



James Paget
University Hospitals
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS 2022/23



James Paget University Hospitals NHS Foundation Trust

Annual Report and Accounts 2022/23

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

Contents

Foreword by the Chair and Chief Executive	7
Anna Davidson, Chair.....	7
Jo Segasby, Chief Executive	8
Our history and purpose	9
Performance	10
Objectives for 2022/23.....	10
Activity and performance overview.....	11
Patient Safety.....	14
Clinical Effectiveness.....	14
Patient Experience	15
Objectives for 2023/24.....	15
Working collaboratively to support patients	16
Norfolk and Waveney Health and Care Partnership.....	16
Sustainability.....	17
Overseas operations.....	21
Going concern.....	21
Directors' report - accountability.....	22
Role of the Trust Board of Directors.....	22
Members of the Trust Board of Directors.....	25
Board changes during the year.....	27
Post year-end changes to the Board.....	27
Directors' interests.....	28
Non-executive director independence.....	28
Committees of the Trust Board of Directors	28
Statutory committees.....	29
Non-statutory 'designated' committees	31
Performance of the Board and Board Committees	33
Membership and attendance for the Board and Committees	34
Induction, appraisal, and performance reviews.....	35
The Council of Governors.....	37
The role of the Council of Governors.....	37
Our Foundation Trust members.....	38
Governor training and development.....	38
Membership of the Council of Governors	39
Governor elections	39
Changes in year	39
Governors' Nomination & Remuneration Committee	40
Membership and attendance at meetings of the Council of Governors and Committees	40
The NHS Foundation Trust Code of Governance.....	41
The Care Quality Commission Well-Led Framework	42
Patients at the centre.....	43
Care Quality Commission ratings.....	43
Service improvements	45
Financial disclosures	54
Remuneration Report	58

Annual statement on remuneration	58
Senior Managers Remuneration Policy	59
Executive Remuneration Policy 2022/23	59
Senior Managers' remuneration (subject to audit)	63
Fair Pay Disclosure (subject to audit)	65
Senior Managers' pension entitlements (subject to audit)	66
Staff Report	68
The 5-year People Strategy	68
Equity, diversity and human rights	69
Freedom to Speak Up	73
Data and policies	74
Staff engagement and the NHS Staff Survey	77
Other disclosures	80
Glossary and Key to Abbreviations	82
Useful contacts and how to get to the hospital	84

Foreword by the Chair and Chief Executive

Anna Davidson, Chair



*Anna Davidson,
Chair*

This is the last introduction I will write for the James Paget's Annual Report and Accounts, as my six-year period as Chair of this hospital ended on 28 April 2023, and I left the Trust after joining as a Non-executive Director in 2015.

I am very proud to have served the Trust in both capacities, and to see how much the hospital has grown and adapted over the last 8 years. During this time, we have all achieved so much, and faced one of the biggest global health events within our lifetime.

Reflecting on the last year, the James Paget's progress during this period encapsulates so much of what I have seen during my time as Chair – staff and teams working tirelessly to care for patients and improve our services, ambitious planning for the future, and open collaboration with partners far and wide to support the health, wellbeing and aspirations of the communities we serve.

Our hospital continues to thrive, and so many highlights from this year focus on the personal and professional development of the people we employ, how they have embraced innovation and research, or how they have gone the 'extra mile' to care for our patients.

We know that we still have more to do as an organisation to embed this way of working as a standard across everything we do and instil a culture that supports individuals and focuses on learning and development, when good things happen but also when unforeseen or unexpected events occur.

Our people underpin our vision for the future, as much as the exciting physical development and growth of our site. These past 12 months have seen some exciting, industry-leading expansion on our hospital site, as we rapidly saw the fruition of our new Concept Ward to the north of our estate.

The Concept Ward shows how we can approach things differently through collaboration and open discussion amongst our teams and partner organisations. We had a need to develop additional space for patients while we complete safety work to our ward spaces – from there, we have created a new, cutting-edge ward environment utilising the latest modern methods of construction, supported by clinical research into the impact on staff experience and patient care.

This past year also saw the official launch of the Norfolk and Waveney Integrated Care System, and I am pleased that our Trust continues to support working with system partners at both an operational and strategic level. Locally, we have a long history of working closely with partners to meet the needs of our population, and our Integrated Care System is the next bold step forward in delivering this ambition.

Jo Segasby, Chief Executive



*Jo Segasby,
Chief Executive*

The NHS has always pivoted on relationships – between clinical staff and patients, referrals between services, and collaboration between providers. The experiences of the Covid-19 pandemic further underlined their importance, and how we will meet the challenges of the future.

In my first year as Chief Executive of the James Paget, I have seen how our hospital has evolved and emerged from the pandemic, to focus on recovery – for our colleagues, for our communities, and for our services. Our hospital has taken a leading role within Norfolk and Waveney's Integrated Care System in monitoring the progress of the recovery of elective procedures across the three hospitals in our area – a crucial, coordinated effort to meeting waiting times head-on, and in thinking innovatively about how we meet demand as a whole system. This work and collective performance took place against the backdrop of sustained operational pressures, particularly over the winter months.

The achievements we have made together in addressing the needs of patients show us the road ahead – developing solutions as a collaborative with our partners at Norfolk and Norwich University Hospitals, and The Queen Elizabeth Hospital King's Lynn, with oversight and support from Norfolk and Waveney's Integrated Care Board.

I'm also proud to see our Trust championing innovation, and developing industry-leading solutions for challenges many are facing – take for example the rapid development of our 'Concept Ward', nurtured as a project within the context of our ongoing maintenance of our ageing hospital estates, but entirely focused on improving the experience of our patients and staff, with an eye to our future new hospital development.

This links to the James Paget's strong history of transformation, improvement, and dedication to research, all of which benefit not only our Trust, but the wider NHS and health and care sector.

All of this is built on the back of the people that come to work and thrive at our Trust and embody the values and behaviours that define the James Paget. The Executive team, Board of Directors and I have spent time with our colleagues and departments as they do their day-to-day work so as to understand further the realities of working at our hospital. The compassion, camaraderie, and kindness we have seen has been consistent throughout.

This past year, we have made significant progress in implementing the changes our staff have told us is important to them, and we have engaged with our departments and teams to understand what it is like working at our Trust. We know we have more work to do in this area, and we are committed to putting our staff at the centre of leading this change.

In addition, we must continue to focus on the safety, quality, and sustainability of our services. The outcomes of the Care Quality Commission's inspection of the hospital's maternity services has emphasised the cultural change that the whole organisation needs to develop, and we must also address our financial challenges through working collaboratively with our staff and system partners to find innovative solutions in providing care for our patients.

Our history and purpose

The James Paget Healthcare NHS Trust became the first Foundation Trust in Norfolk and Suffolk on 01 August 2006. This marked a significant milestone in the hospital's history, as it transitioned to a new governance model that offered greater autonomy and flexibility in managing its services. The hospital was renamed the James Paget University Hospitals NHS Foundation Trust, reflecting its expanded role in medical education and research. The hospital's history and purpose are deeply intertwined with its commitment to providing high-quality healthcare services to its local community.

The hospital employs over 4,000 staff members and provides services at the James Paget University Hospital in Gorleston, supplemented by services at the Newberry Centre Children's Clinic and other outreach clinics. The hospital serves a catchment population of 250,000, a figure expected to steadily increase, particularly among people aged over 65.

The Trust prides itself on being a high-performing organisation that prioritises patient care. The hospital continually strives to improve clinical outcomes and patient experiences to meet the needs of its patients and local population. The hospital is deeply rooted in the local community and boasts a diverse, talented, and loyal workforce committed to embracing and delivering improvement and change.

Despite facing numerous challenges due to the changing landscape in the NHS, COVID-19, and ongoing financial challenges, the hospital remains committed to its vision of continually improving quality and patient care. The hospital aims to provide services that are closely integrated with primary, community, and social care, and to maximise its potential as a first-class centre for teaching and research, working in partnership across the Norfolk and Waveney Integrated Care System.

As a University Hospital, the James Paget Hospital trains over one-third of the medical students from the University of East Anglia. The hospital is proactive in managing its staffing and has made significant progress in developing new roles, nurturing its people, and focusing on a 'Grow Your Own' approach to ensure that it has the right staff to treat its patients.

The hospital has earned a strong national and international reputation for research and excellence in the quality of its training facilities. Since becoming a Foundation Trust in 2006, the hospital has developed many services for local people, the most recent of which is the new concept ward.

The public and staff are directly involved in decisions about the hospital's services, through its membership and the Council of Governors, who can influence the future of how services are provided. This democratic structure is a key feature of Foundation Trusts, ensuring that the hospital is accountable to the community it serves.

In conclusion, the James Paget University Hospitals NHS Foundation Trust is a regional anchor institution that provides essential healthcare services to its communities. Its history is marked by its transition to a Foundation Trust, and its purpose is defined by its commitment to patient care, medical education, and research. Despite the challenges it faces, the hospital remains dedicated to improving its services and meeting the needs of its patients and local community.

Performance

The Board of Directors maintains a five-year strategy which sets out four Strategic Ambitions for the Trust. The Strategic Ambitions are developed and agreed through a process of wide consultation and engagement with stakeholders to ensure it is aligned to the needs of our community, patients, carers, staff, and our system partners.

For the reporting period 2022-23, these Ambitions were to:

- Strategic Ambition 1: Deliver outstanding care for our patients
- Strategic Ambition 2: Work with and support our people to deliver the best for our patients
- Strategic Ambition 3: Make the best use of our physical and financial resources
- Strategic Ambition 4: Be a leader of collaboration and partnership working locally and across the system

Objectives for 2022/23

Once formulated with stakeholders and agreed by the Board, the Strategy is delegated to the Chief Executive to achieve the outcomes expected by undertaking a set of objectives that are designed to enable the Strategic Ambitions. This process of achieving the Strategic Objectives and enabling the Ambitions is characterised by a series of risk factors that could derail the Board's intentions. Each of the Objectives is risk-assessed so that the Executive can take actions to reduce the impact of those risk factors.

The Board keeps track of the status of its Strategic Ambitions and the Objectives using a regular report which outlines the risks and how they are mitigated, and an Integrated Performance Report (IPR) which shows how the Objectives are progressing through the year. This report is known as a Board Assurance Framework Report and is closely scrutinised by the Board Committees at each meeting, prior to submission to the Board. This enables the Board to form an opinion as to whether additional actions or resource allocations are required to guarantee the desired outcomes.

The Board oversaw the management and mitigation of several potential principal risks relating to the Strategy and Objectives:

1. Operational Pressures throughout the Urgent and Emergency Care (UEC) System
2. Falling Reinforced Aerated Autoclaved Concrete (RAAC) Roof Panels
3. Failure to Deliver Break-even Financial Performance
4. Maternity Service Not Meeting Patient Needs
5. Insufficient Health and Wellbeing Support for Staff

More detail on these risks and how they were managed is available in the Annual Governance Statement contained in the Financial Statements.

Activity and performance overview

Operational pressures for the majority of the year have proved challenging as we continued to make progress with the delivery of our priorities and objectives. These pressures continued with the ongoing response to the COVID-19 pandemic across the health and care system.

Demand for services, management of COVID-19 positive patients, minimising nosocomial infections, and supporting the health and wellbeing of tired staff has had a significant impact, with the important focus on the restoration and recovery of services. This operational situation has also impacted significantly on the hospital's financial performance and has contributed to the deviation from the Trust's financial plan for the year.

Our focus throughout the year has remained on our patients, their carers, and their safety. We have also sought to ensure that sufficient health and wellbeing support is available for our staff. Our teams worked with colleagues across the Norfolk and Waveney area, with a focus on elective recovery and reducing elective waiting times – through the ICS and Elective Recovery Board (ERB). Two of the principles of the ERB are equity of service across the system and achieving the best outcomes for patients.

The Clinical Harm policy, which was developed jointly by the James Paget University Hospital (JPUH), Norfolk and Norwich University Hospital (NNUH) and the Queen Elizabeth Hospital King's Lynn (QEH) to standardise the clinical harm review and clinical prioritisation processes across the Norfolk and Waveney Hospitals group for all patients, has been operationalised throughout the year.

Emergency Department (Urgent and Emergency Care – UEC) performance has had a significant impact on our ability to reduce patient waiting times. The development of our new UEC Improvement Plan began in the latter part of the year and built on the learning from previous experience and our Winter Plan. The focus on creating increased capacity across all parts of the system including via virtual wards and clinics, improving hospital flow, and improving ambulance handover times were central tenets of the improvement plan. The Trust has continued to participate in the National Hospital Only Discharge Programme alongside 14 other Trusts with an increasing focus on whole system working.

The number of patients remaining in the hospital when they have a 'right to discharge' (non-criteria to reside) has seen an increasing trend as a result of challenges with community and social care capacity. Challenges are being seen across all acute hospitals in Norfolk and Waveney to reduce the number of patients who are medically fit and no longer require acute care. This work will continue into 2023/24.

Our cancer performance continues to fluctuate across several targets and the backlog of patients over 62 days has seen improvement, but we know there is further improvement to be made. There is a renewed focus on transforming patient pathways to reduce delays, to further develop one stop clinics and new diagnostic test such as endocapsule and increase uptake of 'straight to test' options for patients. These service developments to enable patients to be treated promptly will continue in 2023/24.

The number of patients we treated over the last year is set out below, with comparisons to the two previous financial years. The numbers of patients accessing our urgent and emergency care services has significantly increased.

Activity	2020/21	2021/22	2022/23
Elective Inpatients	2,897	2,755	3,680
Day Cases	30,220	30,265	31,440
Non-Elective Inpatients	24,463	28,095	28,903
Outpatients	211,588	250,891	264,850
A&E (Emergency Department)	66,552	85,191	91,377

Performance reporting has developed during the year, taking advantage of the NHSE/I Making Data Count resources. There remains more to do. We have developed a new integrated performance report that is used by the Board to enable the impact of performance to be assessed across quality and safety, operational, workforce, and financial indicators.

Performance continued to be monitored by the Board of Directors with detailed discussion at the Finance and Performance, Patient Safety and Quality and People and Culture Committees. The Performance Management Framework is updated on an annual basis and is approved by the Board. The objective of this framework is to ensure that information is available which enables the Board and other key staff to understand, monitor and assess the Trust's quality and performance, so that appropriate action can be taken when performance against set targets deteriorates.

The KPIs are in line with the 2022/23 planning guidance which focused on elective recovery and additional measures to monitor how the Emergency Department was functioning to support patients.

2022/23 Planning guidance deliverable	Measure name (metric)	Threshold 2022/23	Actual 2022/23
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Elective activity levels at 2019/20 levels	110%	97.4%
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Patients waiting more than 104 weeks to start consultant-led treatment	0	4
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Patients waiting more than 78 weeks to start consultant-led treatment	0	135
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Patients waiting more than 52 weeks to start consultant-led treatment	953	1,894
Diagnostics	Diagnostic activity levels at 2019/20 levels	120%	112.6%

2022/23 Planning guidance deliverable	Measure name (metric)	Threshold 2022/23	Actual 2022/23
Complete recovery and improve performance against cancer waiting times standards	Cancer referral treatment levels at 2019/20 levels	110%	107.0%
Complete recovery and improve performance against cancer waiting times standards	People waiting longer than 62 days	44	50
Complete recovery and improve performance against cancer waiting times standards	% meeting faster diagnosis standard	75%	75.0%
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels	75%	104.0%
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Patient initiated follow-up activity levels	5%	2.4%
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Referral optimisation through use of Advice and Guidance	16%	18.1%
Urgent and emergency care	Reduce 12-hour waits in EDs towards zero and no more than 2%	2%	8.2%
Urgent and emergency care	Eliminating handover delays of over 60 minutes	0%	37.3%
Urgent and emergency care	Ensuring 95% of handovers take place within 30 minutes	95%	43.5%
Urgent and emergency care	Ensuring 65% of handovers take place within 15 minutes	65%	15.9%

Details of our service and quality improvements can be found in the Quality Account 2022/23 available on our website <https://www.jpaget.nhs.uk/about-us/publications-reports/quality-report/>

Patient Safety

a	We will openly and fully engage with patients and relatives when things go wrong to improve patient safety in the future.	Partially achieved
b	We will reduce risk to patients whilst they are in hospital from falls, pressure ulcers etc.	Partially achieved
c	We will deliver the best training for all of our patient-facing staff so they are equipped to deliver high standards of patient care through the National Patient Safety Syllabus	Partially achieved
d	Embed a robust harm review process for patients on waiting lists for surgery or treatment	Achieved
e	We will assess maternity services against the recommendations of national reports such as Ockenden and develop robust safety assurance processes	Achieved
f	We will deliver the Commissioning for Quality and Innovation (CQUIN) schemes that include improvements to the cancer pathway/diagnosis, improvements to medicines available on discharge, mobilisation of patients post-surgery, all unplanned critical care (NEWS2), alcohol screening to diagnose cirrhosis or advanced liver fibrosis and a Specialised CQUIN of Shared Decision Making. All these schemes are written into the Trust's Contract.	Partially achieved

Clinical Effectiveness

a	We will implement shared decision making in accordance with the National Institute for Health and Care Excellence (NICE) guideline: NG197 – Shared Decision Making.	Partially achieved
b	We will develop a strategy for supporting the holistic needs of our patients living with life limiting conditions, including those on a cancer pathway, and their families	Achieved
c	We will improve access to services for those from minority groups ensuring equity, inclusion, and equality to reduce health inequalities	Achieved

Patient Experience

a	We will improve patient experience through transformation in our delivery of care using technology	Partially achieved
b	We will improve the Clinical environment which improves patient experience and supports service transformation	Achieved
c	We will improve communication between patients their relatives and the clinical team	Partially achieved

Objectives for 2023/24

Having reflected on the past year, the Board has agreed and launched a new five-year Strategy with revised Objectives tailored to the challenges of the operating environment for the Trust and for our partners in the Integrated Care System. Objectives for 2023/24 are outlined in the Trust's strategic ambitions, values, and behaviours as depicted in the graphic below. Alongside this, the Trust will deliver Transformation Programmes focusing on Maternity Services, Urgent and Emergency Care, Outpatient Services, and Finance.



BUILDING A HEALTHIER FUTURE TOGETHER

OUR PRIORITIES & AMBITIONS



OUR VALUES

COLLABORATION
ACCOUNTABILITY
RESPECT
EMPOWERMENT
SUPPORT



CARING FOR OUR PATIENTS

1. Deliver the best and safest care for our patients
2. Continuously improve patient experience
3. Reduce health inequalities, ensuring equitable access for all
4. Empower patient choice and personal responsibility for health



COLLABORATING WITH OUR PARTNERS

1. Collaborate to achieve seamless patient pathways both at place and system level
2. Embrace our role as an anchor institution, working together for the best outcomes
3. Be an effective partner to achieve both our ambitions and our partner's ambitions



SUPPORTING OUR PEOPLE

1. Promote an inclusive, fair and safe workplace
2. Develop compassionate and effective leadership
3. Attract, engage, develop and deploy our staff to deliver the best care for our patients
4. Promote well-being opportunities to keep our staff healthy and well



ENHANCING OUR PERFORMANCE

1. Make the best use of our physical and financial resources
2. Lead the way towards achieving Net Zero Carbon
3. Future-proof our service for the people we serve
4. Improve services through digital transformation, research and new models of care



We're Proud of the Paget.
We hope you will be too.
Scan here to read our full strategy.



www.jpaget.nhs.uk

[jamespagetuniversityhospital](#)
[@JamesPagetNHS](#)
[jamespagethospital](#)
[JamesPagetUniversityHospitalsNHSFoundationTrust](#)

Working collaboratively to support patients

Addressing health inequalities is a priority in this Trust, across the health and care system and the NHS. Working together on the elective programme with the other Trusts seeks to ensure that patients are treated in turn, based on their clinical need. It also underpins the work we are doing as part of the Norfolk and Waveney Acute Hospitals Collaborative. More information on how we approach the provisions of the Equality Act to reduce health inequalities can be found in the Staff Report at page 66.

The three acute trusts in Norfolk and Waveney – JPUH, NNUH and QEH continue to work together to enhance the services we provide, delivering shared priorities and aiming to deliver sustainable acute services.

Collaboration – across the acute hospitals and in our locality

The Norfolk and Waveney Acute Hospitals Collaborative (N&WAHC) has representatives from each Board of Directors of the three acute hospitals who attend regular meetings to take joint decisions on future strategy and development of acute services. The N&WAHC has confirmed its priorities as leading on the development of an Acute Clinical Strategy and implementation of the Single Electronic Patient Record, both of which require a transformational approach to change and aligning underpinning strategic enablers, including digital solutions.

In addition, the Collaborative will oversee the implementation of major acute capital projects, such as Diagnostic Assessment Centres, and the Norfolk & Waveney Integrated Care System's to improve hospital discharge processes through the 'Improving Lives Together Programme'

Following the approval of the Acute Clinical Ambitions an acute clinical strategy is being developed that strives to deliver consistent patient pathways and greater resilience of acute services through close working by our clinical teams across the three hospitals. This will align to the Norfolk and Waveney Integrated Care System (ICS) Clinical Strategy and clearly identify the opportunities for integration with our system partners including primary care and community services.

The three organisations remain distinct, and each Trust's Board of Directors is accountable to its local population and will continue to lead its own organisation.

The collaborative work the Trust is fully engaged in extends to the work of the Great Yarmouth & Waveney Place Board. With representation from all key local stakeholders including local government, primary care, community providers etc., the Board is chaired by the Trust's Deputy Chief Executive. With shared objectives agreed, and based upon the needs of the local community, the work undertaken by the Board will enable local delivery to flex to meet local need and support the delivery, at a local level, of the Norfolk & Waveney Integrated Care Partnership Strategy.

The Place Board is now well established, and is chaired by the Trust's Deputy Chief Executive. The Board has a clear set of objectives that are being delivered by local partners and in support of the two Health & Wellbeing Partnerships.

Norfolk and Waveney Health and Care Partnership

The Norfolk and Waveney Integrated Care System went live from July 2022 as statutory organisations. This brings together all parts of the NHS to work with each other, local Councils and other partners. Norfolk & Waveney is one of 42 systems across England, involving local hospitals,



community and mental health trusts, GP practices, Councils, and other care providers.

The Norfolk & Waveney partnership has three overarching goals:

1. **To make sure that people can live as healthy a life as possible.** This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer and how healthy you are should not depend on where you live. This is something we must change.
2. **To make sure that you only have to tell your story once.** Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
3. **To make Norfolk and Waveney the best place to work in health and care.** Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

We have fully participated in shaping how the ICS in Norfolk and Waveney will function. Further, within an ICS, local delivery partnerships will be pivotal. The JPUH has worked hard with partners to develop approaches where we can deliver, collaboratively, the best for our local population.

Sustainability

As the largest public sector emitter of carbon emissions, the National Health Service (NHS) has a duty to respond to meet carbon emissions targets which are enshrined in law. The James Paget University Hospitals NHS Foundation Trust continues to make significant progress to improve its impact on the environment and improve its sustainability. Delivering a net zero health service will require further work to ensure new hospitals and buildings are net zero compatible, as well as improvements to the existing estate.

The publication and management of the Trust's Green Plan in December 2021 has set out our commitment towards net zero carbon. The NHS publication "Delivering a 'Net Zero' National Health Service" set two net zero targets for the NHS, as follows:

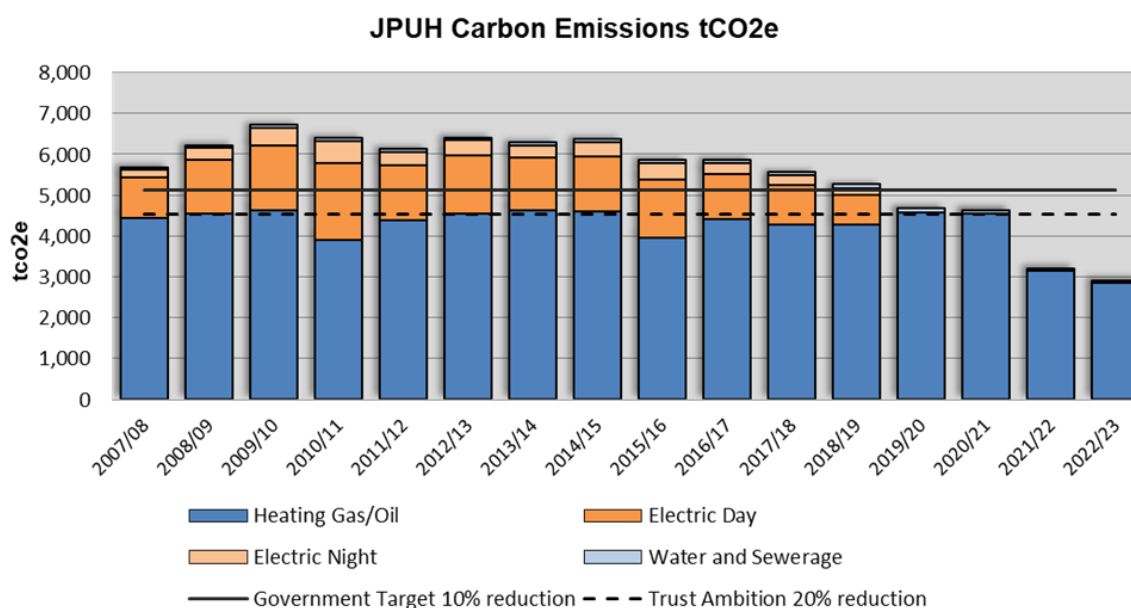
- *by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032; and*
- *by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039.*

Reducing our emissions

The James Paget University Hospitals NHS Foundation Trust has made significant capital investment to help reduce CO2 emissions since it introduced a baseline and reduction target in 2007.

Over the past 12 months the total carbon emissions produced by the Trust from imported gas, oil and electricity have reduced from 3,160 tCO₂e to 2,872 tCO₂e, representing a further reduction of 9% in carbon emissions over the past year. This represents an overall 48% reduction in total carbon emissions since the 2007 JPUH baseline, despite additional

business activity and further extensions to the estate over the same period. The Trust continues to secure electricity supplies through renewable resources, via its main electricity supply contract using The Renewable Energy Guarantees of Origin (REGO) scheme. The REGO scheme provides transparency to consumers about the proportion of electricity that supplier's source from renewable electricity. The Trust has also reduced the purchase of gas fuel by updating equipment and infrastructure to help meet its sustainability aims. The chart below shows the Trust's progress on energy consumption by fuel type and carbon emissions since 2007.



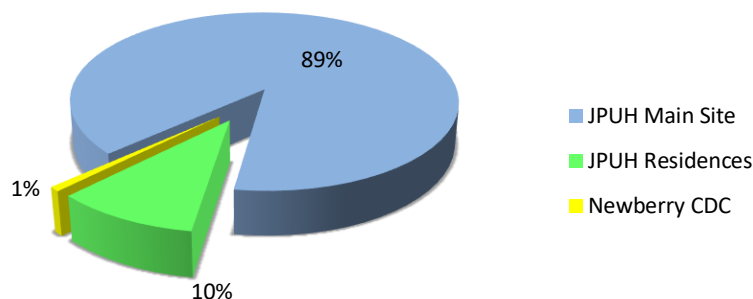
Other schemes beyond energy usage are being pursued by the Trust to reduce our indirect carbon emissions. This is managed through the Trust's Sustainability Group. One example has been the achievement of 100% of our domestic waste being used for energy or recycling to avoid being sent to landfill. During the year, the Trust has been successful in receiving two industry 'Green Apple' Awards. The first being a Gold award for 100% of food waste being diverted from landfill and sent for repurposing and the second was a Silver award for the use of reusable sharp containers.

The Trust's Estates Strategy published in 2022 sets out our commitment to achieve Building Research Establishment Environmental Assessment Method (BREEAM) - Excellent on the construction of new buildings. This has been evident with the recent construction of the new concept ward and meeting 72.3% to achieve BREEAM - Excellent. The new national NHS Net Zero Carbon building standards have been published in February 2023 with further commitments to new buildings meeting the net zero standard. This is also supported by the Trust's utilisation of renewable energy sources (for example, Photovoltaic Solar panels and efficient boiler plant) including results from site rationalisation of equipment and plant alongside building management optimisation schemes.

The James Paget Hospital site is responsible for 89% of the Trusts overall CO₂ emissions. Whilst the Staff Residences & Newberry Child Development Centre collectively equate to 11% of the Trust's total emissions.

