2024 showed a sharp decline in scores across most areas, and while there is still considerable progress to be made before the Trust reaches a stronger overall position, this year's results show early signs that indicate a degree of stability from which further improvements can now build.

The results are being assessed on both an organisational and divisional levels, with key areas identified for focussed action plans. The organisational level action plan will be focussed on a few key areas, predominantly built around the recommender questions – “recommend as place to work” and “recommend as a place to receive care”. The on-going impact of the actions and interventions will be monitored through the quarterly Pulse survey results, and through the People and organisational development committee. The action plan will have a relevant lead assigned to each of the key areas identified.

Divisional leadership will lead on local plans, these will co-ordinate with the key areas on the organisational wide action plans, highlighting 2-3 focus areas that are most relevant to that division's results. Progress for these will be monitored through divisional PRMs (Performance Review Meetings).

The results of the staff survey will be triangulated with other feedback methods such as from Freedom to Speak Up themes, to ensure a full picture of colleague feedback is being addressed. This will combine multiple data sources to enable the Trust to listen in depth to what is important to its colleagues and determine what future priorities should be. The staff survey results will continue to inform our WSFT people and culture priorities, as well as broader Trust objectives.

2.8.11 Pension liabilities for ill-health retirement

There were six ill-health retirements during the year to 31 March 2026 (2024-25: two); the additional pension liability borne by NHS Pensions was estimated as £925k (2024-25: £68k).

2.8.12 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 and risk committee. The assistant director of finance is the nominated fraud champion at the Trust.

2.8.13 Off-payroll engagements

As required by HM Treasury per Public Expenditure System (PES) (2022)01, the Trust must disclose information regarding off- payroll engagements. The Trust did not engage any highly paid off-payroll engagements during 2025-26. There were no highly paid off-payroll engagements as at 31 March 2026.

The Trust has continually 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 2025 and 31 March 2026.

During 2025-26, the Trust spent £1,751k on consultancy costs (2024-25 £1,567k). 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.

2.8.14 Other disclosures

Other relevant disclosures for this section of the annual report are included within section 2.2 (directors report).

West Suffolk NHS Foundation Trust

Annual Accounts for the year ended 31 March 2026

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Foreword to the accounts

West Suffolk NHS Foundation Trust

These accounts, for the year ended 31 March 2026, have been prepared by West Suffolk NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.



Signed

Name **Dr Ewen Cameron**
Job title **Chief Executive Officer**
Date **23 June 2026**

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WEST SUFFOLK NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of West Suffolk NHS Foundation Trust for the year ended 31 March 2026 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes 1 to 24, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2025-26 as contained in the Department of Health and Social Care Group Accounting Manual 2025 to 2026 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of West Suffolk NHS Foundation Trust as at 31 March 2026 and of the Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025 to 2026; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Foundation Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

In evaluating the Accounting Officer's conclusions, we have considered the requirement of the DHSC Group Accounting Manual for entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services they provide will continue into the future, and had regard to the guidance provided in Practice Note 10: Audit of

financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) regarding the application of ISA (UK) 570 Going Concern to public sector entities.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2025/26.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2025/26 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of the chief executive's responsibilities as the accounting officer of West Suffolk NHS Foundation Trust' set out on pages 106 and 107 the chief executive is the accounting officer of West Suffolk NHS Foundation Trust. The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the Foundation 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 the Council of Governors intend to cease operations of the Foundation Trust, or have no realistic alternative but to do so.

As explained in the Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how West Suffolk NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of Management, Head of Internal Audit, and Those Charged With Governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes and through the inspection of other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.
- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through understatement

of non-NHS manual expenditure accruals, inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through understatement of non-NHS manual expenditure accruals, we reviewed the Foundation Trust's manual year end expenditure accruals, challenging assumptions and corroborating the expenditure to appropriate evidence.
- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.
- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2024, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in March 2026, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

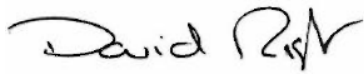
We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of West Suffolk NHS Foundation Trust.

Use of our report

This report is made solely to the Council of Governors of West Suffolk NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. Our audit work has been undertaken so that we might state to the Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.



