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The best care
for every patient

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Annual Report and Accounts

2022-23

Norfolk and Norwich 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.

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Performance Report

Chair's Statement

Welcome to our review of 2022-23 which covers a very challenging year as we recover from the effects of the pandemic and make significant headway with the backlog of treatments.

On behalf of the Board, I would like to express my sincere gratitude to our staff for their tremendous efforts over this difficult period. Right across our organisation, people have worked extremely hard in a very pressured environment and they deserve our thanks and recognition.

The fact that our staff have met these challenges with such determination and continued to strive so hard in the interests of our patients is a great credit to an excellent team of caring and dedicated professionals across our hospitals.

Many of our challenges arise from the growth in life expectancy which has put pressure on our health system, increasing the demand for care, services and technologies to prevent and treat the diseases and the chronic conditions associated with older age groups.

Our teaching Trust serves the oldest population of any teaching hospital in the country and we see, at first hand, how much care and support people need as they age and reach the end of life.

At the moment, we don't have the capacity we need across the system to support patients when they need on-going community or social care. To make up for the shortfall, we use escalation beds across our hospital. This has a negative impact on patient experience and stretches our workforce. It affects the care hours we can deliver per patient day which means there are longer waits for call bells to be answered for example.

Science and technology are delivering greater possibilities in the treatment of cancer and other conditions. Robotic surgery is reducing length of stay and in November 2022 we were the first hospital in the UK - and amongst the first in Europe - to carry out robotic-assisted bowel cancer surgery as a day case.

All our ambitions are captured in a New five-year strategy – called Caring with PRIDE – which was published in April 2022. It sets out our commitments to patients, staff, partners, regulators, services and resources. This was created following a comprehensive communications and engagement programme in summer 2021 where hundreds of patients, families and carers from our local community and our staff and partners contributed ideas. The plan describes how we will invest in staff and expand services to treat the many thousands of patients we see each year.

Our engagement with the local community continues with many people standing for election as hospital governors.

The Patient Panel has also developed over the last few years, providing valuable involvement in projects across the Trust.

During 2022-23, we celebrated 250 years of providing healthcare to the people of Norfolk. As the N&N Hospital reached this memorable milestone, we held a series of events linking with our local community. Thousands of staff and local people joined us for our Open Day and Fete, an exhibition of our history at The Forum, a special AGM, and an open garden event with the Bishop of Norwich and a 'Carols by Candlelight' event in Norwich Cathedral just before Christmas.

There have been huge advances in technology since the inception of our hospital in 1772 and today we are at the forefront of developments just as our forebears were when the hospital was established.

We have been boosting our capacity with the development of the Virtual Ward, where patients are monitored using technology in their own homes. The use of the Virtual Ward started during the pandemic and is set to expand to 60 patients – equivalent to two wards in the hospital. It was highly commended at the HSJ Awards 2022 for the Digitising Patient Care Award. We are also due to open two new paediatric theatres and the Norfolk and Norwich Orthopaedic Centre this year. The NaNOC will enable us to carry out elective surgery away from the bed pressures of urgent and emergency care.

We are very grateful for donations to our Norfolk & Norwich Hospitals Charity to support both developments.

Our partnership with the University of East Anglia continues to deliver a wide-ranging programme of research which is aiming to improve the care we deliver to patients now and in the future.

We have 262 active research projects at present (see page 31 for more information).

We aim to adopt best practice wherever possible, embracing innovation, and most importantly learning and improving. As a tertiary centre, we have many specialist services to support people with a range of rare and complex conditions. To benchmark our services and work with other similar Trusts, we are part of a specialised provider collaborative with six other providers in the East of England.

As part of that collaborative, our aim is to improve the quality and resilience of specialised services to patients in Norfolk and Waveney and see fewer patients having to travel out of area for services in the future. Our ambition is to become a Major Trauma Centre and to offer Thrombectomy in partnership with Addenbrooke's Hospital.

Locally, we are part of the Norfolk and Waveney Acute Hospital Collaborative with the James Paget University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust. A key strategic three-year programme for us and our partners is the introduction of a new Electronic Patient Record where we are on a mission to switch from paper-based patient records to electronic ones which will be transformative for patient care.

This year has been challenging for our hospitals on a number of fronts and I would like to thank the Board and the Governors for their support during my period as Interim Chair. I am very much looking forward to leading the Trust as the newly appointed Chair from March 2023.

Tom Spink
Chair

Chief Executive's Statement

In common with many organisations across the NHS, we have experienced an immensely difficult year.

Performance

One of our biggest challenges is addressing the needs of thousands of patients who are waiting too long for treatments. At the end of June 2022, we met the national standard to eliminate 104 week waits in our Trust, thanks to the extraordinary efforts of teams across the organisation.

Our 78-week cohort was 27,000 patients on 1 April 2022 and has presented a significant challenge. We had been making good progress and were ahead of the standard for most of the year. However, several periods of industrial action, taken by different staff groups in February and March 2023, has made an impact.

Coming so close to the year end, we have been unable to re-book everyone who needs to be seen and have narrowly missed the standard by about 150 patients. This is disappointing for our staff when they were so close to achieving the standard that had occupied their time for the last 18 months. But this is still a huge achievement. We would like to recognise all the tremendous hard work of our teams who had made so much progress

Throughout 2022-23, we have seen significant numbers of patients – between 150-280 on any day - who have No Criteria to Reside and have not been able to leave hospital in a timely way, because of a lack of capacity in community and social care. This has meant the permanent occupation of escalation beds with seven beds in our six-bedded bays. Our workforce is making a huge effort every day to work in a system that does not enable staff to provide the level of care they would like.

We need to see a sustainable solution to the over-population in our hospital as it impacts patients' experience, leaves us with a very high level of risk and makes the working lives of our staff harder.

Within the hospital, our discharge processes are undergoing a transformation through the Red2Green programme, which will take several months. Early results are promising with a reduction in length of stay and a multi-disciplinary approach to discharge, in which every day a patient spends with us is one that benefits them.

The Virtual Ward, where patients are monitored once they return home, and our Gunthorpe Home First ward, which helps reduce deconditioning, have also been helpful in supporting patients to return home.

Too few discharges have also affected patient flow, creating hold ups in the Emergency Department and preventing the timely transfer of patients arriving by ambulance. Our performance for ambulance handovers has varied between the best and worst in the country - and we need more consistency which will be possible with a less congested hospital.

In terms of system working, our patients need access to more community beds to complete their recovery and the scale of the issue has been mapped by Newton Europe on behalf of the Integrated Care System (ICS).

There are further opportunities for joint working across the system to get the best outcome for our population, particularly for those at the end of life. We will soon see the completion of a new purpose-built specialist palliative care unit adjacent to the NNUH campus, Priscilla Bacon Hospice. This will see an expansion of palliative care bed base, outpatient and day therapy services, alongside dedicated education, and research facilities.

Staff experience

I would like to thank our staff for their constant dedication to compassionate care.

This demanding year is confirmed by the results of the 2022 national NHS staff survey which sees us rated as one of the most challenged Trusts in the country for staff morale.

In June 2022, we launched the NNUH People Promise and we expect to speed up our efforts to make the changes staff expect to see, and deserve, in recruitment, stopping the use of escalation beds, improving staff facilities and giving staff time to manage teams away from clinical duties.

In terms of the workforce, one of our biggest challenges is finding enough skilled staff with very few registered nurses available across the UK and record numbers of vacancies. We have always been at the forefront of developing our own workforce and we have continued our efforts through the apprenticeship route, the training programme for nursing associates and are fortunate enough to be able to recruit many newly qualified nurses from UEA.

Numbers of qualified nurses have also been boosted by our international recruitment which has delivered 100 new recruits this year.

Alongside the entire Board, I am focused on delivering the commitments we made in our People Promise to ensure that NNUH is a great place to work where we can thrive, safe in the knowledge that we're supported to deliver the best care for every patient.

CQC

Our staff were praised for "putting patients at the heart of everything" in the latest Care Quality Commission (CQC) inspection report, which was published in February 2023 and rates us as 'Requires Improvement' for Medicines Services.

When the CQC carried out an unannounced inspection in November 2022 across five medical wards they found our staff to be caring and helpful despite the pressure in these clinical areas. This is a great testament to the caring nature and resilience of our staff, given the pressure of meeting the huge increase in demand which we have seen in recent years.

Achievements

We have made a series of improvements to our services during the last year.

- We officially opened our Maternal Medicines Centre for pregnant women with pre-existing medical conditions.
- Since its launch at the start of 2021, our Virtual Ward has helped more than 1,600 patients to complete their hospital care at home whilst being monitored 24/7 using the latest technology. It was highly commended at the HSJ Awards 2022 for the Digitising Patient Care Award.
- The Recognise and Respond Team (RRT) expanded moving from 12 hours a day to a 24/7 service. The RRT works across inpatient wards, responding to acutely deteriorating patients, attends resuscitation calls in the hospital as well as delivering education, training and quality improvement projects. The team won The Deteriorating Patients and Rapid Response Initiative of the Year award at the Health Service Journal (HSJ) Patient Safety Awards 2022.
- A new support service to provide additional practical and emotional support to cancer patients, carers and companions was launched.
- We were one of six NHS brain cancer centres to be awarded excellence status by the Tessa Jowell Brain Cancer Mission.

- A new digital platform has been launched to make it easier for patients to request outpatient follow-up appointments when they need one.
- The Mobile Cancer Care Unit (MCCU) is on the road in Norfolk and Waveney, continuing an innovative partnership between our Trust and cancer charity Hope for Tomorrow.

Digital modernisation

We've taken a step forward in our ambition to become a digitally advanced hospital. Patients are due to benefit from the introduction of an EPR (Electronic Patient Record), transforming how we work across all three acute Trusts in Norfolk and Waveney.

The outline business case for our EPR project has been approved by NHS England with a plan to implement in 2025.

Hundreds of teams will be involved as it touches the work of both our clinical and admin teams, reducing duplication, improving quality and making it easier to run our research and audit programmes.

This will mean clinical staff having information at their fingertips to aid decision making, with improvements in patient safety and efficiency.

We have also launched a new digital platform to make it easier for patients to request outpatient follow-up appointments when they need one. The Trust is working with digital partners to change the way we deliver outpatient care to better suit patients and carers.

Across outpatient services, we are putting follow-ups in our patients' hands so that they can arrange a follow-up appointment as and when they need it, rather than at routine intervals.

The move to patient-initiated follow-up (PIFU) outpatient appointments aims to free up clinicians' time for new appointments, diagnostics and procedures and patients who need us the most.

Finance
We have a business planning cycle in place to draw up our service and financial plans, ensuring a balance of activity, savings and investments across our clinical and corporate divisions.

We are also part of the wider Integrated Care System and this gives us a responsibility to deliver for the system as a whole.

This year, we have achieved an operational surplus of £4.8m which forms part the ICS wide year end performance in Norfolk and Waveney.

Research
Our research strategy is based on our vision of us becoming a leading NHS Trust in applying research and adopting innovation to deliver the best patient care.

This vision has received a boost after we were named as one of 28 research institutions to receive funding from the Department of Health to expand the delivery of early phase clinical research in NHS hospitals across England.

The National Institute for Health Research (NIHR) has awarded us £1m, spread over the next five years, to drive forward innovation in experimental medicine and translational research.

We were delighted to announce our first ever Clinical Associate Professors to boost our research profile. Eight of our Consultants have been awarded the posts in translational and clinical medicine following funding from the University of East Anglia's Norwich Medical School and NNUH. Our research portfolio involves the multi-disciplinary team. A good example is the role of a team of specialist Pharmacy staff who play a vital role in keeping more than 150 clinical trials running at our Trust at any one time.

We are a partner in the Norwich Institute of Healthy Ageing (NIHA) which aims to develop strategies to promote sustained behaviour changes across our community to improve physical and mental wellbeing. As a key partner, we are working with colleagues from the University of East Anglia, Norwich Research Park, Norwich City Council and Norfolk County Council.

Conclusion
Once again, our teams have been incredible in dealing with the recovery from the pandemic and treating the backlog of patient care.

I would also like to thank our Chair Tom Spink whose appointment was confirmed in March 2023. Prior to this, he fulfilled the role of Interim Chair for most of the year and provided leadership during a busy and challenged period for the Trust.

I am deeply conscious of the pressures our 11,000 employees have faced during 2022-23. Our ability to deliver, safe, high-quality care to a million patients a year depends on the outstanding professionalism and efforts of our teams who have worked exceptionally hard over the last year. We are committed to making improvements for both patients and staff in the year ahead and working on solutions to the long-term issues facing the NHS.

Sam Higginson
Chief Executive

Overview of Performance

Welcome to our 2022/23 annual report which describes our achievements during the year, covering our service improvements, finances and performance in key areas.

Purpose of the overview section

This overview section gives a short summary of the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Purpose and Activities

Our Trust is one of the busiest in the region, with over 11,000 talented and dedicated staff treating a million patients a year. In addition, we have around 600 committed and enthusiastic volunteers, who work tirelessly to enhance the experience of our patients and their families.

NNUH is one of the largest and busiest University Teaching Trusts in the country. We are made up of the Norfolk and Norwich University Hospital and Jenny Lind Children's Hospital on our main site, and the Cromer and District Hospital in North Norfolk. We also run many services in the community such as the Norfolk and Norwich Kidney Centre, Central Norwich Eye Clinic, Adelaide Street Pain Management Centre, mobile breast screening lorries, eye screening vans, mobile cancer treatments and Community Midwifery.

We are part of the Norfolk and Waveney Integrated Care System (ICS). ICS's are new partnerships between the organisations that meet health and care needs across an area. ICS's are designed to coordinate and plan services in a way that improves population health and reduce health inequalities between different groups. In addition to continuing to work closely with the other hospitals in Norfolk and Waveney and the East of England, a priority for us is to work more closely with GP, community, and voluntary organisations, to support the development of place-based partnerships of care. People access most of the health and care services they need in the 'place' where they live, including advice and support to stay well and access to joined-up treatment when they need it. We will mainly work with the three places of North Norfolk, Norwich, and South Norfolk to ensure as many people as possible can receive as much care and treatment as close to their homes as possible in the future.

Research is important to us as a University Teaching Trust and we've worked with our partners on the Norwich Research Park to develop a strong and thriving partnership between us, the University of East Anglia (UEA) and the Quadram Institute of Bioscience (QIB). This has already enabled our NNUH Team to deliver world-leading research, such as the Norfolk Diabetes Prevention Study and a key role in Covid-19 vaccine research. The Quadram Institute is a collaboration between the Trust, UEA and the QIB. Our endoscopy unit, the largest in Europe, is sited in the Institute, as is our Clinical Research Facility.

Improving the offer to our NNUH Team to support health and wellbeing, training and career development is crucial. More than ever, it is vital that we create the best place to work for our highly skilled and dedicated NNUH Team who continue to deliver services with compassionate care every day. We also need to attract new staff to help with those areas where we have recruitment challenges.

The Feedback that the NNUH Team has given through the annual NHS Staff Surveys and the more recent introduction of online discussion forums and open conversations at the Trust, is fundamental to guide the improvements we need to make for people who work here.

Only with an appropriately trained, empowered and supported Team will we be able to deliver our ambitions for the development and improvement of staff and patient experience, quality, performance and the management of our resources, outlined in this strategy.

Brief History

The Norfolk and Norwich Hospital celebrated its 250th anniversary in 2022 - the hospital saw its first outpatients on 11 July 1772 and first inpatients on 17 November 1772.