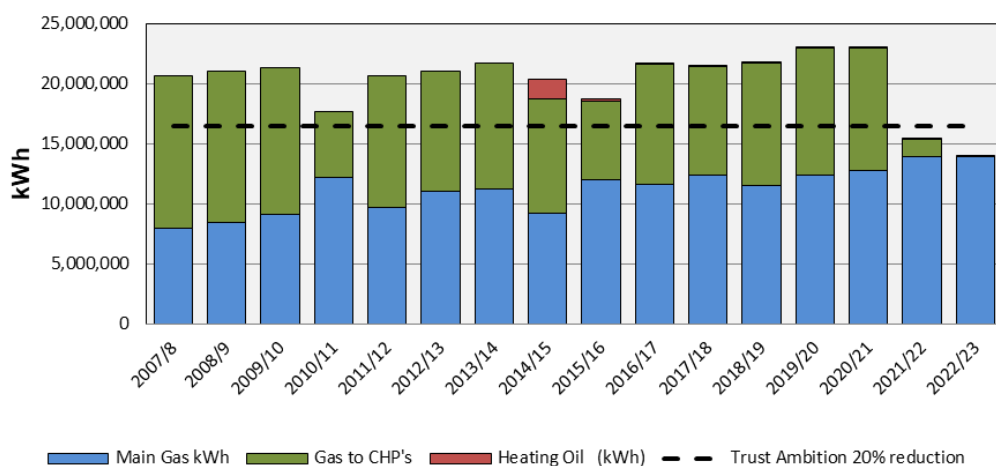
Data Source: Validated meter readings from automated meter Reading software and using UK Government GHG conversion factors form GOV.UK website.

Total Emissions 2022/23 per site - tCO2e

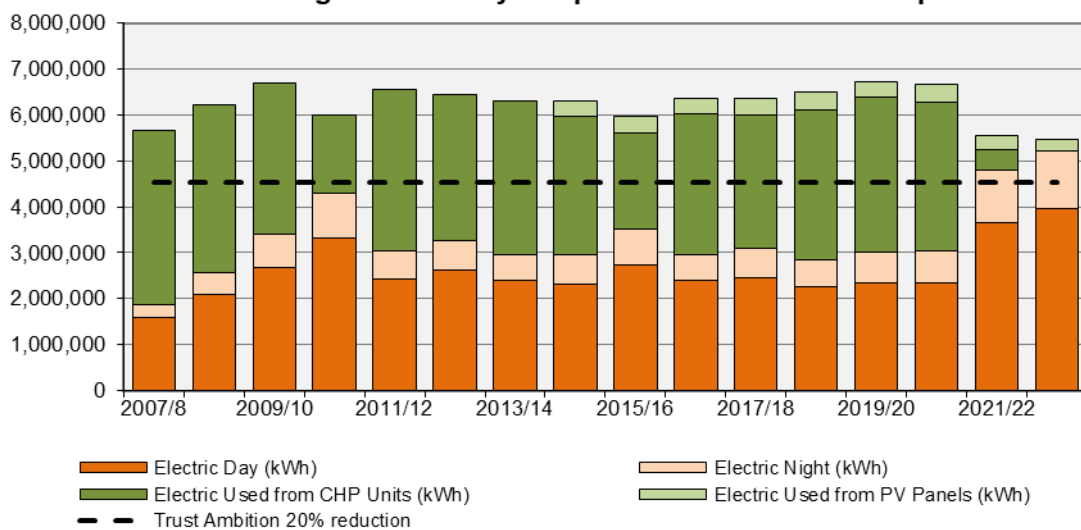


The current usage in gas and electric consumption can be seen in the two graphs below.

James Paget University Hospital - Gas Consumption



James Paget University Hospital - Electrical Consumption



Focus for continuing towards a more sustainable future

The Trust's Green vision is to foster an environment that supports a safer, more sustainable, Trust that integrates net zero carbon ambitions, objectives and actions in line with regional and national targets. Therefore, the reduction of carbon needs to be a decision for patients, staff and suppliers for a collaborative approach that is preventative and constant. Progress is being researched for medium-long term strategies for heat decarbonisation, reducing our reliance on gas. A feasibility study on the use of geothermal technology is currently being carried out as the Trust researches future energy sources for the new hospital. The principles of the Trust's Green Plan are summarised below.



Going concern

There were no overseas operations during 2022/23.

Going concern

The principle of 'going concern' is a fundamental presumption in accounting, suggesting that an organisation will have the capacity to remain operational long enough to fulfil its commitments, obligations, and goals; the assumption is that the organisation won't be obligated to halt its operations in the immediate future.

However, there is no automatic application of the 'going concern' status for NHS Foundation Trusts. Instead, the directors make a yearly determination on whether it's suitable to draft the Trust's financial statements based on this principle.

During this evaluation, the Board considers future anticipated operations and cash flow projections, taking guidance from the Government Financial Reporting Manual. The manual suggests that the expected continuation of a service in the future, typically demonstrated by allocated funding for that service in publicly available documents, generally provides adequate 'going concern' evidence.

The Board of Directors has been regularly updated on the financial plans of the Trust by the Chief Finance Officer and the Finance and Performance Committee. The Audit Committee also reviewed the Trust's position in relation to going concern at its meeting held in February 2023, where it considered continuation of service and financial sustainability in reaching its recommendation to the Board to adopt the going concern basis in preparing the Financial Statements. This is consistent with the Group Accounting Manual 2022/23 which makes explicit reference to the Going Concern basis of preparing the accounts and is the primary source of reference for the Board in making the Going Concern assumption. The relevant sentence from the guidance states that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

The Board has agreed expenditure budgets for 2023/24 and this forms the basis of the Trust's financial plan. The financial plan includes block contract income, which is reflected in a contract with the commissioner, and provides the Trust with revenue stability for the period ahead.

After making enquiries, the Directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Post year end events

The Trust received the final report of the CQC's inspection of maternity services at the James Paget on 31 May 2023 arising from an inspection took place on 10 January 2023, and initial feedback and a Regulation 29A Warning Notice received in February 2023. To deliver changes and rapid improvement to its services, the James Paget has developed a comprehensive Maternity Improvement Plan. This incorporates required actions with the CQC report, as well as the work to implement the recommendations of the Independent Maternity Review (2022).



Jo Segasby

Chief Executive and Accounting Officer

28 June 2023

Directors' report - accountability

The Directors are responsible for preparing of the Annual Report and Accounts in accordance with the applicable reporting standards contained in HM Treasury's Financial Reporting Manual (the FReM) and NHS England's Foundation Trust Annual Reporting Manual (the FRAM).

The Directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Role of the Trust Board of Directors

The Trust is governed by a Board of Directors (the Board) which is vested with several key functions to ensure the effective and efficient operation of the Trust. The Board is accountable to its stakeholders through a Council of Governors which is representative of the communities the hospital serves.

The Board's primary role and functions include:

- **Strategic Planning:** The Board is responsible for developing and setting the strategic direction of the Trust. The Board works closely with the Trust's Council of Governors and the executive team to understand the local healthcare needs, establish goals, and determine how best to achieve these goals within the existing financial constraints.
- **Performance Monitoring:** The Board monitors and evaluates the performance of the Trust against its strategic objectives. The Board ensures quality of care, patient safety, financial performance, and operational efficiency, among other key performance indicators.
- **Risk Management:** The Board is responsible for overseeing the management of risks to the Trust. They ensure that robust systems are in place for risk assessment and management and holds the executive team to account for the effectiveness of these systems.
- **Governance and Compliance:** The Board ensures that the Trust complies with the relevant legal and regulatory requirements and adheres to best practice in corporate governance. The Board is also responsible for developing policy statements setting the parameters for the policies and procedures developed by the executive to guide and control the Trust's operations and procedures. This policy-setting is a key element of the system of internal control and risk management.
- **Financial Stewardship:** The Board has a duty to ensure the financial sustainability of the Trust. It oversees the budget, monitors expenditure, and ensures the proper use of the Trust's funds.
- **Leadership and Culture:** The Board is responsible for setting the tone at the top, promoting a culture of transparency, accountability, and patient-centered care. They also play a crucial role in leadership development and succession planning within the Trust.

- **Stakeholder Engagement:** The Board represents the Trust to external stakeholders, including the public, patients, employees, regulators, and other NHS bodies. It ensures that the Trust maintains a good relationship with these stakeholders, communicates effectively with them, and takes their views into account in decision-making.
- **Appointment and Evaluation of Senior Management:** The Board has responsibility for selecting and appointing senior managers, including the Chief Executive, other executive directors, and the Trust Secretary. This is a critical role as the quality of the Trust's leadership greatly impacts its success and is conducted on behalf of the Board by the Nomination and Remuneration Committee.

Foundation Trust Boards are comprised of both Executive Directors (who are part of the Trust's management) and Non-executive Directors (who are independent of the Trust's management). This structure helps to balance the need for effective management with the need for independent oversight and scrutiny. The Non-executive Directors are appointed by the Council of Governors, the statutory body which represents the interests of stakeholders, including patients and the public in general. The Council of Governors holds the Non-executive Directors to account for the performance of the Board. The Non-executive Directors in turn appoint the Chief Executive and other Executive Directors.

The Chair of the Trust is one of the Non-executive Directors appointed by the Governors to lead both the Board and the Council of Governors, ensuring that the Board and Governors work together and remain focussed on the quality and sustainability of patient care. The Board and Council of Governors are supported by a Trust Secretary who advises the directors on matters of governance, and ensures the Trust remains compliant with applicable legislation, and maintains a legally defensible record of the Governors' and Directors' deliberations and decision-making.

To ensure the Board discharges all the duties assigned to it throughout the financial and reporting year, it maintains a comprehensive schedule of matters to be transacted, both for the Board and its Committees. This forward plan includes a schedule of Board Development Seminars designed to develop elements of the Board where additional skills, capacity, or capability are identified.

The Board utilises a series of reports, and a set of Board Committees to oversee the work of the Executive. These reports include the Integrated Performance Report (IPR) which contains Key Performance Indicators derived from the deliverable objectives set by the Board, and a Board Assurance Framework Report which is used to document the risks associated with the Board's strategic objectives. More detail on the Board Assurance Framework Report is contained in the Annual Governance Statement in the Financial Statements.

Board meetings

The Board meets every month throughout the year other than December when reviews are conducted on behalf of the Board by the Board's Committees. The majority of meetings are conducted remotely, allowing members to attend even if they are unable to be on site. This has not impacted on the quality of meetings, and there remains demonstrable

constructive challenge between both Executive and Non-executive Directors. The Board retains a sense of common purpose and a focus on our staff and our patients.

Board engagement with patients, carers, families, and staff

The Board's focus on patients and staff is supported by several initiatives, including Non-executive Director walk-arounds, but the regular Patient Experience and Board-to-Ward engagement exercises have proven invaluable in staying closely in touch with patients, carers, and staff. The Board regularly meets in private with a patient, carer, or family member to hear first-hand their experience of the hospital's services and how staff engage with them. Likewise, the Board regularly visits a department in the hospital in small groups and engages in conversation with staff to hear candidly about their working conditions, challenges, achievement, and things that make them proud. These two engagement exercises enable the directors to compare information from various different sources to conduct their own 'triangulation' of evidence when testing assurances. They are also demonstrable indicators to the Board's dedication to compassionate leadership in support of their well-led programme.

The Well-led framework which underpins the Care Quality Commission's (CQC) regulatory assessments of the well-led question, sets out eight Key Lines of Enquiry (KLOEs) and characteristics of good organisations, one of which is: Are the people who use services, the public, staff, and external partners engaged and involved to support high-quality sustainable services?

The Trust has retained its 'Good' rating overall since the last full Care Quality Commission inspection in 2019, although the hospital's core services have been downgraded to 'Requires Improvement' following the inspection of maternity services in January 2023, which were rated as 'Inadequate'. The Board has oversight of plans to improve both maternity services, and the overall rating of the hospital, through its engagement activities.

The Board has had a long-standing programme of engagement with staff and patients, with attendance in person at Board meetings and visits to departmental and ward areas. These opportunities are important for Board members to meet with staff to understand how they are feeling, how their health and wellbeing is supported by their manager, and how their role supports the provision of patient care. It provides additional evidence that the Board is doing what is needed, considered alongside the reports that members receive.







Reciprocal mentoring for inclusion







In all appointments made to the Board we seek to be fully inclusive to enable adequate representation from the community that we serve.




The programme of reciprocal mentoring which was paused during the COVID-19 pandemic has been rekindled. Guidance has been refreshed setting out the benefits of participation. It is for each mentoring pair to discuss and agree the arrangements for their mentoring sessions. An agreement sets out the expectations, the limits such as the confidentiality of the relationship, feedback to each other and how that will work and the way in which concerns will be raised and resolved. Monitoring of this programme is conducted by the Board's People and Culture Committee.

Members of the Trust Board of Directors

Membership of the Board is as follows:

Board Members	
	<p>Anna Davidson - Chair</p> <p>Appointed Chair by the Council of Governors in May 2017 for a first three-year term of office; reappointed for a second term to 30 April 2023. Anna joined the Trust as a Non-Executive Director in February 2016, becoming Deputy Chair in November 2016.</p> <p>Anna has worked predominantly within the public and private sectors, most recently as a senior executive director within the Norse Group, which she left in August 2015. During her 10 years at Norse Property Services (NPS), Anna was a key member of the Strategic Leadership Team and her responsibilities included business development, strategic planning and the development of new joint ventures and consultancy services. Anna has previously been a director on the boards of three subsidiary companies within the Norse Group as well as being a Director on the Board of the North Lincolnshire Local Education Partnership, where NPS was a founding partner.</p> <p>Responsibilities: Chair of Board of Directors; Chair of Council of Governors and Committees; Chair of Charitable Fund Trustees; Chair of Executive Nomination and Remuneration Committee; Non-Executive lead for STP partnerships, business developments and joint ventures.</p>
	<p>Joanne Segasby - Chief Executive</p> <p>Appointed as Chief Executive from 25 April 2022</p> <p>A registered nurse, Jo has worked in the NHS for over 25 years, carrying out clinical work in Accident and Emergency and Critical Care, at Ipswich, Addenbrooke's and the Norfolk & Norwich University Hospitals. She has held managerial roles in Cancer Services, as General Manager in Women and Children's Services and was Operational Director for Surgery at the Norfolk & Norwich University Hospital from 2014. Jo joined the James Paget team in October 2018 as Associate Chief Operating Officer and was Acting Chief Operating Officer from 1 April 2019. She became Chief Operating Officer from 1 July 2019 and secured the role of Chief Executive in Spring 2022.</p> <p>Responsibilities: Accounting Officer</p>
	<p>Jonathan Barber - Deputy Chief Executive</p> <p>Appointed as Director of Strategy & Transformation February 2018; permanent role from 1 March 2019. Appointed as Deputy Chief Executive 1 March 2023.</p> <p>Jon has worked at the hospital since 2014, initially as a joint appointment with the Great Yarmouth and Waveney CCG. Jon previously held senior management roles in both local and central government and holds an MBA in public sector management. Jonathan has held a number of other non-executive positions.</p> <p>Responsibilities: Strategic planning, internal transformation and quality improvement; Trust lead for Norfolk and Waveney Partnership working.</p>
	<p>Paul Morris – Chief Nurse</p> <p>Appointed April 2020</p> <p>Paul is a registered nurse who has worked in the NHS for 20 years. He has worked in several organisations across both Suffolk and Norfolk including Acute Trusts and Public Health England. The majority of Paul's nursing practice has been in emergency medicine, in a variety of roles from Registered Nurse to Lead Nurse and then Senior Matron.</p> <p>Responsibilities: Lead for Nursing, Midwifery and Allied Health Professions; Executive lead for Maternity Services; Joint Executive with Medical Director for Clinical Practice; Patient Safety and Experience, Clinical Governance, Safeguarding Lead; Nurse/Midwifery Revalidation; End of Life; Learning Disabilities; Dementia; Non-medical education. Director of Infection Prevention and Control.</p>
	<p>Vivek Chitre – Chief Medical Officer</p> <p>Appointed August 2022. Previously Deputy Medical Director.</p> <p>Vivek has been a Consultant Surgeon at the James Paget University Hospital since 2004, specialising in upper gastrointestinal and laparoscopic surgery. He held several management positions along the way, including Clinical Lead and Clinical Director. He is an assessor of the MRCS surgical examinations, and Patron of the Norwich Undergraduate Surgical Society.</p> <p>Responsibilities: Lead for Medical and Dental practitioners including medical education and training, Responsible Officer, Medical Revalidation, Caldicott Guardian, Information Governance, Mortality, Cancer, Medicines Management, Clinical Audit & Effectiveness, Research, Seven-day service, Radiation, and Co-Director/Joint Executive with Director of Nursing for Clinical Practice.</p>
	<p>Ed Taylor - Chief Finance Officer</p> <p>Appointed April 2021</p> <p>Ed started working at the James Paget in 2000, initially as a Management Accountant. After taking several roles within the Finance team, Ed became Deputy Director of Finance in 2014, and then Associate Director of Finance in July 2019, taking responsibility as Executive Lead for Digital. As a graduate from the University of East Anglia, Ed's early career prior to joining the NHS was in private practice working with small business accounts and audit, during which</p>

	<p>time he also qualified as a member of the Association of Chartered Certificated Accountants. Ed has now joined the Board as a voting member.</p> <p>Responsibilities: Finance; Contracting; Procurement; Commercial Strategy; and Counter Fraud.</p>
	<p>Nigel Kee - Chief Operating Officer</p> <p>Appointed as Interim Chief Operating Officer from April 2022, permanent role from August 2022.</p> <p>Nigel has a nursing background and has a wealth of board level experience across acute, community and mental health services.</p> <p>Responsibilities: Operational delivery and performance, Hospital Management Board; Emergency Preparedness and Business Continuity; Decontamination; Performance management framework; Informatics; Health Records.</p>
	<p>Mark Flynn - Director of Strategic Projects (non-voting)</p> <p>Appointed as an Executive Director April 2014</p> <p>Mark has worked at the hospital since 2007 initially as Deputy Director of Finance and then as Director of Finance from 2014 until 31 March 2021. Mark was appointed as Director of Strategic Projects in April 2021, reflecting the projects in the hospital and his strategic estates leadership across the Norfolk and Waveney system. He previously held senior finance roles within the social housing sector, with over 25 years finance experience gained in both the public and private sectors. Mark is a Fellow Chartered Certificated Accountant (FCCA) and is also a member of the Association of Accounting Technicians (MAAT).</p> <p>Responsibilities: Lead for Information Technology & Security and Senior Information Risk Owner (SIRO), Estates and Facilities; Health & Safety, and the new hospital programme.</p>
	<p>Sarah Goldie – Director of People and Culture (non-voting)</p> <p>Appointed as Interim Director October 2021, permanent role from December 2021</p> <p>Sarah is a Chartered Fellow of the Chartered Institute of Personnel and Development. She has more than 20 years' experience as a Human Resources (HR) professional in the NHS. Prior to joining the James Paget Hospital in 2021, she spent twelve years leading HR and organisational development at a mental health trust. Sarah's role is to implement our People and Culture Strategy to ensure that our organisation has a compassionate, supportive and inclusive culture, to make it an attractive place to work and enable staff to deliver the highest standards of care.</p> <p>Responsibilities: Recruitment, retention, staff engagement, staff wellbeing, equality, diversity and inclusion, employee relations, leadership development, organisational development, temporary staffing.</p>
	<p>Professor David Scott - Non-executive Director - Senior Independent Director (from 1 April 2019)</p> <p>Appointed by the Council of Governors for his first three-year term of office from 1 September 2017; reappointed for a second three-year term to 30 August 2023</p> <p>Previously an Honorary Professor of Rheumatology at the Norwich Medical School (UEA) for over 20 years and was a consultant rheumatologist and fellow of the Royal College of Physicians. David has undertaken a range of roles during his career including director of research and development at the Norfolk & Norwich University Hospital and Clinical Director of Norfolk & Suffolk Comprehensive Local Research Network. David's last role was for the Clinical Commissioning Group.</p> <p>Responsibilities: Chairs the Board's Patient Safety and Quality Committee; Maternity Board Safety Champion; Mortality; Care of the Dying (End of Life), Non-executive Director oversight of Guardian of Safe Working requirements; Medical Revalidation; CEA Awards; Quality; Infection Prevention.</p>
	<p>Stephen Javes –Non-executive Director</p> <p>Appointed by the Council of Governors for his first three-year term of office from 1 January 2019 until 31 December 2021. Reappointed for a second three-year term from 1 January 2022 to 31 December 2024.</p> <p>Stephen was Chief Executive of the Orwell Housing Group for 27 years until September 2018, setting strategy, policy and the tone of the business. His oversight sought to ensure that solutions were found to care for people in an ever more challenging world and with an ageing population. Stephen brings a range of skills and a wealth of experience into this non-executive role having served on many private and public Boards and is the current Chair of the Lowestoft Places Board.</p> <p>Responsibilities: Chairs the Board's Audit Committee, NED lead for Security management including counter fraud, and Emergency Preparedness, Resilience and Response (EPRR).</p>
	<p>Caitlin Notley - Non-executive Director</p> <p>Professor Caitlin Notley was appointed as a Non-executive director in October 2022 in a link role with the Norwich Medical School, University of East Anglia.</p> <p>Caitlin leads the Addiction Research Group, producing high quality multidisciplinary research evidence to impact people who are affected by addiction, emphasising responsiveness to social, cultural, and pressing health needs amongst disadvantaged groups. Caitlin currently leads research projects funded by The National Institute for Health Research, Cancer Research UK and the Medical Research Council. She is also Director of the Citizen's Academy - coordinating patient and public involvement across medicine and health teaching and research.</p> <p>Responsibilities: Lead NED for the 'Freedom To Speak Up' initiative, and member of the Board's People & Culture and</p>

	Patient Safety and Quality Committees.
	<p>Karen Knight - Non-executive Director</p> <p>Appointed by the Council of Governors in January 2021 for a three-year term of office.</p> <p>Karen, who is now retired, has had a long career working in many roles within health and social care. For nine years, she was an Executive and Non-executive Director of the NorseGroup, the country's largest local authority trading company. She has also been the Managing Director of NorseCare, leading one of East Anglia's largest residential care providers to achieve outstanding CQC ratings.</p> <p>Responsibilities: Chairs the Board's People and Culture Committee; Equality, diversity and inclusion</p>
	<p>John Hennessey - Non-executive Director</p> <p>Appointed by the Council of Governors in January 2021 for a three-year term of office.</p> <p>John grew up in Minnesota in the USA before moving to the UK in 1990. He worked for business consultancy Deloitte before joining the NHS in 1993. He was an NHS Finance Director for 24 years, working at several London-based organisations including Great Ormond Street Hospital. His last NHS post was at the Norfolk and Norwich University Hospital where he was Chief Financial Officer from 2018-20 as well as the Norfolk and Waveney STP Finance Director.</p> <p>Responsibilities: Chairs Board's Strategic Projects Committee</p>
	<p>Susanne Lindqvist - Non-executive Director</p> <p>Professor Susanne Lindqvist was appointed Non-executive Director in February 2023.</p> <p>Susanne is Associate Dean for Learning and Teaching Quality at the FMH, UEA. In this role, she works closely with Teaching Directors and staff in the School of Medicine and the School of Health Sciences to achieve teaching excellence and help implement the UEA and FMH strategies that aim to optimise students' and staffs' experience.</p> <p>Susanne is Director for the Centre for Interprofessional Practice and leads the development and delivery of a range of educational interventions, locally, nationally, and internationally, with the ultimate purpose of improving interprofessional collaborative practice. She is a practicing coach, supporting academic and clinical leaders unlock their potential.</p>

Board changes during the year

The following changes to the Board's membership occurred in the reported financial year.

- Chief Executive Anna Hills left the Trust to take up a new role and following a competitive selection process, Jo Segasby was appointed to the role of Chief Executive with effect from 25 April 2022
- Medical Director Hazel Stuart retired and following a competitive selection process, Vivek Chitre was appointed Chief Medical Officer in her stead on 01 August 2022
- Interim Chief Operating Officer Nigel Kee was appointed substantively to the role of Chief Operating Officer following a competitive selection process with effect from 05 August 2022
- Non-executive Director Laura Bowater left the Trust for a new role on 30 September 2022
- Caitlin Notley was appointed as a Non-executive Director with effect from 19 October 2022
- Susanne Lindqvist was appointed as a Non-executive Director with effect from 01 February 2023

Post year-end changes to the Board

The following notable changes to the Board took place shortly after the year-end.

- Chair Anna Davidson completed her second three-year term of office on 31 April 2023 and was replaced by Stephen Javes as Interim Chair for the provisional period 01 May 2023 to 30 September

Directors' interests

The Board has an established Conflicts of Interest and Hospitality policy in accordance with national guidance. On appointment, new Board members complete a declaration with any changes during the year declared immediately to the Trust Secretary and formally minuted at the next Board meeting. This declaration includes signing up to the Board's Code of Conduct. It forms part of the annual review of the CQC's Fit and Proper Person Requirement for Directors, with the Chair reviewing the evidence for all Board members. Further details are available from the Trust Secretary on request.

The Audit Committee continues its oversight including declarations of interests, gifts, and hospitality, with regular reviews of policy effectiveness. The register is published in the public domain here: <https://www.jpaget.nhs.uk/about-us/declarations-of-interest/>

Non-executive director independence

In accordance with the Foundation Trust Code of Governance, the Chair must meet the independence criteria which are set out in the Trust's Constitution and this element of compliance is ensured during the recruitment process.

Non-executive Directors serve a maximum of two, three-year terms of office. These are only extended on an annual basis should there be exceptional circumstances as set out in the Trust Constitution and must be approved by the Council of Governors.

The Board of Directors has confirmed that all current Non-executive Directors remain independent.

Committees of the Trust Board of Directors

The Board has established 'statutory' Committees required by legislation as set out in the Foundation Trust Constitution. The Executive Nominations and Remuneration Committee, and the Audit and Assurance Committee each discharge the duties set out in the Constitution and their Terms of Reference.

The Board has chosen to deploy four additional 'designated' Committees to augment its monitoring, scrutiny, and oversight functions, particularly with respect to people, culture, quality (patient safety, clinical outcomes, and patient experience), finance, performance, and major projects. These are the Patient Safety Committee, the Finance and Performance Committee, the People and Culture Committee, and the Strategic Projects Committee (the latter of which was stood down in 2022/23).

The schedule of meetings, membership, and attendance for the Board and Board Committees is set out on later in this report.

Statutory committees

Committees required by statute or regulation.

Executive Nominations and Remuneration Committee

The purpose of the Executive Nominations and Remuneration Committee is to conduct the formal appointment to, and removal from office, of Executive Directors of the Trust, other than the Chief Executive who is appointed or removed by the Non-executive Directors subject to approval by the Council of Governors. The Committee also considers succession planning for Executive Directors, considering the challenges and opportunities facing the Trust, and the skills and expertise that will be needed on the Board of Directors in the future.

The Trust is also required to appoint a Remuneration Committee in accordance with Schedule 7 of the NHS Act 2006 (paragraph 18(2)), Schedule 1 of the Constitution, and the Monitor NHS Foundation Trust Code of Governance.

The Executive Nominations and Remuneration Committee fulfils the dual purpose of the two statutory committees for nomination and remuneration of Executive Directors. It also decides the remuneration and allowances, and the other terms and conditions of office, of the Executive Directors, and to reviews the suitability of structures of remuneration for senior managers.

The Committee met in the reporting period to consider changes in remuneration for Executive Directors and to approve the appointment of a Deputy Chief Executive. The Chair of the Committee briefed the Board following each meeting, highlighting any matters requiring disclosure to the Board.

The schedule of meetings, membership, and attendance this Committee is set out later in this report.

The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Audit Committee

The Audit Committee works in parallel with the Patient Safety and Quality Committee to provide the Board with two perspectives on similar or related data, allowing for comparison or 'triangulation' in considering due processes as well as tangible outcomes.

Terms of Reference for both committees are published in the public domain. The Audit Committee consists entirely of Non-executive Directors and reviews the effectiveness of systems of governance, risk management and internal control across the whole of the Trust's activities. By comparison, the Patient Safety and Quality Committee reviews the actions being taken by the Trust to ensure the on-going maintenance of standards of quality of care, and improvements where necessary in the patient experience and clinical effectiveness.

During 2022/23 the Audit Committee reviewed the adequacy of:

- risk- and control-related disclosure statements, together with any accompanying Head of Internal Audit Opinion statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks, the controls in place and the appropriateness of the disclosure statements;

- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements; and,
- policies and procedures for work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service.

The Committee sought reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness.

The effectiveness of the external audit process is assessed by the Audit Committee, through direct receipt of reports from the external auditors to the Committee, and through a formal management report on the work and annual review. A meeting also takes place after the end of the annual audit to reflect on the work undertaken, involving the Committee Chair, Chief Finance Officer and external audit representatives.

The External Auditor provision of non-audit services policy was reviewed this year. KPMG did not provide any non-audit services during the year.

Membership and attendance at the Audit Committee is set out below. Meetings are also attended by internal and external auditors and the Local Counter Fraud Specialist.

The schedule of meetings, membership, and attendance this Committee is set out later in this report.