ERNST & YOUNG LLP

.....
David Riglar (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Cambridge
24 June 2026

Statement of Comprehensive Income for the year ended 31 March 2026

		2025/26	2024/25
	Note	£000	£000
Operating income from patient care activities	3	419,029	393,968
Other operating income	4	36,479	33,983
Operating expenses	6	(137,992)	(147,532)
Employee Benefits	8	(318,345)	(308,562)
Operating deficit from continuing operations		(829)	(28,143)
Finance income		714	759
Finance expenses		(929)	(1,026)
PDC dividends payable		(4,623)	(4,644)
Net finance costs		(4,838)	(4,911)
Other losses		-	(149)
Share of profit of associates / joint arrangements		-	107
Deficit for the year		(5,667)	(33,096)
Adjusted financial performance (control total basis):			
Deficit for the period		(5,667)	(33,096)
Remove net impairments not scoring to the Departmental expenditure limit		(7,960)	7,380
Remove I&E impact of capital grants and donations		(864)	331
Remove net impact of DHSC centrally procured inventories		-	37
Total other comprehensive income for the period		(8,824)	7,748
Adjusted financial performance deficit		(14,491)	(25,348)

Statement of Financial Position as at 31 March 2026

		31 March 2026	31 March 2025
	Note	£000	£000
Non-current assets			
Intangible assets	10	47,648	54,006
Property, plant and equipment	11	172,171	146,062
Right of use assets	14	8,088	9,807
Receivables	16	5,117	7,162
Total non-current assets		233,024	217,037
Current assets			
Inventories	15	7,243	5,128
Receivables	16	24,080	18,989
Non-current assets for sale and assets in disposal groups		983	490
Cash and cash equivalents	17	16,744	12,659
Total current assets		49,050	37,266
Current liabilities			
Trade and other payables	18	(40,276)	(41,297)
Borrowings	19	(4,238)	(4,510)
Provisions		(2,356)	(2,524)
Other liabilities		(537)	(938)
Total current liabilities		(47,407)	(49,269)
Total assets less current liabilities		234,667	205,034
Non-current liabilities			
Borrowings	19	(35,539)	(39,716)
Provisions		(327)	(385)
Total non-current liabilities		(35,865)	(40,101)
Total assets employed		198,802	164,934
Financed by			
Public dividend capital		363,968	326,166
Revaluation reserve		14,052	12,319
Income and expenditure reserve		(179,218)	(173,551)
Total taxpayers' equity		198,802	164,934

The notes on pages 158 to 191 form part of these accounts.



Name	Dr Ewen Cameron
Position	Chief Executive Officer
Date	23 June 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	326,166	12,319	(173,551)	164,934
Deficit for the year	-	-	(5,667)	(5,667)
Impairments	-	(297)	-	(297)
Revaluations	-	2,030	-	2,030
Public dividend capital received	37,802	-	-	37,802
Taxpayers' equity at 31 March 2026	363,968	14,052	(179,218)	198,802

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2024 - brought forward	277,694	11,941	(140,455)	149,180
Deficit for the year	-	-	(33,096)	(33,096)
Impairments	-	(39)	-	(39)
Revaluations	-	417	-	417
Public dividend capital received	48,472	-	-	48,472
Taxpayers' equity at 31 March 2025	326,166	12,319	(173,551)	164,934

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the Trust, is payable to DHSC as the public dividend capital dividend.

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows for year ended 31 March 2026