The hospital became a teaching Trust when it was rebuilt in 2001 and moved from the St Stephen's site in Norwich to Colney Lane on the outskirts of the city. We were authorised as an NHS Foundation Trust on 1st May 2008 in accordance with the National Health Service Act 2006. The NHS Foundation Trust succeeded the NHS Trust formed in 1994.

Strategy

The end of the 2022-23 financial year sees the Trust complete the first year of Caring with PRIDE, our five year corporate plan. The launch of Caring with PRIDE has seen a huge amount of work and communication to embed our new vision, 'the best care for every patient', and five underpinning commitment areas across the organisation, shown here.

We have updated all of our corporate governance infrastructures, internal and external facing web sites, letter heads and the many clinical templates we have across all of our departments and services.

The first year of Caring with PRIDE has also seen the NNUH Team mobilise a huge number of actions around our five commitments areas. We have a total of 29 aligned priorities and 66 programmes and actions that we have agreed to undertake in our pursuit of our new vision. We are pleased to list some of the highlights below, many of which will be explored in greater detail in the relevant sections of our Annual Report.

The commitment to Our Patients:

- Together we will develop services so that everyone has the best experience of care and treatment

This commitment has nine priorities and 19 actions all of which focus on how we put people and their experiences of our care and treatment first. They concentrate on how we best engage, listen, and learn, to improve all aspects of our hospital, our NNUH Team, and our processes. Some of the things we have started in year one include:

- Recruiting Patient and Family Liaison Officers to support patients and families to stay up to date with people's care while they are in hospital.
- Developing and recruiting to the key 'Patient Safety Partners' role to support the delivery of our Patient Safety Strategy.
- Developing how we work with carers, including being accredited with a local carer's 'tick' award, progressing the NNUH Patient and Carer leadership 'working together' approach, and embedding Carer Identity Passports.

The commitment to Our NNUH Team:

- Together we will support each other to be the best that we can be, to be valued and proud of our hospital for all

The greatest strength of our hospital is the dedicated people who work and volunteer here. This commitment, which has eight priorities and 12 supporting plans, focuses on the long-term investment in the strength, depth, skills, experience, and wellbeing of everyone in the NNUH Team. It's imperative we have the right culture of diversity and inclusion, support, and respect at the heart of everything we do. Some of the things we have started in year one include:

- Co-produce and publish our People and Culture strategy, Caring Together, that includes the NNUH People Promise. Six priority areas in our People Promise are:
    - Reducing staff vacancies
    - Improving staff facilities
    - Focussing on manager support and appreciation
    - Embedding flexible working
    - Addressing poor behaviours
    - Improving staff wellbeing
- Co-produce and publish a Clinical Professionals, Midwives and Nurses strategy, which supports the delivery of Caring with PRIDE through plans that focus on:
    - Outstanding people
    - Outstanding clinical care
    - Outstanding leadership
    - Outstanding education and training opportunities and,
    - Outstanding research innovation and improvement.

The commitment to Our Partners:

- Together, we will join up services to improve the health and wellbeing of our diverse communities

Collaboration and cooperation are the key principles of this commitment and our 13 priorities and 17 actions for the next five years and beyond. As partners in systems of care, in education and training, and in research, we know that we can achieve far more working together than individually. Some of the things we have started in year one include:

- Progressing work within the Norfolk and Waveney Acute Hospitals Collaborative, (which is ourselves, The Queen Elizabeth and James Paget Hospitals) we have:
    - Developed 'mutual aid' agreements that help us treat more patients quickly as part of reducing backlogs arising from the pandemic.
    - Progressed a major programme of work that should see us procure an integrated Electronic Patient Record across the three hospitals in year two of Caring with PRIDE.
    - Progressed a major programme of work that will see new diagnostic centres opening at the each of the hospitals in year three of Caring with PRIDE.
- Supporting the development of the Norfolk and Waveney Integrated Care System (ICS) through three Place Boards and five Health and Wellbeing Partnerships, which have supported system working on dermatology and heart failure services as well as funded support from 'social prescribers' to patients in our hospital.
- Continuing to host the NHS East Genomic Medicine Service Alliance, and the East of England Network of the National Institute for Health and Care Research.
- Eight new joint Clinical Associate Professors appointments were made with the UEA, covering cancer, gastroenterology, maternal health, older people's medicine, palliative care, respiratory, and vascular surgery.

The commitment to Our Services:

- Together, we will provide nationally recognised, clinically-led services that are high quality, safe, and based on evidence and research

This commitment, which has five priorities, and eight supporting plans seeks to ensure that we best meet the essential hospital needs of people who live in Norfolk and Waveney. We are doing this by making sure that our services are the right size and are delivered in the most effective way. Some of the things we have started in year one include:

- Reduce the backlog of patients waiting for treatment because of the pandemic (see page 23 for more information).
- Enhance our nationally recognised Virtual Ward service that sees patients leave hospital more quickly to be safely monitored at home.
- Large numbers of people not having to travel to hospital for outpatient appointments through the offer of online consultations and the flexibility to arrange follow up appointments when they feel they need them.

The commitment to Our Resources:

- Together, we will use public money to maximum effect

This commitment, its seven priorities and 10 supporting plans, are about ensuring that we effectively use all of our allocated resources to provide high-quality and efficient care for patients. It includes the best use of our finances, estates, and facilities, and how we reduce waste and our impact on the environment. Some of the things we have started in year one include:

- Started building work to increase our theatre capacity for adults and children.
- Delivered our financial plan for 2022/23 (see page 42 for details).
- Published our Green Plan, established a sustainability committee and appointed a Trust sustainability lead.

It is a huge credit to the NNUH Team that so much has been achieved during a time of such sustained pressure. Our operating environment has been in constant flux since the start of the pandemic, and while the pandemic's direct impacts have subsided, they have been replaced by enormously difficult indirect challenges felt in the hospital and across the Norfolk and Waveney system. As we go into 2023/24, we are clear that our vision and five commitment areas remain the right things to focus on, but that we need to review and prioritise the weighting of the great many actions we have set ourselves to ensure that the NNUH Team can deliver them.

Case Study

Young patients benefit from new app to reduce asthma attacks

A project to reduce hospital admissions for children and young people at high risk of an asthma attack has been launched between two Norfolk hospitals utilising the latest digital technology.

The Jenny Lind Children's Hospital at the Norfolk and Norwich University Hospital and the James Paget University Hospital have joined forces with Cambridgeshire-based technology firm Aseptika, SoWhat? Consultancy and Eastern Academic Health Science Network (AHSN) to support children and young people at high risk of asthma attacks.

The scheme aims to half the number of asthma attacks of 5 to 18-year-olds who experience frequent complications with their condition and will be open to children and young people who have been hospitalised following an asthma attack in the last 12 months.

Patients who take part will be provided with an app to manage their health and a small gadget which connects to their smartphone to tell them when to use their inhaler, including a reminder about proper technique and sends them reminder messages. The connecting inhaler tracker also has a lung function monitor to show them how well their lungs are working.

Key issues and risks

In Norfolk and Waveney we have one of the largest older populations which is growing at a greater rate than in most other parts of the country.

Due to age alone, in the 10 years leading up to 2025 in Norfolk there will be approximately 9,000 more people with diabetes, 12,000 more people with coronary heart disease, and 5,000 more people who suffer a stroke and survive. As part of providing high quality services for this older and more frail population, we have developed services that include our Older People's Emergency Department, the first of its kind in the country, and a ground-breaking dementia support service, which is growing each year.

Criteria to reside

For more than a year, we have had between 150 - 250 patients in the hospital with no Criteria To Reside from a total of 900 adult beds. Most of these patients are on Discharge to Assess pathways 1 to 3 which means they are waiting for a community bed or social care intervention and no longer require any clinical actions from an acute hospital.

The length of stay of these patients has increased from 16 to 20 days over the last 8 months and has created significant problems throughout the hospital.

Our clinical teams are discharging pathway 0 (discharge to usual place of residence) patients on the day they are fit for discharge but cannot prevent or improve the congestion caused by the extreme number of pathway 1-3 patients with no Criteria To Reside in an acute setting. This has led to wards having to accommodate additional patients over and above their bed base on a regular basis.

Ambulance handovers

A knock-on effect of delayed discharges is a lack of adult bed availability that leads to patients frequently having to wait in ambulances outside our ED or face delays in being admitted to a ward. On average we see about 150 ambulances arrive each day and we are one of the largest providers of urgent and emergency are in the region.

We are working on an action plan for ambulance handovers which is required to be submitted as part of a system response.

Staffing

The Pandemic has disrupted our workforce and we are busy recruiting new staff to reduce our vacancy rate, including the recruitment of nearly 100 international nurses.

We are also holding large-scale recruitment campaigns for healthcare support workers which saw hundreds of new staff join us last summer and into the autumn.

There is also a campaign underway to improve the experience of our staff and improve retention rates by rolling out the NNUH People Promise, based on the national People Promise. There are six priorities - Reducing vacancies, Staff facilities, Manager support and appreciation, Flexible working, Addressing poor behaviours and Staff wellbeing.

Specialist services
Along with Cambridge, we continue to be one of the main centres for specialist work in the East of England. Patients can access many tertiary services at our hospitals rather than having to travel further afield thanks to investment in services such as robotic surgery, interventional radiology, critical care and cardiology. These types of specialist services are delivered alongside caring for people of all ages with a wide range of more general medical and surgical conditions, particularly the significantly older population that is unique to Norfolk, many of whom come to us with one or more long term conditions. For more information, see the strategy section on page 15 and the long term trends section on page 30.

Finance
We are also working together as a system on our finances to address the underlying deficit in the Norfolk and Waveney healthcare system and looking for productivity and efficiency savings in our own hospitals. Lower than anticipated levels of activity and expenditure against a fixed income meant we achieved an operational surplus at the year-end of £4.8m, which after adjustments for statutory reporting is a £1.3m surplus.

In spite of the pressures on our hospitals, we have continued to see significant development over the last year, helping us to expand capacity and upgrade our facilities. Here is a summary of our progress:

- Building is underway on a £6.5m dedicated children's theatre complex. Due to be completed over two phases, in phase one we will provide a twin paediatric theatre suite, a six-bay recovery unit, as well as associated supporting facilities. Combined with the new facilities this will create a high standard of children's surgical capacity to meet the needs of NNUH younger patients, both now, and well into the future.

- The Virtual Ward was launched early in 2021 to enable patients to continue their recovery from Covid-19 at home while being carefully monitored remotely. The Virtual Ward provides a safe and effective monitoring and follow-up service for up to 40 patients and is due to expand to support 60 patients.

- A major project to increase surgical capacity was announced with plans to create a new £11m standalone orthopaedic elective centre. The new Norfolk and Norwich Orthopaedic Centre will see the creation of two new laminar flow theatres and a 21-bedded ward and will provide our Trust with a much-needed standalone and Covid-secure elective surgical facility. The complex is due to open later in 2023, slightly later than planned, and will carry out around 2,500 orthopaedic cases a year for patients who need ankle, foot, hip, knee or shoulder operations. This project has been supported by a £2m grant – the largest ever from our N&N Hospitals Charity, and we would like to thank everyone who has donated to make this possible

N&N Norfolk & Norwich Hospitals Charity

Emergency Preparedness, Resilience and Response - (EPRR)

As a NHS Trust and a category 1 Responder we need to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak - such as the Covid-19 pandemic - or a major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 and the NHS Act 2006 (as amended), the Health & Care Act 2022 and the NHS Constitution.

This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

All NHS funded services must have robust and well tested arrangements in place to respond to and recover from these situations. The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS EPRR Framework - July 2022 and NHS England Core Standards for EPRR (Core Standards). The Trust is audited annually regionally and by NHS England on these Core Standards and in 2022 the Trust was again fully compliant

Going Concern

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.

The HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Performance Analysis

The main challenges in 2022-23 have been long waiting times for elective care, meeting standards for ambulance handovers and the very large number of patients with No Criteria to Reside because of the shortfall in social care and community capacity.

Elective recovery

One of our top priorities for 2022-23 has been elective recovery and reducing the long waits for planned care, which were impacted by the Covid-19 pandemic and lockdowns in 2020 and 2021.

Our first priority was eliminating all 104 week waits. At the start of April 2022, more than 2,000 patients were waiting two years for treatment. Thanks to the huge effort of teams across the Trust, supported by additional capacity in the private sector, this cohort of patients had their operations or procedures by the end of June 2022.

Another national standard was to end all 78 week waits by the end of March 2023. At the start of 2022-23, we had more than 27,535 to treat in this cohort during the financial year. We continue to ringfence beds for elective recovery with teams carrying out additional lists at weekends.

Despite the pressures on emergency and urgent care, winter pressures, extremely high bed occupancy and cases of Covid-19 and flu in the winter, we maintained our trajectory throughout the year.

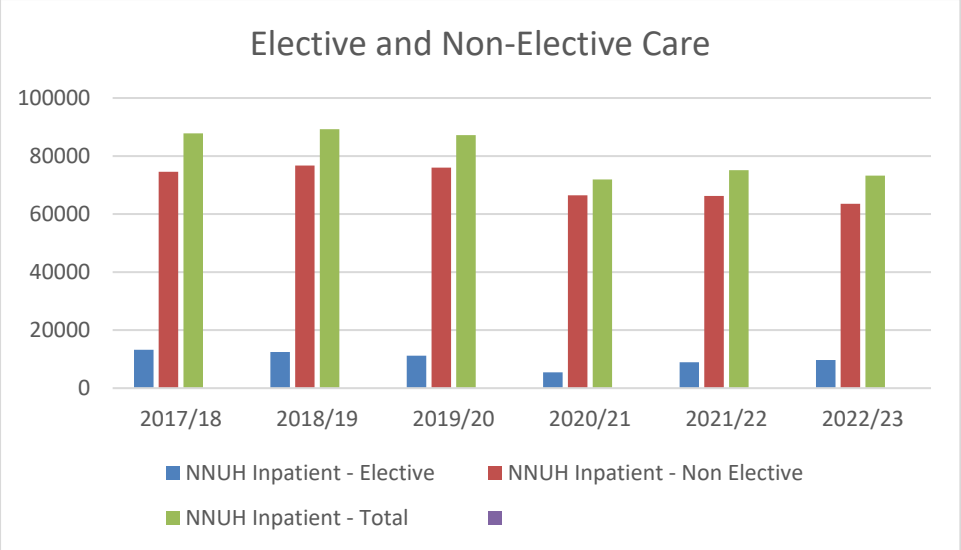
The impact of industrial action and operational pressures meant that we ended 2022-23 with 169 patients in this cohort.

In 2023-24, a further increase in elective capacity is planned with the opening of the Norfolk and Norwich Orthopaedic Centre (NaNOC). This will be a stand-alone centre with two new laminar flow theatres and a 21-bedded ward to carry out hip, knee, ankle and shoulder surgeries.