The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Audit Committee Chair's opinion: In support of the Chief Executive's responsibilities as Accountable Officer for the Trust, the Audit Committee has examined the adequacy of systems of governance, risk management and internal control within the Trust. From information supplied, the Committee has formed the opinion that:

- There is a generally adequate framework of control in place to provide reasonable assurance of the achievement of objectives and management of risk;
- Assurances received are sufficiently accurate, reliable, and comprehensive to meet the Accountable Officer's needs and to provide reasonable assurance;
- Governance, risk management and internal control arrangements within the Trust include aspects of excellence as well as aspects in which on-going attention to the control environment is required;
- Financial controls are sufficient to provide reasonable assurance against material misstatement or loss;
- The quality of both Internal Audit and External Audit over the past year has been satisfactory.

The Committee discharged its role through the year as follows:

- We reviewed the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the Trust's activities (both clinical and non-clinical).
- We ensured that there was an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee. The Committee reviewed and approved the internal audit strategy,

ensuring that it was consistent with the audit needs of the organisation as identified by the Assurance Framework. We considered the major findings of internal audit's work (and management's response). The Internal Auditor had unrestricted access to the chair of the Committee for confidential discussion.

- We reviewed the work and findings of the external auditor and considered the implications and management's response to their work. The External Auditor had unrestricted access to the chair of the committee for confidential discussion.
- We reviewed the Annual Report and financial statements before submission to the Board.
- We ensured the Standing Financial Instructions and Standing Orders were maintained and kept up to date, with an annual review of instances where exceptions to the rules were made
- We reviewed the findings of other significant assurance functions, both internal and external to the organisation, and considered the implications to the governance of the Trust. This included a regular report from the NHS Counter Fraud Service.

The schedule of meetings, membership, and attendance this Committee is set out on later in this report.

The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Non-statutory 'designated' committees

Committees set up by the Board for specific purposes to suit the Board's governance style and agenda.

Patient Safety and Quality Committee

The Board established the Patient Safety and Quality Committee to independently and objectively monitor, review and report on the suitability and efficacy of the Trust's provisions for ensuring the quality of services provided by the Trust (quality governance, including patient experience, patient safety, and clinical effectiveness).

The Committee tests on behalf of the Board, evidence, and assurance that an appropriate and effective system of quality governance and clinical risk management is in place to ensure that care is provided in accordance with applicable legislation, regulation, standards, and guidance. In this regard, the Committee takes into consideration the essential standards of quality (as determined by Care Quality Commission's registration requirements), and national targets and indicators as determined by NHSE/I's Single Assessment Framework.

The Committee reviews the outcomes associated with clinical services and patient experience and, the suitability and implementation of risk mitigation plans regarding their potential impact on patient experience and outcomes. The Committee is also required, as directed by the Board from time to time, to consider issues relating to quality where the Board requires this additional level of scrutiny on a particular matter, such as Maternity Services.

The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Finance and Performance Committee

The purpose of the Finance and Performance Committee is to independently and objectively gain assurance and report on the suitability and efficacy of the Trust's provisions for ensuring that:

- The Trust's performance and finances are aligned to the Board approved Trust Strategy
- Systems for financial and performance management are robust and effective
- Financial and performance metrics and priorities are built from reliable sources of information and support the organisation to deliver its strategic ambitions and objectives
- Risks to delivery of targets and standards are being managed and that action taken will result in the intended outcomes
- Assets are safeguarded, waste or inefficiency are avoided, and that value for money is continuously sought
- Monitoring is sufficient to meet the Care Quality Commission's Use of Resources requirements. This includes the Trust's finances, workforce, estates and facilities, technology, and procurement
- Robust systems and processes are in place for the effective management of key strategic projects across the Trust

The Committee evaluates evidence, and assurance that an appropriate and effective system of financial and performance management is in place to ensure that care is provided within the financial envelope provided and to the standards of performance required by the Board.

The schedule of meetings, membership, and attendance this Committee is set out later in this report.

The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Strategic Projects Committee

The Strategic Projects Committee was a non-statutory Committee established by the Board to extend the Board's scrutiny and oversight of select strategic programmes of work undertaken by the Trust.

The Committee was a non-executive committee of the Board and had no executive powers other than those specifically delegated in the terms of reference.

The purpose of the Committee was to independently and objectively monitor, review, and report on the suitability and efficacy of the Trust's provisions for ensuring that robust systems and processes were in place for the effective management of key strategic projects across the Trust, including:

- New Hospital Plan Programme
- Staff Residences
- Diagnostic and Assessment Centre
- Electronic Patient Record
- Reinforced Aerated Autoclave Concrete

The Committee was established on a short-term 'task and finish' basis and was stood down when its remit was absorbed into the Finance and Performance Committee.

The schedule of meetings, membership, and attendance this Committee is set out later in this report.

The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

Committees in Common

The Board has also established a further committee known as the Committee in Common. This arrangement is mirrored in the two other acute hospital trusts in Norfolk and Waveney and the three Committees in Common meet together on a regular basis to enhance co-ordination and efficiency in services across the acute hospital sector. The Trust is represented at meetings of these Committees in Common by the Chair, a Non-Executive Director, Chief Executive, and the Director of Strategy and Transformation (Deputy Chief Executive).

Performance of the Board and Board Committees

Each of the Committees conducted a self-assessment of its own performance, constitution, and terms of reference during the reporting year. The assessment concluded that the terms of reference required standardisation and re-alignment with the Board's governance arrangements and a thorough review was conducted by the Trust Secretary. The Board concluded as a result of this review to wind-down the Strategic Projects Committee and incorporate oversight of major project into the remit of the Finance and performance Committee by exception. This was appropriate as the Trust has established programme boards for each of the strategic projects identified in the Committee's terms of reference.

The Board did not conduct a further review of its own performance as this was implicit in the review of committees and opted instead to make arrangements for an independent review of governance focussing on the Care Quality Commission's Well-Led Framework. The independent review is to begin part-way through the 2023/24 financial year.

Membership and attendance for the Board and Committees

Board of Directors meetings in public

Member Name	Title	01/04/2022	27/05/2022	29/07/2022	30/09/2022	02/12/2022	27/01/2023	31/03/2023
Anna Davidson	Trust Chair	Y	Y	Y	Y	Y	Y	Y
David Scott	Senior Independent Director	Y	Y		Y	Y	Y	Y
Anna Hills	Chief Executive	Y						
Joanne Segasby	Chief Executive	Y	Y	Y	Y	Y	Y	Y
Jon Barber	Deputy Chief Executive	Y	Y	Y	Y	Y	Y	Y
Vivek Chitre	Chief Medical Officer				Y	Y	Y	Y
Mark Flynn	Director of Strategic Projects	Y	Y	N	Y	Y	Y	Y
Sarah Goldie	Director of People and Culture	Y	Y	N	Y	Y	Y	Y
Nigel Kee	Chief Operating Officer		Y	Y	Y	Y	Y	Y
Paul Morris	Chief Nurse	Y	Y	N	Y	Y	Y	Y
Hazel Stuart	Medical Director	N	N	Y				
Edmund Taylor	Chief Finance Officer	Y	Y	Y	Y	Y	Y	Y
Laura Bowater	Non-Executive Director	Y	Y	Y	Y			
John Hennessey	Non-Executive Director	Y	Y	Y	Y	Y	Y	Y
Stephen Javes	Non-Executive Director	Y	Y	Y	N	Y	Y	Y
Paula Kerr	Non-Executive Director	Y	N	Y	Y			
Karen Knight	Non-Executive Director	Y	Y	Y	Y	N	Y	Y
Caitlin Notley	Non-Executive Director					Y	Y	Y
Susanne Lindqvist	Non-Executive Director							Y

Executive Nomination and Remuneration Committee meetings

Member Name	Title	28/10/2022	12/01/2023
Anna Davidson	Trust Chair	Y	Y
David Scott	Senior Independent Director	Y	Y
John Hennessey	Non-executive Director	Y	Y
Stephen Javes	Non-executive Director	Y	Y
Karen Knight	Non-executive Director	Y	Y
Caitlin Notley	Non-executive Director	Y	Y

Audit Committee meetings

Member Name	Title	21/04/2022	08/06/2022	21/07/2022	07/09/2022	24/11/2022	16/02/2023
Stephen Javes	Non-executive Director (Chair)	Y	Y	Y	Y	Y	
David Scott	Senior Independent Director	Y	Y	Y	Y	N	Y
Karen Knight	Non-executive Director	Y	Y	Y	Y	N	Y
John Hennessey	Non-executive Director					Y	Y

Induction, appraisal, and performance reviews

The Chair ensures that new Directors and Governors receive a comprehensive, formal, and tailored induction on joining the Board of Directors or Council of Governors. The induction programme was reviewed and re-issued by the Trust Secretary during 2022, ensuring it stayed current and reflected the most recent movements in legislation, regulation, and Board governance practices. Members of the Board undertake a mandatory training and do so using the training programmes provided through the Electronic Staff Record.

Individual annual appraisals, including performance reviews take place once the Trust's Strategic objectives have been approved by the Board. This sequence ensures that all Board members focus on achieving the strategic ambitions and objectives of the Board and their performance doing so for the previous year is assessed for any opportunities for learning and development. Appraisals are used to agree individual and shared objectives and to complete the annual Fit and Proper Person assessment for Board members.

In accordance with the NHS Foundation Trust Code of Governance, appraisals were conducted for each of the members of the Board. The Chair was appraised by the Non-executive Directors on behalf of the Council of Governors, led by the Senior Independent Director. The Chair's appraisal offered the opportunity for members of the Board, the Council of Governors, and external stakeholders to provide

360-degree feedback. This procedure is in accordance with NHS England's guidance includes submission of the results to NHSE.

The Non-executive Directors were then appraised by the Chair in collaboration with the Lead Governor. The Chair then appraised the Chief Executive who in turn appraised each of the Executive Directors and the Trust Secretary.

Shared learning arising from appraisals is used in part to formulate topics for Board Development provided through the annual programme of Board Development Seminars. The information is also used in part for the purposes of succession planning.

The Council of Governors

The role of the Council of Governors

The Council of Governors of an NHS Foundation Trust plays a critical role in ensuring that the Trust operates in the best interests of patients, staff, and the local community. It is responsible for representing the interests of Trust members and partnering organisations, and it acts as a bridge between the public, Trust's members, and the Board of Directors.



the

The Council of Governors carries out several statutory duties:

Appointment and Removal of Non-executive Directors: The Council appoints and, where necessary, removes non-executive directors, including the Chair of the Board. They also decide the terms and conditions of these appointments, such as remuneration.

Approval of Significant Transactions: The Council of Governors has a statutory duty to approve significant transactions, such as mergers, acquisitions, or large-scale investments. They also must approve any amendments to the Trust's constitution.

Strategic Planning: While the Board of Directors is responsible for operational decisions, the Council of Governors must be involved in discussions about the strategic direction of the Trust. The Board must take into account the views of the Council when preparing the Trust's forward plans.

Annual Reports and Accounts: The Council of Governors has the duty to receive the annual accounts, any report of the auditor, and the annual report.

Appointment of Auditors: Governors appoint, remove and determine the terms of engagement of the NHS foundation trust's auditor.

Governance: The Council of Governors also holds the non-executive directors individually and collectively to account for the performance of the Board of Directors and represents the interests of the members of the Trust as a whole and the public.

By fulfilling these statutory duties, the Council of Governors plays a vital role in ensuring the transparency, accountability, and effectiveness of an NHS Foundation Trust. The Council of Governors ensures that the Trust remains focused on its mission to provide high-quality care to all its patients.

The Council is chaired by the Chair of the Trust, supported by the Senior Independent Director and Trust Secretary. The role of the Council is described in the Trust Constitution, with clear processes in place to ensure information is available to Governors when they need it and that they are consulted and updated on strategic matters.

Formal Council meetings are scheduled at least five times each year, plus the Annual Members' Meeting.

Members of the Board of Directors attend the Council meetings during the year. Governors are fully involved in the Trust's plans with their views taken into account in forward planning through debate at the Council meetings held in private. The Director of Strategy and Transformation is a regular attendee to ensure that Governors are informed and engaged in strategic discussions so that the views of our members and local people can be taken into account. Debate includes the future of our services and the work of the N&WHG, reviewing potential Trust objectives prior to Board approval, developments across Norfolk and Waveney and the wider NHS. Governors will be involved during 2023/24 as the new Trust five-year strategy rolls out.

Non-executive Directors present reports to the Council at each meeting, providing a briefing on the activities of their committees, or their roles as Non-executive Director Champions.

This process continues to be welcomed by Governors, enabling them to seek clarification and probe matters of accountability with the Non-executive Directors.

Membership discussions which previously took place at a Membership Working Group will be included in the business of the Council as a while in future. Where necessary, such as the External Auditor appointment or a full review of the Trust Constitution, a small group of Governors will be identified or may volunteer to participate in more detailed reviews.

The Lead Governor, Ian Clayton is appointed for a term ending on 31 August 2024. The role is vital for representing the views of the Council and ensuring that regulatory requirements for a Lead Governor are met. They work closely with the Chair and the Trust Secretary to ensure that the Council structure supports Governors to undertake their statutory role, adds value, and that Council agendas reflect the Council's requirements. The Chair and Trust Secretary meet with the Lead Governor at least monthly to agree resolution and plan future activities.

Our Foundation Trust members

Anyone living in the catchment area covered by the Trust can become a member of the Public Constituency if they are aged 16 or over; our staff are automatically members unless they choose to opt out. There is a section available on the Trust's website and membership information is displayed in the hospital, with clear contact details. We have an e-form, hard copy and a form focused on young people.

Those eligible to become a member of the Public Constituency have previously been required to live within Norfolk and Suffolk, with a preference for those living in Great Yarmouth and Waveney. An amendment to the Trust Constitution in January 2022 extended the Public Constituency to include the Rest of England.

The Council of Governors' work on membership is fully integrated with wider Trust communications and engagement with our patients, carers, and the general public.

A membership data report has been considered by the Governors' Membership Working Group this year to ensure that the figures remain largely representative of the local area. This has underpinned the development of a new membership strategy, with the focus continuing on the 16–35-year-olds. The Council and the Board usually receives an annual membership update in January.

As at 31 March 2023, the staff membership is 4,782, with the public membership at 6,145, giving a total of 10,927. This is nearly the same as last year's figure of 10,923. Both Staff and Public membership have stayed around the same level.

The Trust's membership strategy has been subsumed into the Board's revised Strategy for 2023-28 and will be implemented with the support of the Communications team in parallel with the planned Governor Elections in Autumn 2023.

Governor training and development

Governors are provided with formal induction at the start of their time in office and receive targeted further training from time to time. A Council of Governors' Code of Conduct is in place providing support to all Governors on the requirements of the role including a Frequently Asked Questions section. All Council members are required to sign up to the Code as part of the election process or when new Appointed Governors join the Council. The Code also provides procedures for governors to declare any gifts, hospitality, and interests.

Governor Development workshops are conducted regularly to focus on current and future matters of interest or concern. These sessions are also used to engage governors in formulating strategy with the Board.

Membership of the Council of Governors

The Council consists of 19 Governors, five appointed, ten elected by the public membership, and four elected by our staff.

Governors standing for the Staff or Public Constituency are elected by the process set out in the Trust's Constitution, using the single transferable vote system, generally for a three-year term of office.

Appointed Governors (x5)



Public Governors (x10)



Staff Governors (x4)



Governor elections

The Board of Directors will host a governor election in 2023 to refresh the membership of the Council, and particularly to fill the vacancies created by the departure of several members of the Council since their initial appointment.

Changes in year

The following departures from the Council of Governors have occurred in the reporting year:

- Graham Plant – May 2022
- Tron Coleman – July 2022
- Louis Griffin – September 2022

- Neil James (UEA) – December 2022

Governors' Nomination & Remuneration Committee

The Committee appointed two Non-executive Directors this year, both approved by the Council of Governors.

Each appointment is made in line with the Council approved selection process. This is initially for a three-year term of office. In relation to reappointments for a further three-year term, this is presented to the Committee and the Council of Governors for approval. It relies on the latest performance assessment of an individual and an overview of their achievements in their first term of office.

Committee membership and attendance for the two meetings held this year is set out below:

Membership and attendance at meetings of the Council of Governors and Committees

Council of Governors meetings

Name	Title	16/03/2022	11/05/2022	13/07/2022	09/11/2022	11/01/2023	15/03/2023
Anna Davidson	Trust Chair	Y	Y	Y	Y	Y	Y
Ian Clayton	Lead Governor	Y	Y	Y	Y	Y	Y
Stuart Brooks	Public Governor	N	N	N	N	N	N
Iain Ferguson	Public Governor	N	N	N	N	N	N
Tony Goldson	Public Governor	Y	Y	Y	Y	Y	N
Luis Tavares	Public Governor	Y	Y	Y	Y	N	Y
Louis Griffen	Public Governor	Y	Y	N	N	N	N
John Watt	Public Governor	Y	Y	Y	Y	Y	Y
Stuart Everett	Public Governor	Y	Y	N	N	N	Y
Sheena McBain	Public Governor	Y	Y	Y	Y	Y	Y
Tron Coleman	Staff Governor	Y	Y	N	N	N	N
Devender Khurana	Staff Governor	Y	Y	N	Y	N	N
Harry Hicks	Staff Governor	Y	Y	Y	Y	N	Y
Ali Guenaoui	Staff Governor	Y	Y	Y	Y	Y	Y
Yvonne Hacon	Staff Governor	Y	Y	N	N	N	N
Emma Flaxman Taylor	Appointed Governor	Y	Y	Y	N	N	Y
Neil James	Appointed Governor	Y	N	Y	Y	N	N
James Reeder	Appointed Governor	Y	Y	Y	Y	Y	Y
Mary Rudd	Appointed Governor	Y	Y	Y	Y	Y	Y
Penny Carpenter	Appointed Governor	N	N	N	N	Y	Y

Ines Grote	Appointed Governor	N	N	Y		N	N
Graham Plant	Appointed Governor	Y	Y	N	N	N	N

Governors' Nomination and Remuneration Committee meetings

Member Name	Title	09/06/2022	09/12/2022
Anna Davidson	Chair	Y	N
David Scott	Senior Independent Director	Y	Y
Ian Clayton	Lead Governor	Y	Y
Mary Rudd	Appointed Governor	N	Y
Neil James	Appointed Governor	N	N
Tron Coleman	Public Governor	Y	N
John Watt	Public Governor	N	Y
Stuart Everett	Public Governor	N	N
Luis Tavares	Public Governor	Y	Y
Devender Khurana	Staff Governor	N	Y
Ali Guenaoui	Staff Governor	Y	N

The NHS Foundation Trust Code of Governance

The NHS Foundation Trust Code of Governance serves as a comprehensive guide that directs how NHS Foundation Trusts in the UK should be governed. Like the UK Governance Code, it is adopted on a 'comply or explain' basis which means Boards can establish governance arrangements that are appropriate, and explain their decision to do so, rather than following the Code as a checklist. This allows for Boards to exercise their own volition and demonstrate their accountability and responsibility in ways that suit the organisation they are entrusted to govern.

The Trust declared compliance with the Code in the previous reporting year. The status of compliance with the Code is kept under review by the Board and while there have been several enhancements made to the system of governance, risk, and internal control in this year, there have been no developments that would constitute non-compliance with the Code.

A revised Code was issued at the beginning of the 2023/23 financial year and a gap analysis of current compliance against the requirements of the revised Code will be conducted to prompt any changes in the Board's approach to governance. This review will be conducted alongside the Board's Well-led self-assessment.

In accordance with the Code, the Directors consider the Annual Report and Accounts, taken as a whole, to be fair, balanced, and understandable and provides the information necessary for patients, the regulator and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

The Care Quality Commission Well-Led Framework

The most recent full Well-led inspection was undertaken by the CQC in October 2019 and resulted in the Trust being rated as 'Good' overall. Well-led reviews cover the quality and efficacy of leadership at every level as an indicator of how well the Board and leaders govern the organisation and we aspire to achieving excellence in this regard.

This year, the hospital's core services have been downgraded to 'Requires Improvement' following the inspection of maternity services in January 2023, which were rated as 'Inadequate' in the 'Well-Led' and 'Safe' inspection areas.

Leadership Capacity and Capability: We have prioritised leadership development across the organisation, investing in training and development opportunities for our leaders at all levels. A robust recruitment process has been implemented to select leaders with the right skills, knowledge, and integrity, and we have taken steps towards strategic succession planning for key roles.

Vision and Strategy: We revised our Board's strategic priorities and ambitions to better reflect our commitment to high-quality, sustainable care. This strategic vision has been communicated to our staff, partners, and other stakeholders, and will be regularly reviewed and updated to ensure continued alignment with our goals.

Culture: We believe in an open, respectful, and positive culture and have implemented initiatives to foster this. We have also taken strong actions against any instances of bullying or discrimination and have made efforts to ensure patients are treated with compassion, dignity, and respect at all times.

Governance and management: Our governance and management structures have been strengthened to assure the delivery of high-quality healthcare. With clear roles and responsibilities, regular Board meetings, and transparent reporting lines and accountability mechanisms, we have bolstered our commitment to sound governance.

Managing Risks, Issues, and Performance: We have established clear processes for identifying, understanding, and managing risks and issues. Performance data is consistently monitored and used to improve the quality of care. Regular audits and risk assessments are carried out, with findings actioned promptly and effectively.

Engaging and Involving People who use Services: We have made strides in including patients and their families in decisions about care and treatment. Mechanisms for capturing and acting on patient feedback have been strengthened, and we are actively working on involving patients, carers, and families in shaping services and strategies.

Engagement with Staff: Staff engagement has been a priority this year. We have taken measures to listen to feedback, address concerns, and create an environment where staff feel valued and empowered to provide the highest quality care.

Continuous Improvement and Innovation: A culture of continuous improvement and innovation has been cultivated within the trust. We have established a process for learning from incidents and near misses, sharing best practices, and supporting staff in developing and implementing new ideas.

We are proud of the progress we have made this year, but we are not complacent. We are fully committed to continuing our efforts to meet and exceed the CQC's Well-Led Framework and provide our patients with the exceptional care they deserve.

Patients at the centre

We are proud of the number of service improvements that have been possible during the last 12 months, as the hospital continues to innovate, collaborate with partners, and focus on patient needs as we emerge from the pandemic. Patients are always at the heart of what we do – and we value patient and stakeholder feedback to enable us to continue to improve.

In this section we have included an overview of our CQC ratings and recent inspections, and a selection of the changes we have made this year. Our performance against healthcare targets can be found within the Performance Report. Contractual requirements and CQUINs (Commissioning for Quality and Innovation) are being implemented once again for 2022/23.

Care Quality Commission ratings

The Trust's most recent inspection from the Care Quality Commission (CQC) was of the hospital's maternity services, which took place on 10 January 2023. The inspection report was published on 31 May 2023.

Our Maternity Service was inspected against two of the five domains - safe and well-led - and was rated as 'inadequate' in both. Because of this, the overall rating for the James Paget's Maternity Service has fallen from 'good' to 'inadequate.' Following this outcome, the hospital's core services have been downgraded to 'Requires Improvement'.

The Trust has anticipated this outcome, having received a Regulation Section 29A warning notice from the CQC regarding immediate concerns about maternity services in February 2023.

The full report outlines concerns regarding the staffing and training levels within the Trust's maternity services, the relationship between midwifery and obstetric staff, and reporting and governance arrangements within the service. Alongside the concerns raised by the CQC inspection, the report also recognised the work of the Eden Team within the Trust's maternity service, a team of three midwives who provide care to women with complex social needs and/or mental health issues, and high interest in clinical research within the service.

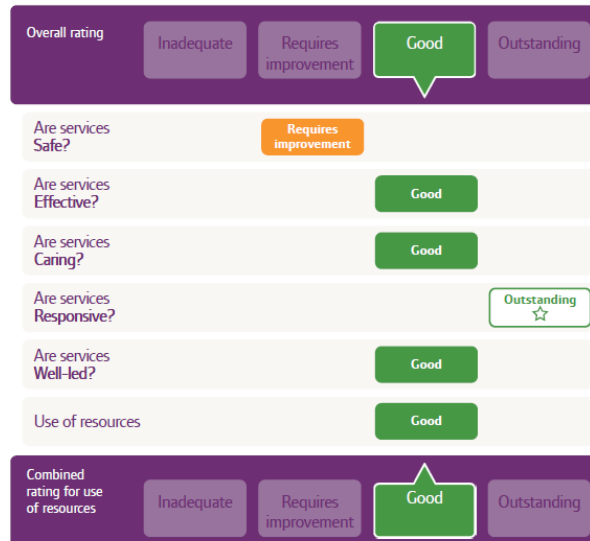
To deliver changes and rapid improvement to its services, the James Paget has developed a comprehensive Maternity Improvement Plan. This incorporates required actions with the CQC report, as well as the work to implement the recommendations of the Independent Maternity Review (known as the Ockenden review) from 2022.

Trust Level Ratings



Last rated
18 December 2019

James Paget University Hospitals NHS Foundation Trust



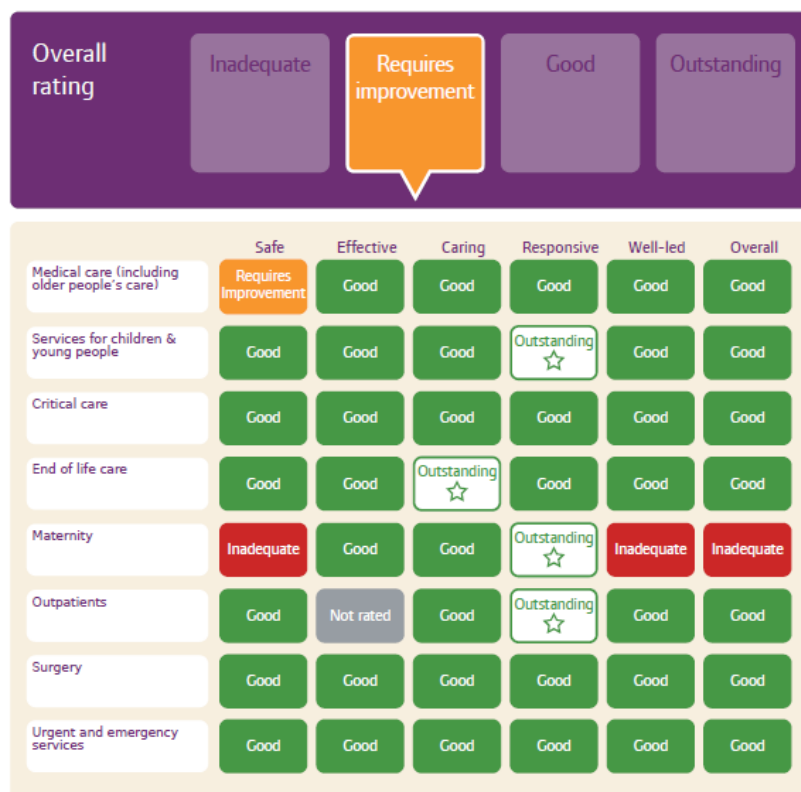
Core Service Level Ratings



Last rated
31 May 2023

James Paget University Hospitals NHS Foundation Trust

James Paget Hospital



Service improvements

Patient satisfaction surveys are carried out at local and national level. These enable us to develop our services based on patient feedback in terms of what works well and where improvements are required. Local patient surveys are registered with our clinical audit team to ensure they conform to the Trust format and progress through the necessary approval processes.

Here are some examples of improvements made to our services during the last year:

Cancer patients pioneer state-of-the-art support— the Trust piloted a state-of-the-art “prehabilitation” programme that helps newly diagnosed cancer patients prepare for their treatment. Patients in the Great Yarmouth and Waveney area with colorectal cancer will be able to make use of a specially designed digital cancer care app to link them with their clinical teams and monitor progress.



Surgical Assessment Unit marks first year of operation - Since opening on 31 January 2021, the SAU provides seven-day-a-week rapid assessment of patients with conditions including appendicitis, hernia, abscesses, bowel obstructions, wound inspections, haemorrhoids and urological issues. Between February and December last year, the SAU saw more than 1700 patients, many of whom were referred directly from the hospital's Emergency Department, helping reduce their waiting times.

GP streaming enhanced at the James Paget - The Trust has worked with North Norfolk Primary Care on a new 'GP streaming' unit, providing care for patients who attend A&E and are assessed as not needing hospital treatment but need care instead from a general practitioner. Around 40 patients per day are directed to the service, so that they can receive appropriate treatment without having to wait to be seen by busy Emergency Department staff.





New Paediatric Emergency Department

launched - The new department is approximately double the size of the old facility, providing modern accommodation including a dedicated waiting room and more assessment cubicles, offering greater privacy for patients receiving treatment. Completion of the new unit has helped the hospital's paediatric team work towards one of their Flourish Pledges; the initiative, set up by Norfolk County Council, asks

local organisations to commit to projects which help children and young people in the county to flourish.