		2025/26	2024/25
	Note	£000	£000
Cash flows from operating activities			
Operating deficit		(829)	(28,143)
Non-cash income and expense:			
Depreciation and amortisation	6	17,506	16,672
Net impairments	7	(6,150)	7,380
Income recognised in respect of capital donations	4	(1,183)	(19)
(Increase) / decrease in receivables and other assets		(2,797)	777
Increase in inventories		(2,115)	(488)
Increase / (decrease) in payables and other liabilities		(275)	2,762
Increase / (decrease) in provisions		(227)	2,443
Net cash flows from operating activities		3,930	1,384
Cash flows from investing activities			
Interest received		714	759
Purchase of intangible assets		(437)	(3,254)
Sales of intangible assets		-	127
Purchase of PPE and investment property		(27,675)	(34,494)
Net cash flows (used in investing activities)		(27,398)	(36,862)
Cash flows from financing activities			
Public dividend capital received		37,802	48,472
Movement on loans from DHSC		(2,307)	(2,307)
Movement on other loans		(439)	(472)
Capital element of lease rental payments		(1,697)	(2,005)
Interest on loans		(855)	(916)
Other interest		(11)	(19)
Interest paid on lease liability repayments		(67)	-
PDC dividend paid		(4,872)	(4,036)
Cash flows from other financing activities		-	105
Net cash flows from financing activities		27,554	38,822
Increase in cash and cash equivalents		4,085	3,344
Cash and cash equivalents at 1 April - brought forward		12,659	9,315
Cash and cash equivalents at 31 March	17	16,744	12,659

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care (DHSC). The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

The Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. They have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. For 2025/26 The Trust has agreed to operate largely on a fixed contract arrangement with lead commissioners to deliver financial stability to both the Trust and Integrated Care System, with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England where attributable to them based on actual usage or at a fixed baseline in addition to the price of the related service. High costs drugs and devices attributable to ICBs are included in the fixed elements of those contracts.

The Trust also receives income from commissioners under the Best Practice Tariff (BPT) scheme. Delivery under the scheme is part of how care is provided to patients. As such BPT payments are not considered distinct performance. Additional payments for specialised services reflecting patient complexity are included within the fixed element of API contracts. This is accounted for as variable consideration under IFRS 15.

Where the relationship with a particular Integrated Care Board (ICB) is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's (DWP) Compensation Recovery Unit (CRU), has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 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 1.5 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 1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

Subsequent expenditure

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

Measurement

Valuation

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

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current value in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

A DRC model estimates current value in existing use 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. 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.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

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

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

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings*	8	89
Dwellings*	8	83
Plant & machinery	5	25
Information technology	5	10

* Note that buildings subject to reinforced autoclave aerated concrete (RAAC) have a useful economic life of 8 years. This is in line with specialist guidance for these types of assets and the requirement for buildings subject to RAAC to be demolished.

Note 1.7 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

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

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

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	3	20
Software licences	4	10

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash and bank balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements 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 (DHSC), the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026.

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 20 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 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.16 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.17 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2025/26:

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January 2027. The Standard has not yet been adopted by the FReM and early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. Given the variation in PPE valuations in any given year, and future changes in indices, it is not possible to quantify the impact of applying these changes in future periods. PPE and right of use assets currently subject to revaluation have a total book value of £101m as at 31 March 2026.

Note 1.18 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- **Equipment Deposits:** The Trust pays a deposit to an external company for equipment issued to patients in the community. If the equipment is returned and the company is able to re-use it, the deposit is returned. Based on existing performance of this service, it is assumed that 73% of deposits outstanding at the balance sheet date will be recovered, which equates to £8.3m as at 31 March 2026.
- **Valuation of Land & Buildings:** The Trust employs a professional Valuer to value all land and buildings and to estimate their useful economic lives which are used to calculate depreciation. Assets are revalued by the Valuer every five years. In 2023/24 a full valuation was undertaken. In 2025/26 a desktop valuation was undertaken to ensure that the value of assets remained materially accurate. The value of the Trust's land, buildings and dwellings equates to £104m as at 31 March 2026. Further details can be found in note 13.

The Trust does not consider to have undertaken any critical judgements in applying accounting policies that do not involve the estimates noted above.

Note 2 Operating Segments

The Trust has one operating segment; healthcare provision.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2025/26	2024/25
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	2,994	77,690
Income from commissioners under API contracts - fixed element*	319,028	221,201
High cost drugs income from commissioners	11,568	11,305
Other NHS clinical income	49	5,421
Community services		
Income from commissioners under API contracts*	51,113	46,640
Income from other sources (e.g. local authorities)	11,634	9,937
All services		
Private patient income	3,199	2,059
National pay award central funding***	-	778
Additional pension contribution central funding**	18,349	17,943
Other clinical income	1,095	994
Total income from activities	419,029	393,968