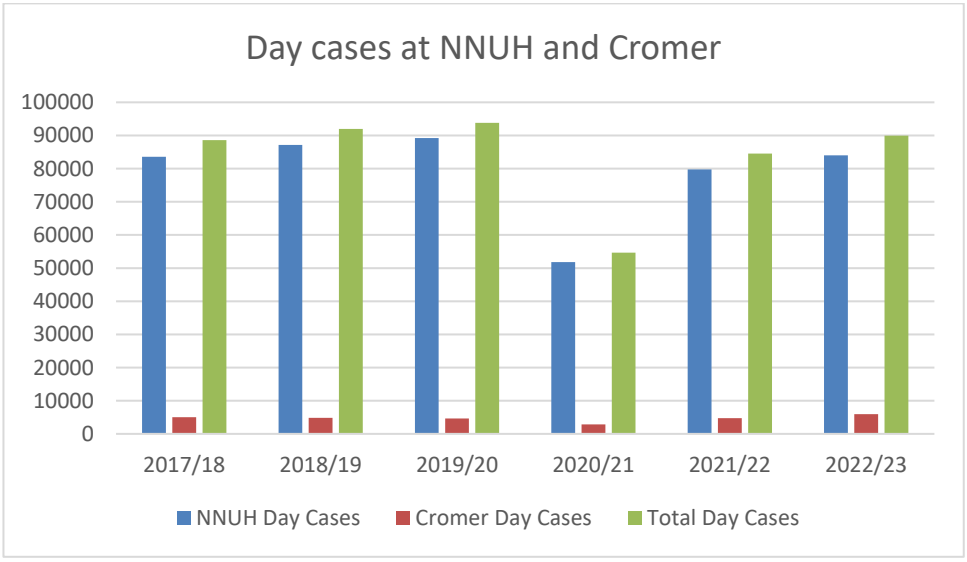
N&N Norfolk & Norwich Hospitals Charity

A children's theatres complex in the Jenny Lind Children's Hospital is also being finalised with two new operating theatres, a six-bay recovery unit and supporting facilities, with new clinical equipment. Both of these projects have received substantial grants from the Norfolk & Norwich Hospitals Charity.

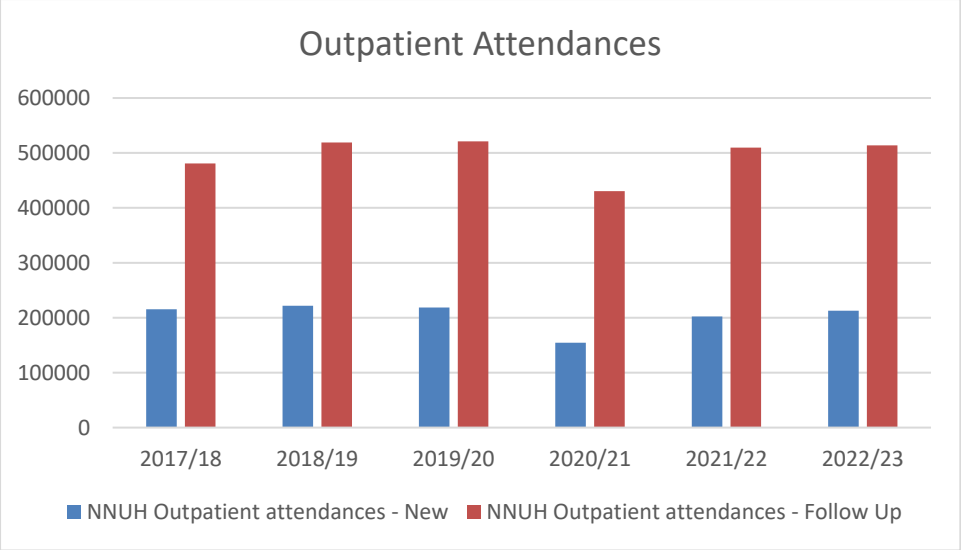
	2021-22	2022-23
Elective and non elective	75,152	73,235
Day cases	84,520	89,930
Outpatient appointments (new and follow ups)	711,847	726,562



In 2022-23, we treated 9,678 elective patients, an improvement compared to 8,913 in 2021-22, and 63,557 non-electives (urgent or emergency care), compared to 66,239 in 2021-22.



In 2022-23, we treated 83,989 day cases at the N&N Hospital and 5,941 at Cromer Hospital. This is an improvement from 2021-22 where we treated 79,762 and 4,758 respectively.



In 2022-23, we saw 212,643 new patients and conducted 513,919 follow up appointments. This compares to 2021-22, where we saw 202,144 new patients and 509,703 patients for follow ups.

Cancer recovery

Improving the cancer performance has been a challenge, particularly as we experienced a surge of cancer referrals following the Covid-19 pandemic.

A key standard has been reducing the number of patients waiting over 62 days for their first treatment following an urgent GP referral. We peaked with more than 500 patients waiting over 62 days in Autumn 2022 but have seen a continued improvement since then with reductions in the number of waits across all cancer specialities.

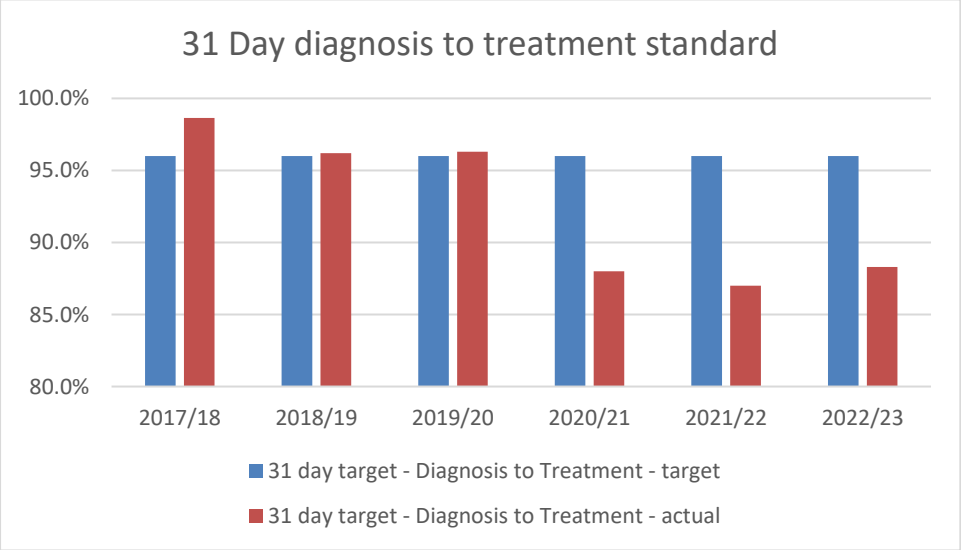
Ringfenced MRI slots and additional biopsy capacity is helping to speed up waits for patients with suspected prostate cancer.

Our two week wait cancer performance continues to improve, with the number of patients waiting over 14 days following a GP referral in February 2023 at its lowest point in 2022/23.

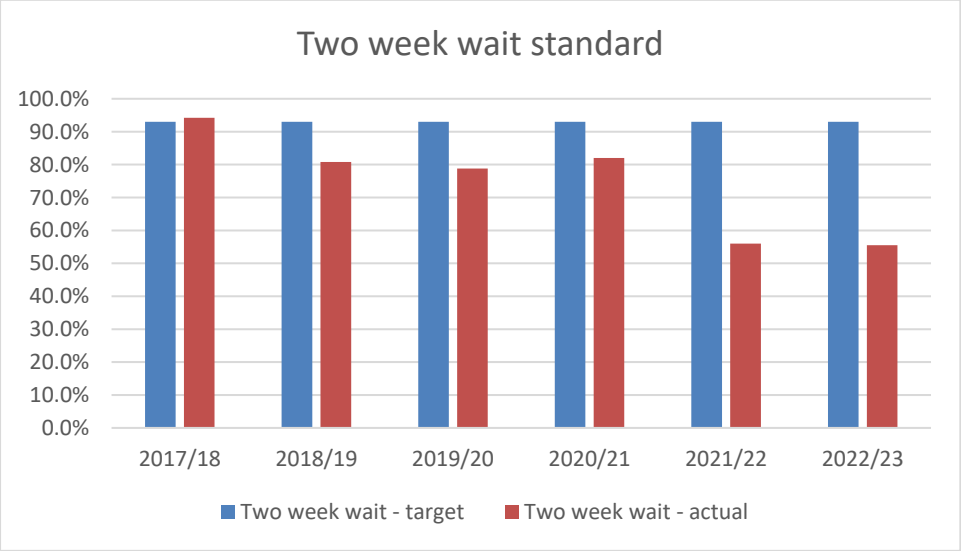
Cancer service highlights in 2022-23 include:

- A new prostate biopsy service was set-up at the North Norfolk Macmillan Centre at Cromer and District Hospital. The new service follows fundraising support from Cromer Community and Hospital Friends who have helped to buy new equipment for the centre.
- We marked the successful establishment of the UK's only gynaecology programme administering heated chemotherapy at the time of surgery (HIPEC- heated intraperitoneal chemotherapy) for patients with ovarian cancer with thanks to grant funding from our N&N Hospitals Charity.
- We became one of six NHS brain cancer centres to be awarded excellence status by the Tessa Jowell Brain Cancer Mission in partnership with Cambridge University Hospitals and Ipswich Hospital.

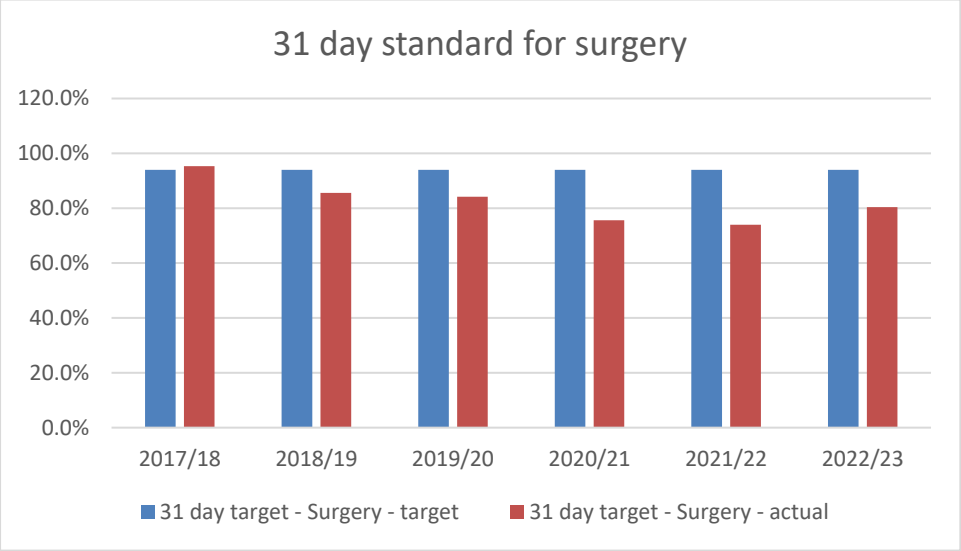
- The Cancer Care Navigator project was established to help people affected by cancer with their non-clinical needs. The service aims to complement the work of the clinical teams and Cancer Nurse Specialists by ensuring that every person affected by cancer can access practical or emotional support, which might not necessarily be related to their medical care.
- Macmillan Information Managers, who are usually based at NNUH and Cromer and District Hospital have been providing outreach support with the Cuppa Care bus to provide cancer information and support to locations across the Norwich, South Norfolk and North Norfolk areas. A new cancer support group for the LGBTQIA+ community has also been launched.



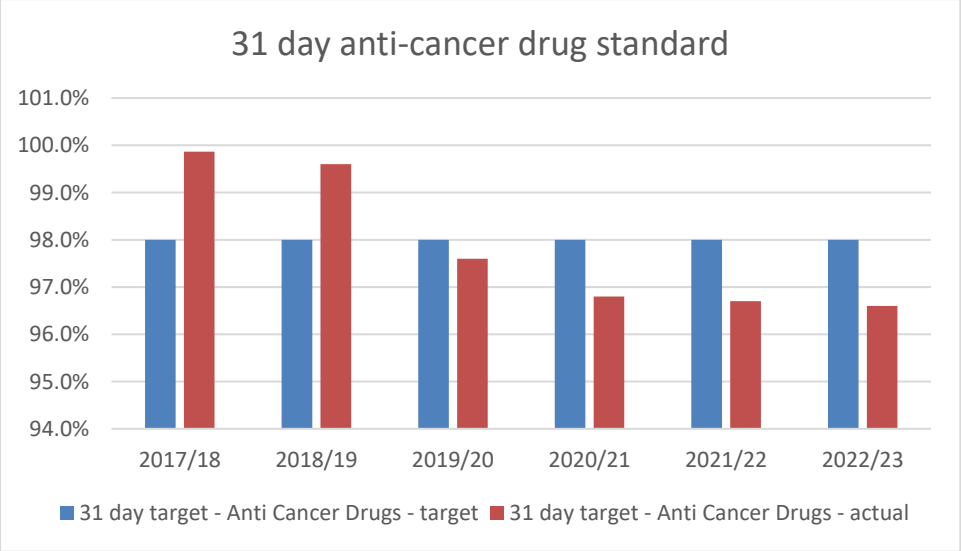
For the 31-day diagnosis to treatment standard, in 2022-23 our performance was 88.3% against a standard of 96% compared to 87% in 2021-22.



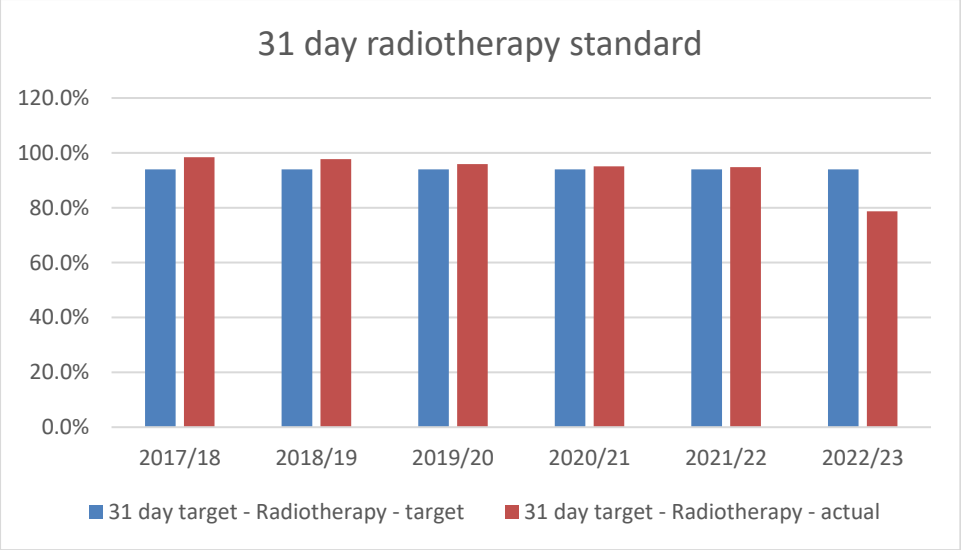
For 2022-23, we achieved 55.5% well below the standard of 93%, compared to 56% in 2021-22.