New ophthalmology theatre - Patients requiring surgery for eye conditions such as cataracts, eyelid and glaucoma operations will benefit from the opening of a new operating theatre at the James Paget University Hospital. The new theatre will result in more than 1200 additional cataract operations per year at the JPUH, significantly increasing the number currently performed at the hospital



Research

- **Trust the first hospital in the UK to start life-changing peanut allergy treatment**

Building on an international network of pioneering research into life-threatening peanut allergies, the James Paget has become the first hospital in the country to provide a Peanut Allergy Desensitisation clinic using the newly NICE approved drug PALFORZIA.

Approval of the drug by the National Institute for Clinical Excellence (NICE) is the latest step in five years of extensive research into peanut allergies, one of the most common food allergies that affects more than six million people in Europe and America.



The James Paget has been part of the global ARTEMIS research trial, which involved 175 children aged 4-17 years across seven European countries, to develop an oral immunotherapy to tackle peanut allergies. ARTEMIS saw young patients receive steadily increased doses of the drug over a period of up to 40 weeks, under strictly controlled conditions, while others received a placebo.

In consequence to the successful outcomes from the trial, the Trust has become the first hospital licenced for use of PALFORZIA in the clinic, funded through the James Paget Hospital Charity's Innovation Fund. Initially, the clinic will support 10-12 children in the first year of operation, who will receive PALFORZIA orally in escalating doses to desensitise them to peanut proteins.

- **Paget staff awarded honorary titles**

Eight Nursing, Midwifery and Allied Health Profession (NMAHP) Paget staff have been awarded honorary titles of 'Honorary Fellows' from the UEA as part of an initiative to enhance collaboration between the hospital and the university.

The appointments come after JPUH, UEA and Newcastle-upon-Tyne Hospitals worked together to develop new ways of strengthening research carried out by nurses, midwives and allied health professionals (AHPs), such as therapists and radiographers, in clinical departments across the hospital.

The NMAHP Embedded Researcher model - which is showcased this month in the British Medical Journal and is being piloted at both JPUH and Newcastle-upon-Tyne Hospitals - will give research more dedicated capacity in clinical environments. It is proposed that hospital departments should have their own permanent 'Embedded Researchers' to contribute to patient care, experiences and outcomes.

The model proposes that research formally becomes part of job descriptions, giving nurses, midwives and AHPs an opportunity to specialise and become research leaders, with a focus on local healthcare needs.



Improvements in patient/carers information

Social media forms a vital part of the Trust's communications, to disseminate important patient, carer and staff information to ensure wide readership:

- The James Paget **Facebook** page (<https://www.facebook.com/jamespagetuniversityhospital>) is Liked by 16.1k people, and followed by 18.1k users
- The Trust **Twitter** account (@JamesPagetNHS) has 6,069 Followers
- James Paget's **LinkedIn** page (<https://www.linkedin.com/company/james-paget-hospital>) has 4,396 Followers
- The Trust's **Instagram** account (<https://www.instagram.com/jamespagethospital/>) has 1,247 Followers.

Information is also available on the **Trust website**: www.jpaget.nhs.uk

Complaints handling

Management of any complaints received are processed in line with the requirements set out in the NHS Complaints Procedure. All complaints received are acknowledged within three working days and initial contact is made by the Complaints Investigator, wherever possible, to discuss the detail and context. This enables a response timescale to be agreed - 45 working days for non-complex; 60 working days for complex - in discussion with the complainant.

Responding to complaints within the agreed timeframe remains a challenge, whilst it has improved overall during the past year. Revised processes are in place to ensure performance is continually monitored and that any concerns with regards to timescales compliance are identified early.

There are five complaint-related KPIs which monitor performance, reported to the Patient Safety and Quality Committee and the Board on a monthly basis.

This year 189 formal complaints were received compared with 168 in 2021/22.

PALS - Patient Advice and Liaison Service

This service supports patients, relatives, carers, members of the public and staff who need information and advice about the health care system. PALS are pleased to help with any enquiry:

- Finding the information needed to answer questions
- Providing details about the services available within the hospital
- Resolving problems by identifying the right people to talk to
- Explaining what to do if a concern is unresolved
- Supporting staff to achieve resolution of enquiries
- Logging and sharing compliments received.

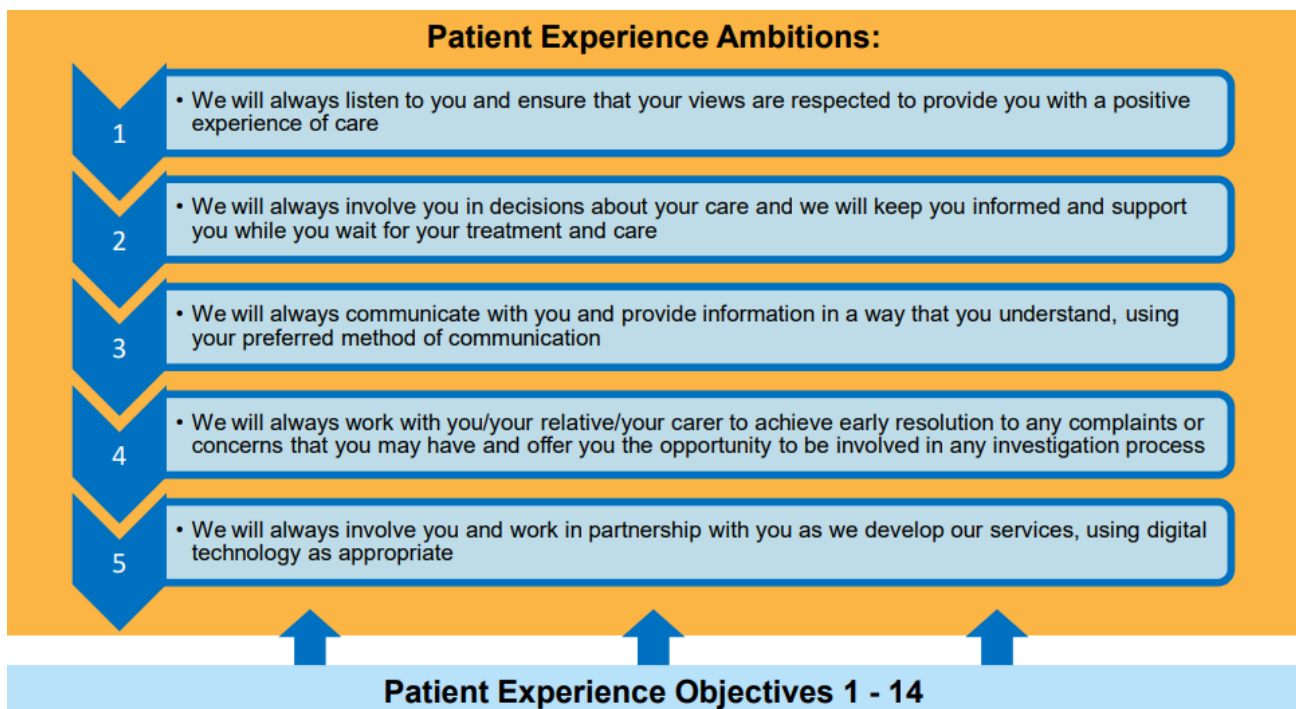
The team is still supporting COVID related enquiries, specifically signposting for vaccination queries.

There were 2,167 enquiries received compared to 1,963 the previous year. Over a third of our PALS contacts are compliments on the services we provide.

Public and patient Involvement activities

This year the Patient Experience and Engagement Strategy was fully reviewed. Patient involvement is integral to its effective delivery during 2022/23 and in future years.

The strategy was developed in consultation with a range of stakeholders. These are our ambitions:



The full strategy can be found on our website.

<https://www.jpaget.nhs.uk/media/595345/Patient-Experience-and-Engagement-Strategy-2021-2024.pdf>

Stakeholder relations

We work within a wide network of stakeholders, including patient representatives and groups as part of our day-to-day operations and as a partner organisation within the Norfolk and Waveney ICS.

Over the last year, we have taken an active role in supporting discussions around the development of the ICS infrastructure locally, including helping to develop the 'Place' model for strategic and operational decision-making within the locality that the James Paget works in. This has strengthened relationships with health and care providers and local government and formed additional relationships with organisations and groups in the voluntary, community and social enterprise sectors (VCSE).

These emerging networks have supported development of our New Hospital Programme Strategic Outline Case, providing the opportunity to regularly engage with a wide range of stakeholders on the ongoing preparation of plans for our new hospital in the longer term. Through this work we have developed and maintained relationships with:

- **National stakeholders:** NHSE/I, Department of Health and Social Care, including the New Hospitals Programme (NHP) support team, and other NHS Trusts across England as part of the NHP cohorts
- **Regional stakeholders:** NHSE/I East of England team and the Clinical Senate

- **Norfolk and Waveney stakeholders:** NHS Norfolk and Waveney Clinical Commissioning Group (CCG), the Norfolk and Waveney ICS Partnership Board and related sub-groups and workstreams, Norfolk Health Overview and Scrutiny Committee, Suffolk Health Scrutiny Committee
- **Healthwatch Norfolk** has previously carried out fortnightly-monthly engagement visits co-ordinated by the Head of Patient Experience. This provides them with the opportunity to visit different departments and speak with service users in person to gain their experiences regarding the service that they have received. Due to the pandemic, this has continued to be paused, however, independent feedback opportunities for our service users have been offered via surveys and the availability of Healthwatch post boxes on site.
- **Healthwatch Norfolk and Healthwatch Suffolk** Chief Executives continue to meet with our Chair and Chief Executive to ensure that we support one another to enhance services for patients and local people in both Norfolk and the Waveney part of Suffolk.
- **Carers** – supporting the continued rollout of the Carer's Passport across Norfolk and Waveney.

Consultation with groups/other activities

A dedicated Service User Group is in place, which meets quarterly, and gives the opportunity for service users to comment on user feedback and offer support for any quality improvement initiatives from a patient perspective. Members have had the opportunity to be involved in the plans for the Diagnostic Assessment Centre and the Research and Quality Improvement scholarship programme.

The Together Against Cancer Group offers members the opportunity to provide feedback on services specific to cancer care, and initiate improvements to enhance the experiences of patients and their loved ones.

We work closely with our Health Overview and Scrutiny Committees in Norfolk and Suffolk, taking their advice on future items for consideration by the Committee, and providing information and support to their meetings.

Monthly Maternity Voices Partnership listening events are held online to support continued improvements in care for local people. Our Non-executive Director and Maternity Safety champion also meets regularly with the Partnership.

Building a Healthier Future Together: The James Paget New Hospital

Planning work for a New Hospital for JPUH has continued throughout the year. Starting with the Board of Directors' approval of the Trust's Strategic Outline Case (SOC) in April 2022, we moved on to prepare for the Outline Business Case (OBC) stage that is to be co-produced with the national New Hospital Programme (NHP) team. This Pre-OBC stage included the following activities:

- Increasing the focus on planned transformation of clinical pathways, to move services closer to patients and ensure the work happening in the new hospital needed to be in an acute setting;
- Linking up with the development of the Norfolk & Waveney Acute Clinical Strategy, to ensure alignment with their developing themes;
- Continuing our patient and public consultation, including:
 - Working with Healthwatch Norfolk on a joint project to engage with patients on the day room and garden spaces in the new concept ward;
 - Being invited to speak at a public Healthwatch Norfolk event in the Gorleston Pavilion Theatre (April 23);
 - Engaged with people who have been cared for on a ward at the James Paget, and in single rooms at Carlton Court; and
 - Feedback gathered through online survey, and face-to-face structured conversations with inpatients;
- Linking with the Trust's current capital programmes to ensure alignment with the national New Hospital Programme expected future designs to facilitate maximum learning and longevity, in particular from the Concept Ward design, construction and research programme;
- Taking part in workshops with the national New Hospital Programme team to collaborate on the development of new national hospital designs (known as Hospital 2.0), via the Clinical, Digital and Workforce national workstreams;
- We submitted our enabling works initial requirements bid, to include land purchase, energy centre, multi-storey car park, and other projects;
- We also submitted our "Deep Dive review" information requested by NHP in January 2023 together with responses to subsequent questions in February 2023. This related to critical documents such as the Strategic Outline Case (SOC), clinical and estates data, demand and capacity assumptions, areas and costs, site and land information, and further supporting information; and
- After extensive discussions and engagement with the current owners, we are close to concluding our site acquisition arrangements that includes purchasing adjacent plots of land to the existing JPUH site. These land purchases are anticipated to be concluded in summer 2023.

Concept Ward

Investing in the current site is important to enable us to provide a high level of services for our patients, while we continue to develop the business case for our new hospital that will be opened and operational by 2030.

JPUH received £15m of funding to develop a 'Decant' ward through national RAAC failsafe funding. This is a facility where a whole ward of patients can be moved to while they receive care, during the period we make wards in our main hospital building safe for continued use until 2030. To achieve this the ward needed to be capable of adapting to all specialties including critical care and neonatal patients.

It was agreed to use this opportunity to design this ward accommodation for the future, as close to the new hospital design as possible to enable the testing of new technologies and new ways of working. Construction utilises Modern Methods of Construction and incorporates the BREEAM second highest grade of Excellent (required for all new NHS Buildings) as well as Net Zero Carbon.

Extensive involvement of staff and patients, as well as linking with colleagues in the national New Hospitals Programme was key to achieving an effective and modern design. Staff facilities to support their wellbeing were also incorporated including staff change and shower and a separate break room with access to a garden area.

Design features include:

- 28 beds in total (20 single patient bedrooms with en-suites and 2 x four bedded bays with offset bed spaces),
- Outside windows and mood lighting for patient well-being,
- A series of touchdown bases for staff to enable high visibility of patients,
- Enhanced ventilation and double bedheads in ten rooms,
- Two rooms with full infection control facilities including anti-rooms,
- Enhanced digital technologies including a nurse call bed that enables the patient to speak to the nurse,
- Patient access to a dedicated therapy garden through their day room, the garden will include oxygen support for bedbound patients,
- Medication preparation room and equipment storage alcoves and room.

Construction of the Concept Ward began in October 2022. Learning from the Concept Ward will be captured by the research being carried out by JPUH clinicians supported by services commissioned from Staffordshire University.

Clinical Strategy, Transformation and New Hospital sizing

We have used this past year to really focus on achieving a clear view of our future clinical services and to challenge the specialties to be innovative and ambitious in their future plans. To support the specialties with documenting this a new Integrated Care System level Specialty Development Plan (SDP) format was developed and shared along with an

information pack that included aspirations from the evolving Norfolk and Waveney Acute Clinical Strategy.

Initial exploration of these plans took place by members of the executive team, and the specialties then produced action plans for implementing their SDP. The SDPs and action plans were also reviewed by the JPUH New Hospital team, which included their Clinical Advisory Group members. This team have also been exploring opportunities with the specialties to work differently across the three acutes and at Place level. These opportunities are being reviewed by our Healthcare Planners to advise on the impact on the sizing and Schedules of Accommodation for our new hospital.

Looking forward

There are some key aspects of work that the national new hospital programme has undertaken that will help the James Paget new hospital project. We will be supported in co-producing the next stages of our business cases (OBC then FBC) by the national team who are providing a standardised template and we will have their support with a streamlined approvals process. The hospital construction period may be shorted using Modern Methods of Construction which enables offsite manufacture of components. In addition, national guidance will also be shared with the Trust around the national new hospital design (Hospital 2.0) and other guidance such as the digital blueprint, demand and capacity assessments, and commercial and procurement arrangements.

We will also benefit from learning from other new hospital schemes within the national new hospital programme that are already in flight or opening soon. This will be enhanced and supported by knowledge gained through our own Concept Ward construction and usage following our research outcomes. Other planned capital programmes for the Trust including the Diagnostic Assessment Centre (DAC), Community Diagnostic Centre (CDC) and proposed Cold Elective Hub will also support and help refine our new hospital plans.

Now that the national announcement for our scheme to proceed to OBC stage has been made, the programme timeline for opening the new hospital by 2030 is still on track to be achieved, whilst also recognising this will be a significant challenge for the Trust in the time remaining to complete this.

Financial disclosures

Cost allocation and charging guidance

The Trust can confirm that it has complied with the cost allocation and charging guidance issued by HM Treasury.

Political donations

The Trust has made no political donations to any individual, body or organisation during 2022/23 or 2021/22.

Better payment practice code

The Better Payment Practice Code requires that all valid invoices be paid by their due date or within 30 days of receipt. The Trust's performance against the code during the year, split between NHS and non-NHS suppliers, is shown in the table below.

Value of invoices paid	NHS			Non-NHS			Total		
	Total paid £'000	Paid in 30 days £'000	Paid in 30 days %	Total paid £'000	Paid in 30 days £'000	Paid in 30 days %	Total paid £'000	Paid in 30 days £'000	Paid in 30 days %
2022/23	14,346	8,263	58%	142,461	116,864	82%	156,807	125,128	82%
2021/22	16,802	10,436	62%	87,787	76,751	87%	104,589	87,187	83%

Number of invoices paid	NHS			Non-NHS			Total		
	Number paid	Number paid in 30 days	Number paid in 30 days %	Number paid	Number paid in 30 days	Number paid in 30 days %	Number paid	Number paid in 30 days	Number paid in 30 days %
2022/23	783	462	59%	49,684	41,731	84%	50,467	42,193	84%
2021/22	594	334	56%	50,732	44,049	87%	51,326	44,383	86%

Please note large increase in non-NHS is due to increased ability to report due to change of system in October 2022.

Liability to pay interest

There was limited liability to pay interest, by virtue of failing to pay invoices within the 30-day period where obligated to do so of £1k (2021/22 £0k).

Fees and charges (income generation)

The Trust does not levy any fees and charges raised under legislation, where the full cost exceeds £1 million, or where the service is otherwise material to the accounts. Full disclosure of other non-patient care income is included within note 4.2 of the financial statements.

Income disclosure

Under the requirements of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) the Trust can confirm that income from the provision of goods and services for the purpose of health services in England is greater than the income generated from the provision of goods and services for any other purpose.

Income to the Trust from non-NHS sources has a positive impact on the provision of goods and services for the purposes of the health service, as all income is used for the benefit of NHS patients.

Disclosure to the auditors

So far as the Directors are aware, there is no relevant audit information of which the Trust's auditors are unaware. The Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

Income and expenditure

The Trust reported a deficit of £28.8m for 2022/23 excluding the impact of consolidating its charitable funds (2021/22 deficit: £2.2m). This position includes within operating expenses an impairment charge of £2.8m (2021/22 charge: £1.9m) which, when excluded, leaves a deficit excluding impairments of £26.0m (2021/22 surplus: £0.3m).

Capital investments

Capital investments of **£32.0m** were made during 2022/23 as shown in the table below.

Capital Investments 2022/23	£'000	PDC funded £'000
RAAC	17,566	17,566
Estates Work	4,218	122
Digital Health Investments	3,752	1,141
ED Redevelopment of Minors & Mental Health Space	1,837	500
Equipment replacement	1,734	808
New Hospital Programme	1,282	1,280
MRI Build	952	0
Diagnostic Assessment Centre	694	446
Total	32,035	21,863

Cash and financing

The Trust's non-consolidated cash position decreased by £19.0m during 2022/23, with cash and cash equivalents of £8.4m held at 31 March 2023. Of the £32.0m of capital expenditure, £21.9m was funded through new Public Dividend Capital issued to the Trust by the Department of Health and Social Care, relating to a variety of projects including Digital Maturity, RAAC and New Hospital Programme.

The Trust has £3.9m of finance lease liabilities. The largest contracts include decontamination scopes and washers procured as part of the Endoscopy Decontamination refurbishment recorded in the accounts as a finance lease with a net liability of £0.9m as at 31 March 2023. The Trust also has finance lease contracts in place for Radiology equipment of £1.0m in total. There were new right of use asset finance leases entered into during 2022/23 in respect of replacement pool cars totalling £0.1m.

Efficiencies and transformation

In 2022/23 the Trust's financial plan included an efficiency savings target of £13.6m. The Trust achieved savings during 2022/23 of £9.4m, of which £8.2m was non-recurrent and £1.2m was recurrent. The total of £9.4m represents 2.9% of the Trust's expenditure before efficiencies.

The Trust ended 2022/23 with a significant deficit and has established both a Financial Recovery Group and Efficiency Group to oversee long term financial transformation across the hospital.

NHS Oversight Framework

The NHS Oversight Framework describes the approach to oversight, one that reinforces system-led delivery of integrated care. The framework is built around:

- Five national themes that reflect the ambition of the NHS Long Term Plan –

quality of care; access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; leadership and capability

- A set of high-level oversight metrics, at ICB and trust level, aligned to these themes
- A sixth theme, local strategic priorities, recognising that each ICB faces a unique set of circumstances and challenges.

Based on information from these themes, systems and individual organisations are segmented from 1 to 4, where 1 reflects those that are consistently high performing. 4 recognises those systems that have very serious and complex issues with critical quality and/or finance concerns requiring intensive support.

A Trust will only be in segments 3 or 4 where significant support is required in one of more of the five national themes or it has been found to be in breach or suspected breach of its licence.

Segmentation

During the entire year 2022/23 the Trust has been classified as in segment 2 and there has been no enforcement action taken. Current segmentation information for NHS trusts and foundation trusts is published on the NHSE website.

Norfolk and Waveney ICB was classified as in Segment 4 throughout the year, and remains in Segment 4 in the most recently published information as at 27th March 2023.

Finance and use of resources (UoR)

The CQC's inspection at the Trust in January 2023 focused only on maternity services, and the Trust was not subjected to a CQC UoR assessment during 2022/23. The most recent UoR assessment report published by the CQC in December 2020 is therefore still the most current position. It rated the Trust as Good following a full assessment by NHSE/I held in September 2020, which was an improvement on the 2018/19 'Requires Improvement' rating for UoR.



Jo Segasby
Chief Executive and Accounting
Officer 28 June 2023

Remuneration Report

Annual statement on remuneration

The Trust has two Committees dealing with Board pay and appointments, one for Executive Directors and the other for Non-executive Directors. Succession planning, appointments and remuneration are a key focus for each Committee. Both are supported by a senior member of the Workforce team and the Trust Secretary.

We are a Medium Trust with a turnover of over £200m. Executive salaries are confirmed in line with the published national lower, median, and upper quartile salaries for different roles. Non-executive salaries are aligned with national NHSE/I guidance published in September 2019 to ensure parity of remuneration across all Trusts. Executive and Senior Managers' remuneration is aligned with nationally agreed rates.

The level of remuneration for senior management in the Trust is assessed under the terms and conditions and pay arrangements for Agenda for Change staff. This involves a rigorous process of job evaluation to assess the banding level and associated pay scale and also aligns to like positions with similar levels of job demands and responsibilities across the wider NHS.

Senior Managers Remuneration Policy

Our Remuneration Policy was updated in 2022 and is focused on Board level positions. We use NHSI benchmark data and guidance as a basis for determining appropriate remuneration. Our updated policy more clearly sets out the principles taken into account when setting Board remuneration.

Executive Remuneration Policy 2022/23

1.0 Policy statement

- 1.1 This policy has been agreed by the relevant Committees – Executive Nomination & Remuneration Committee for Executive Directors and Governors' Nomination & Remuneration Committee for Non-executive Directors. Both are chaired by the Chair of the Trust.
- 1.2 This policy is reviewed each year, prior to the new financial year, with any changes effective from the new financial year. The policy will be included in the Trust's Annual Report, in line with regulatory requirements.

2.0 Executive Directors

- 2.1 The remuneration policy for Executive Directors is set by the Executive Nomination & Remuneration Committee ('the EN&RC').
- 2.2 The policy applies to salaries of Executives whether engaged on a substantive or fixed term basis. It includes internal 'acting up' arrangements, secondments from other organisations and conversions from 'off payroll' interim arrangements to 'on payroll'.
- 2.3 Directors (notably the Chief Medical Officer) who by virtue of their qualifications and the requirements of the post are eligible to be on the standard NHS consultant contract will be paid in accordance with the terms and conditions relevant to that contract subject to an additional management allowance for the Executive responsibilities, to be determined by the EN&RC.
- 2.4 The policy for setting the appropriate level of remuneration for Executive members is to pay a fair market rate, in line with current Secretary of State and NHSE/I guidance on Very Senior Manager (VSM) pay. The fair market rate will be assessed through annual benchmarking against the current published NHSE/I established pay rate information.
- 2.5 The exact salary is determined by the EN&RC based on the Trust's performance and the individual's contribution. The following principles, however, will be used as a guide to ensure fair pay in line with the Trust's commitments to equality, diversity and inclusion. Protected characteristics, including (not exclusively) gender, age, ethnicity, sexual orientation and disability will not be factors in determining salaries.
 - In line with NHSE/I guidance, any pay increases on appointment should be limited to a maximum of 10% unless this is insufficient to raise the pay level to the lower quartile point of the relevant range.
 - Executive salaries will exceed the highest Agenda for Change Band 9 pay point.

- Directors appointed to their first Executive position will ordinarily be appointed to the lower quartile of the relevant range, for review after their first year of appointment. The same will apply to first time Chief Executive appointments.
 - Other than for Directors in their first Executive or Chief Executive position, appointments will ordinarily be in line with the median quartile of the relevant range, subject to individual circumstances. Appointments to the upper quartile will be considered on an exceptional basis and will take account of market availability of suitably capable candidates and the particular strengths of the candidate being considered.
- 2.6 The EN&RC will seek approval from NHSE/I and Her Majesty's Treasury for any annual salaries of £150,000 or more, including increases to salaries (other than resulting from nationally recommended pay awards). This includes approval of the Chief Medical Officer's total remuneration should this be £150,000 or more.
- 2.7 A remuneration review report will be presented annually following the review of the remuneration policy. Any changes to salaries will ordinarily be effective from 1 April unless otherwise determined by the EN&RC.
- 2.8 Any national recommendations on pay awards for VSM pay will be considered following notification from NHSE and, where agreed by ENR&C, will be backdated in line with the national guidance to the relevant effective date.
- 2.9 Executive remuneration levels, benefits and pension entitlements are published in the Trust's Annual Report.

3.0 SENIOR MANAGERS' REMUNERATION

- 3.1 The James Paget Charity Director is employed by JPUH on behalf of the James Paget Charity. The Charity Director's pay will be reviewed on an annual basis and recommendations made by EN&RC to the Charity Board which is responsible for decision-making for this position.
- 3.2 The national Agenda for Change NHS terms and conditions and pay structure applies to positions reporting into Executive Directors. Any exceptions in relation to interim appointments will be approved by the Chief Executive within the authority delegated by the Executive Nomination and Remuneration Committee.

Confirmed by Executive Nomination & Remuneration Committee on 28 October 2022

4.0 CHAIR AND NON-EXECUTIVE DIRECTORS

4.1 The Council of Governors has responsibility for setting Non-executive remuneration, following the recommendations of the Governors' Nomination & Remuneration Committee ('the GN&RC'). This forms part of the review of all terms and conditions of engagement, including expenses.

4.2 As with Executive remuneration, benchmarking is required against the information published by NHSE/I.

4.3 The current rates of pay are as set out below and take account of the NHSE/I pay structure published in November 2019. There have been no changes since that time:

Board role	Requirement	Indicative Minimum Days	Salary
Trust Chair	Statutory	3 per week	Lower quartile £44,100 Median £47,100 Upper quartile £50,000 Minimum remuneration must be consistent with the median value
Non-executive Director	Statutory (majority on the Board)	3 per month	£13,000
Additional responsibilities			
Committee Chairs (Patient Safety & Quality; Finance & Performance; Audit; People & Culture)	Discretionary	As above	£14,000

4.4 Under the framework, for a Trust of our size, there is local discretion to award a supplementary payment of £2,000 per annum for a maximum of two individuals in recognition of designated extra responsibilities such as chairing principal Committees of the Board and undertaking duties of senior independent director. The Frequently Asked Questions associated with the guidance further clarifies that Trusts have discretion to choose to pay a lower amount to more individuals in recognition of additional roles provided this remains within the designated limit (£4,000 for a Trust of our size). Our policy is to pay an additional £1,000 to each Committee chair.

4.5 The Senior Independent Director will be one of the Committee chairs.

4.6 The GN&RC affords the Chair the discretion to appoint a Deputy Chair if required. This will either be the Senior Independent Director, or another Non-executive appointed following a selection process.

4.7 When the duties attracting an additional payment cease, remuneration reverts to the standard NED remuneration rate.

Expenses are paid, with the Council reviewing the policy on an annual basis for Non-executive Directors. Executive Directors' expenses are paid in line with the Trust's Expenses Policy.

Details of the expenses paid during 2022/23 for all Board members and Governors can be found below.