*Aligned payment and incentive (API) contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2025/26	2024/25
	£000	£000
Income from patient care activities received from:		
NHS England	32,097	31,903
Integrated care boards	370,886	344,138
Other NHS providers	10,348	13,470
Local authorities	1,404	1,404
Non-NHS: private patients	3,199	2,059
Non-NHS: overseas patients (chargeable to patient)	244	265
Injury cost recovery scheme	851	729
Total income from activities	419,029	393,968
Of which:		
Related to continuing operations	419,029	393,968

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2025/26	2024/25
	£000	£000
Income recognised this year	244	265
Cash payments received in-year	132	74
Amounts added to provision for impairment of receivables	141	159
Amounts written off in-year	150	299

Note 4 Other operating income

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	705	-	705	720	-	720
Education and training	13,005	-	13,005	11,818	-	11,818
Non-patient care services to other bodies	16,777	-	16,777	16,532	-	16,532
Receipt of capital grants and donations and peppercorn leases	-	1,183	1,183	-	19	19
Other income*	4,809	-	4,809	4,894	-	4,894
Total other operating income	35,296	1,183	36,479	33,964	19	33,983
Of which:						
Related to continuing operations			36,479			33,983

*Other income includes £1,947k of car parking income (2024/25 £1,829k) and £1,215k of catering income (2024/25 £1,397k).

Note 5 Income from activities arising from commissioner requested services

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

	2025/26	2024/25
	£000	£000
Income from services designated as commissioner requested services	419,029	393,968
Income from services not designated as commissioner requested services	36,479	33,983
Total	455,508	427,951

Note 6 Operating expenses

		2025/26	2024/25
	Note	£000	£000
Purchase of healthcare from NHS and DHSC bodies		22	112
Purchase of healthcare from non-NHS and non-DHSC bodies		4,808	5,067
Staff and executive directors costs	8	318,345	308,562
Remuneration of non-executive directors		192	178
Supplies and services - clinical (excluding drugs costs)		45,688	45,864
Supplies and services - general		3,882	4,336
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)		29,296	29,282
Consultancy costs		1,751	1,567
Establishment		12,560	11,258
Premises		7,987	7,959
Transport (including patient travel)		1,921	1,846
Depreciation on property, plant and equipment	11,14	10,711	10,012
Amortisation on intangible assets	10	6,795	6,660
Net impairments	7	(6,150)	7,380
Movement in credit loss allowance: contract receivables / contract assets		224	32
Increase/(decrease) in other provisions		(156)	2,488
Change in provisions discount rate(s)		1	1
Fees payable to the external auditor			
audit services- statutory audit*		328	188
Internal audit costs**		187	179
Clinical negligence		9,471	8,756
Legal fees		144	176
Insurance (as a policy holder)		115	400
Education and training		1,086	988
Variable lease payments not included in the liability		3,222	2,434
Redundancy***		1,690	468
Car parking & security		24	23
Hospitality		-	18
Losses, ex gratia & special payments		14	4
Other services, e.g. external payroll		375	337
Other		1,804	(481)
Total		456,337	456,094
Of which:			
Related to continuing operations		456,337	456,094

* The audit fee for 2025/26 is £273k plus VAT (2024/25 £152k plus VAT).

** All internal audit costs are non-staff related as the service is provided by an external firm.

*** Note that redundancy costs include employers national insurance (NI) contributions. This line also includes expenditure in relation to a Mutually Agreed Resignation Scheme (MARS).

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5,000k (2024/25: £1,000k).

Note 7 Impairment of assets

	2025/26	2024/25
	£000	£000
Net impairments charged to operating deficit resulting from:		
Loss or damage from normal operations	184	-
Abandonment of assets in course of construction	1,626	-
Unforeseen obsolescence	(6,693)	4,583
Changes in market price	(1,267)	2,797
Total net impairments charged to operating surplus / deficit	(6,150)	7,380
Impairments charged to the revaluation reserve	297	39
Total net impairments	(5,853)	7,419

A desktop valuation was undertaken by Newmark Gerald Eve as at 31 March 2026. As a result, there were some assets that were impaired. For some buildings that had been previously impaired, these have subsequently been revalued, reversing the previous impairment. This has resulted in a net increase in the asset values, as follows:

	Net Impairment
	£000
Main Hospital Block - RAAC	(6,379)
Other Buildings - RAAC	(314)
Other Buildings - Non RAAC	(786)
Projects abandoned	1,626
Total	(5,853)

The majority of the reversal of impairments relates to the main hospital block with contains reinforced autoclave concrete (RAAC). In previous years the building was assigned a useful economic life up to 2030, which was in line with previous surveyor findings. However, further investigations on RAAC buildings has shown that the life can be prolonged further until 2033, particularly where remedial works have been undertaken. As a result, the life and value of the building has been revised, resulting in the reversal of a previous impairment. Any impairment in relation to RAAC is considered to be unforeseen obsolescence.

Note 8 Employee benefits

	2025/26	2024/25
	Total	Total
	£000	£000
Salaries and wages	240,590	237,680
Social security costs	31,332	25,134
Apprenticeship levy	1,178	1,261
Employer's contributions to NHS pensions	46,451	45,340
Pension cost - other	52	70
Other employment benefits	74	138
Termination benefits*	1,690	468
Temporary staff (including agency)	1,708	3,285
Total staff costs	323,075	313,376
Of which		
Costs capitalised as part of assets	3,040	4,346

* Note that termination benefits are separately shown in note 6 as redundancy costs, but are included here to show total staff costs for the year. Expenditure relating to a Mutually Agreed Resignation Scheme (MARS) is also shown in this line.

Note 8.1 Retirements due to ill-health

During 2025/26 there were 6 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £925k (£68k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027

Note 10 Intangible assets - 2025/26

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Cost at 1 April 2025 - brought forward	4,396	79,485	755	84,636
Additions	-	171	266	437
Reclassifications	(1,076)	1,874	(798)	-
Cost at 31 March 2026	3,320	81,530	223	85,073
Amortisation at 1 April 2025 - brought forward	1,949	28,681	-	30,630
Provided during the year	368	6,428	-	6,795
Reclassifications	(144)	144	-	-
Amortisation at 31 March 2026	2,173	35,253	-	37,425
Net book value at 31 March 2026	1,148	46,277	223	47,648
Net book value at 1 April 2025	2,447	50,804	755	54,006

Note 10.1 Intangible assets - 2024/25

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	4,365	76,305	1,110	81,780
Additions	31	1,557	1,630	3,218
Reclassifications	-	1,985	(1,985)	-
Disposals / derecognition	-	(362)	-	(362)
Valuation / gross cost at 31 March 2025	4,396	79,485	755	84,636
Amortisation at 1 April 2024 - as previously stated	1,408	22,648	-	24,056
Provided during the year	541	6,119	-	6,660
Disposals / derecognition	-	(86)	-	(86)
Amortisation at 31 March 2025	1,949	28,681	-	30,630
Net book value at 31 March 2025	2,447	50,804	755	54,006
Net book value at 1 April 2024	2,957	53,657	1,110	57,724

Note 11 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	8,700	72,038	12,096	27,543	30,751	14,503	135	165,766
Additions	-	2,259	551	17,677	5,352	1,872	-	27,711
Impairments	-	(176)	(144)	(1,626)	-	-	-	(1,946)
Reversals of impairments	-	7,533	450	-	-	-	-	7,983
Revaluations	-	(3,005)	166	-	-	-	-	(2,839)
Reclassifications	-	421	-	(1,935)	74	1,440	-	-
Transfers to / from assets held for sale	(50)	(649)	-	-	-	-	-	(699)
Disposals / derecognition	-	(11)	-	-	-	(2,949)	(134)	(3,094)
Valuation/gross cost at 31 March 2026	8,650	78,410	13,119	41,659	36,177	14,866	1	192,882
Accumulated depreciation at 1 April 2025 - brought forward	-	0	(0)	-	9,520	10,050	134	19,704
Provided during the year	-	4,571	331	-	2,671	1,419	-	8,992
Revaluations	-	(4,538)	(331)	-	-	-	-	(4,869)
Transfers to / from assets held for sale	-	(22)	-	-	-	-	-	(22)
Disposals / derecognition	-	(11)	-	-	-	(2,949)	(134)	(3,094)
Accumulated depreciation at 31 March 2026	-	0	(0)	-	12,191	8,520	(0)	20,711
Net book value at 31 March 2026	8,650	78,410	13,119	41,659	23,986	6,346	1	172,171
Net book value at 1 April 2025	8,700	72,038	12,096	27,543	21,231	4,453	1	146,062