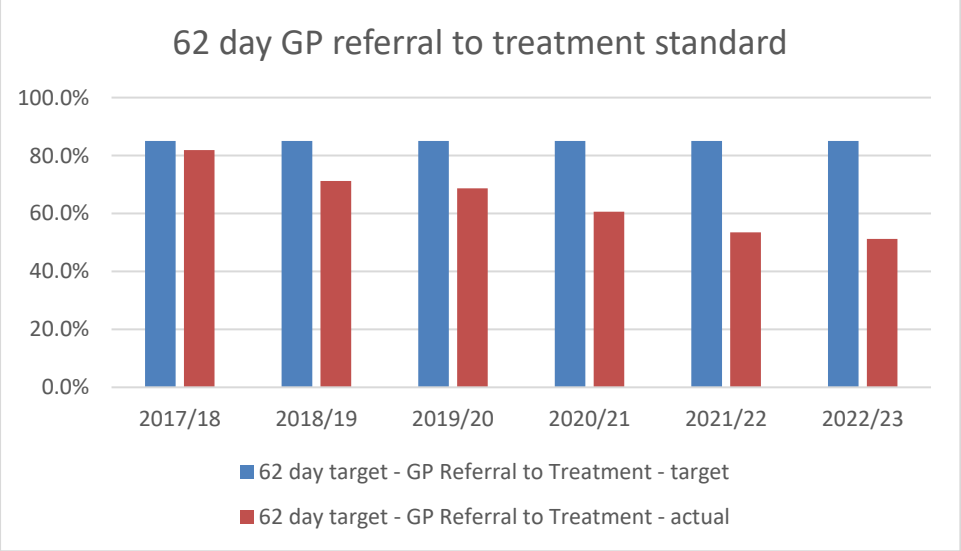
In 2022-23, we achieved 80.4% against the national standard of 94% for the 31-day standard for surgery, compared to 74% in 2021-22.



In 2022-23, we achieved 96.6% against the national standard of 98% for the 31-day anti-cancer drugs, compared to 96.7% in 2021-22.



For 2022-23, we achieved 78.7% against the national standard of 94% for the 31-day radiotherapy standard, compared to 94.8% in 2021-22.



For 2022-23, we achieved 51.2% against the national standard of 85% for the 62-day referral to treatment standard, compared to 53.5% in 2022-23.

Emergency Department and flow

In 2022/23 125,791 attended our Emergency Department at NNUH and 13,250 at Cromer Minor Injuries Unit.

The four-hour A&E waiting time standard is a pledge set out in the NHS Constitution that states at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours. In December 2022, an intermediary threshold standard of 76% to be hit by March 2024 was introduced with further improvement expected in 2024/25.

Extreme operational pressures and high levels of bed occupancy has made it extremely challenging to admit patients within four hours.

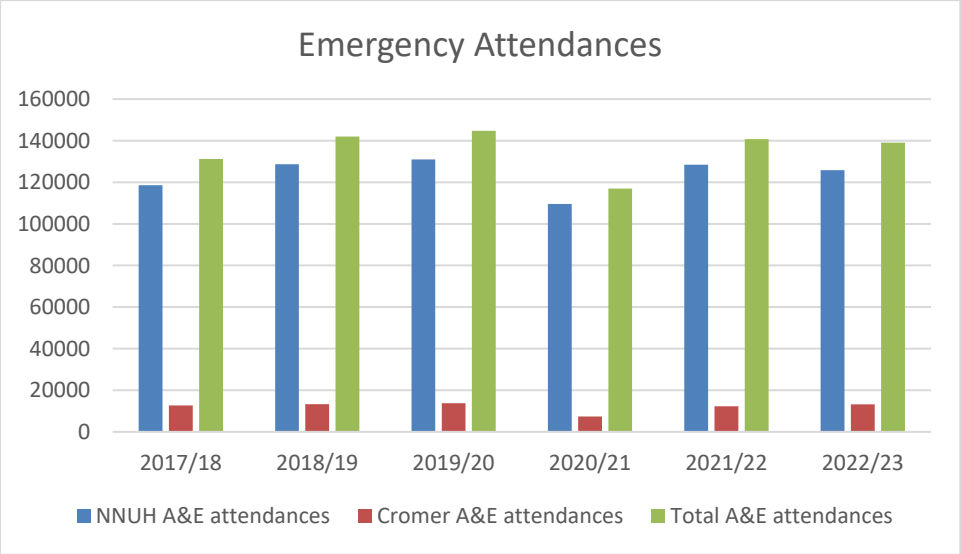
However, we have seen an improvement in our performance against this standard with 79% of patients being seen within four hours in January 2023, compared to 70% in April 2022. Our Emergency Department was one of the top performers in the country against the four-hour standard over the winter, thanks to the efforts of our ED team.

Our ambulance handover position has been significantly challenged, particularly when bed occupancy is so high and escalation beds are being used across the Trust.

The Trust has spent the majority of the year with bed occupancy above 92% and at our highest state of alert (OPEL 4). During periods of extreme pressure, we took the difficult decision to place extra beds on inpatient wards and is something we only do in extreme circumstances to reduce pressure on the ambulance service and Emergency Department. We do recognise how difficult this is for our patients, visitors and our staff.

We relaunched a project called Red2Green across all wards and divisions is vitally important to help us improve our patient flow, increase the number of discharges happening earlier in the day and help reduce length of stay metrics. The focus is very much on ensuring that every day a patient spends with us is one that benefits them - a green day.

Around a fifth of our adult inpatient have been occupied by patients who no longer require an acute hospital bed – also known as No Criteria to Reside.



In 2022-23, we saw 125,791 patients at the N&N Hospital's Emergency Department and 13,250 patients at Cromer's Minor Injury Unit. These patient numbers are slightly less than 2021-22 when we saw 128,443 and 12,328 respectively.

Long Term Trends

The use of technology will be a key trend, improving the efficiency and responsiveness of health services.

Patient follow-ups and Personalised Outpatient Programme
We launched a new digital platform to make it easier for patients to request outpatient follow-up appointments when they need one.

The Trust has been working with digital partners to change the way we deliver outpatient care to better suit patients and carers.

Across outpatient services, departments across NNUH are putting follow-ups in our patients' hands so that they can arrange a follow-up appointment as and when they need it, rather than at routine intervals. The move to patient-initiated follow-up (PIFU) outpatient appointments aims to free up clinicians' time for new appointments, diagnostics and procedures and patients who need us the most.

The new platform will enable patients to request a follow-up appointment, if they need one, via the DrDoctor platform by entering their name, date of birth and postcode and enables teams at NNUH to send appointment messages via text, email or letter.

More than 16,000 patients have been added to a PIFU pathway in 2022/23 from a total of more than 170,000 on our waiting list for follow-ups.

Electronic Patient Record
The three Acute hospitals in Norfolk and Waveney (NNUH, the James Paget University Hospital and the Queen Elizabeth Hospital King's Lynn) are working together on an integrated Electronic Patient Record (EPR) programme which will support organisation-wide transformation of how we work and deliver care.

An EPR is a system of managing clinical information, to make it easily available for use by doctors, nurses, allied healthcare professionals and patients.

The Strategic Outline Case has now been approved by NHS England and we've just received approval from the Department of Health and Social Care. Now we can plan the start of the procurement phase in March. We are aiming to complete the procurement and full business case in the autumn. Most NHS hospitals have or are working on an EPR to help them face the demands of 21st century healthcare. An EPR supports safer care for patients because electronic notes are always available to all clinicians, reduces reliance on slow paper processes and makes information available for clinical decision-making, quality improvement, and research purposes.

Virtual Ward
Our Virtual Ward has gone from strength-to-strength since it was launched two years ago.

We are the largest provider of virtual beds across Norfolk and Waveney and we have one of the most successful Virtual Wards in the country.

This year the team won a ‘Delivering Value with Digital Technology Award’ from the Healthcare Finance Management Association (HFMA) and was Highly Commended in the ‘Digitising Patient Care Award’ at the HSJ Awards.

Since the formation of the Virtual Ward in early 2021, more than 1,900 patients have been able to complete their hospital care from the comfort of their own home, whilst being remotely monitored and having regular contact with a clinician.

The Virtual Ward saved more than 15,000 hospital bed days in a year and 98% of patients are satisfied with the service.

The team now have a clinical space so that patients can be moved and reviewed on the Hoveton Unit while they are organised a transfer home.

Research

We have worked with our partners on the Norwich Research Park to develop a thriving partnership between us, the University of East Anglia (UEA) and the Quadram Institute of Bioscience (QIB). This has seen our NNUH Team deliver world-leading research, such as the Norfolk Diabetes Prevention Study, and play a key role in Covid-19 vaccine research.

We are committed further developing our relationships and increasing our research activities in the coming years. Dedicated research staff support studies and we currently have 262 active studies ranging from small local studies to those that are multi-site across the UK and worldwide.

Our Trust has four key strategic goals for research:

1. Embed a culture of research throughout NNUH creating an inspirational environment that is recognised nationally and internationally, which inspires future leaders of clinical research
2. Consolidate and deepen the special partnership with the University of East Anglia and Quadram Institute Biosciences
3. Develop sustainable strategic partnerships critical to the region and wider NHS
4. Be recognised as a leading NHS Trust in applying research and adopting innovation to deliver the best patient care and to benefit the wider NHS

Examples of research

Extra scan reduces breech births

Adding a third routine scan at the end of pregnancy can reduce the number of unexpected breech births by 70%, according to new research from our maternity team at NNUH and St George’s, University of London.

Researchers hope that findings published in PLOS Medicine will lead to a change in national guidelines, so all pregnant women are offered a scan in their third trimester to improve maternity care.

Currently, pregnant women have routine scans at 12 and 20 weeks only, with extra scans only offered for recognised complicated pregnancies. However, around 4% of babies are unexpectedly in a breech position at the end of pregnancy, where the baby is positioned feet or bottom first, which puts them at increased risk of being admitted to a neonatal unit, brain injury due to a lack of oxygen, or even death.

Our maternity team were the first in the country in 2016 to introduce a policy of midwives carrying out a third trimester scan, with handheld scanners funded by a £100,000 donation from the N&N Hospitals Charity.

The research compared 5,119 women who received standard ultrasound scans at NNUH and 4,575 who were given a 'point-of-care' ultrasound scan at 36 weeks using a handheld, portable device.

At St George's University Hospital NHS Foundation Trust (SGUH), doctors analysed 16,777 cases against 7,351 who had an extra ultrasound scan by a sonographer at 36 weeks.

Both types of third trimester ultrasound scan dramatically reduced the rate of unexpected breech births – 71% lower with the standard type of ultrasound at SGUH and 69% lower with the hand-held portable device at NNUH. The babies of women who had the third ultrasound were 16% less likely to be admitted to the neonatal unit for closer monitoring and mothers were also less likely to need an emergency caesarean.

Impact of Point of Care Ultrasound and routine third trimester ultrasound on undiagnosed breech presentation and perinatal outcomes: an observational multi-centre cohort study, PLOS Medicine.
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004192.

Helping children with inflammatory bowel disease
Two new studies have been launched at NNUH to help further enhance clinical understanding of inflammatory bowel disease (IBD) amongst children and young people.

More than 100 children and 3,000 adults are currently under the care of the hospital for IBD and three to four new cases a month are being diagnosed by the paediatric gastroenterology team. IBD covers conditions such as ulcerative colitis and Crohn's disease, which can be debilitating for children and young adults as well as affecting their mental health and wellbeing.

The Paediatric Gastroenterology team and Children's and Women's Research team at NNUH have joined the TRIPP Research Protocol (Translational Research in Intestinal Physiology and Pathology) in Cambridge, which is funded and supported by the National Institute for Health and Care Research (NIHR). The study involves collecting blood samples and intestinal biopsies to understand the genetic signatures that can cause IBD. Mini-gut models can also be grown from stem cells to further understanding of the mechanisms involved in IBD and to test specific treatments.

The Paediatric Gastroenterology Team and the Children's and Women's Research team at NNUH have also joined the Paediatric Inflammatory Bowel Disease (PIBD) BioResource Network, a large UK biobank collecting blood and biopsy samples from children with IBD that aims to gain further insight into the complex mechanisms underlying this chronic condition. This is funded by NIHR and the UK IBD Genetics Consortium.

Vaccination halves risk of long Covid, new study shows
Being vaccinated against Covid halves people's risk of developing long Covid, according to new research from our Trust and the University of East Anglia.

Long Covid affects around two million people in the UK, and new research, published in JAMA Internal Medicine, reveals the risk factors associated with developing the condition.

Overweight people, women, smokers and those over the age of 40 are also more likely to suffer from long Covid according to the study – which includes more than 860,000 patients and is thought to be the largest of its kind.

The study also finds that co-morbidities such as asthma, COPD, Type 2 Diabetes, coronary heart disease, immunosuppression, anxiety and depression are also associated with increased risk of long Covid.

NNUH orthopaedic research published in top medical journal
Older knee replacement designs are just as effective as newer models – according to new research from our orthopaedic research team and University of East Anglia.

A new study published today in the journal BMJ Open compares the effectiveness of two established knee replacements.

Eighty osteoarthritis patients, who received total knee replacements in 2018 and 2019, took part the CAPAbility study – a blinded randomised controlled trial run by researchers at NNUH and UEA.

The study found no difference in outcomes between the Genesis II and Journey II BCS knee implants six months after surgery.

Rheumatology leads collaborative international research in axial spondyloarthritis
Teamwork across multiple NNUH departments – Rheumatology, Gastroenterology, Radiology – and the University of East Anglia has enabled the Rheumatology team to identify patients with undiagnosed axial spondyloarthritis (axSpA), an arthritis-associated disease.

The research has also been supported by the National Axial Spondyloarthritis Society, N&N Hospitals Charity and AbbVie.

The work has been led by Edwin Lim and Karl Gaffney, Consultant Rheumatologists.

We have recently published two important studies which both show there are often tell-tale signs of axSpA in patients who present to gastroenterology with inflammatory bowel disease, such as Crohn's disease and ulcerative colitis, which could be identified earlier using imaging.

We are the clinical lead on a national campaign to reduce the time to diagnosis for patients with axSpA that aims to reduce the delay to diagnosis from around eight years to one year. axSpA affects one in 100 young people in the UK and often leads to permanent joint damage and disability.

As most patients are of working age, early identification of the condition will help patients to be more active and avoid disability.

New developments

HIPEC programme hailed as success

Two years ago the hospital started the UK's first gynaeoncology hyperthermic intraperitoneal chemotherapy (HIPEC) programme and the only colorectal HIPEC programme in the East of England. It is used to treat advanced ovarian or bowel cancer, which has already spread to the abdominal cavity.

In that time the multidisciplinary team has completed 40 cases with good outcomes for the patients. This has been achieved by the efforts of a vast multi-disciplinary team. HIPEC is a procedure carried out following the completion of complex surgery to remove all visible disease in the abdomen and pelvis.

After the initial procedure has been completed, a 40-42°C solution is washed through the patient, in an attempt to kill off any cells the surgeons have not been able to see. Patients must meet very strict criteria to be eligible; their cancer must be advanced but not spread to other organs and they need to be assessed fit enough to undergo this extensive surgery.

New prostate biopsy service starts at Cromer

A new procedure has begun at Cromer Hospital to help speed up tests for patients with suspected prostate cancer.

State-of-the-art equipment is being used at the North Norfolk Macmillan Centre to enable prostate biopsies to take place for the first time at Cromer.

The start of the new service follows fundraising support from Cromer Community and Hospital Friends who have helped to buy new equipment for the centre.

A prostate biopsy usually takes place to confirm or rule out cancer after a patient has had high or rising prostate specific antigen (PSA) blood test results and an MRI scan.

Regional Maternal Medicine Centre of Excellence

In May 2022, we launched a new Regional Maternal Medicine Centre of Excellence for pregnant women with pre-existing medical conditions.

Creation of the Regional Maternal Medicine Centres follows successive maternal death reports that show the majority of women dying during or after pregnancy have pre-existing conditions exacerbated by pregnancy rather than due to the pregnancy itself. Expert review suggests that many of these deaths might have been avoided had the women been referred to a multi-disciplinary team with specific training and experience in medical diseases in pregnancy. The Ockenden report, which reviewed the unacceptably high number of maternal and neonatal deaths at Telford and Shrewsbury Trust, has further emphasised these concerns.