Governor and Board Expenses (subject to audit)

Table of disclosure	2022/23	2021/22
Governors		
The total number of governors in office	18	28
The number of governors receiving expenses in the reporting period; and	0	0
The aggregate sum of expenses paid to governors in the reporting period.	£0	£0
Directors		
The total number of directors holding office during the year	20	17
The number of directors receiving expenses in the reporting period; and	7	4
The aggregate sum of expenses paid to directors in the reporting period.	£1,725	£1,536

Senior Managers' remuneration (subject to audit)

	Figures from 'Remuneration Details' tab						Figures taken from 2022 filed accounts					
	Year Ended 31st March 2023	Year Ended 31st March 2023	Year Ended 31st March 2023	Year Ended 31st March 2023	Year Ended 31st March 2023	Year Ended 31st March 2023	Year Ended 31st March 2022	Year Ended 31st March 2022	Year Ended 31st March 2022	Year Ended 31st March 2022	Year Ended 31st March 2022	Year Ended 31st March 2022
	Salary (bands of £5,000) £000	Expense payments (taxable) to nearest £100 £	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (a to e) (bands of £5,000) £000	Salary (bands of £5,000) £000	Expense payments (taxable) to nearest £100 £	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (a to e) (bands of £5,000) £000
Mrs A Hills Chief Executive until 25/04/22	10 - 15	0	0	0	0	10 - 15	185 - 190	0	0	0	192.5 - 195.0	375 - 380
Ms J Segasby Chief Executive/Chief Operating Officer moved from COO to CEO on 25/04/22	175 - 180	0	0	0	112.5 - 115.0	290 - 295	120 - 125	0	0	0	0	120 - 125
Mr J Barber Deputy Chief Executive	115 - 120	0	0	0	60.0 - 62.5	175 - 180	115 - 120	0	0	0	15.0 - 17.5	130 - 135
Mr M Flynn Director of Strategic Projects	130 - 135	0	0	0	35.0 - 37.5	165 - 170	135 - 140	0	0	0	42.5 - 45.0	175 - 180
Mr P Morris Chief Nurse	120 - 125	0	0	0	0	120 - 125	115 - 120	0	0	0	0	115 - 120
Dr WH Stuart Medical Director until 21/08/22	60 - 65	0	0	0	0	60 - 65	190 - 195	0	0	0	0	190 - 195
Mr V Chitre Chief Medical Officer from 01/08/22	85 - 90	0	0	0	292.5 - 295.0	380 - 385	NOT IN POST					
Mr E Taylor Chief Finance Officer	115 - 120	0	0	0	80.0 - 82.5	195 - 200	105 - 110	0	0	0	50.0 - 52.5	155 - 160
Mr N Kee Chief Operating Officer from 19/04/22	130 - 135	0	0	0	0.0 - 0.0	130 - 135	NOT IN POST					
Mrs S Goldie Director of People and Culture	100 - 105	0	0	0	110.0 - 112.5	215 - 220	40 - 45	0	0	0	67.5 - 70.0	110 - 115
Ms AL Davidson Chair	45 - 50	600	0	0	0	45 - 50	45 - 50	600	0	0	0	45 - 50
Professor D Scott Non Executive Director, Senior Independent Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Mr S Javes Non Executive Director	10 - 15	100	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Mrs K Knight Non Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Mr J Hennessey Non Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Mrs PR Kerr Non Executive Director until 31/10/22	05 - 10	100	0	0	0	05 - 10	10 - 15	0	0	0	0	10 - 15
Professor L Bowater Non Executive Director until 30/09/22	05 - 10	0	0	0	0	05 - 10	00 - 05	0	0	0	0	00 - 05
Professor C Notley Non Executive Director from 17/10/22	05 - 10	0	0	0	0	05 - 10	NOT IN POST					
Professor S Lindqvist Non Executive Director from 01/02/23	00 - 05	0	0	0	0	00 - 05	NOT IN POST					
Mr G Armitage Executive Lead for Workforce until 01/10/21	COMPARISON ONLY						55 - 60	0	0	0	227.5 - 230.0	285 - 290
Mrs K Hansed Director of Governance and Transformation until 31/03/21	COMPARISON ONLY						00 - 05	300	0	0	0	00 - 05
Professor NJ Spalding Non Executive Director until 31/12/21	COMPARISON ONLY						05 - 10	0	0	0	0	05 - 10

None of the senior managers above were in receipt of performance-related bonuses or long-term performance-related bonuses during the reporting period. Seven employees have been paid more than the highest paid director (2021/22 nine).

Dr WH Stuart's total remuneration paid by the entity as disclosed above, includes £18,880.83 paid in relation to her clinical duties and not in relation to her managerial role.

Mr V Chitre's total remuneration paid by the entity as disclosed above, includes £32,146.54 paid in relation to his clinical duties and not in relation to his managerial role.

The taxable expense payments consist of all expense allowances subject to UK income tax, such as car mileage allowances.

The annual increase in pension related benefits disclosed above represents the increase or (decrease), adjusted for inflation, between the amounts as at 31 March 2022 and the amounts as at 31 March 2023.

The pension related benefit is calculated following a prescribed formula issued by HMRC, derived from s229 of the Finance Act 2004, modified by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). The calculated pension benefit figure is representative of the benefits that would be payable to the senior manager if they became entitled to it at the end of the financial year. The calculation is based upon 20 x annual pension income, plus the lump sum payable. Factors determining the variation in the values recorded between individuals include a change in role with a resulting impact on pension benefits.

Fair Pay Disclosure (subject to audit)

Ratio of Highest Paid Director to Other Staff

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the upper quartile, median and lower quartile remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component. The mid-point of the banded remuneration of the highest-paid director in the James Paget University Hospitals NHS Foundation Trust in the financial year 2022/23 was £197,500 (2021/22 - £192,500). This was 4.61 times (2021/22 - 4.57 times) the upper quartile remuneration of the workforce, which was £42,859 (2021/22 - £42,121). This was 8.19 times (2021/22 - 8.36 times) the lower quartile remuneration of the workforce, which was £24,113 (2021/22 - £23,035). This was 6.21 times (2021/22 - 6.10 times) the median remuneration of the workforce, which was £31,794 (2021/22 - £31,546).

The median and 25th and 75th percentile full time equivalent remuneration of the workforce has been calculated based on those receiving remuneration. The remuneration received has been annualised for basic pay and based on actuals for other allowances including enhancements and overtime and excludes the highest paid director. In calculating the workforce remuneration performance related pay has been excluded for all non-consultant staff on the basis that it is nil. Further to this, employees on apprenticeship schemes and benefit in kind have been excluded from salaried and total remuneration, however this does not have a material impact on the accuracy of the calculations. Included within the figures to calculate the median full time equivalent remuneration is the annualised remuneration of agency staff working at the Trust at 31 March 2023.

There has been an overall increase in staff remuneration from the last financial year due to a mixture of an inflationary increase and a net progression of staff with incremental increases within the AFC pay scales. Remuneration ranged from £14,299 to £270,338 (2021/22: £17,422 to £271,322). 7 employees (2021/22 - 9) received remuneration in excess of the highest paid director.

Pay ratio information table

2022-23	25th percentile	Median	75th percentile
All staff remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£25,405	£33,144	£44,164
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£25,311	£32,528	£43,567
All staff remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff): Mid band of highest paid director	7.77	5.96	4.47

2021-22	25th percentile	Median	75th percentile
All staff remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£23,035	£31,546	£42,121
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£22,904	£31,534	£41,516
All staff remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff): Mid Point of band of highest paid director	8.36	6.10	4.57

Percentage Change in Remuneration of Highest Paid Director

	% Change from previous financial year in Salary and Allowances	% Change from previous financial year in Performance Pay and Bonuses
Highest Paid Director-(mid point of band)	2.60%	N/A*
All Employees (total for all employees on an annualised basis, excluding the highest paid director, divided by the FTE number of employees (also excluding the highest paid director)).	-8.61%	N/A*

*No Performance Pay and Bonus payments are made by the FT.

Senior Managers' pension entitlements (subject to audit)

2022/23

Senior Managers pension entitlements

Name and title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mrs A Hills Chief Executive	0.0 - 2.5	0.0 - 2.5	50 - 55	110 - 115	746	11	963	0
Mrs J Segasby Chief Operating Officer	5.0 - 7.5	10.0 - 12.5	55 - 60	115 - 120	864	107	1005	0
Mr J Barber Director of Strategy and Transformation	2.5 - 5.0	0.0 - 2.5	20 - 25	0 - 0	253	40	314	0
Mr M Flynn Director of Strategic Projects	2.5 - 5.0	0.0 - 2.5	30 - 35	40 - 45	431	22	484	0
Mr V Chitre Chief Medical Officer from 01/08/22	7.5 - 10.0	20.0 - 22.5	60 - 65	155 - 160	1064	208	1433	0
Mr E Taylor Chief Finance Officer	2.5 - 5.0	2.5 - 5.0	35 - 40	55 - 60	476	59	562	0
Mr N Kee Chief Operating Officer from 19/04/22	0.0 - 2.5	0.0 - 2.5	50 - 55	120 - 125	1190	0	1188	0
Mrs S Goldie Director of People and Culture	5.0 - 7.5	10.0 - 12.5	30 - 35	60 - 65	426	86	539	0
2021/22 - COMPARISON ONLY								
Name and title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mr M Flynn Director of Strategic Projects	2.5 - 5.0	0.0 - 2.5	25 - 30	35 - 40	385	28	431	0
Mr G Armitage Executive Lead for Workforce until 01/10/21	5.0 - 7.5	12.5 - 15.0	50 - 55	145 - 150	981	96	1193	0
Mrs S Goldie Director of People and Culture from 18/10/21 in post on an interim basis between 18/10/21 to 30/11/21 (on secondment from NSFT)	0.0 - 2.5	2.5 - 5.0	25 - 30	50 - 55	358	13	426	0
Mr J Barber Deputy Chief Executive	0.0 - 2.5	0.0	15 - 20	0 - 0	228	8	253	0
Mrs J Segasby Chief Operating Officer	0.0	0.0	45 - 50	100 - 105	879	0	864	0
Mr E Taylor Director of Finance	2.5 - 5.0	2.5 - 5.0	25 - 30	50 - 55	423	39	476	0
Mrs A Hills Chief Executive	7.5 - 10.0	17.5 - 20.0	50 - 55	110 - 115	605	121	746	0

As Non-executive members do not receive pensionable remuneration there will be no entries in respect of pensions for Non-executive members.

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 from 2004-05 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. Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

Real Increase / (decrease) in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Senior managers' pension entitlement disclosures are subject to external audit.

Senior managers P Morris and W Stuart are not included in the above disclosure as they have previously opted out of the pension scheme.



Jo Segasby
Chief Executive and Accounting
Officer 28 June 2023

Staff Report

The 5-year People Strategy

Our vision for our people is to build a fully engaged, inclusive and high performing workforce that lives our values and behaviours. We aim to give our patients the very best care through a workforce that is responsive and adaptable and genuinely cares. We believe the best way to achieve this is through having a compassionate, supportive and inclusive culture, where we support the development of our staff to be the best they can be, ensuring we are an attractive place to work and nurturing talent for the future.

Our People Plan identifies the workforce priorities required to support delivery of the Trust's vision, strategic ambitions and objectives, whilst demonstrating our values in all that we do. The key areas of focus of our strategy are:

- Equality, diversity and inclusion
- Staff experience and engagement
- Culture transformation
- Talent, leadership and lifelong learning
- Digitisation and workforce planning
- High performing Human Resources and Organisational Development capability

The People and Culture Committee receives updates on progress with the delivery of the plan every six months and reviews the plan annually. Following the recent launch of our new Trust Strategy and Trust Values, we have taken the opportunity to review our People Plan and will be launching our new Plan in the summer.

Our People Plan is aligned to the NHS People Plan and People Promise and also supports delivery of the Norfolk and Waveney ICS People Plan. As such, it supports delivery of the long-term plan.

We are a partner within the Norfolk and Waveney health and care system and proactively collaborate on the people agenda. It enables us to benefit from good practice in recruitment, retention and the development of innovative new roles.

Recruitment – Attracting Talent

Our Trust performs fourth highest out of all acute Trusts in the East of England for recommending the Trust as a place to work. This supports us having one of the lowest vacancy rates in the country and stable turnover.

The recruitment of some staff groups and specialties remains a challenge for the NHS and this Trust is no exception. As such, we continue to review innovative ways to consider the skills requirements, role design and development of our services to ensure we can attract quality and diverse talent, as well as having a robust 'grow our own' approach.

Our staff report higher than average experience of flexible working when compared to other acute hospitals. This is something we are committed to continuing to develop to

attract, support and retain great staff, aligned to operational needs. We also offer flexible retirement opportunities, assisting us to retain experienced staff.

Recognising our staff

Our staff are at the core of everything we deliver and we could not be prouder of their extraordinary efforts as we continue to face significant operational pressures following the pandemic.

We were delighted to celebrate the fantastic achievements of individuals and teams in our virtual Paget's People Awards in October 2022. We saw more than 360 nominations from both patients and staff and over 200 guests attended the ceremony to celebrate all those nominated and our winners. This was the first time we were able to celebrate at a face to face event since the pandemic, returning to The Ocean Room in Gorleston.



Additionally, we run an Employee of the Month Scheme. This staff recognition scheme was implemented as a result of feedback from a National Staff Survey some years ago. The Chief Executive identifies those who have shown a particular dedication to supporting our services and patients. A member of staff or a team is selected each month for recognition from the suggestions made by patients, the public or colleagues. The winner is taken by surprise and awarded a certificate by the Chief Executive.

Given the pressures our staff have been working under, a new scheme was introduced over the winter of 2022/23 to thank teams who made an exceptional contribution to keeping services safe, improving flow within the hospital and trying to support people to stay at home. Winners were presented with a certificate and chocolates by the Chief Operating Officer.

Equity, diversity and human rights

Equity, diversity and inclusion (EDI) is the responsibility of everyone in the Trust.

The Equality Act 2010 places a statutory obligation on the Trust to protect the equality, diversity and inclusion of all its staff under nine protected characteristics. We are committed to actively recognising and promoting inclusion and diversity, by being a fair and supportive employer and treating staff with dignity and respect, challenging discrimination in all its forms and ensuring that equality lies at the heart of everything that we do. It is important that our staff feel



valued, and benefit from what diversity in the workforce brings.

This is an important priority for us in the provision of services to the people we serve and as an inclusive employer of choice.

We have made some important headway over the last year with the engagement of a specialist EDI lead and the development of plans to promote an Inclusive Workplace as a key element of our Staff Experience Plan. This has included our #ChooseRespect work to raise awareness of reporting of incidents of violence and aggression towards our staff and improved support. Work has also started to improve the fairness (including perceived fairness) of our recruitment processes. We have expanded our staff networks, now having an Ability Network to support our disabled employees, and have also launched a Menopause Network. We thank our Ethnically Diverse and LGBT networks for organising some wonderful events to celebrate Diwali, Ramadan and Pride.

EDI is a key element of our new Value of Respect and Behaviours – “we are anti-discriminatory, treating people fairly and creating a sense of belonging and pride”. It is also a key element of our new People Plan that we will be launching in the summer – Ambition 2.1 is to Promote an Inclusive, Fair and Safe Workplace. We know we have a lot more work to do in this area but are committed to doing this, working collaboratively with our staff networks.

We have embraced NHSE/I equality frameworks and respond positively to the Workforce Disability Equality Standard (WDES); Workforce Race Equality Standard (WRES); Gender Pay Gap and Equality Delivery System (EDS2) with outcomes being used to inform our plans. EDI performance is monitored by the EDI Steering Group, which reports to the Hospital Management Group. Performance reports are considered by the People and Culture Committee for assurance and presented in public Board meetings and published in line with national reporting requirements.

WRES and WDES

The WRES and WDES set out specific measures that will enable NHS organisations to compare the experiences of minority ethnic staff and white staff, and disabled and non-disabled staff. These measures or metrics cover areas such as membership of the Board of Directors, recruitment, bullying and harassment, staff engagement and the voices of staff.

This information is used to develop local action plans, which enables us to demonstrate progress against the indicators of race and disability equality. The Trust has an Equality and Diversity Policy with a commitment to comply with the Equality Act and the public sector equality duty. One example of this is the Recruitment and Selection Policy which states that we will guarantee an interview to those candidates that meet the person specification for a vacancy and offer to make reasonable adjustments for interview and for successful applicants in the workplace.

EDI Performance (NHS Staff Survey 2022)

Table 1: Trust Wide Data

NHS Staff Survey 2022 – Trust Wide	Best Trust	Average	JPUH 2022	JPUH 2021
We are compassionate and inclusive	7.7	7.2	7.0	7.1
Equal opportunity career development and progression	69.4%	55.6%	54.2%	57.1%
Discrimination – patients/public	2.7%	7.8%	9.5%	10.0%
Discrimination – manager/staff	4.2%	8.7%	9.9%	11.0%

Table 2: Workforce Disability Equality Standard (WDES)

NHS Staff Survey 2022 – Trust Wide	LTC Average	JPUH 2022	JPUH 2021
Equal opportunities for career progression or promotion	51.4%	51.7%	54.7%
Bullying and Harassment – patients/public	33.0%	42.8%	43.4%
Bullying and Harassment - manager	17.1%	21.0%	23.4%
Bullying and Harassment - colleague	26.9%	34.1%	35.5%
Reporting Bullying and Harassment	48.4%	54.4%	56.4%
Felt pressure to come to work despite not feeling well enough	30.0%	31.9%	28.2%
Organisation values their work	32.5%	31.4%	28.6%
Provision of reasonable adjustments	71.8%	66.7%	70.8%

Table 3: Workforce Race Equality Standard (WRES)

NHS Staff Survey 2021 – Trust Wide	BME Average	JPUH 2022	JPUH 2021
Equal opportunities for career progression or promotion	47.0%	43.9%	52.5%
Bullying and Harassment – patients/public	30.8%	41.8%	35.5%
Bullying and Harassment – staff/manager	28.8%	34.4%	33.2%
Discrimination – manager or other colleague	17.3%	21.9%	24.4%

Modern Slavery Act 2015 and Human Trafficking Statement

In accordance with section 54(1) of the Modern Slavery Act 2015, James Paget University Hospitals NHS Foundation Trust ('the Trust') has zero tolerance of slavery and human trafficking and is committed to preventing such activities, taking all reasonable actions to ensure our supply chains and operational activities are free from ethical and labour standards abuses.

The Trust provides services from its main hospital site in Gorleston and a small number of other sites.

Policies, procedures, governance and legal arrangements are robust, ensuring that proper checks and due diligence are applied in employment procedures to ensure compliance with

legislation and NHS employment check standards.

All colleagues working at the Trust have a personal responsibility for the prevention of slavery and human trafficking, with our procurement department having lead responsibility for overall compliance.

Training for staff includes awareness and consideration of duties in relation to modern slavery and human trafficking, taking appropriate action in relation to any concerns and working with partner organisations when relevant. The Trust's safeguarding policies provide further guidance and clear reporting procedures. They are reviewed every three years as a minimum. In addition, the Safeguarding Team is available to colleagues, providing enhanced knowledge and support.

We use supply chains engaged through relevant NHS and public sector approved procurement framework arrangements to support temporary staffing needs, with compliance with NHS standards being a condition of engagement.

To ensure a high level of understanding of the risks of modern slavery and human trafficking in our supply chains and our business, our procurement staff receive training in this area.

In addition, we take the following steps:

- Include specific clauses that reflect our obligations under the Modern Slavery Act 2015 in terms and conditions for supply.
- Include pass/fail criteria for Procurement led tender processes and new vendor requests.
- Upskill the Procurement and Supplies Team on the implications of the Act in order that they can support the wider organisation on its implementation.
- Communicate to all high-risk suppliers providing an overview of the legislation, stating our intent and expectations.
- Include a specific right to audit against the obligations of the Modern Slavery Act 2015 for those contracts deemed to be of high risk.
- Ensure suppliers engaged outside the normal procurement processes comply with the Modern Slavery Act 2015.
- Ensure staff and other workers are paid at or above National Minimum Wage requirements and in line with NHS terms and conditions where employed directly by the Trust.
- Commit to referring to the appropriate authorities/agencies any concerns of modern slavery or human trafficking that we may identify.

This statement has been approved by our Board of Directors for the year ended 31 March 2023.

Freedom to Speak Up

One of our new Trust Values, launched in April 2023, is **Empowerment**, with the supporting headline behaviour, “We speak out when things don’t feel right, we are innovative and make changes to support continuous improvement”.

Speaking up is about highlighting anything that gets in the way of providing good care or other issues of concern. It is important because it will help us to keep our patients safe and to keep improving our services for all patients and the working environment for our staff. Our Board and senior leaders are committed to an open and supportive culture. We will look into the concerns a member of staff raises and provide access to appropriate support. We use the same timeframe as for exploring serious incidents – aiming to investigate and provide feedback within 45 working days.

As an organisation we are committed to achieving the highest possible standards of service. It is therefore vital that staff feel confident to raise concerns as it will help us to keep improving our services for all patients and the working environment for individuals. Speaking up is something that should happen as ‘business as usual’. It can take many forms including a quick discussion with a line manager, an idea of how to make an improvement to the service provided, raising an issue with the Speak Up Guardian, or bringing a matter to the attention of a regulator.

Our Freedom to Speak Up (FTSU): Raising Concerns Policy sets out how staff can raise concerns, the process that is followed and the support available. This was last reviewed and updated in October 2022 in line with updated NHS England guidance.

Our Freedom to Speak Up Guardian actively promotes the service. She has direct access to the Board of Directors, which receives regular reports on the number of cases, themes and progress. The Guardian reports directly to the Chief Executive and has the support of the lead Non-executive Director for Freedom to Speak Up to support unblocking any barriers. The Guardian attends the Board in person twice a year, with a detailed report available to the public. The six-monthly reports detail key themes, updates to national guidance and provides assurance that the Speaking Up agenda is being met.

Speaking up can take courage. We are therefore committed to nurturing a culture where people feel psychologically safe. Our Just and Learning Culture work and Patient Safety Incident Response Framework supports this.

The Guardian has continued to visit wards/departments and attend team meetings to raise awareness of speaking out. Posters and flyers have been circulated to ensure our staff know who to contact and how, and there is a screen saver on work computers. The Guardian has also been promoting Freedom to Speak Out e-learning. She continues to interact with other Lead Guardians in the local area and attends regional networking events to support continuous learning and best practice.

We would like to thank everyone who has spoken up in the last year; their voice makes a difference.

Data and policies

Staff Numbers contracted as at 31 March 2023

Workforce 31.03.23	Female (fte)	Male (fte)	Total (fte)
Directors (excluding Non-executives)	2.00	6.90	10.40
Senior Managers	18.92	18.00	36.92
Employees	2768.95	848.72	3616.17
Total	2789.87	873.62	3663.49

Average Staff Numbers – Whole Time Equivalent (WTEs)

Staff Group	Total WTE	Permanent WTE	Other WTE
Medical and Dental	393	156	237
Ambulance Staff	0	0	0
Administration and Estates	714	658	56
Healthcare assistants and other support staff	1066	944	122
Nursing, midwifery and health visiting staff	1030	869	161
Nursing, midwifery and health visiting learners	12	1	11
Scientific, therapeutic and technical staff	277	261	16
Healthcare science staff	31	30	1
Social care staff	0	0	0
Other	7	0	7
Total Average numbers (WTE)	3530	2919	611

Figures are subject to audit

Staff Costs Analysis

	Year Ended 31 March 2023		Year Ended 31 March 2022	
	Permanent £ 000	Other £ 000	Total £ 000	Total £ 000
Employee expenses and numbers				
Employee expenses				
Salaries and wages	150,657	12,030	162,687	138,415
Social security costs	14,292	655	14,947	13,866
Apprenticeship levy	765	-	765	694
Employer contributions to NHS Pensions	17,595	629	18,224	16,287
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	7,455	267	7,722	6,944
Pension cost - other	60	-	60	54
Agency / contract staff	-	9,258	9,258	7,404
	190,824	22,839	213,663	183,664
Employee expenses recharged to other organisations	(282)	-	(282)	(662)
Employee expenses capitalised as part of assets	(452)	-	(452)	(461)
	190,090	22,839	212,929	182,541

Figures are subject to audit

Sickness absence data

Sickness Absence	2022/23
Percentage of Long Term Sick (over 28 days)	2.98%
Percentage of Short Term	2.79%
Average Working Days Lost (ESRBI Average Days (FTE) per FTE) – Full Time Equivalent	21.07
Percentage of staff with no sick leave	16.23%

Top Sickness Reasons	Year 2022/23	
	% (of all Sickness)	% (of all fte available)
S10 Anxiety/stress/depression/other psychiatric illnesses	21.70%	1.25%
S15 Chest & respiratory problems	13.90%	0.80%
S13 Cold, Cough, Flu - Influenza	11.00%	0.64%
S25 Gastrointestinal problems	8.00%	0.46%
S12 Other musculoskeletal problems	7.10%	0.41%

Staff policies and their application

The application of workforce policies is in line with the legal requirements currently in place and also with regard to national guidance from NHS Employers and NHSE/I. Policies applied throughout the year include:

- **Recruitment, Equality and Diversity and Managing Attendance Policies** – for giving full and fair consideration to applications for employment; setting our expectations in regard to anti-discriminatory behaviour in the workplace; and supporting staff who require time absent from work due to ill health. We are working with system colleagues to develop a joint Supporting Attendance at Work Policy.
- **Freedom to Speak Up: Raising Concerns Policy** – Encourages staff to speak out if there is anything that concerns them and explains how they can do this.
- **Consultation and Engagement** - we proactively encourage staff and their representatives to share views and ideas so these can be taken into account in making decisions which are likely to affect them.
- **Change Management, Redeployment and Redundancy Policy** - sets out how we consult staff and manage organisational change within the Trust.
- **Health and Safety Policy; Occupational Health** – sets out our framework for managing health and safety within the Trust. Regular Occupational Health reports are received by our Health and Safety Committee.
- **Anti-fraud and Corruption Policy** – sets out our commitment to reducing fraud, bribery and corruption in the NHS and taking appropriate action where there are concerns or where any fraudulent acts have been identified.

Staff turnover

The retention of skilled and experienced staff is an important element of the Trust's People Plan. Our turnover rate is considerably below the average for NHS acute hospitals. Despite this, we have an ongoing focus on continuously improving staff experience and retaining our talented people. This is supported by the delivery of our Staff Experience Plan. We provide exit questionnaires to all leavers, offer exit discussions and also stay conversations, which is available to staff who might have 'itchy feet'.

Information on staff turnover is provided at this link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

Staff engagement and the NHS Staff Survey

We proactively seek to engage staff and their representatives at a corporate and a local level in relation to issues that may affect them, examples of some of the forums available below:

- Joint Partnership Forum – held between staff side representatives and Trust Executives
- Staffside Meetings – Fortnightly meetings held between the Staffside Chair and Secretary and Chief Executive and Director of People & Culture
- Local Negotiating Committee – quarterly meeting between senior managers and BMA / medical representatives
- Annual NHS Staff Survey – anonymous survey sent to all staff
- Chief Executive's Surgeries – fortnightly Teams briefing and question and answer sessions open to all staff to provide key updates and to enable immediate feedback from staff and the opportunity to ask questions
- Staff Networks – Executive sponsored networks focused on issues relevant to particular protected characteristic groups
- Your Voice – Listening sessions held in both clinical divisions. A Corporate You Voice is to be launched in 2023.

NHS Staff Survey

We value receiving feedback from our staff to inform our plans to deliver the best possible experience at work. We know that great staff experience supports great patient experience.

The NHS Staff Survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale. These replaced the ten indicator themes used in previous years. 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 2021/22 survey among Trust staff was 34% (2020/21: 36%).

2022/23 and 2021/22

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)	2022/23		2021/22	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:				
We are compassionate and inclusive	7.0	7.2	7.1	7.2
We are recognised and rewarded	5.5	5.7	5.7	5.8
We each have a voice that counts	6.5	6.6	6.7	6.7

We are safe and healthy	5.7	5.9	5.9	5.9
We are always learning	5.2	5.4	5.2	5.2
We work flexibly	6.1	6.0	6.2	5.9
We are a team	6.3	6.6	6.4	6.6
Staff engagement	6.7	6.8	6.9	6.8
Morale	5.5	5.7	5.9	5.7

2020/21

Scores for each indicator together with that of the survey benchmarking group (acute and acute & community Trusts) are presented below.

	2020/21	
	Trust score	Benchmarking group score
Equality, diversity and inclusion	8.8	9.1
Health and wellbeing	6.0	6.1
Immediate managers	6.6	6.8
Morale	6.3	6.2
Quality of appraisals*	n/a	n/a
Quality of care	7.4	7.5
Safe environment – bullying and harassment	7.6	8.1
Safe environment – violence	9.4	9.5
Safety culture	6.6	6.8
Staff engagement	7.0	7.0

*This wasn't a theme in the 2020/21 report

Whilst a meaningful response rate, we are disappointed that we did not have more staff completing the survey. Encouraging more staff to respond will be a focus in readiness for the next survey.

Whilst remaining close to the benchmark averages, we have seen some deterioration in our results in the last year. It is evident that significant operational pressures are having an impact on our staff and there is further work we need to do in areas such as equity, diversity and inclusion. Having said this, we are the fourth best performing acute Trust in the East of England for staff recommending the Trust as a place to work and the best acute Trust for this in Norfolk and Waveney.