Note 11.1 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	8,700	65,637	12,172	22,667	24,042	13,704	135	147,057
Additions	-	6,175	32	18,483	5,170	452	-	30,312
Impairments	-	(7,952)	(1)	-	-	-	-	(7,953)
Reversals of impairments	-	373	161	-	-	-	-	534
Revaluations	-	(3,916)	(268)	-	-	-	-	(4,184)
Reclassifications	-	11,721	-	(13,607)	1,539	347	-	-
Valuation/gross cost at 31 March 2025	8,700	72,038	12,096	27,543	30,751	14,503	135	165,766
Accumulated depreciation at 1 April 2024 - as previously stated	-	0	(0)	-	7,432	8,685	134	16,251
Provided during the year	-	4,284	317	-	2,088	1,365	-	8,054
Revaluations	-	(4,284)	(317)	-	-	-	-	(4,601)
Accumulated depreciation at 31 March 2025	-	0	(0)	-	9,520	10,050	134	19,704
Net book value at 31 March 2025	8,700	72,038	12,096	27,543	21,231	4,453	1	146,062
Net book value at 1 April 2024	8,700	65,637	12,172	22,667	16,610	5,019	1	130,806

Note 11.2 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,650	76,628	13,119	41,659	22,624	6,336	1	169,017
Owned - donated/granted	-	1,782	-	-	1,362	10	-	3,154
Total net book value at 31 March 2026	8,650	78,410	13,119	41,659	23,986	6,346	1	172,171

Note 11.3 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,700	70,661	12,096	27,543	20,959	3,511	1	143,471
Owned - donated/granted	-	1,377	-	-	272	942	-	2,591
Total net book value at 31 March 2025	8,700	72,038	12,096	27,543	21,231	4,453	1	146,062

Note 12 Donations of property, plant and equipment

During 2025/26, My Wish Charity donated a surgical robot to the Trust at a cost of £1.16m.

Note 13 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 2026. This valuation was undertaken by an external Valuer, Newmark Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book').

Property, Plant and Equipment on the Statement of Financial Position has a carrying amount of £172m. Within this, £78m is considered to be specialised property which is valued on a depreciated replacement cost basis. This includes the hospital sites. 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 £5.9m.

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 1.6.

Note 14 Right of use assets - 2025/26

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	10,090	9,315	19,405	2,917
Disposals / derecognition	-	(3,182)	(3,182)	-
Valuation/gross cost at 31 March 2026	10,090	6,133	16,223	2,917
Accumulated depreciation at 1 April 2025 - brought forward	2,737	6,860	9,597	977
Provided during the year	754	965	1,719	370
Disposals / derecognition	-	(3,182)	(3,182)	-
Accumulated depreciation at 31 March 2026	3,491	4,643	8,134	1,347
Net book value at 31 March 2026	6,599	1,489	8,088	1,570
Net book value at 1 April 2025	7,353	2,454	9,807	1,940

Net book value of right of use assets leased from other NHS providers

-

Net book value of right of use assets leased from other DHSC group bodies

1,570

Note 14.1 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	9,975	9,289	19,264	2,802
Remeasurements of the lease liability	115	26	141	115
Valuation/gross cost at 31 March 2025	10,090	9,315	19,405	2,917
Accumulated depreciation at 1 April 2024 - brought forward	1,869	5,770	7,639	603
Provided during the year	868	1,090	1,958	374
Accumulated depreciation at 31 March 2025	2,737	6,860	9,597	977
Net book value at 31 March 2025	7,353	2,454	9,807	1,940
Net book value at 1 April 2024	8,106	3,518	11,624	2,199

Net book value of right of use assets leased from other NHS providers

-

Net book value of right of use assets leased from other DHSC group bodies

1,940

Note 14.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 19.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	6,829	8,602
Lease liability remeasurements	-	141
Interest charge arising in year	67	91
Lease payments (cash outflows)	(1,764)	(2,005)
Carrying value at 31 March	5,132	6,829

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-the Statement of Financial Position are disclosed in the reconciliation above.