NHS England has an ambitious aim to reduce maternal deaths by 50% by 2025. Towards this goal, they have supported the establishment of a national Maternal Medicine Network with a 'hub and spoke model' in each region. With a long-standing established maternal medicine service, Norwich was in an ideal position to provide a regional networked service.

More than 120 guests attended the event either in person or virtually to hear from speakers including Mark Andrews our Obstetric Physician who presented a case study of a pregnant woman with a kidney transplant that resulted in an Obstetric Medicine MDT involving multiple hospital centres.

First bowel cancer surgery day case takes place at NNUH

We have become the first hospital in the UK – and amongst the first in Europe -to carry out robotic-assisted bowel cancer surgery as a day case.

New robotic surgery and innovative follow-up care from the Virtual Ward will enable certain patients to recover at home within 23 hours of admission. The project aims to improve patient experience and recovery time whilst reducing pressure on hospital beds by using the latest surgical innovations and health monitoring technology.

We became the first hospital in the region to carry out bowel cancer surgeries using robotic-assisted technology five years ago. The Sir Thomas Browne Academic Colorectal Unit now has three consultants who carry out robotic-assisted surgery to remove bowel cancer.

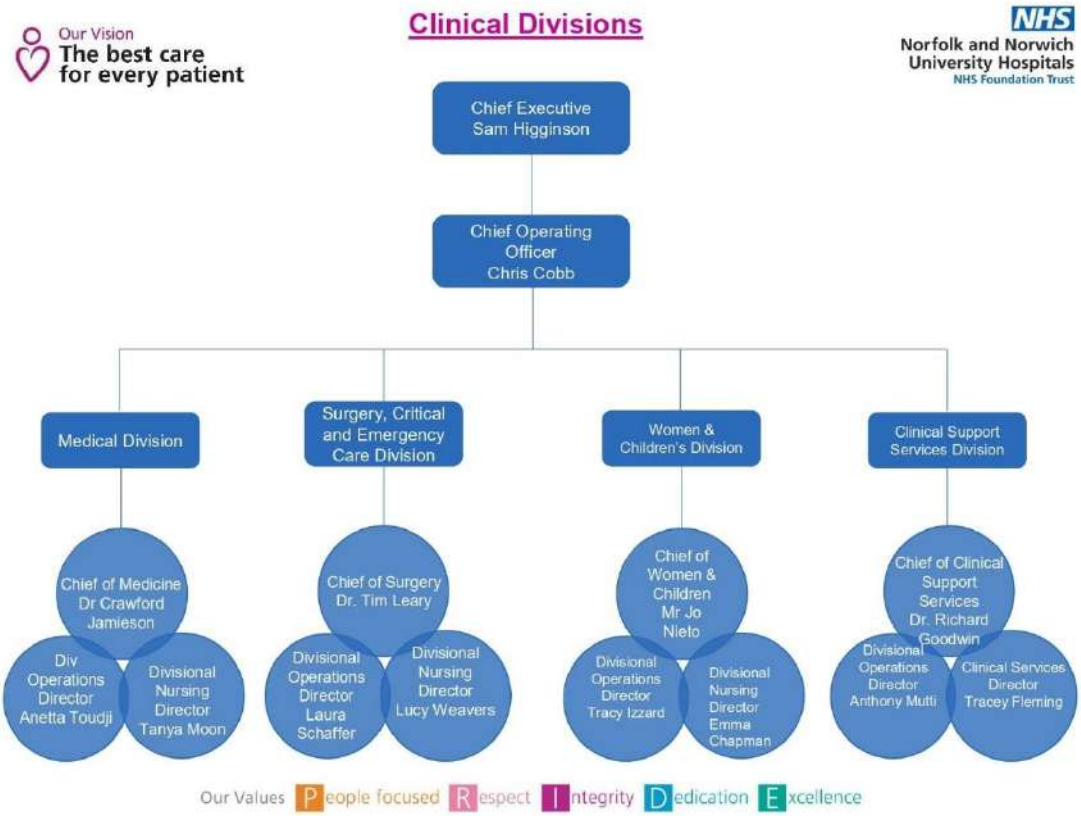
Two years ago, two new Da Vinci robots were installed, thanks to a £1m donation from the N&N Hospitals Charity, to enable more patients to receive minimally invasive surgery and improve recovery times.

We're the first hospital in the UK to carry out a day-case robotic high anterior resection of the rectum for colorectal cancer. The national average length of stay for patients with this surgery is seven days

How we measure performance

Our services are clinical led with four divisions: Medicine, Surgery, Women and Children's Services, and Clinical Support. There is a Chief of Division role in each who is the overall lead for the division, with all roles within the division ultimately reporting to them. The Chief is accountable for the performance of the division. Each division also has a Divisional Operations Director whose primary role is to direct and control operations to deliver the division's business plan including recruitment and training of staff, management of service line budgets and ensuring service quality. There is also a Divisional Nursing/Clinical Services Director whose role is to direct and control divisional clinical staff including maintaining patient safety and ensuring front-line teams are appropriately motivated and trained.

The Chiefs of Division report to the Chief Operating Officer and are part of the Management Board with the Executive Directors. The Management Board is responsible for the operation and performance of the Trust, reporting to the Trust Board. The divisional structures are show below:



Integrated Performance Analysis

A monthly integrated performance report is produced by the Trust which provides details of how the Trust is performing on key standards such as infection control, cancer waiting times, urgent and emergency care, plus finance and staffing issues.

It is shared widely with the Trust Board, Management Board, the Council of Governors and with staff. The aim is to keep everyone informed on how the Trust is performing and describe our progress towards meeting standards or introducing new quality initiatives.

Example of a summary slide from the integrated performance report:

During the year, we have been meeting with our regulator NHS England to review our performance and have focused on the Trust's improvement plans, financial position and long-term strategy.

KPIs, Risk and Uncertainty

The Trust has a Risk Management Strategy which sets out the accountability and reporting arrangements to the Board of Directors for risk management within the Trust.

Risk is assessed at all levels in the organisation from the Board of Directors to individual wards and departments. This ensures that both strategic and operational risks are identified and addressed and risk assessment information is held in an organisation-wide Risk Register. A risk scoring matrix is used to ensure that a consistent approach is taken to assessing and responding to clinical and non-clinical risks and incidents.
Those risks with a high residual risk rating (following the impact of appropriate mitigating actions) are detailed in a High-Risk Tracker – reported to both the Board of Directors and Management Board through the Integrated Performance Report.

The Hospital Management Board oversees the identification and mitigation of key risks arising from or relevant to the operation of the Trust. Each of the Management Board committees and governance sub-boards have Terms of Reference and they report regularly to the Management Board on areas of risk or issues that require escalation.

There are eight Governance roles across the Divisions. These Leads will play a key role in promoting a safety-first culture and disseminating and best practice learning across all staff groups.

At board level, the Board Assurance Committees will review the adequacy and effectiveness of the structures, processes and responsibilities within the Trust for identifying and managing key risks;

The Board has established the following Committees of the Trust:

- Audit Committee;
- Quality and Safety Committee;
- Finance, Investments and Performance Committee;
- People and Culture Committee
- Major Projects Assurance Committee
- Nominations and Remuneration Committee;
- Committee in Common (meeting as part of Norfolk and Waveney Acute Hospital Collaborative)
- Charitable Funds Committee.

For more information, see the Directors' section on page 59.

Care assurance

Care assurance was launched in 2021, which set out three key deliverables:

- An agreed (small) set of clearly defined key measures/ indicators of high-quality care (Adult Inpatient Metrics (AIMS) or equivalent), which is:
    - publicly available and accessible to patients, families, carers, and the public
    - can be considered alongside broader factors that underpin high quality healthcare
    - are aligned with 'what matters most' to patients in terms of their experiences
- Design of an agreed framework and 'dashboard/balanced score card', that enables effective and consistent reporting 'from Ward to Board'
- Development and implementation of local care assurance system/processes, building on and sharing learning from what has already been developed/tested

- **Measures/ indicators of high-quality care via Tendable©**

A complete review of all quality-based metrics on Tendable is taking place, to ensure measurement is accurate and reliable, the trust has also introduced the action planning module to Tendable which allows real-time actions to be captured when audits are being undertaken.

- **Quality dashboard**

A quality dashboard has been developed and tested to support wards and teams to have data available to them to make informed decisions about quality and safety. Staff training and support is offered to ensure good understanding of the data.

- **Care assurance**

The care assurance tool is well established in both in and out-patient areas. It provides an assurance report to each area visited, to complement other data sets and information to make further improvements.

Clinical documentation
Work has commenced on reviewing clinical documentation, with a focus being placed on patient admission and comprehensive risk assessment, allowing us to enhance patient safety and provide assurance of individualised care plans.

Quality Improvement (QI) capacity and capability

The trust approved QI curriculum continues, delivering a blended approach to QI training for all NNUH and ICS colleagues. Varying from the full Quality, Service Improvement, and Redesign (QSIR) practitioner programme to a one-day QI day, information at induction and supporting the medical deaneries with QI training.

The Life QI platform continues to be used well for monitoring and displaying team and individual QI projects.

A QI shared learning bulletin allow teams and individuals to share their QI work across the organisation.

CQC

The Trust received an unannounced focused inspection of Medical Care services provided by the Norfolk and Norwich University Hospital in November 2022.

Caring was rated as ‘Good’ with Safe and Effective were rated ‘Requires Improvement’. Responsive and Well Led were not rated at this inspection The overall rating for Medical Care remained at Requires Improvement.

Work has continued throughout the year across the trust to gather evidence against the CQC domain.

The trust continues gathering evidence and undertaking improvement activity to ensure previous CQC recommendations are actioned.

Case Study

Regional Maternal Medicine Centre of Excellence launched

We officially opened our Maternal Medicines Centre with a launch event held at the John Innes Conference Centre.

More than 120 guests attended the event either in person or virtually to hear from speakers including Mark Andrews our Obstetric Physician who presented a case study of a pregnant woman with a kidney transplant that resulted in an Obstetric Medicine MDT involving multiple hospital centres.

The event, introduced by our Lead Maternal Medicine Obstetrician Fran Harlow, was praised by the delegates for its combination of local information and expertise.

Fran Harlow, said: "It was a lifelong ambition to have a Maternal Medicine Centre at NNUH.

Stephanie Pease, Divisional Midwifery Director, said: "We are delighted to announce that we have recently appointed a Lead Specialist Midwife in Maternal Medicine Lianne Elliott, who will be a great addition to the team.

Mark Andrews said: "At NNUH we are fortunate to have colleagues with National and International reputations and huge expertise in dealing with serious issues in pregnancy such as diabetes, heart conditions and blood disorders. We were always going to be well placed to provide a regional service.

Our Financial Performance

The operational planning guidance identified a set of national priorities, with a focus on supporting our workforce whilst restoring services and making steps to manage the backlog of patients awaiting care.

The Trust created a financial plan in line with the Operational Planning Guidance, with a break even position.

The plan, which assumed a breakeven financial position after reflecting the NHS 'block' and the variable Elective Recovery Funding. The plan was exceeded with a closing surplus of £4.8m, which was in line with our Forecast Out Turn position. This £4.8m surplus after adjustments for statutory reporting translates to a £1.3m surplus as shown in the statutory accounts as part of this Annual Report.

Thus, the reported financial position for the full year was a surplus of £4.8m compared to a full year plan which was a break-even position.

Financial Improvement

Throughout the financial year, the Trust has been active in developing efficiency plans responsive to different pandemic/operational scenarios. For the year ended 31 March 2023, £16.6m of efficiency savings were delivered. There has been a focus on capacity planning and productivity improvements alongside the expected activity recovery plans. An enhanced governance and delivery programme with inbuilt quality and safety safeguards underpins this.

Cash Management

As part of the NHS response to the pandemic, the funding flows were structured to be supportive with certain income streams being in advance at year-end. This, along with the accumulated surpluses and the timing of capital cash funding inflows has resulted in closing cash of £93.3m.

Capital Expenditure

We invested £28.3m in new and replacement capital assets during the year (2021-22: £42.5m). The most notable investments were:

- Norfolk and Norwich Orthopaedic Centre - £9.6m
- Clinical Equipment Replacement - £4.1m
- Diagnostic Assessment Centre – £3.0m
- Other digital investments - £6.7m

Overseas operations

The Trust does not have any overseas operations

Charitable Funding

We are fortunate to be supported by a number of charities and most particularly the Norfolk and Norwich Hospitals Charity. In 2022-23, we benefitted from £1.0m of charitably donated assets (2021-22: £2.0m). The N&N Hospitals Charity has awarded a further £5.1m in charitable grants to enhance patient care and facilities in the Trust. We are truly grateful to everyone who has donated to the N&N Charity to make this possible.

Operational Future

The Trust continues to be heavily focused on the restoration of services following the impact of the pandemic during the previous three years. The Trust is working closely with system partners to plan and deliver locally against NHS England's priorities for the 2023-24 year ahead, with key areas of focus for us being:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

Whilst delivering against these priorities, the Trust will continue to make improvements in both the quality of services and effective use of resources for the benefit of patients.

NHS England has set out a financial framework that will apply for 2023-24 that provides clarity over funding arrangements and supports the Trust, along with system partners, to deliver these priorities. The Trust has submitted a break-even plan for 2023-24, and the Integrated Care System has also confirmed a break-even plan.

The Trust has a long-term financial strategy in place which sees the Trust deliver year-on-year improvement in its underlying financial performance to move towards financial sustainability over a ten-year period.

Financial Accounts 2022-23

The full accounts are attached at the end of this document.

Social and Community

We aim to be at the heart of the local community serving a large population in a rural area. We touch the lives of many people as patients, carers, visitors, members, fundraisers, volunteers and employees. Local people can get involved in a number of ways, principally through our large membership scheme, but also through our patient engagement activities which includes our Patient Panel, Carers Forum or as a volunteer.

Patient and family feedback is vital to help us improve the care we provide and we collect the views of patients and families in several ways outlined on the following pages:

Patient, carer and family feedback
We have continued to work with our patients, carers and communities to gather feedback in digital and non-digital ways. With the ease of Covid-restrictions the community engagement activities were re-instated to establish the Patient Engagement and Experience Team's presence in our local communities especially those we seldom hear from. The team attended a total of 17 engagement events, these were wide ranging - baby groups visits with the Maternity Voices Partnership (MVP), Norwich PRIDE, Black History Month and Carers' events. The team also attended awareness raising and networking sessions including a Gypsy Roma and Traveller stakeholder event, Children and Young People's event, as well as improving how the team are able to interact and support our diverse communities eg; Deaf Awareness and Sign Language Workshop, Embedding Psychological Safety Leadership training, Beyond the data – creative poetry workshops and NHSE Making Data Count sessions.

Friends and Family Test SMS text messages rolled out in the Emergency Department and several Outpatient areas which has resulted in an increase in the feedback received improving ways for people to tell us how they experience the services provided and for the departments to make use of the feedback to inform their improvement activities. Work is underway to introduce SMS to support areas within Clinical Support Services Division and some of the inpatient wards. Other ways of giving feedback remain ie online surveys, paper FFT cards and volunteers collecting feedback in inpatient areas as well as post-discharge surveys.