Future priorities and targets

We have established a Staff Experience Programme Board, reporting to our Hospital Management Group, to oversee plans to drive forward improvements in this area. The work includes a continued focus on Leadership, Teams, an Inclusive Workplace, Values and Wellbeing. Additionally, reporting into the Programme Board, working groups have been established with a focus on experience for different professional staff groups, led by senior professionals.

We will also be launching an ambitious new People Plan in 2023/24.

We are committed to improving our staff experience over the next year, to be in line or better than the acute sector average, with an ambition to be in the top quarter over the next five years.

Trade union facility time disclosures

We value positive working relationships with our trade union colleagues. We have a Staffside Chair and Trust Secretary who have dedicated roles. We also provide facilities time for all recognised trade union representatives to carry out their duties. The Chief Executive and Director of People & Culture meet regularly with the Staffside Chair and Trust Secretary. We also hold Joint Partnership Forum meetings with trade union representatives to discuss particular issues of interest to staffside colleagues. We use the forum for formal consultation processes.

- **Relevant Union Officials**

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
12	1.76 WTE

- **Percentage of time spent on facility time**

Percentage of time	Number of employees
0%	4,194 staff
0-50%	10 staff
51-99%	1 staff
100%	1 staff

- **Percentage of pay bill spent on facility time**

Facility Time	Figures
Total cost of facility time	£92,590
Total pay bill	£212,930,000
Percentage of the total pay bill spent on facility time	0.04%

Other disclosures

Off Payroll engagements

All substantive employees are paid through our payroll. Any off payroll engagements are subject to risk based assessments to ensure full compliance with Her Majesty's Revenue and Customs requirements either by the Trust or external agencies.

No members of the Board of Directors were engaged on an interim and off payroll basis during the year.

For all off payroll engagements as of 31 March 2023 for more than £245 per day and that last for longer than six months	2022/23
Number of existing engagements as of 31 March 2023	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

Exit packages

There are processes in place for exit packages which take account of national guidance on how these cases will be dealt with and include compliance and approval through NHSE/I as required.

There have been 21 staff exit packages during 2022/23.

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
<£10,000	0	0	15	40	15	40
£10,000 - £25,000	0	0	5	69	5	69
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	1	73	0	0	1	73
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total	1	73	20	109	21	182

Figures are subject to audit

Exit packages: non-compulsory departure payments

	Agreement Numbers 2022/23	Total Value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	20	109
Exit payments following employment tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
Total	20	109
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0

The policy on payment for loss of office

Director notice periods are set by the Executive N&R Committee and for other senior managers on Agenda for Change terms and conditions of employment, these are agreed through our Joint Partnership Forum.

Any payments for loss of office will be in line with contractual entitlements. This would include, where appropriate, a payment in lieu of notice and payment of outstanding annual leave. The circumstances of the loss of office may impact entitlement, for example, in the event of a summary dismissal from employment due to gross misconduct, no notice would be payable.

Expenditure on consultancy

There was one management consultancy appointments made during 2022/23 which had a contract value greater than £50,000 in relation to advice provided to the Trust. This was provided by Mindset Practise Ltd and was for staff mediation (£51,975).

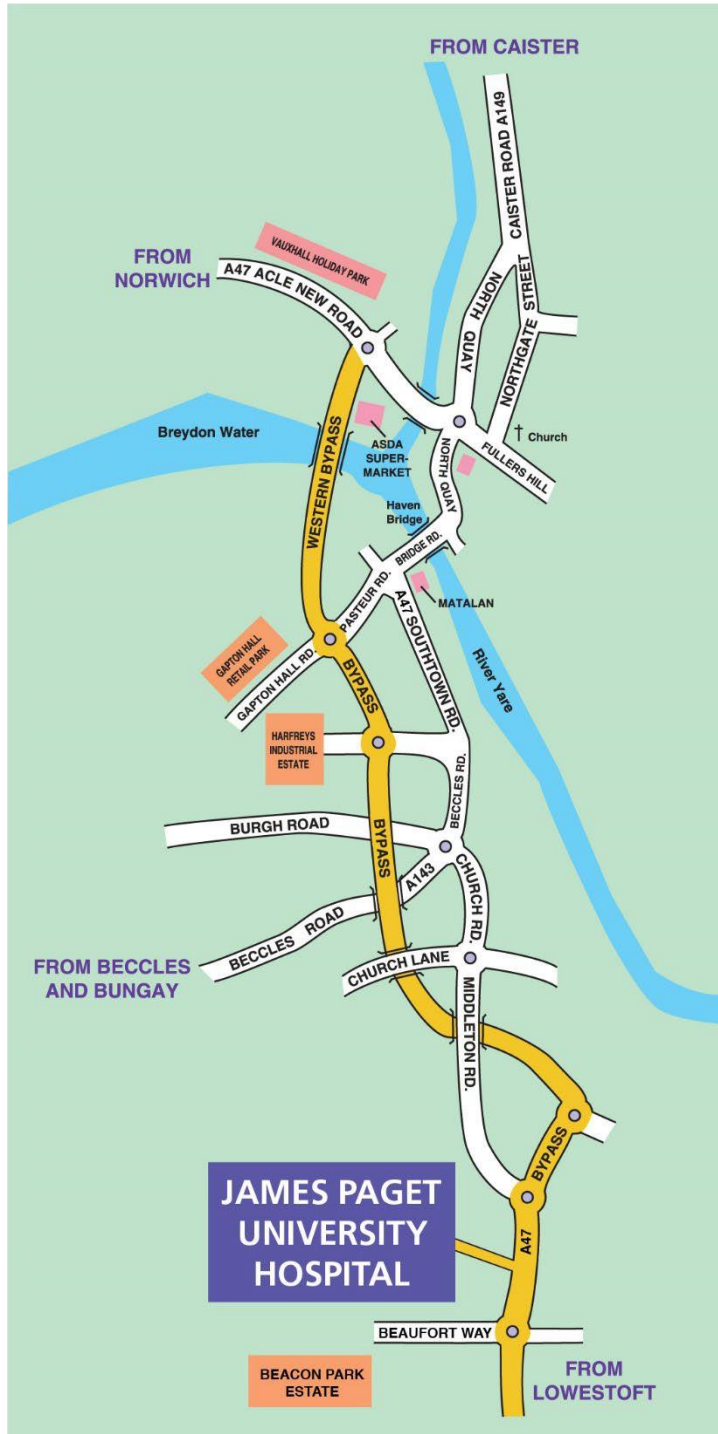
Total expenditure on management consultancy during the year was £154,043 (2021/22: £275,610) as shown in note 5 on page 32 of the financial statements.

Glossary and Key to Abbreviations

AHP	Allied Health Professional
Acute	Rapid onset, severe symptoms and brief duration
Audit	A continuous process of assessment, evaluation and adjustment
BAF	Board Assurance Framework
CHP	Sustainability – combined heat and power
CQC	Care Quality Commission
Capital	Spending on land and premises and provision, adaptation, renewal, replacement or demolition of buildings, equipment and vehicles
CiC	Committees in Common
EADU	Emergency Assessment and Discharge Unit
ED	Emergency Department
EDI	Equality, diversity and inclusion
ENT	Ear, Nose and Throat services
ERB	Elective Recovery Board
ERIC	Estates Returns Information Collection – NHS Digital
FTSU	Freedom to Speak Up
HMB	Hospital Management Board
HASU	Hyper Acute Stroke Unit
Inpatient	A patient admitted to hospital for a period of treatment or to undergo an operation, staying in hospital for 24 hours or longer
ICS	Integrated Care System
JPUH	James Paget University Hospitals NHS Foundation Trust
KLOEs	Key Lines of Enquiry
KPIs	Key Performance Indicators
N&R	Nomination and Remuneration
N&W	Norfolk and Waveney
N&WHG	Norfolk and Waveney Hospitals Group – the three acute Trusts
NED	Non-executive Director
NHP	New Hospitals Programme
NHSE/I	NHS England/NHS Improvement leads the NHS in England. They have been working together since April 2019 to better support the NHS to deliver improved care for patients
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
Outpatient	Provided on an appointment basis without the need to be admitted

	to or stay in hospital
PDC	Public Dividend Capital
QEH	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
RAAC	Reinforced Aerated Autoclaved Concrete roof panels
REGO	Renewable energy electric contract
RTT	Referral to Treatment
SFIs	Standing Financial Instructions – part of corporate governance framework
SOC	Strategic Outline Case
UoR	Use of Resources
UEA	University of East Anglia
UEC	Urgent and Emergency Care
VCSE	Voluntary, community and social enterprise sectors
VSM	Very Senior Manager
WRES/WDES	Equality – Workforce Race and Disability Equality Standards
WTE/FTE	Whole time/full time equivalent (staffing)

Useful contacts and how to get to the hospital



James Paget University Hospitals
NHS Foundation Trust

Lowestoft Road
Gorleston
Great Yarmouth
Norfolk

NR31 6LA

01493 452452

Website: www.jpaget.nhs.uk

Head of Corporate Affairs/Trust
Secretary

Tel. 01493 452162

For queries on this report, the
Board, Governors and
membership

foundationtrust@jpaget.nhs.uk

Communications:

communications@jpaget.nhs.uk

Governors:

governors@jpaget.nhs.uk

Twitter: @JamesPagetNHS

Facebook:

@jamespagetuniversityhospital

Also available on LinkedIn and
Instagram

Patient Advice & Liaison Service

01493 453240

PALS@jpaget.nhs.uk



James Paget
University Hospitals
NHS Foundation Trust

FINANCIAL STATEMENTS

FOR THE
YEAR ENDED
31 MARCH 2023



Contents

	Page
Statement of Accounting Officer's Responsibilities	2
Annual Governance Statement	3
Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust	10
Foreword to the Accounts	14
Statement of Comprehensive Expenditure	15
Statement of Financial Position	16
Consolidated Statement of Changes in Taxpayers' Equity	17
Consolidated Statement of Cash Flows	18
Notes to the Accounts	19

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of the James Paget University Hospitals NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require the James Paget University Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of James Paget University Hospitals NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

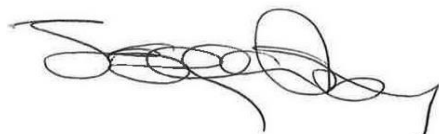
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy; and
- 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 auditor is 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.



Jo Segsaby
Chief Executive
28 June 2023

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of James Paget University Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the potential impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in James Paget University Hospitals NHS Foundation Trust throughout the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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 James Paget University Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the potential impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in James Paget University Hospitals NHS Foundation Trust throughout the year ended 31 March 2023 and up to the date of

Each Committee is required to review the suitability and implementation of risk mitigation plans with reference to their potential impact on service quality and patient outcomes. Taking into consideration the Board's Risk Appetite Statement, each Committee shall review:

- The Corporate Risk Register;
- The Board Assurance Framework report; and,
- Exception reports from the Executive members and required attendees of the Committee.

All Board Committees seek and test assurance that risks to the specialist subject of the Committee are being effectively identified and treated.

Responsibility for the management of risk is delegated by the Chief Executive to several formal Management Groups which are overseen by the Executive Team and the Hospital Management Group. These Management Groups include:

- Executive Risk Oversight Group;
- Hospital Management Group;
- Patient Safety and Experience Group;
- Clinical Effectiveness Group;
- Education and Development Steering Group;
- Equity, Diversity, and Inclusion (EDI) Steering Group;
- People and Culture Steering Group;
- Digital Transformation Group;
- Estates Delivery Group;
- Health and Safety Committee;
- Information Governance Management Group;
- Divisional Boards; and
- Divisional Governance Groups.

The Risk Strategy also identifies the responsibilities of Executive Directors, Deputy Directors, Divisional Directors, managers, and all staff and clearly defines their role and function in the risk management framework. The Board of Directors has clearly articulated that it has no appetite for risk to patients and set out its wider risk appetite as follows:

"The Trust Board has the lowest tolerance for risks that negatively impact on patient safety; including risks to achieving national minimum safe staffing levels applicable at any given time. The Trust has a greater appetite to take considered risks in relation to areas that provide potential benefits for patients. The Trust has the greatest appetite to pursue innovation, challenge current working practices and take opportunities where there are anticipated benefits for our local population, whilst operating within appropriate governance arrangements (including using Clinical Quality Risk Assessments as part of any change) and regulatory constraints, and accepting potential reputational risks."

In addition, the Board included the following statement in relation to its strategic ambitions:

Annual Governance Statement

continued

“The Trust Board will ensure that patients are at the centre of what we do and will not by choice introduce service changes or risks that negatively impact on patient safety. As a minimum, the Trust will always maintain the applicable national safe staffing levels as set by NHS England. However, the Trust recognises that in a financially challenged NHS the need to work differently and reconfigure services may have a negative impact on patient safety as well as the patient’s view of their experience. We will robustly assess risks using our risk assessment processes where local circumstances require deviation from nationally imposed minimum standards.”

The Board receives and reviews the Risk Register at each of its regular meetings. Additionally, the Trust’s Board Assurance Framework report sets out the principal risks to the achievement of its strategic objectives. Regular review of the Board Assurance Framework report is undertaken by the Board’s Committees and includes an analysis of whether achievement of the strategic objectives is on track and if not, whether the Board may wish to consider reviewing priorities to address risk in the applicable operating environment and context.

Suitable risk management training is provided to all staff in accordance with the Risk Policy to ensure staff are aware of their responsibilities in relation to the identification and management of risk.

The Trust records and manages incidents using a digital system which is overseen and kept up to date by nominated staff. The rust migrated from one such digital system to a more current system towards the end of the reporting year.

An introduction to the reporting system is provided for staff at induction together with information on what should be reported and when. This introduction is supplemented by bespoke training for individuals, departments, and staff groups on request or if deemed necessary following incidents. Awareness-raising is undertaken periodically in relation to incident reporting including when new national guidance is issued, such as in the case of Never Events. All incidents are investigated and ways to cascade the learning are included in action plans signed off and monitored by Divisions.

All relevant policies are available on the Trust’s intranet and guidelines covering all elements of risk management are available in the procedural document library.

Public and other stakeholders engage in the identification and management of risks which might impact them, including the following organisations and forums:

- Health Overview and Scrutiny Committees;
- Local Authorities and Social Services; and,
- Partners and neighbours of the Integrated Care System, including Norfolk and Norwich University Hospitals NHS Foundation Trust, East of England Ambulance Service NHS Trust, Norfolk and Suffolk NHS Foundation Trust, Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust, and East Coast Community Health Community Interest Company.

The risk and control framework

Risk is assessed using a risk estimation matrix which has been developed for use throughout the Trust to standardise the risk ratings assigned to each identified risk, taking into account the Board’s Risk Appetite statement. Standardisation in this way allows for the Board to consider what levels of tolerance to apply to each risk or set of risks identified in the Risk Register and Board Assurance Framework report.

The Trust’s Board Assurance Framework sets out the principal risks to delivery of its strategic objectives. The Executive Director with delegated responsibility for managing and monitoring each risk is clearly identified. The Board Assurance Framework identifies the assurances available to the Board of Directors in relation to the achievement of the Trust’s key priorities and objectives. The principal risks to the delivery of these objectives are mapped to key controls.

The Trust’s risk management approach establishes the appetite for risk and determines whether risks are to be tolerated or not. Where it is determined that risks are to be managed, priorities are assigned with resources and timescales for remedial action identified. The full risk register is available to the Board of Directors at each meeting. All Board Committees review high and extreme risks at each meeting and approve all additions, closures, and amendments to the corporate risk register. The Audit Committee reviews and receives assurance from the relevant Executive Director in relation to the key risks to their portfolio annually and on a rolling basis.

Issues related to data security and general cyber security are monitored through the IT Security Group which reports to the Information Governance Management Group (IGMG) which in turn reports to the Hospital Management Group. Risks and adverse incidents are reviewed at every meeting of the IGMG.

The Trust has an overarching People Strategy which looks to the medium- and long-term workforce planning and supply in support of the resourcing requirements of the Trust’s strategic ambitions and objectives. In terms of operational assurance, daily dynamic risk assessment reviews are undertaken for nursing and allied health professionals to ensure the continuity and suitability of safe staffing levels. The Trust undertakes regular establishment reviews in accordance with national guidance, best practice, and professional judgement and provides significant assurance to the Board of Directors via dedicated reports published in the public domain.

Annual Governance Statement

continued

Developing Workforce Safeguards (NHSI 2018) sets out a clear accountability framework for NHS organisations in relation to expectations for the delivery of best practice standards for workforce deployment and planning. The Trust's compliance with the recommendations in relation to the nursing workforce are regularly reported to the Board. The Board of Directors receives a report from the Chief Medical Officer with respect to recruitment challenges and solutions regarding the medical workforce.

The Trust is well represented at its Local Workforce Action Board and collaborates closely with partners across the Norfolk and Waveney Integrated Care System (the ICS) to explore opportunities for future workforce development. The Trust's Digital Workforce Team lead system-wide projects on bank and agency collaborations.

The Trust continues to develop a comprehensive mental health improvement programme for patients, visitors, and staff. The programme covers five work streams across the organisation which include: Staff Mental Wellbeing and Experience, Patient and Staff Safety, Staff Education and Training, Carer and Patient Experience and Patient Pathway. This has been integrated into the Trusts Wellbeing Programme.

The Trust has a Staff Engagement and Wellbeing Manager, a role which is an important conduit between staff and employer, spending dedicated time engaging, listening, and conversing with staff. The role has concentrated in identifying and reaching "hard to reach" staff groups across the Trust. The Board uses staff engagement methods including an online digital platform called 'Paget's People', where questions can be posted, and staff freely respond with ideas and comments. Additionally, the Trust encourages feedback from all staff through listening events and regular Pulse Surveys.

The Trust has a Freedom to Speak Up (FTSU) service with a dedicated Lead FTSU Guardian who reports in line with publications from the National FTSU Guardian's office and presents at public Board meetings twice a year. There is a Non-executive Director lead for Freedom to Speak Up.

The Chief Executive continues to support the Time to Change Employer Pledge, a national movement working towards eliminating discrimination and stigma in mental health, demonstrating that the Trust is an organisation which is taking positive action towards improving mental health interventions for staff. The Trust has in place an Inclusion Network to promote equity, diversity, and inclusion. The aim of the network being to encourage diversity and address any areas of discrimination and inequality.

The Trust has 25 trained Wellbeing Champions located in a wide range of areas across the organisation. The Wellbeing Champions have training in Mental Health First Aid and play a vital role in providing a listening ear to staff and signposting them to a range of wellbeing events throughout the year.

The Trust is considered to be fully compliant with the registration requirements of the Care Quality Commission. We have published an up-to-date register of declarations of interests, gifts, and hospitality as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

In addition to the detailed risk management activities undertaken across the Trust, the Board was concerned with several areas of major risk as follows.

Operational Pressures throughout the Urgent and Emergency Care (UEC) System:

The Acute NHS Foundation Trust faces significant operational pressures within its Urgent and Emergency Care (UEC) system, which pose risks to patient safety, patient experience, and the Trust's reputation. These risks include increased mortality rates, poor patient experiences resulting from delays in offloading patients from ambulances to the Emergency Department, and potential reputational damage associated with such delays.

To mitigate these risks, the Trust has implemented various measures. In collaboration with the East of England Ambulance NHS Foundation Trust we installed an External Cohort Area to support ambulance off loads over the winter period, as well as implementing the Same Day Emergency Care (SDEC) project to enhance direct ambulance

Annual Governance Statement

continued

access to the Ambulatory unit. Additionally, inpatient capacity was increased by pausing the RAAC repair work to reopen an inpatient ward and opening 10 additional beds at Carlton Court, an off-site facility to support patient flow. The Trust continued to work with system partners to improve the UEC position and improve discharge for patients from hospital.

Falling Reinforced Aerated Autoclaved Concrete (RAAC) Roof Panels:

There is a risk of structural failure associated with the Reinforced Aerated Autoclaved Concrete (RAAC) roof panels used in the construction of the JPUH site between 1976 and 1984. These roof panels pose potential harm to patients, visitors, and staff within the Trust's facilities.

To address this risk, the Trust is collaborating with the East of England Health Estates and Facilities Management Association (HEFMA) Estates Group and NHS England to ensure a consistent approach to managing the risks associated with the RAAC roof panels. Work was completed on the 28-bedded concept ward to be used as a decant area while RAAC remedial work is under way. This new concept ward will not only ensure patient, public, and staff safety but also serve as a demonstration of innovative approaches to inpatient care provision.

Failure to Deliver Break-even Financial Performance:

There is a risk to the trust achieving a break-even financial position due to the increased costs from the operational pressures described above and failure to deliver the trust efficiency plan.

To mitigate this risk, the Trust has established a Financial Recovery Group, chaired by the Chief Executive, to ensure the predicted out-turn is achieved. The Trust is subject to system oversight by the Norfolk and Waveney Integrated Care Service (ICS), NHS England (NHSE) and the system-wide Finance Committee, which helps maintain accountability and financial discipline.

Maternity Service Not Meeting Patient Needs:

The Trust has identified that its maternity service does not fully meet the needs of its patients. Feedback received following the inspection by the Care Quality Commission (CQC) of the maternity and midwifery services, as well as subsequent Regulation Section 29A warning notice in January 2023, have highlighted deficiencies in the service.

To address this risk and improve the quality of care provided, the Trust is undertaking a comprehensive gap analysis against the final Ockenden Report. The Trust has also developed an Obstetrics and Gynaecology improvement plan, overseen by the Executive Team, to address the identified shortcomings. This improvement plan has been prioritised as a Quality Priority for the forthcoming year and is detailed in the Trust's Quality Account.

Insufficient Health and Wellbeing Support for Staff:

There is a risk that the health and wellbeing support provided to staff within the Acute NHS Foundation Trust is insufficient, which can impact their ability to remain healthy and perform effectively in their roles. This risk recognises the importance of prioritising staff well-being and addressing any gaps in support.

To mitigate this risk, the Trust has conducted a high-level assessment using the NHS Wellbeing Framework. This assessment has identified areas where the current support falls short and requires improvement. The Trust has developed plans aligned with the identified gaps to address the well-being needs of its staff.

Incorporating staff well-being as a key aspect of their overall strategy, the Trust has implemented measures such as flexible working options and psychological support services. They have relaunched the Flexible Working policy and toolkit to encourage a healthy work-life balance for staff. These initiatives aim to create a positive work environment that promotes staff well-being and helps them maintain good physical and mental health.

The Trust recognises that supporting staff well-being is crucial not only for the welfare of their employees but also for the overall performance and effectiveness of the organisation. By prioritising staff well-being and implementing measures to address identified gaps, the Trust is committed to fostering a supportive and healthy work culture for its employees.

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

The internal audit work methodology highlights areas as advisory where inefficiencies or good practice have been identified.

The Trust has in place a Local Counter Fraud Specialist whose work plan includes providing information to and engaging with staff, prevention through the work of the Fraud Risk Group, including fraud specific risk assessments, and holding to account through investigations. Ahead of the submission of the Counter Fraud Functional Standard Return (CFFSR) on 31st May 2023, the draft self-assessment shows twelve of the standards rated as green.

Annual Governance Statement

continued

The Trust's usual transformation methodology and approach identifies and highlights any potential for the furtherance of economy, efficiency and effectiveness and is balanced and further assured through the clinical quality risk assessment process. The Trust's transformation governance was in throughout the year to support the delivery of efficiencies during 2022/23.

The Board of Directors receives assurances on the use of resources from agencies outside the Trust including NHSEI. NHSEI requires the Board of Directors to self-assess and scores the Trust in accordance with the Single Oversight Framework. The Trust has a rating of 'good' following its most recent use of resources CQC inspection during 2019. Other sources of assurance include reviews conducted by Royal Colleges and Getting it Right First Time (GIRFT).

The Trust further obtains assurance of its systems and processes and tests efficiency through benchmarking by membership of NHS Providers and the NHS Benchmarking Network where other bodies share good practice. Also, the Trust continues to participate in the nationally mandated cost collection exercise which, amongst other purposes, provides information on the relative efficiency and assessment of productivity. The Trust's most recent National Cost Collection Index score of 106 relates to 2021/22 data.

Another source of benchmarking assurance is provided through the data published in Model Health System. The Trust has in place governance arrangements to oversee internal projects to implement recommendations as and when new information is released to the Model Health portal.

The Board of Directors receives a monthly report of Care Hours per Patient Day (CHPPD) actual versus required, which reflects nursing hours only. This is one of many tools used by the Board to monitor safe staffing levels across all areas of the Trust.

Information Governance

The Trust had no serious incidents relating to information governance during the reporting year.

The Trust continues to embed good practice in General Data Protection Regulations (GDPR) compliance, including a Design and Approval Group representing information governance, digital, digital security, and clinical safety to review any new projects and equipment.

The Trust has retained its ISO 27001 accreditation, Cyber Essentials Plus certification, and its DCB1596 secure email standard O365 accreditation.

Data Quality and Governance

There are standards and processes in place to ensure that data and metrics used to determine quality and performance is accurate, up to date, and complete. These controls are subject to review to confirm that they are working effectively in practice; and the data underpinning the measures of performance is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

The systems in place to collect and report on quality metrics have been transformed into a comprehensive Integrated Performance Report (IPR) used by the Board of Directors and the Executive Team to monitor performance, quality, and safety metrics. The report is presented at each public meeting of the Board. Each key performance indicator that the Board monitors is assigned to a Committee of the Board whose work plan is shaped around the key risks and these KPIs. There are monthly performance meetings between the Executive and Divisional Management focussing on quality and performance metrics. Reporting by clinical divisions to the Hospital Management Group, and onwards to the Board Committees ensures Board oversight of the key priorities for Quality as set out in the Quality Report. Progress on quality priorities is also presented directly to the Board each quarter.

The Trust developed a Quality Improvement Strategy for 2018–23 which is aligned to the Trust's five-year strategy. The key priorities for quality each year are designed to deliver the aims of the Quality Improvement Strategy and divisional reporting is designed to demonstrate progress with achievement of these aims and objectives. A suite of policy documents is in place and available to staff via the Trust's intranet to support delivery of the Trust's Quality Strategy.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the 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 including a significant weakness in governance arrangements for maternity services identified in their year end report. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit committee, and the Patient Safety and Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Annual Governance Statement

continued

My review is also informed through confirmation by NHS Improvement on the Trust's compliance with its Single Oversight Framework, which aims to set out the amount of support Trusts require from the regulator. Throughout the year the Trust has continued to be classified as segment 2, where segment 1 gives Trusts the maximum autonomy and segment 4 the least.

The Board of Directors reviewed the Board Assurance Framework throughout the year, and received regular reports on risk management, performance management and clinical governance.

The Audit Committee has provided the Board of Directors with an independent and objective review of financial and corporate governance and internal financial control within the Trust. The Committee has received reports from external and internal audit. Internal audit has reviewed and reported on control, governance, and risk management processes, based on an audit plan approved by the Committee. The work included identifying and evaluating controls and evaluating their effectiveness, in accordance with Public Sector Internal Audit Standards. When scope for improvement was found, recommendations were accepted, and appropriate action plans were agreed with management.

The internal audit programme was developed by the Trust's internal auditors on a risk-based approach in consultation with the Trust's Hospital Management Group, Executive Team, and the Audit Committee. The internal audit programme involved reviews in areas considered by the Trust to be higher risk, including operational areas which had not previously been audited, and from emerging in-year risks from which the Trust would gain the most value from the audit work.

As well as approving the internal audit plan, the Audit Committee has also received a report detailing the alternative sources of assurance on the risks not covered by the internal audit programme.

The internal auditors carried out an advisory review relating to financial sustainability, testing for evidence from the Trust's self-assessment against best practice financial management and financial controls. An advisory review was also carried out relating to the Trust's action plan developed in response to the second national Independent Maternity Review, known as Ockenden. The review identified areas of good practice, and two findings for areas of improvement in control design and operating effectiveness.

An internal audit review of the Trust's arrangements around waiting list management produced an overall report classification of medium risk, with two medium and two low risk audit findings. The internal audit review of Clinical Harm was a review of the processes the Trust has in place to safeguard against clinical harm as a result of the time patients spend waiting for treatment. This also had an overall report classification of medium risk, with two low risk audit findings reported.

A review into the Trust's procedures and controls around internal software development gave an overall high risk classification. There were two high risk findings; one relating to software design and implementation, and relating to software testing and Operation. A further medium risk finding relates to software development lifecycle governance.

The Trust acknowledges the findings from all internal audit reviews and continues with the process of implementing the associated recommendations. All agreed action plans are monitored by the Trust's Audit Committee to ensure actions are taken within the agreed timescales.

The Trust has a well-developed Clinical Audit Plan which is based on prioritised audits to ensure national recommendations are embedded as well as the learning from noteworthy events. The Clinical Audit Plan has remained on track throughout the year.