Note 14.3 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2026	31 March 2026	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,472	385	1,759	385
- later than one year and not later than five years;	2,164	697	3,394	947
- later than five years.	1,700	541	1,954	685
Total gross future lease payments	5,336	1,623	7,107	2,017
Finance charges allocated to future periods	(205)	(54)	(277)	(78)
Net lease liabilities at 31 March 2026	5,131	1,569	6,830	1,939
Of which:				
Leased from other NHS providers		-		-
Leased from other DHSC group bodies		1,569		1,939

Note 15 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs	4,293	3,397
Consumables	2,912	1,708
Energy	39	24
Total inventories	7,243	5,128

Inventories recognised in expenses for the year were £37,118k (2024/25: £35,925k).

The write-off of inventories is included in note 23 - Losses and Special Payments.

Note 16 Receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables	14,645	9,930
Allowance for impaired contract receivables / assets	(388)	(337)
Deposits and advances	3,531	3,469
Prepayments (non-PFI)	3,489	4,797
PDC dividend receivable	389	140
VAT receivable	1,384	842
Corporation and other taxes receivable	112	130
Other receivables	918	18
Total current receivables	24,080	18,989
Non-current		
Deposits and advances	4,817	6,813
Other receivables	300	349
Total non-current receivables	5,117	7,162
Of which receivable from NHS and DHSC group bodies:		
Current	9,522	3,759
Non-current	300	349

Note 16.1 Exposure to credit risk

	31 March 2026 £000	31 March 2025 £000
Ageing of impaired financial assets		
0-30 days	-	-
31-60 days	-	-
61-90 days	-	-
91 days-1 year	82	10
1 year and over	306	327
Total	388	337
	31 March 2026 £000	31 March 2025 £000
Ageing of non-impaired financial assets past their due date (not including accruals)		
0-30 days	3,169	3,169
31-60 days	1,060	680
61-90 days	722	397
91 days-1 year	2,417	1,059
1 year and over	645	286
Total	8,013	5,591

£5.5m of the non-impaired financial assets past their due date are owed by NHS organisations (£3.2m in 2024/25).

Note 17 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.

	2025/26	2024/25
	£000	£000
At 1 April	12,659	9,315
Net change in year	4,085	3,344
At 31 March	16,744	12,659
Broken down into:		
Cash at commercial banks and in hand	3	6
Cash with the Government Banking Service	16,741	12,653
Total cash and cash equivalents	16,744	12,659

Note 18 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	6,543	11,963
Capital payables	3,655	4,802
Accruals	19,081	14,524
Social security costs	3,535	3,010
VAT payables	257	488
Other taxes payable	3,228	3,071
Pension contributions payable	3,927	3,792
Other payables	50	(353)
Total current trade and other payables	40,276	41,297
Of which payables from NHS and DHSC group bodies:		
Current	4,298	6,558

Note 19 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Loans from DHSC	2,374	2,379
Other loans	439	439
Lease liabilities	1,425	1,692
Total current borrowings	4,238	4,510
Non-current		
Loans from DHSC	31,232	33,538
Other loans	600	1,040
Lease liabilities	3,707	5,138
Total non-current borrowings	35,539	39,716

Note 19.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Other loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2025	35,917	1,479	6,829	44,225
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,307)	(439)	(1,697)	(4,443)
Financing cash flows - payments of interest	(812)	(43)	(67)	(922)
Non-cash movements:				
Application of effective interest rate	808	42	67	917
Carrying value at 31 March 2026	33,606	1,039	5,132	39,777

	Loans from DHSC	Other loans	Lease Liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2024	38,227	1,951	8,602	48,780
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,307)	(472)	(2,005)	(4,784)
Financing cash flows - payments of interest	(865)	(51)	-	(916)
Non-cash movements:				
Lease liability remeasurements	-	-	141	141
Application of effective interest rate	862	51	91	1,004
Carrying value at 31 March 2025	35,917	1,479	6,829	44,225

Note 20 Clinical negligence liabilities

At 31 March 2026, £90,297k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Suffolk NHS Foundation Trust (31 March 2025: £93,244k).