Healthwatch Norfolk visits continued to several areas within the hospital, with continued guidance and advice from our infection prevention and control colleagues. Feedback collected from the visits and via the website is shared at the Patient Engagement and Experience Group sub-board quarterly.

Using the **Equality Delivery System** as a tool to measure how we are performing against key equality priorities, our work with divisions and communities has continued. With the launch of the new EDS2022 the team focussed on the patient focused domain 1 and chose maternity and cancer services as the 2 services to grade, including contributing evidence to the system wide EDS submission. The Accessible Information Standard Policy was finalised and reasonable adjustments guidance devised for staff to enable the Trust to support patients with a communication need.

The Patient Panel has continued to go from strength to strength and has been working closely with Trust staff on a range of projects including improving how we respond to concerns and complaints, a shared consent process for the three acute hospitals in Norfolk and Waveney, ensuring carers are supported appropriately, taking part in our new Care Assurance process - we have published a short report covering their work since launching which can be found at www.nnuh.nhs.uk

The **Carers Forum** meet bi-monthly and have continued to work on improving identification of and recognition of carers and support for when their cared for person is accessing care at the NNUH. We are awaiting re- accreditation for the Carer Friendly Award Tick-Health from Caring Together. The Forum and team supported the system wide Co-Production of a Carers Identity Passport, now in use across Norfolk and Waveney. This will support teams and staff with better identification of carers alongside continued carer awareness training offered.

A new **Military Community Working Group** has been set up in order to improve experiences of care for patients, staff and carers who have a military background. Supported by an Executive Lead the group is led by two staff (volunteer) veteran leads and a patient panel member, the priority for the group this year has been to support the Veteran Aware (VA) reaccreditation award.

The **Divisions** have been strengthening their local patient and carer engagement - Clinical Support Services Division have their own patient panel, promoting co-production in quality improvement projects; Medicine Division have a Patient Panel 'partner' embedded and supporting their improvement initiatives and Maternity have continued to develop and strengthen their relationship with Maternity Voices Partnership (MVP).

Family Liaison Service

We continue to provide a ward-based Family Liaison service which has been further extended until March 2024 to improve patient and family experience and wellbeing by maintaining a line of communication during their time in hospital. The Family Liaison Officers have supported with not only facilitating better communication between families and patients where possible, but also supported wards with visiting, signposting to internal and external agencies for support outside of the hospital's remit and identifying & supporting carers using the NNUH carers passport.

PALS and Complaints Service

NNUH has engaged with the new PHSO framework as an early adopter and work was carried out to align our processes to the changes in the framework. The team continue to have training and support in aligning to these changes. This has also meant close working with the Business Intelligence team to update reporting systems and divisional teams to ensure all concerns and complaints are managed in a timely manner and where appropriate learning gained to inform improvements in service provision. The Patient Panel Complaints Sub-group continues to meet regularly to review and support the improvements for PALS and Complaints.

Volunteer work to improve the Patients' Experience

We are proud to have a vibrant volunteer community supporting a broad spectrum of areas within the hospital, and who provide an immeasurable contribution to the quality of care received by our patients and their families as well as the working life of our staff. We have over 600 volunteers (across eight sites) providing around 3,000 hours of help throughout the Trust every week and we also benefit from the support of volunteers from many external voluntary, community and social enterprise (VCSE) organisations who are able to provide more specialised help.

People volunteer with us for many different reasons. They may be our recovering patients or retired with time on their hands, some are parents at home with a few spare hours to fit around their children, and some may be wishing to gain the confidence to return to work after a break. Students volunteer to gain valuable experience before embarking on medical studies or other hospital-related careers, and people with learning difficulties or physical and mental health disabilities find volunteering a rewarding way to participate in the workplace while feeling valued for the work they do.

The flexible nature of volunteering enables many volunteers to take on more than one role, this offers them a more varied volunteer experience and maximises their potential to make a positive impact throughout the Trust. Our volunteers are trained to support a huge range of areas.

On wards they can provide assistance at mealtimes, companionship to patients without visitors, stimulation for patients with dementia and activities and music to encourage movement. In addition, a team of volunteers carry out audits and surveys gathering patient experience data from our inpatients on iPads. They also collect card surveys from our outpatient clinics and conduct telephone surveys with patients the day after discharge.

A team of Bleep buddies carry bleeps and can be contacted by staff hospital-wide. They respond to ad-hoc requests for errand running, note collecting, patient escorting and wheelchair pushing duties. Another team of volunteers support our school of medicine assisting them with registering students and providing refreshments on exam days. Fundraising volunteers have been assigned to our Charity Team and assist with all kinds of fundraising events and activities and a team of happy welcoming faces provide an extremely knowledgably meet & greet service on our outpatient reception desks.

We also provide volunteer support in some more specialist roles:

End of Life Butterfly Volunteers

We are very proud to work in partnership with the Anne Robson Trust, to bring 'Butterfly Volunteers' to the Norfolk and Norwich University Hospital. The role of the Butterfly volunteer is to provide compassionate care and emotional support at end of life for patients across the hospital. The volunteers provide support to patients and their loved ones who have been recognised as being in the last days and hours of their life and can just sit with a patient, offer gentle hand massage or provide a respite break for the families.

Settle in Service
Our ‘Settle-in’ volunteers meet patients as they return home and carry out some simple checks around the home. Duties include making a cup of tea, unpacking patient’s bags, checking the central heating is working and ensuring there are some basic grocery supplies such as bread and milk in the cupboards. Volunteers carry out simple environment risk assessments around the home, offering advice to patients to prevent falls and signposting to other community services, thus increasing the patients confidence in returning home. The service dovetails into our Volunteer Driver Service which had enabled us to streamline the discharge process and cut down on delays getting patients home.

Volunteer Drivers
A team of volunteer drivers have access to 2 wheelchair accessible vehicles provided by our charity. Our volunteer drivers cover the whole of Norfolk and Waveney and are available Monday to Friday to discharge our patients home in comfort. The service is also able to diversify and has assisted our occupational therapists by delivering enablement equipment, our pharmacy by delivering prescriptions and our cancer services by delivering chemotherapy.

Older Peoples Medicine
In OPM Volunteers provide a wide range of enrichment activities for patients on wards including puzzles, interactive games on smart screens and tablets, memory box activities and reminiscence exercises. OPM volunteers are able to support older patients across all areas of the hospital, not just OPM departments, and will support in the Older People’s Emergency Department where they will meet, reassure and accompany patients to further investigations for the duration of their visit. They also offer support to the dementia support team by calling patients’ next of kin to discuss and complete ‘This is Me’ booklets. These booklets can help tell staff and visitors about patients’ backgrounds, likes and dislikes and enable a more person-focussed approach to care and support.

Pets As Therapy Dogs
Research provides evidence that dogs can have a positive effect on our patients’ wellbeing and assist a speedier recovery. The companionship of a dog and their handler can decrease loneliness, stimulate conversation, encourage movement and social interaction. The hospital is supported by twelve Pets as Therapy volunteers who visit ten different wards.

The visiting PAT team includes Anne and her Mini Dashund Lily, Diane and her German Shepherds Yoda and Juke, Jon and his Poodle Ginger Beer, and Sophie with her Bijon Freise Minty. Feedback from the wards is extremely positive, the PAT dogs lift the mood of some of our long stay patients - they allow our patients with dementia to reminisce about having a dog of their own and staff morale is always greatly improved.

Emergency Department
A successful funding bid to NHSE this year has enabled us to recruit a volunteer coordinator specifically for Emergency Services on a secondment basis. Roles are being developed and volunteers recruited to support patients who may be alone and anxious, patients who are elderly and confused, patients who are homeless or even those at end of life.

They will also support staff in a wide range of tasks such as providing refreshments, stocking up clinical areas, taking telephone calls, finding wheelchairs, basic admin tasks and collecting patient feedback.

Investing in Volunteers

Similar to “Investors in People” the voluntary services team have successfully been accredited with the Investing in Volunteers (IiV) award (renewable every three years). The process requires an organisation to produce an initial self-assessment then carry out any service developments identified before they receive a three-day visit from an assessor. The assessor is required to scrutinise evidence-based practice and interview a selection of volunteers and staff. Those interviewed represent a range of specialities, ages and lengths of service, ranging from those who have volunteered for 15 or more years to those recently recruited (within the last six months) and includes a diverse range of volunteers and staff. NNUH are the only hospital in the country to receive the accreditation for a fifth time.

Case Study

New Cancer Care Navigator scheme launches

A new support service to provide additional practical and emotional support to cancer patients, carers and companions has gone live.

The Cancer Care Navigator project will help people affected by cancer with their non-clinical needs.

Our three new Cancer Care Navigators are Chantelle Gale, Megan Harmer and Sami Walker-Sloss who have worked in various roles in the NHS and have completed a Foundation Degree in Health and Social Studies.

The service aims to complement the work of the clinical teams and Cancer Nurse Specialists and the team is looking to expand by recruiting more Cancer Care Navigators to answer patient queries and carry out Holistic Needs Assessments (HNA).

Rachel Casey, Macmillan Personalised Care Lead, said: **"We are thrilled to be launching this new service to provide additional support to the more than 6,000 patients who are diagnosed with cancer at NNUH every year. It is important that we empower our patients during a difficult time to seek support and information on issues that matter most to them."**

Membership scheme

As a NHS Foundation Trust, we have a membership scheme with over 15,000 public members. Members receive a copy of our magazine The Pulse and they are invited to talks on health topics and events such as our open day and fete. Members also give their views on health priorities and other issues. More information about membership is given in the Council of Governors' section of the Director's report on page 59.

250th Anniversary

Throughout 2022, we are celebrating the 250th anniversary of the Norfolk and Norwich Hospital with a series of events for our staff and the local community, organised jointly with the N&N Hospital's Charity. The events include an Open Day and Fete, Bishop's House Open Garden event, staff barbeque day, Cathedral Service, Heritage Open Day Event with The Forum in Norwich, special AGM and various staff events. These were two of the major events held during the year.

Open day and Fete

Thousands flocked to NNUH for the Open Day and Fete in June 2022 to start the celebrations to mark 250 years of the N&N Hospital. Staff showcased their knowledge, with visitors being taught how blood disorders are diagnosed through a microscope, seeing how the heart works, making bunting with the dementia team, and trying their hand at keyhole surgery in the Skills Lab. The event also included more traditional fete activities such as vintage cars, fete games, cake sales and a barbeque. Visitors were able to take a walk through the hospital's 250 year history, see a display of old nurse uniforms and see behind the scenes in some departments, such as Norfolk Centre for Interventional Radiology.

Heritage Open Day

We worked in partnership with the Forum Trust to create a week-long exhibition of our history as part of the Heritage Open Day events in September 2022. Visitors were to walk through 250 years of history of the N&N seeing old artifacts from the old hospital including an old x-ray machine and the innovating first ever hip replacement by Ken McKee and uniforms through the decades. Also on display were details of how the NNUH will be treating patients in the future from our five-year corporate strategy, latest research and our services now on offer.

Norfolk & Norwich Hospitals Charity

The N&N Hospitals Charity is the primary charity associated with the Trust and its Hospitals. This year has been another time of success in supporting enhanced care and helping to make the Trust even better for patients.

More Grants awarded by the Charity:

The Charity provides hundreds of grants each year – sponsoring training courses for staff, purchasing additional items of equipment, supporting clinical research and funding enhancements to the patient environment and services.

In addition to relatively small grants, a number of more major projects are coming to fruition with support from the Charity:

- a new Charity Café (*the Mardle*) has been built at Cromer & District Hospital to provide much enhanced facilities for patients, staff and public. Construction of the café was funded by the Charity and its operation will generate further funds to invest in future developments at the hospital;

- the new Norfolk and Norwich Orthopaedic Centre (NANOC) is under construction to add extra capacity to treat our local population, building on the long history of orthopaedic surgical expertise in Norwich. The Charity has awarded a grant of £2m – our largest to date – to purchase equipment for the NANOC;

- a new mobile Charity Café has opened on the NNUH site - providing a very popular additional service for staff, patients and visitors at the Eastern end of the hospital (near the Emergency Department).

Making a Difference:

We are committed to using donations to the Charity to their best effect. We therefore follow-up grants, to check that they are supporting better care in the way intended. Impact cases are featured in the Charity Annual Report and in our Impact Reports. A recent example includes the specialist service provided to patients in the Trust's Interventional Radiology Unit (the Norwich Centre for Interventional Radiology (NCIR)), which opened in 2020. This year the NCIR was awarded Exemplar Unit status by the British Society of Interventional Radiologists.

Mr Michael Atkinson (pictured left with members of the NCIR team), was the 6,000th patient treated in the Centre with the benefit of a £220k grant from the Charity. Mr Atkinson said *"The old unit was quite*

cramped. This new unit is absolutely brilliant. The staff have always been brilliant, but you can see just what a difference this new unit has made to them."

Our donors

The Charity is supported by hundreds of individuals, families, community groups and businesses. Whether their donation is big or small, we are grateful to each one. Our fundraising appeal for the NANOC, for example, has been supported by more than 650 individual donors. The Charity is working with the Trust to ensure that their contribution is appropriately recognised in the new NANOC building and gardens.

N&N Norfolk & Norwich Hospitals Charity

This year we have been supported by many community groups, businesses and organisations. We cannot list all the thousands of donors who have generously supported our Charity but we offer thanks to each and every one, including:

AA Norwich Waste
AON
Butterfly Café
Contract Personnel
Desira Group
Great and Little Plumstead Horticultural Society
Midwich
Norwich and District Provincial Grand Lodge
Old Hall Farm
Phoenix Charity Darts League
Reepham Nomad Bowls Club
Scarning Art Club
Sponge
Alan Boswell Trust
Brundall Cancer Community Chest
Carshop
Dereham & District Bowls League
Diabetes Norfolk
Marsham Show
Norwich School
Norfolk Veteran Ladies Golf Society
One Stop
Rackheath Players
Roys of Wroxham
South Walsham & District WI
West Norwich Lions

Financial information:

The Charity accounts for 2022-23 are yet to be formally audited but we expect them to show total income in the region of £2.5m. Over half our income is received through gifts in wills and we have been notified of 31 new legacy gifts this year, the highest number ever. To everyone who remembers us in their Will, and to their families, we are really grateful.

We are actively using our funds to make a real difference for patients and staff and we have spent £13.4m on charitable activities in the last 5 years (including £3.4m in 2022-23). We also carry forward commitments of a further £2.9m in approved grants – supporting more projects and better care for patients into the future.

Next Steps and Looking Ahead

The Charity provides support to departments and services across the Trust and all its sites. We have a number of ongoing and planned fundraising appeals and campaigns, to assist the Trust with further enhancements and to support better care:

- **Stroke and Neurosciences** – including the introduction of stroke thrombectomy
- **Eye Campaign** - in ophthalmology (building on the Charity's £220k grant for eye scanning equipment)
- **NANOC** – supporting the provision of additional services and research for patients with arthritis and orthopaedic conditions – building on the Charity's £2m grant

- **Parental/Family Accommodation** (to support families of children in our Jenny Lind Children's Hospital and on our Neonatal Intensive Care Unit)
- **N&N Imaging Appeal** – to purchase specialist diagnostic equipment for patients across all specialties including cardiology, renal, vascular and those suspected of having cancer
- **Boudicca Appeal** – for the diagnosis, treatment and support of patients with or suspected of having breast cancer (building on the Charity's £800k one-stop clinic grant)
- **Maternity** – to enhance the support and services for patients in the care of our maternity team – including those sadly facing bereavement
- **Research & Innovation** – to support the investigation, development and introduction of new and innovative treatments & services to benefit patients

If you would like more information, or to donate to any of these appeals, please visit www.nnhospitalscharity.org.uk. If you would like to talk directly to a member of the Charity Team please email us at charity@nnuh.nhs.uk or phone 01603 287107.