The Trust's most recent inspection from the Care Quality Commission (CQC) was of the hospital's maternity services, which took place in January 2023, and the service was rated as 'inadequate' in both safe and well-led domains, and falling from 'good' to 'inadequate' overall for the maternity service. Whilst technically the Trust's overall CQC rating remains 'Good', the James Paget Hospital's rating has been reduced to 'Requires Improvement', and the Trust is adopting this rating as its overall status.

The CQC's inspection at the Trust in January 2023 focused only on maternity services, and the Trust was not subjected to a CQC UoR assessment during 2022/23. The most recent UoR assessment report published by the CQC in December 2020 is therefore still the most current position. It rated the Trust as Good following a full assessment by NHSE/I held in September 2020, which was an improvement on the 2018/19 'Requires Improvement' rating for UoR.

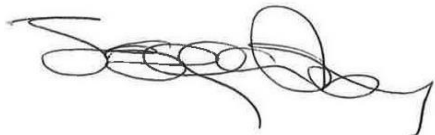
Internal Audit have completed their program of internal audit work for the year ended 31 March 2023. Their work identified two high risk findings as described, alongside other low and moderate risk findings. The Head of Internal Audit opinion is that there is reasonable assurance that there are no major weaknesses in the system of internal control. Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control, which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

Annual Governance Statement

continued

Conclusion

As described throughout the governance statement above, the Trust is aware of the opportunity to further develop its internal control arrangements and the Board will respond to the final reports and will ensure action plans with clear ownership of matters identified for improvement are formulated.



Jo Segsaby
Chief Executive
28 June 2023

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of James Paget University Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Consolidated Statement of Comprehensive Income, Consolidated Statement of Financial Position, Consolidated Statement of Changes in Taxpayers Equity and Consolidated Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2023 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Board has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and Trust's services or dissolve the Group and Trust without the transfer of their services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Board's conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Board's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Board's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the Group's and Trust's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Group and Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to the cut off of non-pay, non-depreciation expenditure in response to incentives to manipulate the results of the Group/Trust and System to meet the expectations or performance targets set by the government or external regulators and the opportunity to manipulate the non-pay, non-depreciation expenditure after the year end, particularly in relation to accruals. We did not identify any additional fraud risks

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual cash and expense codes combinations.
- Evaluating the business purpose of significant unusual transactions.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Inspected a sample of non-pay, non-depreciation expenditure items before and after the year end date to verify they have been recognised and accrued in the correct period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board and other management (as required by auditing standards), and discussed with the Board and other management the policies and procedures regarding compliance with laws and regulations.

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

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Group and Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Group and Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognizing the regulated nature of the Group and Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Board and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

continued

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Board is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Board is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Group and Trust or dissolve the Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

Significant Weakness – Governance

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

continued

During the year to 31 March 2023, the Trust was subject to a CQC inspection of its maternity services. On 27 January 2023 the CQC issued a Section 29A warning notice and on 31 May 2023 the CQC published its formal report which graded the Trust as 'Requires Improvement' overall, a downgrade from its previous 'Good' rating, with an 'Inadequate' rating on maternity services and a 'Requires Improvement' rating on the Safe and Well-led domains. We acknowledge that the timing of the report has not provided the Trust with sufficient time to fully address the concerns raised prior to the year end and note that the Trust has initiated a review of its maternity and risk and governance systems and processes and developed an Improvement Plan which was submitted to the CQC on 31 May 2023. As a result of the CQC findings and the status of the action plan there continues to be significant weaknesses in the Trusts governance arrangements which will need to be addressed in the coming year.

Recommendation

We recommend that the Trust should introduce rigorous performance measurement and monitoring procedures to ensure that its improvement plan is delivered and that the recommendations raised by the CQC are fully incorporated within the improvement plan and implemented within the agreed timescales.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of the Group and Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Group and Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of James Paget University Hospitals NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

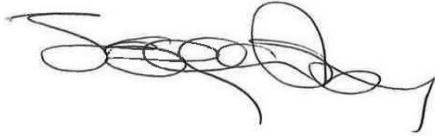
Emma Larcombe

Emma Larcombe
for and on behalf of KPMG LLP
Chartered Accountants
2 Gilders Way
Norwich
NR3 1UB
29 June 2023

Foreword to the Accounts

James Paget University Hospitals NHS Foundation Trust

These accounts for the year ended 31 March 2023 have been prepared by the James Paget University Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Jo Segsaby
Chief Executive
28 June 2023

Statement of Comprehensive Net Expenditure

		Group Year Ended 31 March 2023 £ 000	Group Year Ended 31 March 2022 £ 000	Trust Year Ended 31 March 2023 £ 000	Trust Year Ended 31 March 2022 £ 000
	Note				
Operating income from continuing operations	4.2	288,188	277,927	288,497	277,943
Operating expenses of continuing operations	5	(315,770)	(278,474)	(315,653)	(278,392)
Operating (deficit)/surplus		(27,582)	(547)	(27,156)	(449)
Finance costs					
Finance income	8	471	77	404	13
Finance expense - financial liabilities	9 & 21.1	(102)	(159)	(102)	(159)
Public Dividend Capital - dividends payable		(1,557)	(1,459)	(1,557)	(1,459)
Net finance costs		(1,188)	(1,541)	(1,255)	(1,605)
(Losses)/gains of disposal of assets		-	(121)	-	(121)
Operating (deficit)/surplus for the year		(28,770)	(2,209)	(28,411)	(2,175)
Other comprehensive income					
Impairments		-	(2,082)	-	(2,082)
Revaluations		800	215	800	215
Fair Value gains/(losses) on Available-for-sale financial investments		(177)	117	-	-
Total comprehensive (expense)/income for the year		(28,147)	(3,959)	(27,611)	(4,042)

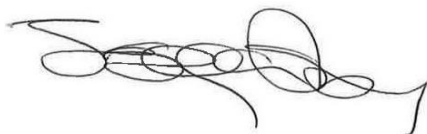
All income and expenditure is derived from continuing operations, and all surplus/deficit and comprehensive income/expense is attributable to the owners of the parent.

The accompanying notes on pages 19 to 52 form part of these accounts.

Statement of Financial Position

		Group	Group	Trust	Trust
		As at	As at	As at	As at
		31 March	31 March	31 March	31 March
		2023	2022	2023	2022
Note		£ 000	£ 000	£ 000	£ 000
Non-current assets					
	12	5,627	4,774	5,627	4,774
	13	90,264	73,219	90,264	73,219
	13.3	3,322	-	3,322	-
	13.6	2,465	2,591	-	-
	15.2	473	362	473	362
		102,150	80,946	99,686	78,355
Current assets					
	14.1	2,878	3,182	2,878	3,182
	15.1	20,458	9,535	20,522	9,652
	16	8,936	28,228	8,419	27,397
		32,272	40,945	31,819	40,231
Current liabilities					
	17.1	(55,127)	(33,972)	(54,972)	(33,966)
	19.1	(1,681)	(1,501)	(1,681)	(1,501)
	21.2	(506)	(521)	(506)	(521)
	17.3	(1,585)	(2,483)	(1,585)	(2,483)
		(58,899)	(38,477)	(58,744)	(38,471)
Total assets less current liabilities					
		75,524	83,414	72,761	80,115
Non-current liabilities					
	19.2	(2,252)	(3,640)	(2,252)	(3,640)
	21.3	(984)	(1,298)	(984)	(1,298)
		(3,236)	(4,938)	(3,236)	(4,938)
Total assets employed					
		72,288	78,476	69,525	75,177
Financed by taxpayers' and others' equity					
		2,763	3,299	-	-
		102,217	80,258	102,217	80,258
	22	3,256	2,456	3,256	2,456
		(35,948)	(7,537)	(35,948)	(7,537)
		72,288	78,476	69,525	75,177

The financial statements on pages 15 to 52 were approved by the Board on 28 June 2023 and signed on its behalf by:



Chief Executive



Chief Finance Officer

The accompanying notes form part of these financial statements.

Consolidated Statement of Changes in Taxpayers' Equity

	Public Dividend Capital £ 000	Revaluation Reserve £ 000	Income and Expenditure Reserve £ 000	Trust Total £ 000	Charitable Funds Reserves £ 000	Group Total £ 000
Taxpayers' equity at 1 April 2022 as stated	80,258	2,456	(7,537)	75,177	3,299	78,476
Taxpayers' equity at 1 April 2022	80,258	2,456	(7,537)	75,177	3,299	78,476
Surplus/(Deficit) for the year	-	-	(28,907)	(28,907)	137	(28,770)
Impairments	-	-	-	-	-	-
Revaluations - property, plant and equipment	-	800	-	800	-	800
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	-	(177)	(177)
Other - charitable funds consolidation	-	-	496	496	(496)	-
Public Dividend Capital received	21,959	-	-	21,959	-	21,959
Taxpayers' equity at 31 March 2023	102,217	3,256	(35,948)	69,525	2,763	72,288
Taxpayers' equity at 1 April 2021	71,387	4,323	(5,362)	70,348	3,216	73,564
Surplus/(Deficit) for the year	-	-	(2,422)	(2,422)	213	(2,209)
Impairments	-	(2,082)	-	(2,082)	-	(2,082)
Revaluations - property, plant and equipment	-	215	-	215	-	215
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	-	117	117
Other - charitable funds consolidation	-	-	247	247	(247)	-
Public Dividend Capital received	8,871	-	-	8,871	-	8,871
Taxpayers' equity at 31 March 2022	80,258	2,456	(7,537)	75,177	3,299	78,476

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. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care 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.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 29.

The accompanying notes form part of these financial statements.

Consolidated Statement of Cash Flows

	Group Year Ended 31 March 2023 £ 000	Group Year Ended 31 March 2022 £ 000	Trust Year Ended 31 March 2023 £ 000	Trust Year Ended 31 March 2022 £ 000
Cash flows from operating activities				
Operating (deficit)/surplus from continuing operations	(27,582)	(547)	(27,156)	(449)
Operating surplus	(27,582)	(547)	(27,156)	(449)
Non-cash income and expense:				
Depreciation and amortisation	9,190	9,332	9,190	9,332
Impairments	2,796	1,941	2,796	1,941
Income recognised in respect of capital donations	-	(399)	(80)	(266)
(Increase)/decrease in trade and other receivables	(10,366)	851	(10,336)	733
(Increase)/decrease in Inventories	304	(153)	304	(153)
Increase/(decrease) in trade and other payables	17,763	1,962	17,763	1,962
Increase/(decrease) in other liabilities	(898)	571	(898)	571
Increase/(decrease) in provisions	(305)	(82)	(305)	(82)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	140	12	-	-
Other movements in operating cash flows	-	-	-	-
Net cash generated from operating activities	(8,958)	13,488	(8,723)	13,589
Cash flows from investing activities:				
Interest received	365	13	365	13
Purchase of intangible assets	(1,726)	(2,676)	(1,726)	(2,676)
Purchase of property, plant and equipment	(27,001)	(15,190)	(27,001)	(15,190)
Receipt of cash donations to purchase capital assets	-	200	78	68
Net cash generated from/(used in) investing activities	(28,362)	(17,653)	(28,284)	(17,785)
Cash flows from financing activities:				
Public dividend capital received	21,959	8,871	21,959	8,871
Capital element of finance lease rental payments	(1,643)	(1,521)	(1,643)	(1,521)
Interest element of finance lease	(126)	(172)	(126)	(172)
PDC Dividend paid	(2,162)	(1,493)	(2,162)	(1,493)
Net cash generated from/(used in) financing activities	18,028	5,685	18,028	5,685
Increase/(decrease) in cash and cash equivalents	(19,292)	1,520	(18,978)	1,489
Cash and cash equivalents at 1 April	28,228	26,708	27,397	25,908
Cash and cash equivalents at 31 March	8,936	28,228	8,419	27,397

The accompanying notes form part of these financial statements.

Notes to the Accounts

1 Significant Accounting policies and other information

1.1.1 Basis of preparation

NHS England, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of NHS Foundation Trusts 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 DHSC Group Accounting Manual 2022-23, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS Foundation 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.

1.1.2 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.3 Going concern

The James Paget University Hospitals NHS Foundation Trust annual report and accounts have been prepared on a going concern basis. The James Paget University Hospitals NHS Foundation Trust is supply financed and draws its funding from the Department of Health and Social Care (DHSC). Parliament has demonstrated its commitment to fund DHSC for the foreseeable future, and DHSC has demonstrated its commitment to the funding of the Trust. Long term planning and realistic plans for future transformation savings delivery provide the necessary assurance that the Trust is a going concern. There is an anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents.

1.1.4 IFRS Standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2022-23. These Standards are still subject to HM Treasury FReM adoption.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.1.5 Critical accounting judgements and key sources of estimation uncertainty

In the application of the James Paget University Hospitals NHS Foundation Trust accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.1.6 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- The Trust does not have any contractual arrangements that contain material embedded leases that are required to be capitalised under IFRIC 4.
- The Trust has used component lives based on data provided by the Trust's appointed valuer Montagu Evans LLP to depreciate building and dwellings on a component basis.
- The Trust has estimated the provisions for pensions relating to former staff using estimates provided by the NHS Pensions Agency provided at the time of the member's early retirement. These are updated if the member dies or if it becomes apparent that the provision is not sufficient to meet the liability.
- A full valuation of land and building assets was carried out by Montagu Evans LLP, and was applied on 31 March 2023 based on an alternate site, modern equivalent asset basis.

1.1.7 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:

In order to calculate the carrying value of the Trust's provisions there are a number of areas which require to be estimated, these are;

- The Trust will need to estimate the amount of its liability. In the case of legal claims, for example, it uses the advice of experts but the actual amount of the liability will not be known until the outcome of the litigation.

Notes to the Accounts

continued

- The Trust will need to estimate the probability of a liability existing. The outcome of litigation may be uncertain but the Trust will use the advice of its experts on whether it is probable that it will be found liable.
- In the cases of pension and other benefits payable in the future, an estimate will be made of the length of time that payment will be required to be made, to estimate the present value of the estimated future

1.2 Basis of consolidation

1.2.1 NHS Charitable Funds

The NHS Foundation Trust is the corporate trustee to the James Paget University Hospitals NHS charitable fund. The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

Results of the consolidated group and of the Foundation Trust are reported separately in the primary statements, for all other notes to the accounts the results of the consolidated group are reported.

1.2.2 Other Subsidiaries

Entities over which The Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with The Trust or where the subsidiary's accounting date differs from The Trust's. Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.2.3 Associates

Entities over which The Trust has the power to exercise significant influence so as to obtain economic or other benefits are classified as associates and are recognised in these financial statements using the equity method. The investment is recognised initially at cost and is adjusted subsequently to reflect The Trust's share of the associate's profit or loss and other gains or losses. It is also reduced when any distribution is received by The Trust from the associate.

Associates which are classified as 'held for sale' are measured at the lower of their carrying amount and 'fair value less costs to sell'.

1.2.4 Joint arrangements

Arrangements over which The Trust has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where The Trust is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.2.5 Joint ventures

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

1.2.6 Transfer of functions

As public sector bodies are deemed to operate under common control, business reconfigurations within the DHSC group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'.

Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Notes to the Accounts

continued

1.3 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

The Trust is not required to disclose information regarding performance obligations that are part of a contract that has an original expected duration of one year or less,

The Trust is not required to disclose information where revenue is recognised in line with the practical expedient offered in the Standard, where the right to consideration corresponds directly with value of the performance completed to date.

The FReM has mandated the exercise of the practical expedient offered in the Standard that requires The Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

1.3.1 NHS Providers

The main source of revenue for The Trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, The Trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue.

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.

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 it receives notification from the Department of Work and Pension's Compensation Recovery Unit, 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 a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

2021/22 and 2022/23

For both 2022/23 and the comparative period 2021/22 the main source of income for the Trust is contracts with commissioners for health care services. The majority of the trust's income from NHS commissioners was in the form of block contract arrangements. Block contract arrangements were agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

Notes to the Accounts

continued

The value of the benefit received when The Trust accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.4 Expenditure on employee benefits

1.4.1 Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes 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, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.5 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.6 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.7 Corporation Tax

Income from commercial activities is subject to corporation tax under section 519A Income and Corporation Taxes Act 1988 (519A ICTA 1988), as amended by section 148 of the Finance Act 2004. However, provision of Healthcare authorised under section 43 of the National Health Service Act 2006 is not treated as commercial income.

The total non-healthcare related activities carried out by the Foundation Trust during the period which are deemed to be commercial activities are not subject to corporation tax because annual taxable profits are below the de minimus limit of £50,000.

1.8 Property, plant and equipment

1.8.1 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 will be supplied to the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and either
 - the item has cost of at least £5,000; or
 - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;
 - form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, then these components are treated as separate assets and depreciated over their own useful economic lives.

Notes to the Accounts

continued

1.8.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period.

Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.
- Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.
- The latest land and building asset valuation undertaken was carried out by Montagu Evans LLP, and was applied on 31 March 2023.
- Non-property assets are carried at depreciated historic cost as a proxy for fair value.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential.

Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they 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.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive net income/expenditure in the Statement of Comprehensive Net Expenditure.

1.8.2 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.8.3 Depreciation, amortisation and impairments

Freehold land, assets under construction or development and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless The Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

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

Notes to the Accounts

continued

Buildings	20 to 60 years	Transport Equipment	5 to 15 years
Dwellings	20 to 60 years	Information Technology	3 to 16 years
Plant and Machinery	3 to 16 years	Furniture and Fittings	8 to 11 years

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

1.8.4 Donated and grant funded assets

Donated and government grant funded non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.9 Intangible assets

1.9.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

The range of useful economic lives for Intangible Assets is 3-10 years

1.9.2 Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.10 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.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

Notes to the Accounts

continued

The Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application The Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 have been assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by The Trust in applying IFRS 16. These include;

- The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.
- The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.
- The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in note 1.9 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 The Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.10.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost 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 below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Net Expenditure.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.96% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Notes to the Accounts

continued

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset The Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified The Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by The Trust.

1.10.2 The Trust as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

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.

Income from operating leases is recognised on a straight-line 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.

Where the Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the Trust has reassessed the classification of all of its continuing subleasing arrangements

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value, using the First In, First Out (FIFO) method. Inventories are subject to a planned inventory count as at 31 March.

During 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of The Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 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 for 31 March 2022:

Early retirement provisions are discounted using HM Treasury's pension discount rate of 1.70% (2021-22: negative 1.30%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

A nominal short-term rate of 3.27% (2021-22: 0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

Notes to the Accounts

continued

A nominal medium-term rate of 3.20% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

A nominal long-term rate of 3.51% (2021-22: 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

A nominal very long-term rate of 3.00% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date

1.13.1 Clinical negligence costs

NHS Resolution (the trading name of the NHS Litigation Authority NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. 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 21.4 but is not recognised in the Trust's accounts.

1.13.2 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 as and when they become due.

1.14 Contingent liabilities and contingent assets

A contingent liability is:

a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation, or the amount of the obligation cannot be measured sufficiently reliably.

A contingent liability is disclosed unless the possibility of a payment is remote, (note 21.5).

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.15.1 Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Notes to the Accounts

continued

1.15.2 Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.15.3 Financial assets at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.15.4 Impairment of financial assets

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

The Trust determines expected credit losses based on information about past events, including historical experience, current conditions, and reasonable and supportable forecasts affecting the collectability of the reported amount.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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 the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Expenditure and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.16 Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.16.1 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.17 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital is a type of public sector equity finance, which represents the Department of Health and Social Care's investment in the trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- donated and grant funded assets;

Notes to the Accounts

continued

- charitable funds;
- average daily cash balances held with the Government Banking Service (GBS);
- National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short-term working capital facility);
- approved expenditure on COVID-19 capital assets; and
- assets under construction for nationally directed schemes any PDC dividend balance receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care, the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts. The PDC dividend calculation is based upon the trust's group accounts (i.e. including subsidiaries), but excluding consolidated charitable funds.

1.18 Foreign currencies

The Trust's functional currency and presentational currency is pounds sterling, and figures are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.

Exchange gains and losses on monetary items (arising on settlement of the transaction or on retranslation at the Statement of Financial Position date) are recognised in the Statement of Comprehensive Net Expenditure in the period in which they arise.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third-party assets are given in note 24 to the accounts.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.24 Building valuation uncertainties

A full valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), COVID 19 continues to impact the global economy with some real estate markets having experienced lower levels of transactional activity and liquidity. Nevertheless, as at the valuation date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly and for the avoidance of doubt, the valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS3 and VPGA 10 of the RICS valuation – global standards.

Of the £43,485,000 net book value of land and buildings subject to valuation, £37,622,000 relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The DRV valuation method continues to be the appropriate basis of valuation for specialised properties having regard to the requirements of the Government's FReM and GAM.

Notes to the Accounts

continued

2 Segmental reporting

Under the definitions of operating segments contained within International Financial Reporting Standard 8, the Trust has a single operating segment where the revenues are derived from the provision of healthcare services.

The products and services provided to external customers are identified in notes 4.1 and 4.2 below under the headings "Income from activities analysed by service type" and "Other operating income".

All revenues from external customers are derived from within the UK, and all non-current assets are located in the UK.

3 Subsidiaries

The James Paget University Hospitals NHS Foundation Trust acts as the corporate Trustee of the James Paget University Hospitals Charitable Fund and in accordance with the Charity's declaration of trust, members of the Foundation Trust's Board of Directors act as ex-officio Trustees of the Charitable Funds.

This Trustee arrangement satisfies the relevant tests of control under IAS 27 and therefore the Charitable Fund is a subsidiary of the Foundation Trust. The Foundation Trust has prepared group accounts for the year ended 31 March 2023.

The James Paget University Hospitals Charitable Fund is a registered charity located in England, and the Foundation Trust as the sole corporate Trustee has 100% of the voting rights. The Foundation Trust does not have any financial investment in the Charitable Fund.

The ability of the subsidiary to transfer funds to the Foundation Trust is significantly restricted by the charitable objects and the legal requirement for the Trustees to act independently and ensure that all funds are spent in accordance with the donors' wishes.

4 Operating income

4.1 Income from activities analysed by service type

	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
Block contract / system envelope income	226,719	241,843
High cost drugs income from commissioners	9,944	1,388
Other NHS clinical income	6,746	4,239
Private patient income	717	403
Elective recovery fund	8,808	3,900
Agenda for change pay offer central funding	6,834	-
Additional pension contribution central funding	7,722	6,944
Other clinical income	942	682
	268,432	259,399
Note 4.2		

The majority of income from Clinical Commissioning Groups, Integrated Care Board's and NHS England is included in Block contract/system envelope income and is not split by activity type.

Following the passing of the Health and Care Act (2022), 42 Integrated Care Systems were established across England on a statutory basis on 1 July 2022. This established the Integrated Care Board's with statutory responsibility for NHS budget and arranging for the provision of health services within ICS area's.

Notes to the Accounts

continued

	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
4.2 Analysis of operating income by source		
Income from activities		
NHS Foundation Trusts	2,458	4,377
Clinical Commissioning Groups and NHS England	94,773	253,907
Integrated Care Boards	169,511	-
NHS Other	28	177
Non NHS:		
Private patients	717	403
Overseas patients	142	48
NHS injury scheme *	497	411
Other	306	76
Total income from activities	268,432	259,399
Other operating income from contracts with customers:		
Research and development	1,168	1,077
Education and training (excluding notional apprenticeship levy income)	10,789	9,438
Non-patient care services to other bodies	226	161
Top-up income**	372	1,841
Other non-contract operating income:		
Catering	469	432
Education and training - notional income from apprenticeship fund	895	851
Rental revenue from operating leases	287	290
Accommodation	769	787
Car parking	657	499
Donated Equipment for COVID Response	-	200
Charitable and other contributions to expenditure	(309)	(56)
Receipt for revenue equipment donated from DHSC	-	44
Contributions to expenditure - consumables (inventory) donated from DHSC	579	924
Miscellaneous	3,667	1,808
NHS Charitable Funds: Incoming Resources excluding investment income	187	232
Total other operating income	19,756	18,528
Total operating income	288,188	277,927
* NHS Injury Scheme income is subject to a provision for expected credit losses of 24.86% (2021/22 - 23.76%) to reflect expected rates of collection.		
** Top-up income related to vaccination programme costs of £372,000 has been allocated to the Trust during 2022/23 (2021/22 Top-up income of £1,841,000 relating to vaccination cost reimbursement).		
	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
4.3 Operating lease income		
Rents recognised as income in the period	287	290
	287	290

Notes to the Accounts

continued

4.3 Operating lease income - continued

Future minimum lease receipts due:

	Year Ended 31 March 2023	
	Buildings	Total
Within 1 year	256	256
Between 1 and 5 years	807	807
After 5 years	672	672
	1,735	1,735
	Year Ended 31 March 2022	
	Buildings	Total
Within 1 year	247	247
Between 1 and 5 years	879	879
After 5 years	804	804
	1,930	1,930
	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000

4.4 Overseas visitor income

Income recognised in this year	142	48
Cash payments received in-year (relating to invoices raised in current and previous years)	8	15
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	15	9
Amounts written off in-year (relating to invoices raised in current and previous years)	-	88
	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000

4.5 Additional information on contract revenue (IFRS 15) recognised in the period

Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,914	712
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	419	276
	31 March 2023 £ 000	31 March 2022 £ 000

4.6 Additional information on contract revenue (IFRS 15) recognised in the period

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

Within one year	698	119
Total revenue allocated to remaining performance obligations	698	119

Notes to the Accounts

continued

	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
5 Operating expenses		
Services from NHS Bodies	5,156	2,124
Purchase of healthcare from non-NHS bodies	8,510	6,832
Employee expenses - executive directors	679	792
Employee expenses - non-executive directors	133	137
Employee expenses - staff	212,251	181,749
Drug costs	23,659	21,934
Supplies and services - clinical (excluding drug costs)	22,911	20,001
Supplies and services - clinical: utilisation of DHSC consumables donated - COVID	848	800
Supplies and services - general	3,269	2,872
Supplies and services - notional cost of revenue equipment donated from DHSC	-	44
Establishment	2,544	2,340
Transport	260	118
Premises	9,815	9,199
Increase / (Decrease) in provision for impairment of receivables	188	228
Change in provisions discount rate	(260)	47
Inventories write down	2	167
Depreciation on property, plant and equipment and right of use assets	8,374	8,485
Amortisation on intangible assets and right of use intangibles assets	816	847
Net Impairments of property, plant and equipment	Note 10 & 13.3 2,796	1,941
Audit fees - statutory audit*	137	136
Audit fees - Charitable Fund Accounts	7	7
Internal Audit and Local Counter Fraud Services	108	166
Clinical negligence	8,299	8,068
Legal fees	236	374
Consultancy costs	154	276
Training, courses and conferences	3,751	2,013
Patient travel	36	37
Operating lease expenditure (net)	168	159
Insurance	199	127
Other contracted services	407	230
Losses, ex gratia and special payments	33	36
Other	174	6,112
NHS Charitable funds: Other resources expended	110	76
	315,770	278,474

* There is a £1,000,000 limitation on auditor's liability.

Notes to the Accounts

continued

	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
6 Operating leases		
6.1 Lease payments recognised as an expense in the period		
Minimum lease payments	109	255
	109	255

	Permanent £ 000	Year Ended 31 March 2023 Other £ 000	Total £ 000	Year Ended 31 March 2022 Total £ 000
7 Employee expenses and numbers				
7.1 Employee expenses				
Salaries and wages	150,657	12,030	162,687	138,415
Social security costs	14,292	655	14,947	13,866
Apprenticeship levy	765	-	765	694
Employer contributions to NHS Pensions	17,595	629	18,224	16,287
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	7,455	267	7,722	6,944
Pension cost - other	60	-	60	54
Agency / contract staff	-	9,258	9,258	7,404
	190,824	22,839	213,663	183,664
Employee expenses recharged to other organisations	(282)	-	(282)	(662)
Employee expenses capitalised as part of assets	(452)	-	(452)	(461)
	190,090	22,839	212,929	182,541

Notes to the Accounts

continued

	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
7.2 Directors' remuneration		
Directors' remuneration	942	1,166
Employer contributions to NHS Pensions Agency	81	90
Benefits in kind	1	1
Defined benefit pension schemes	-	-
Further details on directors' remuneration are given in the remuneration report from page 61 of the Annual Report.		

	Permanent Number	Year Ended 31 March 2023 Other Number	Total Number	Year Ended 31 March 2022 Total Number
7.3 Average number of employees				
Medical and dental	155	300	455	410
Administration and estates	383	82	465	666
Healthcare assistants and other support staff	671	89	760	608
Nursing, midwifery and health visiting staff	1,332	446	1,778	1,620
Scientific, therapeutic and technical staff	388	59	447	361
	2,929	976	3,905	3,665
Of which number of employees engaged on capital projects	10	-	10	11

7.4 Staff exit packages

There have been no contractual staff exit packages during the year ended 31 March 2023 (Year ended 31 March 2022 one, £40,000).

7.5 Retirements due to ill-health

During the year ending 31 March 2023 there were six (2021/22 - three) early retirements from the Trust agreed on the grounds of ill-health. The additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) for 2022/23 was £486,000 (2021/22 - £60,000).