Note 21 Contractual capital commitments

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	11,100	10,965
Total	11,100	10,965

Note 22 Carrying values of financial assets

	31 March 2026	31 March 2025
	Held at amortised cost £000	Held at amortised cost £000
Carrying values of financial assets as at 31 March 2026		
Trade and other receivables excluding non financial assets	24,211	20,579
Cash and cash equivalents	16,744	12,659
Total at 31 March 2026	40,955	33,238

£9.4m of the Trust's financial assets relate to income owed from other NHS Organisations (2024/25: £4m). Of the remaining balance as at 31 March 2026, £8.3m relates to deposits recoverable when community equipment is returned based on the likely proportion that will be returned.

The remainder of the balance is money owed from non-NHS Organisations. The collection of this debt is monitored closely and the balance is impaired or written off when the collection looks unlikely.

There are no individually material debts owed by non-NHS Organisations and the risk profile of the asset is assessed as low, which is the same as in 2024/25.

Note 22.1 Carrying values of financial liabilities

	31 March 2026	31 March 2025
	Held at amortised cost £000	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2026		
Loans from the Department of Health and Social Care	33,606	35,917
Obligations under leases	5,131	6,830
Other borrowings	1,039	1,479
Trade and other payables excluding non financial liabilities	28,091	29,626
Provisions under contract	131	107
Total at 31 March 2026	67,998	73,959

Borrowing excluding finance leases is at a fixed rate and, apart from £1.039m 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 2024/25.

Note 22.2 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 2026 £000	31 March 2025 £000
In one year or less	33,212	35,074
In more than one year but not more than five years	14,539	16,465
In more than five years	26,225	29,330
Total	73,976	80,869

Note 22.3 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 23 Losses and special payments

	2025/26		2024/25	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	28	7	23	9
Bad debts and claims abandoned	102	379	114	723
Stores losses and damage to property	4	115	6	152
Total losses	134	501	143	884
Special payments				
Extra-contractual payments	13	11	26	18
Ex-gratia payments	10	4	7	4
Total special payments	23	15	33	22
Total losses and special payments	157	516	176	906
Compensation payments received				

Note 24 Related parties

	Income		Expenditure	
	2025/26	2024/25	2025/26	2024/25
	£000	£000	£000	£000
Cambridge University Hospitals NHS Foundation Trust	959	939	1,671	2,399
East Suffolk and North Essex NHS Foundation Trust	12,453	14,786	2,457	2,267
NHS Cambridgeshire and Peterborough ICB	4,390	4,360	-	-
NHS Norfolk and Waveney ICB	29,759	28,980	-	-
NHS Suffolk and North East Essex ICB	338,010	310,988	24	65
NHS England	25,775	26,011	59	120
NHS Resolution (formerly NHS Litigation Authority)	-	-	9,484	8,756
Total	411,346	386,064	13,695	13,607

	Receivables		Payables	
	2025/26	2024/25	2025/26	2024/25
	£000	£000	£000	£000
Cambridge University Hospitals NHS Foundation Trust	952	798	1,541	1,759
East Suffolk and North Essex NHS Foundation Trust	1,635	355	615	621
NHS Cambridgeshire and Peterborough ICB	-	-	-	61
NHS Norfolk and Waveney ICB	30	118	-	-
NHS Suffolk and North East Essex ICB	4,364	867	537	1,477
NHS England	434	435	121	110
NHS Resolution (formerly NHS Litigation Authority)	-	-	3	136
Total	7,415	2,573	2,817	4,164

The Department of Health and Social Care (DHSC) is the parent department. The DHSC healthcare group includes NHS England and all NHS bodies consolidated within the DHSC group, including NHS Trusts, NHS Foundation Trusts and ICBs. These bodies are considered to be related parties.

The Trust has disclosed transactions with these bodies where the income, expenditure, receivable or payable balance is over £2 million.

The Trust is the Corporate Trustee of My Wish Charity. During the year the Charity spent £1.4m on behalf of the Trust (2024/25: £543k). At the year end the Charity owed the Trust £65k (2024/25 £43k).