We are increasingly working with community groups and businesses to achieve great things. We are open to new ideas and innovation - if your business or organisation might like to work with our Charity, please do contact our Charity Director – John Paul Garside at charity@nnuh.nhs.uk.

To find out more about the Charity, or to sign-up for our quarterly Newsletter, please visit www.nnhospitalscharity.org.uk or keep up to date with us on Twitter, Facebook, Instagram or LinkedIn @NNHospCharity

N&N
Norfolk & Norwich Hospitals Charity

Environment and sustainability

The period between 1 April 2022 and 31 March 2023 saw a decrease from 10,449tCO2e to 7,664tCO2e from energy and gas consumption from the acute hospital site.

Some of this saving is from a reduction in the consumption of gas by the site. By 31 March 2023 this had fallen by 26.7% compared to the previous 12-month period, a proportion of which relates to a reduction in CHP running hours from 8,091 hours to 6,645 hours, saving 589tCO2e. While this reduction accounts for some of the fall, we are ratifying the numbers further to identify what the additional elements may be made up of.

Every year the hospital produces around 2,500tCO2e of emissions from energy from its gas-fired combined heat and power plant (CHP). Around 6,000mWh of electricity is produced this way in a standard year, saving the trust an estimated £800,000pa on its utility costs (22/23 prices). The CHP is owned by the hospital's PFI partner (Project Co.) and has been in operation for around 22 years. Recently Project Co. has commenced the options appraisal on replacing this plant (in partnership with the Trust), planning to be replace it in late 2024.

Green Plan

Our five-year strategic plan – Caring with Pride – includes a commitment on working towards a net zero hospital. In line with service condition 18 of the NHS Standard Contract we have also developed a Green Plan. This serves as a mechanism for the Trust to take a coordinated, strategic, and action-orientated approach towards reducing our environmental impact whilst increasing social value, ensuring our services remain fit for purpose today and for the future.

It is in response to NHS England and NHS Improvement's increasing expectations for action on climate change and sustainability, as well as our role as a major institution within Norfolk and Norwich, we must take more proactive action on driving sustainability, decarbonisation and social value across our organisation and supply chain through working with our Partners.

This Green Plan outlines our proposed aims, plans and their targeted outcomes across the "triple bottom line" – social, environment and economic. It pushes a focus on considering the local and global impacts of these three elements driving change towards the best interests of the public's health.

The plan is broken down into the key focus areas for ease of responsibility and accountability across our team. It covers aspects such as waste, materials, water, energy, travel and transport, digitalisation, biodiversity, staff engagement and training and wellbeing. These areas align with the NHS England and NHS Improvement's ambitions and expectations for decarbonisation and create a holistic view around sustainability.

1. The following key actions are being taken to catalyse our progress on decarbonisation and sustainability. Continue to gather more granular data to understand our ongoing position on sustainability and progress through the creation of a data dashboard.

2. Strengthen the Governance around the Sustainability Committee and ensure other working groups are bought into the sustainability fold: travel and transport, procurement/supply chain, digitisation, health and wellbeing and communication.

3. Communications plan developed to ensure appropriate profile throughout the Trust. This will include using nationally/internationally recognised dates to coalesce around to boost carbon literacy and behaviour change. It will also include a wider concept of Green Champions.

4. Liaise with our partners and learn from others to understand where synergies lie, and economies of scale can be leveraged.

5. Digital/IT – IT efficiencies, reducing paper/printing, utilisation of tech and innovation – detail tbc

6. Develop procurement policy & minimum standards to reflect the Green Plan

7. Ensure capital investment takes account of the Green Plan; Investigate lifecycle replacement options with PFI; Reduce energy usage through efficiencies, maintenance/upgrades and better management; Review energy intensive areas; Develop an Estate for a changing climate.

8. Work with catering and retail, waste, linen and domestic in particular, to explore sustainability opportunities.

9. Implement interventions which will help to reduce travel and transport emissions from staff, patients and visitors, improving air quality in key areas. It will also explore the possibility of consolidation

10. Ongoing development of the Sustainable Models of Care Working group to build on current intervention and economies of scale opportunities throughout the Trust. The Group will also consider the development of virtual consultations at scale and explore respiratory medicine pace of change.

Anti-bribery legislation

In order to ensure the NHS (including our Trust) provides a transparent view of how taxpayers' money is spent, new guidance has come into force which outlines key areas of potential conflict and guides staff on how to manage them

From 1st June 2017, Managing Conflicts of Interest in the NHS came into effect, introducing consistent principles and rules for managing actual and potential conflicts of interest, providing simple advice to staff and organisations about what to do in common situations and supporting good judgement about how interests should be approached and managed

The guidance is supported by an updated Trust policy: Conflicts of Interest and Business Conduct Policy and area on the staff intranet which was accompanied by a communications campaign with staff.

Arrangements to prevent slavery and human trafficking

We support the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

Our arrangements:

People

- We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage.
- Our Freedom to Speak Up: Raising Concerns Policy, Provides a platform for our employees to raise concerns about poor working practices.
- We undertake awareness training to support our staffing teams to understand and respond to modern slavery and human trafficking. Including how to identify potential victims and the impact that each employee at the NNUH can have on keeping present and potential future victims of modern slavery and human trafficking safe.
- Trust staff will contact and work with the Procurement department when looking to work with suppliers, so that appropriate checks can be undertaken.

Safeguarding:

Our commitment to ensure no modern slavery is reflected in a number of our policies and procedures. These include our Adults and Children Safeguarding Policy and the Procurement Strategy.

Suppliers/tenders:

The Trust complies with the Public Contracts Regulations 2015 and uses mandatory Crown Commercial Services (CCS) Pre-Qualification Questionnaire on procurement, which exceed the prescribed threshold, whereby bidders are required to confirm their compliance with the Modern Slavery Act.

Our procurement team and contracting team are qualified and experienced in managing healthcare contracts and have received the appropriate briefing on the requirements of the Modern Slavery Act 2015, which includes:

- Confirming compliance of their plans and arrangements to prevent slavery in their activities and supply chain.
- Implementing any relevant clauses contained within the Standard NHS Contract.
- We will not award or renew contracts where suppliers do not demonstrate their commitment to ensuring that slavery and human trafficking are not taking place in their own business or supply chains.
- We will adopt best practice advice by The Chartered Institute of Procurement and Supply.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year 2022/23.

Approval of the Performance Report

I confirm my approval of the Performance Report:

Sam Higginson
Chief Executive **Date: 28 June 2023**

Accountability report

Directors' Report

Board of directors

The Board of Directors has overall responsibility for the operational management of the Trust and is charged by statute with ultimate responsibility for the Trust's corporate affairs in both strategic and operational terms. It is responsible for the design and implementation of agreed priorities, objectives and the overall strategy of the Trust.

The composition of the Board of Directors is specified in our Constitution to have a majority of independent Non-Executive Director members and the Board comprises six Executive Directors and up to eight independent Non-Executive Directors (including the Chairman).

In accordance with the Trust's Constitution, the Non-Executive Directors are appointed by the Council of Governors, typically for a three-year term of office and they usually serve two such three-year terms unless otherwise determined by the Council of Governors. One of the Non-Executive Directors is nominated by the University of East Anglia.

The Foundation Trust Code of Governance recommends that NHS Foundation Trusts should identify one of its Non-Executive Directors as Senior Independent Director (SID). The Board has identified Ms Sandra Dinneen as Senior Independent Director.

The Board meets in public every other month and otherwise as required and in accordance with Standing Orders. The Board Agendas are formulated to ensure that time is devoted to strategic, operational and financial matters and there is a strong focus on the quality and safety of clinical services for patients. The Board has approved a Scheme of Delegation of authority and a Schedule of Matters Reserved for decision by the Board. The Trust's Constitution sets out a process for resolution of any conflict between the Board and Council of Governors in the unlikely event that the Chairman cannot achieve such resolution.

Who is on the Board of Directors?

Executive Directors

Chief Executive

Sam Higginson was appointed as Chief Executive of the Trust from October 2019. Sam joined NNUH from Cambridge University Hospitals NHS Foundation Trust where he was Chief Operating Officer. Previously Sam was Director of Strategic Finance for NHS England and Director of Strategic Development at University College London Hospitals NHS Foundation Trust. Sam started his career working with Unicef as a logistics officer co-ordinating the airlift of emergency supplies in Sudan, followed by organising medical teams for a charity in areas of Africa and Afghanistan. He joined NHS London in 2008 after four years on the HM Treasury Health Spending Team. Sam leads the executive team responsible for the overall leadership of our hospitals.

Chief Operating Officer
Chris Cobb was appointed as Chief Operating Officer in January 2019. Prior to becoming COO, Chris was Divisional Operations Director for the Division of Medicine. As COO, Chris is responsible for the operational performance of the Trust and chairs our Divisional Performance Committee. Chris is a member of the Finance, Investments & Performance Committee and Major Projects Assurance Committee.

Medical Director
As Medical Director, Professor Erika Denton is responsible for providing professional strategic medical advice to the Board and leadership on clinical quality and safety and clinical research. She provides professional leadership for all doctors in the Trust. Erika has been a consultant radiologist at the Trust since 1999. Erika was appointed to the role of Associate Medical Director at NNUH in 2016 and Medical Director in July 2018. Erika chairs our Clinical Safety and Effectiveness Governance Sub-board and Mental Health & Complex Care Board.

Chief Nurse
Professor Nancy Fontaine was appointed as Chief Nurse in August 2018 and is responsible for professional leadership of nurses, midwives, AHPs, Pharmacists and Healthcare Scientists, as well as all Health Care Support Workers across the Trust. As Director for Infection Prevention and Control and Executive lead for Quality, Safety, Patient Experience and Engagement, Clinical Governance and Safety, the Chief Nurse is responsible for providing professional clinical and professional advice to the Board. Nancy also leads on research and education across all the professions for which she is responsible and accountable. Nancy chairs our Patient Experience and Engagement Governance Sub-board.

Chief Finance Officer
Roy Clarke was appointed to the Board as our Chief Finance Officer in April 2020. Roy has 25 years of healthcare experience in primary, secondary and tertiary services with 11 of those years at Board level. Before coming to our Trust, Roy played a key role in the successful construction, commissioning and occupation programme for a new £200m specialist hospital.

Chief People Officer
Paul Jones was appointed as Chief People Officer in August 2019 , having previously held the interim position since May 2019. Paul had most recently served as the Chief Human Resources Officer, helping open a new teaching hospital in the Gulf State of Qatar. He has more than twenty years' experience as a Human Resources Director, working for hospitals including Oxford University Hospitals NHS Foundation Trust and Kings College Hospital NHS Foundation Trust. Prior to this he worked in Whitehall, culminating in the role of Group Director of Human Resources for HM Treasury.

Non-Executive Directors

Chairman

Tom Spink was appointed as Non-Executive Director in June 2020. Tom was requested to take on the position of Interim Chair from May 2022 and was then appointed to the position of substantive Chair from 22 March 2023.

By background, Tom was an operations director from the engineering and aerospace industries. He has held various key roles at Aviva including CEO of the General Insurance business in Turkey, and began his current role as Group Procurement Director in 2013. Tom was previously a non-executive director at the East of England Ambulance Service NHS Trust.

As Chair of the Trust, Tom is Chair of both the Board of Directors and of the Council of Governors and of the Board's Nominations and Remuneration Committee and Council's Appointments & Remuneration Committee.

The share of responsibilities amongst the Non-Executive Directors is under review, but in the interim Tom has continued as Chair of the Trust's Finance, Investments and Performance Committee and Major Projects Assurance Committee.

Julian Foster was appointed as Non-Executive Director in June 2019 and reappointed in June 2022. Julian is a chartered accountant and corporate treasurer. Julian worked in investment banking until moving to the social housing sector and has held senior finance director roles in growing housing association groups in the Eastern region over the last 20 years. He was Executive Finance Director of Broadland Housing Association and currently undertakes a number of voluntary roles including being trustee and treasurer of Vision Norfolk. Julian is Chair of the Trust's Audit Committee and is a member of the Finance, Investments & Performance Committee, Charitable Funds Committee and Nominations & Remuneration Committee.

Professor Charles ffrench-Constant was appointed as Non-Executive Director in September 2021. Professor Charles ffrench-Constant is Pro-Vice-Chancellor for Medicine and Health Sciences at UEA. Charles joined UEA from the University of Edinburgh where he established the Multiple Sclerosis Research Centre, progressing over the next 12 years to Directorships of the MRC Centre for Regenerative Medicine, Edinburgh Neuroscience, the Wellcome Trust PhD programme in Translational Neuroscience and then Dean of Research for the College of Medicine. He graduated in Medicine from the University of Cambridge in 1980 and his research has largely focused on finding therapies for Multiple Sclerosis.

Dr Pamela Chrispin was appointed as Non-Executive Director from January 2020 and reappointed in January 2023. Pam has worked in the NHS for more than 30 years and was previously Medical Director of the East of England Ambulance Service, Medical Director at West Suffolk Hospital and Deputy Medical Director at East Anglian Air Ambulance. Pam is Chair of the Trust's Quality & Safety Committee and a member of the Finance, Investments & Performance Committee and Nominations & Remuneration Committee.

Sandra Dinneen was appointed as Non-Executive Director in January 2020 and reappointed in January 2023. Sandra is an experienced Chief Executive with roles spanning the public, private and not for profit sector. She has a background in economic growth and has led and advised on a number of successful development projects. Sandra has a keen interest in organisational and skills development, cultural change and commercialisation. She continues to deliver leadership development programmes and executive coaching. Other roles include being a Commissioner for Historic England, Board member of the Sapientia Multi Academy Trust, and leading the Priscilla Bacon Charity to deliver a new Hospice for Norfolk. Sandra is a member of the Trust's Finance, Investments & Performance Committee, Audit Committee, People & Culture Committee and Nominations & Remuneration Committee. Sandra is the Trust's nominated Senior Independent Director.

Joanna Hannam was appointed as Non-Executive Director from January 2020 and reappointed in January 2023. Joanna has lived in Norfolk with her family for 30 years, was Head of Customer Services and Communications at Norfolk County Council, Executive Director of the Health Improvement Programme at Norfolk Health Authority and was a lay member at Norwich Clinical Commissioning Group. Joanna is a member of the Trust's Quality & Safety Committee, People & Culture Committee, Nominations & Remuneration Committee and chairs the Charitable Funds Committee.

Dr Ujjal Sarkar was appointed as Non-Executive Director in September 2022. Ujjal is a GP partner at one of the largest GP partnerships in the country. Ujjal has been a GP for more than 14 years with extensive board experience in Clinical Commissioning Groups, GP Federations, hospitals and as a Medical Director in NHS 111. He also works as a Team leader for the General Medical Council Fitness to Practice Directorate. He has a track record of service improvement, innovation and improving patient experience. Ujjal is a member of the People and Culture Committee and the Nominations and Remuneration Committee, and is the Trust's Non-Executive Staff Wellbeing Guardian.