7.6 Reporting of other compensation schemes - exit packages

During the year ending 31 March 2023 there were twenty one (2021/22 - ten) other departures agreed from the Trust. The costs of other departures agreed for 2022/23 was £182,000 (2021/22 - £58,000). Of the other departure costs twenty one were for contractual payments in lieu of notice (2021/22 ten) and fifteen had an individual cost less than £10,000 (2021/22 seven with individual cost less than £10,000).

7.7 Retirement benefits

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Notes to the Accounts

continued

	Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000
8 Finance income		
Interest on cash deposits	404	13
NHS Charitable funds: investment income	67	64
	471	77

Finance income represents interest received on assets and investments in the period.

9 Finance expenditure

Interest expense:

Finance leases	127	172
Total interest expense	127	172
Unwinding of discount on provisions	(24)	(13)
Total finance costs	103	159

10 Impairment of assets recognised as operating expenses

Operating expenses include net impairment costs due to:

Changes in market price	2,796	1,941
	2,796	1,941

Including reversal of impairments previously charged to the income statement of £47,000 (2021/22 £684,000), there were £2,796,000 of net impairments recognised in operating expenses for the period ending 31st March 2023 (2021/22 £1,941,000)

11 Interests in Joint Operations

The James Paget University Hospitals NHS Foundation Trust has a 18% interest in a joint operation for the provision of pathology services in Norfolk known as Eastern Pathology Alliance (EPA). The arrangement has been effective from 1st November 2013, and has not involved the establishment of a separate entity.

In accordance with IFRS 11 the Trust has recognised a proportion of the net operating position for EPA. This means that included within income from activities in note 4.1 is £1,257,000 (2021/22 £3,886,000), and included within operating expenses in note 5 is £3,330,000 (2021/22 £6,991,000), during 2021/22 the Trust was reporting its share of operating income and expenditure on a gross basis based on a 22% share.

Notes to the Accounts

continued

	Assets Under Construction £ 000	Software Licences £ 000	Other £ 000	Total £ 000
12 Intangible assets				
12.1 Intangible assets 2022/23				
Cost or valuation at 1 April 2022	2,577	7,314	61	9,952
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	(520)	-	(520)
Additions - purchased	1,297	429	-	1,726
Reclassifications	(812)	812	-	-
Cost or Valuation at 31 March 2023	3,062	8,035	61	11,158
Amortisation at 1 April 2022	-	5,138	40	5,178
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	(405)	-	(405)
Provided during the year	-	753	6	759
Amortisation at 31 March 2023	-	5,486	46	5,532
Opening net book value at 1 April 2022				
Purchased	2,577	2,035	21	4,633
Finance leases	-	114	-	114
Donated	-	18	-	18
Government granted	-	9	-	9
Total NBV at 1 April 2022	2,577	2,176	21	4,774
Closing net book value at 31 March 2023				
Purchased	3,062	2,534	15	5,611
Donated	-	12	-	12
Government granted	-	4	-	4
Total NBV at 31 March 2023	3,062	2,551	15	5,627
12.2 Intangible assets 2021/22				
Cost or valuation at 1 April 2021	1,908	6,669	30	8,607
Additions - purchased	1,387	248	31	1,667
Reclassifications	(718)	604	-	(114)
Disposals	-	(208)	-	(208)
Cost or Valuation at 31 March 2022	2,577	7,314	61	9,952
Amortisation at 1 April 2021	-	4,509	30	4,539
Provided during the year	-	837	10	847
Disposals	-	(208)	-	(208)
Amortisation at 31 March 2022	-	5,138	40	5,178
Opening net book value at 1 April 2021				
Purchased	1,908	1,949	-	3,857
Finance leases	-	172	-	172
Donated	-	25	-	25
Government granted	-	14	-	14
Total NBV at 1 April 2021	1,908	2,160	-	4,068
Closing net book value at 31 March 2022				
Purchased	2,577	2,035	21	4,633
Finance leases	-	114	-	114
Donated	-	18	-	18
Government granted	-	9	-	9
Total NBV at 31 March 2022	2,577	2,176	21	4,774

Notes to the Accounts

continued

	Land £ 000	Buildings (excluding dwellings) £ 000	Dwellings £ 000	Assets under construction £ 000	Plant and Machinery £ 000	Transport Equipment £ 000	Information Technology £ 000	Furniture and Fittings £ 000	Total Trust £ 000
13 Property, plant and equipment									
13.1 Property, plant and equipment 2022/23									
Cost or valuation at 1 April 2022	2,832	35,047	1,897	15,019	29,216	417	14,024	1,443	99,895
Reclassification of existing finance leased assets to right of use assets on 1 April	-	-	-	-	(6,230)	-	(3,557)	-	(9,787)
Additions - purchased*	-	-	-	28,644	1,194	-	330	-	30,168
Additions - donated	-	-	-	56	5	-	18	-	79
Reclassifications	-	9,857	-	(11,228)	478	-	647	246	(0)
Impairments	-	(6,840)	47	-	-	-	-	-	(6,793)
Revaluations	175	115	355	-	-	-	-	-	645
Disposals	-	-	-	-	(762)	-	-	-	(762)
Cost or Valuation at 31 March 2023	3,007	38,179	2,299	32,491	23,901	417	11,462	1,689	113,445
Accumulated depreciation at 1 April 2022	-	-	-	-	16,353	256	9,125	942	26,676
Reclassification of existing finance leased assets to right of use assets on 1 April	-	-	-	-	(3,266)	-	(2,120)	-	(5,386)
Provided during the year	-	4,091	61	-	1,635	21	915	82	6,805
Impairments	-	(3,997)	-	-	-	-	-	-	(3,997)
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	-	(94)	(61)	-	-	-	-	-	(155)
Disposals / Derecognition	-	-	-	-	(762)	-	-	-	(762)
Accumulated depreciation at 31 March 2023	-	-	-	-	13,960	277	7,920	1,024	23,181
Opening net book value at 1 April 2022									
Purchased	2,832	33,190	1,897	14,963	8,730	161	3,384	426	65,583
Finance leased	-	-	-	-	2,964	-	1,436	-	4,400
Government granted	-	1,857	-	56	747	-	79	75	2,814
Donated	-	-	-	-	422	-	-	-	422
Total NBV at 1 April 2022	2,832	35,047	1,897	15,019	12,863	161	4,899	501	73,219
Closing net book value at 31 March 2023									
Purchased	3,007	35,076	2,299	32,444	9,065	140	3,470	600	86,101
Finance leased	-	-	-	-	-	-	-	-	-
Owned - donated / granted	-	3,103	-	47	521	-	72	65	3,808
Owned - donated from DHSC - COVID	-	-	-	-	355	-	-	-	355
Total NBV at 31 March 2023	3,007	38,179	2,299	32,491	9,941	140	3,542	665	90,264

* For consolidation purposes purchased additions includes assets funded from donations of £79,000

Notes to the Accounts

continued

13.2 Property, plant and equipment 2021/22

	Land	Buildings (excluding dwellings)	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture and Fittings	Total Trust
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Cost or valuation at 1 April 2021	3,491	28,710	3,442	14,899	27,537	426	14,276	1,548	94,329
Additions - purchased**	-	-	-	14,439	3,176	18	16	17	17,666
Additions - donated DHSC - COVID	-	-	-	-	200	-	-	-	200
Additions - donated	-	-	-	58	8	-	1	-	67
Reclassifications	-	12,078	-	(14,377)	1,328	-	905	180	114
Impairments	(659)	(5,956)	(1,427)	-	-	-	-	-	(8,042)
Revaluations	-	215	(118)	-	-	-	-	-	97
Disposals	-	-	-	-	(2,999)	(27)	(1,174)	(302)	(4,502)
Derecognition - COVID returns to DHSC	-	-	-	-	(34)	-	-	-	(34)
Cost or Valuation at 31 March 2022	2,832	35,047	1,897	15,019	29,216	417	14,024	1,443	99,895
Accumulated depreciation at 1 April 2021	-	-	-	-	16,670	256	8,649	1,166	26,741
Provided during the year	-	4,017	118	-	2,600	27	1,646	77	8,485
Impairments	-	(4,017)	-	-	-	-	-	-	(4,017)
Revaluations	-	-	(118)	-	-	-	-	-	(118)
Disposals	-	-	-	-	(2,917)	(27)	(1,170)	(301)	(4,415)
Accumulated depreciation at 31 March 2022	-	-	-	-	16,353	256	9,125	942	26,676
Opening net book value at 1 April 2021									
Purchased	3,491	27,380	3,442	14,899	5,625	170	3,469	287	58,763
Finance leased	-	-	-	-	3,858	-	2,053	-	5,911
Government granted	-	1,330	-	-	1,059	-	105	95	2,589
Donated	-	-	-	-	325	-	-	-	325
Total NBV at 1 April 2021	3,491	28,710	3,442	14,899	10,867	170	5,627	382	67,588
Closing net book value at 31 March 2022									
Purchased	2,832	33,190	1,897	14,963	8,730	161	3,384	426	65,583
Finance leased	-	-	-	-	2,964	-	1,436	-	4,400
Government granted	-	1,857	-	56	747	-	79	75	2,814
Donated	-	-	-	-	422	-	-	-	422
Total NBV at 31 March 2022	2,832	35,047	1,897	15,019	12,863	161	4,899	501	73,219

** For consolidation purposes purchased additions includes assets funded from donations of £267,000

Notes to the Accounts

continued

	Property (land and buildings) £ 000	Plant and Machinery £ 000	Transport Equipment £ 000	Information Technology £ 000	Furniture and Fittings £ 000	Intangible assets £ 000	Total Trust £ 000
13 Property, plant and equipment							
13.3 Right of use assets - 2022/23 - Total							
Cost or valuation at 1 April 2022	-	-	-	-	-	-	-
Reclassification of existing finance leased assets to right of use assets on 1 April	-	6,229	-	3,556	-	520	10,305
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	251	91	29	-	-	-	371
Additions - lease liability	-	-	63	-	-	-	63
Cost or Valuation at 31 March 2023	251	6,320	92	3,556	-	520	10,739
Accumulated depreciation at 1 April 2022	-	-	-	-	-	-	-
Reclassification of existing finance leased assets to right of use assets on 1 April	-	3,266	-	2,120	-	405	5,791
Provided during the year - RoU Asset	49	950	26	543	-	58	1,626
Accumulated depreciation at 31 March 2023	49	4,216	26	2,663	-	463	7,417
Closing net book value at 31 March 2023							
RoU Asset	202	2,104	66	893	-	57	3,322
Total NBV at 31 March 2023	202	2,104	66	893	-	57	3,322

Of the right of use assets net book value, £76,000 is leased with Local Authorities for land and buildings, all other right of use assets are leased from bodies external to government.

Notes to the Accounts

continued

13.4 Analysis of property, plant and equipment

Land, building and dwelling assets were subject to a full valuation carried out by the Trust's externally appointed independent valuers on an alternate site basis as at 31st March 2023.

Of £2,796,000 net impairments (2021/22 £4,023,000), £2,796,000 (2021/22 - £1,941,000) has been recognised in operating expenses and £nil (2021/22 - £2,082,000) has been recognised directly in equity during the period.

Land	Buildings (excluding dwellings)	Dwellings	Total
£ 000	£ 000	£ 000	£ 000

13.5 Analysis of revalued property, plant and equipment

Net book value of PPE in the revaluation reserve

As at 1 April 2022	1,119	1,337	-	2,456
Movement in year	175	210	414	799
As at 31 March 2023	1,294	1,547	414	3,255
As at 1 April 2021	1,776	1,167	1,380	4,323
Movement in year	(657)	170	(1,380)	(1,867)
As at 31 March 2022	1,119	1,337	-	2,456
			Year Ended 31 March 2023 £ 000	Year Ended 31 March 2022 £ 000

13.6 Investments

NHS Charitable funds: Other investments

Carrying value at 1 April	2,591	2,426
Acquisitions in year - other	529	552
Movement in fair value of Available-for-sale financial assets recognised in Other Comprehensive Income	(177)	117
Disposals	(478)	(504)
Carrying value at 31 March	2,465	2,591
	Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000

14 Inventories

14.1 Inventories recognised in current assets

Drugs	1,229	1,078
Consumables	1,584	1,763
Consumables donated from DHSC group bodies	60	331
Energy	5	10
	2,878	3,182

14.2 Inventory Movements

Carrying Value at 1 April	3,182	3,029
Additions (purchased)	37,232	33,031
Additions (donated) - from DHSC	579	924
Inventories consumed (recognised in expenses)	(37,980)	(33,635)
Write down of inventories recognised as an expense	(135)	(167)
	2,878	3,182

At 31st March 2023 the Charitable Funds held inventories of £nil (31st March 2022 £nil)

Notes to the Accounts

continued

	Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000
15 Trade and other receivables		
15.1 Current trade and other receivables		
Contract receivables	16,852	7,540
Allowance for impaired contract receivables / assets	(436)	(345)
Prepayments	1,963	1,425
Interest receivable	39	-
PDC dividend receivable	732	128
VAT receivable	642	417
Other receivables - revenue	621	348
NHS Charitable funds: Trade and other receivables	45	22
	20,458	9,535

On consolidation the balance of receivables from Charity of £257,000 (31 March 2022 £138,000) is eliminated and replaced with Charity receivables balance £46,000 (31 March 2022 £22,000). Excluding Charitable Funds the Trust Current receivable balance is £20,520,000 (31 March 2022 £9,652,000).

15.2 Non-current trade and other receivables

Contract receivables	381	305
Allowance for impaired contract receivables / assets	(91)	(72)
Prepayments	182	129
	473	362

15.3 Allowances for credit losses

Allowances as at 1 April - brought forward	417	412
New allowances arising	277	346
Changes in existing allowances	-	81
Reversals of allowances	(89)	(199)
Amounts utilised	(78)	(223)
Provision at 31 March	527	417

Notes to the Accounts

continued

	Charitable		Charitable	
	Trust	Funds	Trust	Funds
	Total	Total	Total	Total
	2023	2023	2022	2022
	£ 000	£ 000	£ 000	£ 000
16 Cash and cash equivalents				
At 1 April	27,397	831	25,908	800
Net change in year	(18,978)	(314)	1,489	31
At 31 March	8,419	517	27,397	831
Broken down into:				
Cash at commercial banks and in hand	27	517	45	831
Cash with the Government Banking Service	8,392	-	27,352	-
Cash and cash equivalents as in SoFP	8,419	517	27,397	831
At 31 March	8,419	517	27,397	831

Total cash and cash equivalents for the group as at 31 March 2023 are £8,936,000 (31 March 2022 - £28,227,000).

	Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000
17 Trade and other payables		
17.1 Current trade and other payables		
NHS trade payables - revenue	2,522	381
Amounts due to other related parties - revenue	2,511	2,932
Trade payables - capital	12,062	8,817
Other trade payables	7,534	2,306
Social security costs payable	2,128	2,042
Other taxes payable	1,893	1,636
Other payables	16,121	6,955
Accruals	10,200	8,897
NHS Charitable funds	155	6
	55,127	33,972
17.2 Non-current trade and other payables		
Other payables	-	-
	-	-
17.3 Other liabilities - current		
Deferred income: contract liabilities	1,585	2,483
	1,585	2,483

Notes to the Accounts

continued

18 Movements in the carrying value of lease liabilities

Carrying value at 1 April 2022

Cash movements:

Financing cash flows - payments and receipts of principal

Financing cash flows - payments of interest

Non-cash movements:

Impact of implementing IFRS 16 on 1 April 2022

Additions

Interest charge arising in year

Carrying value at 31 March 2023

Finance Leases	Total
5,141	5,141
(1,643)	(1,643)
(126)	(126)
371	371
63	63
126	126
3,932	3,932

The incremental borrowing rate applied to lease liabilities on initial application during 2022 was the HM Treasury rate of 0.95%. The rate applicable from 1 Jan 2023 is 3.51%

19 Borrowings

19.1 Current borrowings

Obligations under finance leases

Note 20

Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000
1,681	1,501
1,681	1,501

19.2 Non-current borrowings

Obligations under finance leases

Note 20

Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000
2,252	3,640
2,252	3,640

20 Lease liabilities - maturity analysis

Obligations under finance leases where the trust is the lessee

Minimum finance lease payments due:

no later than one year

later than one year and no later than five years

later than five years

Gross finance lease liabilities

Finance charges allocated to future periods

Net finance lease liabilities

Net finance lease liabilities are due:

no later than one year

later than one year and no later than five years

later than five years

1,806	1,673
2,377	3,886
-	-
4,183	5,559
(250)	(418)
3,933	5,141
1,681	1,501
2,252	3,640
(0)	0
3,932	5,141

Notes to the Accounts

continued

	Pensions - Early Retirement	Pensions - injury benefits*	Other Legal Claims	Other	Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
21 Provisions						
21.1 Provision for liabilities and charges						
At 1 April	646	755	46	372	1,819	1,914
Change in the discount rate	(87)	(173)	-	-	(260)	47
Arising during the year	44	33	58	215	350	376
Utilised during the year	(62)	(42)	(26)	-	(130)	(113)
Reversed unused	-	-	(15)	(250)	(265)	(392)
Unwinding of discount	(11)	(13)	-	-	(24)	(13)
At 31 March	530	560	63	337	1,490	1,819
Expected timing of cash flows						
Within 1 year	62	44	63	337	506	521
Between 1 and 5 years	243	170	-	-	413	413
After 5 years	225	346	-	-	571	885
Total	530	560	63	337	1,490	1,819
					Total as at 31 March 2023 £ 000	Total as at 31 March 2022 £ 000
21.2 Current provisions						
Pensions - other staff					62	61
Pensions - injury benefit					44	42
Other legal claims					63	46
Other					337	372
At 31 March					506	521
21.3 Non-current provisions						
Pensions - other staff					468	585
Pensions - injury benefit					516	713
At 31 March					984	1,298
21.4 Clinical negligence liabilities						
£123,759,000 is included in the provisions of the NHS Litigation Authority at 31 March 2023 (31 March 2022 - £142,768,000) in respect of clinical negligence liabilities of the Foundation Trust.						
21.5 Contingent liabilities						
The Trust has £11,000 of contingent liabilities at 31 March 2023 (31 March 2022 - £25,000) in respect of potential excess payments for NHS Litigation Authority claims for Public and Employer Liability claims outstanding where timing is expected to be within the next 12 months.						

Notes to the Accounts

continued

	Property, plant and equipment 2023 £ 000	Total 2023 £ 000	Property, plant and equipment 2022 £ 000	Total 2022 £ 000
22 Revaluation reserve				
At 1 April	2,456	2,456	4,323	4,323
Impairments	-	-	(2,082)	(2,082)
Revaluations	800	800	215	215
At 31 March	3,256	3,256	2,456	2,456

23 Financial instruments

23.1 Analysis of financial assets and liabilities by category

	Held at amortised cost £ 000	Held at fair value through I&E £ 000	Total £ 000
Carrying values of financial assets as at 31 March 2023			
Trade and other receivables excluding non Financial assets	17,363	-	17,363
Cash and cash equivalents	8,419	-	8,419
Consolidated NHS Charitable fund financial assets	563	2,464	3,027
Total financial assets as at 31 March 2023	26,345	2,464	28,809
Carrying values of financial assets as at 31 March 2022			
Trade and other receivables excluding non financial assets	7,775	-	7,775
Cash and cash equivalents	27,397	-	27,397
Consolidated NHS Charitable fund financial assets	853	2,591	3,444
Total financial assets as at 31 March 2022	36,025	2,591	38,616

£188,000 of impairment loss on loans and receivables (31 March 2022 - £228,000 loss) has been recognised within operating expenses during the year under the increase in provision for impairment of receivables within note 5.

	Held at amortised cost £ 000	Held at fair value through I&E £ 000	Total book value £ 000
Liabilities as per Statement of Financial Position			
Carrying values of financial liabilities as at 31 March 2023			
Obligations under finance leases	3,933	-	3,933
Trade and other payables excluding non financial liabilities	50,673	-	50,673
IAS 37 provisions which are financial liabilities	1,090	-	1,090
NHS Charitable funds	154	-	154
Total financial liabilities as at 31 March 2023	55,850	-	55,850
Carrying values of financial liabilities as at 31 March 2022			
Obligations under finance leases	5,141	-	5,141
Trade and other payables excluding non financial liabilities	30,282	-	30,282
IAS 37 provisions which are financial liabilities	1,401	-	1,401
NHS Charitable funds	6	-	6
Total financial liabilities as at 31 March 2022	36,830	-	36,830

Notes to the Accounts

continued

	As at 31 March 2023 £ 000	As at 31 March 2022 £ 000
23.2 Maturity of financial liabilities		
Financial liabilities maturing in		
one year or less	52,739	32,065
In more than one year but not more than five years	2,789	4,301
more than five years	572	742
	56,100	37,108
	Book value as at 31 March 2023 £ 000	Fair value as at 31 March 2023 £ 000

23.3 Fair value of financial assets and liabilities

Financial assets

Consolidated NHS Charitable funds	2,464	2,464
Total	2,464	2,464

The fair value of financial assets and liabilities for the James Paget University Hospitals NHS Foundation Trust is not significantly different from the book value. The assets of the NHS Charity are held in listed securities and as such the market value can fluctuate causing variances between the book value and the fair value. The carrying values of other short-term receivables and payables are a reasonable approximation of the fair value.

The Trust has limited exposure to interest rate risk, currency risk, credit risk, liquidity risk, and other specific price risks, and therefore does not actively seek to manage risk in these areas.

24 Third party assets

The Foundation Trust held £4,000 cash at bank and in hand at 31 March 2023 (31 March 2022 - £4,000) which relates to monies held on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts. Gross inflows and outflows during the reporting period are £nil and £nil respectively (2021/22 - £nil and £nil).

25 Financial commitments

25.1 Capital commitments

The Foundation Trust has £7,959,000 of contractual capital commitments as at 31 March 2023 mainly related to intangible assets and building schemes in progress (31 March 2022 - £1,134,000 mainly building schemes in progress).

25.2 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) during 2022/23 as follows, analysed by the period during which the commitment expires:

	As at 31 March 2023 £ 000	As at 31 March 2022 £ 000
Expiry in less than one year	1,086	772
Expiry in more than one year but less than five years	437	117
Expiry in more than five years	-	-
Total	1,523	889

Notes to the Accounts

continued

	Year Ended 31st March 2023 £ 000	Year Ended 31st March 2022 £ 000
26 Related party transactions		
26.1 Key management personnel compensation		
Salaries and other short term benefits	944	1,167
Post employment benefits	81	90
Total	1,025	1,257

Key management personnel has been interpreted as all the executive, non-executive and non-voting directors of the Trust.

26.2 Related party payments, receipts and balances

During the year none of the Board members or members of the key management staff, or parties related to them, have undertaken any material transactions (other than employment benefits) with the James Paget University Hospitals NHS Foundation Trust.

All bodies within the scope of the Whole Government Accounts (WGA), including the James Paget University Hospitals NHS Foundation Trust are considered to be under the common control of the UK government, and are therefore considered to be related parties. Within the group structure of WGA, the immediate parent of the Trust is the Department of Health. The James Paget University Hospitals NHS Foundation Trust also acts as the corporate Trustee of the James Paget University Hospitals Charitable Fund and in accordance with the charity's declaration of trust, members of the Foundation Trust's Board of Directors act as ex-officio Trustees of the Charitable Funds. In accordance with note 1.2 the Charitable Fund has been consolidated into these group accounts and is therefore no longer reported as a related party. The values of transactions with these entities are detailed below:

	Payments 31st March 2023 £ 000	Payments 31st March 2022 £ 000	Receipts 31st March 2023 £ 000	Receipts 31st March 2022 £ 000
Value of transactions with other related parties				
Non-consolidated subsidiaries and associates / joint ventures	-	-	-	-

Paragraph 25 of IAS 24 allows entities which are related parties because they are under the same government control to reduce the volume of the detailed disclosures. The GAM interprets this such that DHSC group bodies must disclose the Department of Health and Social Care as the parent department and provide a note of the main entities within the public sector with which the body has had dealings, but that no information needs to be given about these transactions.

In line with this, these related parties notes only collect details of transactions and balances with bodies or persons outside of the whole of government accounts boundary.

Notes to the Accounts

continued

27 Losses and special payments

	31 March 2023 Total no of cases Number	31 March 2023 Total value of cases £000's	31 March 2022 Total no of cases Number	31 March 2022 Total value of cases £000's
Losses:				
Losses of cash	-	-	6	4
Fruitless payments and constructive losses	-	-	1	-
Bad debts and claims abandoned	3	-	133	104
Damage to buildings, property etc. (including stores losses).	8	63	9	41
Total Losses	11	63	149	149
Special Payments:				
Extra contractual to contractors	-	-	1	40
Ex gratia payments	14	4	21	6
Total Special Payments	14	4	22	46
Total losses and special payments	25	67	171	195

Notes to the Accounts

continued

28 Charitable Funds summary statements 2022/23

28.1 Summary Statement of Financial Activities

Incoming Resources: excluding investment income

Total operating income

Employee benefits:

- expended with the Foundation Trust

Other resources expended

- with the Foundation Trust

- with bodies outside the NHS

- audit fee (payable to the external auditor)

Total operating expenditure

Incoming Resources: investment income

Net (outgoing) / incoming resources before other recognised gains and losses

Fair value gains / (losses) on investment assets

Net Movement in funds

28.2 Summary Balance Sheet

Non-current assets

Other Investments

Total non-current assets

Current assets

Trade and other receivables

Cash and cash equivalents

Total current assets

Current liabilities

Trade and other payables

Total current liabilities

Net assets

Funds of the charity

Restricted funds:

Unrestricted funds:

Unrestricted income funds

Revaluation reserve

Total Charitable Funds

IFRS Year Ended 31 March 2023 £ 000	Charity Consolidation Eliminations*	Year Ended 31 March 2023 £ 000
187	-	187
187	-	187
(188)	188	-
(308)	308	-
(110)	-	(110)
(7)	-	(7)
(613)	496	(117)
67	-	67
(359)	496	137
(177)	-	(177)
(536)	496	(40)
2,464	-	2,464
2,464	-	2,464
45	-	45
517	-	517
562	-	562
(263)	109	(154)
(263)	109	(154)
2,763	109	2,872
405	-	405
2,008	109	2,117
350	-	350
2,763	109	2,872

Charitable Funds are presented under UK GAAP and are consistent with SORP 2015. In restating the charity accounts to be consistent with the IFRS based accounting policies of the Foundation Trust, the commitments accrual of £385,000 (2021/22 £509,000) reported under UK GAAP has been removed. The separate accounts of the Charity can be found on the Charity Commission website.

* Consolidation eliminations illustrate the impact on the balances of the group accounts, and do not impact on the underlying performance of the Charitable Fund which retains a movement in funds of £496,000 (2021/22 £481,000), and net assets of £2,378,000 (2021/22 £2,790,000).

Notes to the Accounts

continued

29 Charitable Funds summary statements 2021/22

29.1 Summary Statement of Financial Activities

Incoming Resources: excluding investment income

Total operating income

Employee benefits:

- expended with the Foundation Trust

Other resources expended

- with the Foundation Trust

- with bodies outside the NHS

- audit fee (payable to the external auditor)

Total operating expenditure

Incoming Resources: investment income

Net (outgoing) / incoming resources before other recognised gains and losses

Fair value gains / (losses) on investment assets

Net Movement in funds

29.2 Summary Balance Sheet

Non-current assets

Other Investments

Total non-current assets

Current assets

Trade and other receivables

Cash and cash equivalents

Total current assets

Current liabilities

Trade and other payables

Total current liabilities

Net assets

Funds of the charity

Restricted funds:

Unrestricted funds:

Unrestricted income funds

Revaluation reserve

Total Charitable Funds

IFRS Year Ended 31 March 2022 £ 000	Charity Consolidation Eliminations*	Year Ended 31 March 2022 £ 000
232	-	232
232	-	232
(110)	110	-
(137)	137	-
(76)	-	(76)
(7)	-	(7)
(330)	247	(83)
64	-	64
(34)	247	213
117	-	117
83	247	330
2,591	-	2,591
2,591	-	2,591
22	-	22
831	-	831
853	-	853
(145)	138	(7)
(145)	138	(7)
3,299	138	3,437
151	-	151
2,569	138	2,707
579	-	579
3,299	138	3,437

Charitable Funds are presented under UK GAAP and are consistent with SORP 2015. In restating the charity accounts to be consistent with the IFRS based accounting policies of the Foundation Trust, the commitments accrual of £509,000 (2020/21 £396,000) reported under UK GAAP has been removed. The separate accounts of the Charity can be found on the Charity Commission website.

* Consolidation eliminations illustrate the impact on the balances of the group accounts, and do not impact on the underlying performance of the Charitable Fund which retains a movement in funds of £481,000 (2020/21 £605,000), and net assets of £2,790,000 (2020/21 £2,819,000).