Changes during the Year

In addition to those noted above, there were a number of changes to the membership of the Board during the year:

- Mr David White stepped down as Chairman in May 2022.
- Mr Tom Spink was appointed as Interim Chairman from May 2022 and as Chairman in March 2023.
- Dr Ujjal Sarkar was appointed as Non-Executive Director in September 2022.
- Mr Julian Foster was reappointed as Non-Executive Director for a second 3-year term from 1 June 2022.
- Dr Pam Chrispin, Ms Sandra Dinneen and Mrs Joanna Hannam were reappointed as Non-Executive Directors from 1 January 2023, in each case for a second 3-year term.

Division of responsibilities

There is a clear division of responsibilities between the Chairman and Chief Executive. The Chairman is responsible for:

- providing leadership to the Board of Directors and the Trust;
- facilitating the contribution of the Non-Executive Directors to the success of the Trust in the delivery of high-quality healthcare;
- ensuring effective communication with the Council of Governors;
- the annual evaluation of the performance of the Board and its committees and implementing any action required following such evaluation.

The Chief Executive is responsible for:

- working with the Chairman to ensure the development of strategy that is supported by the Board as a whole;
- overseeing operational implementation of the strategic objectives of the Trust;
- creating a framework of values and objectives to ensure the delivery of key targets, and allocating decision-making responsibilities accordingly;
- ensuring effective communication with employees and taking a leading role, with the Chairman, in building relationships with key external partners and stakeholders.

Independence of Non-Executive Directors

The Non-Executive Directors bring wide and varied experience to the Board. They also play a crucial role via the assurance committees of the Board.

There is full disclosure of all Directors' interests in the Register of Directors' Interests. The Register is held by the Board Secretary and is publicly available on our website (www.nnuh.nhs.uk).

Any actual or potential conflicts of interest are dealt with in accordance with procedures set out in the Standing Orders for the Board of Directors. The Chairman has not declared any significant commitments that are considered material to his capacity to carry out his role. The Board considers that the Chairman and the Non-Executive Directors satisfy the independence criteria set out in the Foundation Trust Code of Governance.

As required by the Code of Governance, the Board has considered Professor ffrench-Constant's role on the Board, given that the University of East Anglia has a material business relationship with the Trust. The Board has considered whether this could affect, or appear to affect, Professor ffrench-Constant's independence as a Non-Executive Director.

The Board noted that whilst Professor ffrench-Constant's role as the University Pro-Vice Chancellor for Medicine & Health Sciences involves liaison with the Hospital Executive regarding areas of joint strategic importance, he is sufficiently removed from the day-to-day operational activity of the hospital to enable him to remain independent. When viewed in conjunction with the safeguards against conflicts of interests as set out in the Board's Standing Orders, the Board considers that Professor ffrench-Constant satisfies the criteria for 'independence'.

In accordance with Regulations overseen by the Care Quality Commission, Foundation Trusts are required to ensure that all directors meet the requirements of the 'fit and proper persons test'.

Annual checks are conducted against national registers and through a process of annual declarations. The Board can accordingly confirm that all appointments to the Board meet the 'fit and proper persons test'.

The Board's Committees

The Board makes a distinction between management responsibility (led by the Chief Executive) and independent assurance responsibility (led by the Non-Executive Directors).

In accordance with our Organisational Governance Framework, the Board has established a number of committees of the Board responsible for obtaining assurance in defined areas most particularly Audit, Quality & Safety, Finance, Investments & Performance, People & Culture and Major Projects Assurance. Terms of Reference allocate specific responsibilities between the committees. The Board has also established a Nominations and Remuneration Committee and a Charitable Funds Committee, which reports to the Board acting for the Trust as Corporate Trustee.

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 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 Chairman, Chief Executive, Director of Strategy and Joanna Hannam, as a second Non-Executive Director.

Audit Committee:

In accordance with the Code of Governance, the Audit Committee membership consists only of Non-Executive Directors. The Committee is chaired by Julian Foster with Sandra Dinneen and Charles ffrench-Constant also as members. The external and internal auditors regularly attend Committee meetings and directors and senior managers also attend as required. The Chair of the Audit Committee meets regularly and separately with the External Auditor and the Head of Internal Audit.

The Committee continuously reviews the structure and effectiveness of our internal controls and risk management arrangements. It oversees an agreed programme of external and internal audit and monitors progress to ensure that remedial action is taken by management in any areas of identified weakness.

The Trust's external auditors, KPMG LLP, were appointed by the Council of Governors in 2016 and reappointed in 2021 following a formal tender process and in accordance with recommendation from the Audit Committee. The fees for the external audit are set out in note 6 of the financial statements.

Auditor Independence and Non-Audit Services

The Audit Committee reviews and monitors the external auditor's independence and objectivity and considerations of avoiding conflicts of interests formed a specific consideration taken into account in appointing the external auditors. The Trust has a policy by which any non-audit services provided by the external auditor are approved. During 2022/23 KPMG LLP have not been commissioned to provide any services to the Trust in addition to undertaking the external audit of the Trust's financial statements.

KPMG LLP is also the external auditor of Norfolk and Norwich Hospitals Charity of which the NNUH Foundation Trust is the Corporate Trustee. The fees in respect of this engagement in 2022/23 are set out in note 6 of the financial statements.

The Chair of the Audit Committee confirms the independence of the external auditors to the Council of Governors at its meeting where the Annual Report and Accounts are presented and also reports any exceptional issues to the Governors during the course of the year should this be necessary.

Statement on disclosure of information to auditors

The Executive and Non-Executive Directors who held office at the date of the approval of the Directors' report confirm that, so far as they are aware, there is no relevant audit information of which KPMG LLP (the Trust's external auditor) is not aware. They also confirm that they each have taken all reasonable steps in order to make themselves aware of any relevant audit information and to establish that KPMG LLP knows about that information.

Code of Governance and associated disclosures

The NHS Foundation Trust Code of Governance is based on the principles of the UK Corporate Governance Code and has been in place in its revised form since 2014. The FT Code of Governance requires certain disclosures to be made by Foundation Trusts and information is included in this section to demonstrate compliance with the Code and its disclosure requirements[1].

i) Directors:

- A section of the Annual Report above reports specifically on the Board of Directors, its role and composition. It confirms that the Board considers all of the current Non-executive Directors (NEDs), including the Chairman, to be independent. The composition of the Board is such that the majority of its members are independent Non-Executive Directors.
- All appointments to the Board have been the result of open competition. The Directors Report details the experience of members of the Board and includes information about the standing Committees of the Board, the membership of those Committees, and attendance at meetings.
- An NHS foundation trust's board of directors is responsible for all aspects of the operation and performance of the trust, and for its effective governance. This includes setting the corporate strategy and organisational culture. All the powers of the Foundation Trust can be exercised by the Board of Directors and the Board has a formal schedule of matters specifically reserved for its decision. Other matters are delegated to the Executive Directors and other senior management.
- The Board of Directors is collectively responsible for taking actions which legally bind the Trust. All members of the board of directors have collective responsibility as a unitary board for every decision of the board. The Board of Directors meets regularly and held fifteen formal meetings in 2022/23.
- The Chairman of the Trust is Chairman of the Board of Directors and Council of Governors and leads both groups on strategy and monitoring. As detailed above, there is a clear distinction between the roles the Chairman and the Chief Executive.
- Independent professional advice is available as required to the Board or its standing committees and the Trust is a member of the national NHS risk-pooling schemes

[1] NB a new Code of Governance for NHS Providers has been issued, effective from 2023/24. Future reporting will be by reference to this new Code but this current report relates to the Code that was in place and effective in 2022/23.

which provide cover in respect of legal proceedings and other claims against its Directors.

- Meetings of the Board of Directors are routinely open to the public. Governors are encouraged to attend public Board meetings and arrangements are in place for governors to report to the Council of Governors on Board meetings they have attended.
- Facilities to attend meetings by video/teleconference have been made available and the papers from meetings of the Board are made available via the Trust's website.
- In order to facilitate governor oversight of the role of the Non-Executive Directors, the Board and Council have established a structure whereby designated governor observers attend meetings of Board committees. This practice has been in place since February 2019 and involves regular reporting to the Council.

ii) ***Governors***:

- The general duties of the Council of Governors are to represent the interests of the Trust's members as a whole and the interests of the public; and to hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors.
- The Council of Governors meets formally four times a year. Details of the composition of the Council of Governors and attendance at meetings are contained within the Council of Governors section of the Annual Report.
- Meetings of the Council of Governors are routinely open to the public. Facilities to attend meetings by video/teleconference are in place and the papers from meetings of the Council are made available via the Trust's website.

iii) Board Independence:

- As detailed above, the Board considers that all the Non-executive Directors who have served during the year are independent according to the principles of the Code. This includes Professor ffrench-Constant who, as Pro-Vice-Chancellor of Medicine & Health Sciences at University of East Anglia, is appointed to the Board to reflect the Trust's status as a University Hospital Trust hosting the Norwich Medical School.
- Independence is kept under review and is based on whether each Director is independent in character, judgement and behaviour. Also considered are factors such as participation and performance on both the Board and Board Committees.
- Non-Executive Directors (NEDS), including the Chairman, are not NHS employees and do not contribute to the NHS pension scheme in their NED role. Non-Executive Directors have confirmed their willingness to provide the necessary time for their duties.
- Appointment of the NEDS is made by the Council of Governors in accordance with standard terms and conditions.
- In addition to the process for maintaining the Register of Interests (detailed below) every meeting of the Board and Board Committees starts with an item for Declaration of Interests relating to any item scheduled for discussion or consideration at the meeting.
- The Chairman holds meetings with the Non-executive Directors without the Executive Directors being present. The Senior Independent Director (SID) also meets with the other Non-executive Directors without the Chairman being present.

iv) Policy for Raising Matters of Concern

Arrangements have been put in place by which the Trust's employees may in confidence raise matters of concern. These arrangements are covered in the Trust's Freedom to Speak-Up Policy commonly known as a "Whistle-blowing Policy" and the Trust has appointed a full-time Freedom to Speak-Up Guardian.

v) Board performance

The Board of Directors oversees performance through receipt and scrutiny of a monthly Integrated Performance Report (IPR) and an established reporting schedule. Board reports include standard quality and safety metrics, details of operational performance against relevant national targets and updates on workforce issues and the financial position. The action being taken to reduce identified high level risks or areas of concern is also detailed.

The Board receives regular reports from its assurance committees in the domains of Quality & Safety, Finance, Investments & Performance, People & Culture, Major Projects and Audit. These Committees enable enhanced Board-level scrutiny of key issues across the Trust and assurance in clearly defined areas of responsibility.

The meetings of the Board of Directors are managed to ensure that actions are followed up and the Board's reporting requirements are adhered to.

During the course of the year, the Board reviewed its capacity, and that of the management team, to address the current and future challenges facing the Trust, notably the ongoing work to strengthen processes around major projects, estates management and our response to the Staff Survey.

During 2022/23 the Board undertook a review of its performance including the effectiveness and reporting of its Assurance Committees. This included a questionnaire process co-ordinated by the Board Secretary. Following this review the Board confirms the following in relation to its roles, structure and capacity:

- the Board is satisfied that its Directors are appropriately qualified to discharge their functions;
- the Board is satisfied as to its own balance, completeness and appropriateness to the requirements of the Foundation Trust;
- the Board's Committee and governance structure is appropriate and its progress and efficacy is regularly reviewed;
- the Board considers that it has an appropriate balance of expertise and experience and it has access to specialist advice, as required;
- the Chair of the Audit Committee is a Non-Executive Director with recent and relevant financial experience;
- the Board maintains its Register of Interests which is publicly available on the Trust's website:

- Mr Clarke declared position as Trustee of the Royal College of Obstetricians and Gynaecologists.
- Professor Denton declared her position as Partner in Colney Radiology Group LLP.
- Ms Dinneen declared her role as Strategic Project Advisor – Priscilla Bacon Hospice Care Ltd.
- Professor Fontaine declared her position as a Patron of the Anne Robson Trust.
- Professor ffrench-Constant has declared his role as Pro-Vice-Chancellor Faculty of Medicine & Health Sciences at the University of East Anglia.
- Mr Foster declared his position as Trustee of Vision Norfolk.
- Dr Sarkar declared his role as a medical landlord with In-Health diagnostic provider.
- Professor ffrench-Constant declared that some of his research is funded by Roche and also declared his appointment to the scientific board of Biogen.

These Board members have accordingly taken no part any decision of matters that related to the relationship between relevant parties and the Trust.

Otherwise the Board can confirm that there are no material conflicts of interest on the Board.

NHS Improvement has issued guidance which encourages '*all providers to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework every three to five years".* External assessment of the Trust against the Well-led Framework was conducted by the CQC (report April 2020) resulting in a rating in the Well-Led Domain of 'requires improvement'. During 2020/21 the Trust commissioned an external review of its Financial Governance from RSM, who also provide Internal Audit services to the Trust. That Financial Governance review reported in October 2020 and implementation of associated recommendations was overseen by the Audit Committee, Finance, Investments and Performance Committee and Trust Board. A Follow-Up review in July 2022 identified no weaknesses and no management actions were required.

The new Code of Governance now recommends an externally facilitated review against the Well-led Framework every 3-5 years and it will be appropriate to review this again during 2023/24.

Performance evaluation of individual Executive Board members has been undertaken by the Chief Executive, in accordance with Trust policy and with input from the Non-Executive Directors. Appraisal of Non-Executive Directors has been conducted by the Chair in line with national guidance and reported to the Council of Governors. Appraisal of the Chair is coordinated by the Senior Independent Director in line with national guidance and again reported to the Council of Governors.

vi) Compliance Statement

The Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The Board of Directors considers that it complies with the main and supporting principles of the Code of Governance. During 2022/23 the Audit Committee reviewed the Trust's Organisational Framework for Governance and compliance against the Code of Governance. In relation to the more detailed provisions of the Code of Governance, the Trust is compliant with the provisions, with the following exceptions:

A.5.12 On its website the Trust issues copies of papers for public meetings of the Board of Directors, including agendas and minutes. Details and relevant links are provided to governors, ensuring compliance with the provision of the Code. However papers for any meetings of the Board that are held in private (eg for reasons of personal confidentiality, commercial confidence or for other reason) are not circulated.

B.6.2 The last Independent Review of Board Effectiveness, Capability & Capacity undertaken in accordance with NHEI guidance reported in Nov 2018. The CQC's assessment of the Trust against the Well-led Framework reported in April 2020. During 2020/21, the Trust commissioned an external review of its Financial Governance from RSM (October 2020) and this has been subject to follow-up through the Internal Audit Programme (Nov 2021). In recent times, NHS providers have appropriately been focussed on managing the pandemic and its aftermath. The new Code of Governance now recommends an externally facilitated review against the Well-led Framework every 3-5 years and it will be appropriate to review this again during 2023/24.

D.2.3 Since November 2019, national guidance ("*A remuneration structure for NHS provider chairs and non-executive directors*") has detailed a remuneration range for Non-Executive Directors and this has been applied by the Council. https://improvement.nhs.uk/resources/remuneration-structure-nhs-provider-chairs-and-non-executive-directors/. The stipulation in the Code for market-testing is therefore redundant.

The following provisions require a supporting explanation, even in the case that the Trust is compliant with the provision. Where the information is already contained within the Annual Report, a reference to its location is provided to avoid additional unnecessary duplication.

Table of supporting explanation for required disclosures:

Code of Governance reference	Summary of requirement	Disclosure
A.1.1	There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	A formal and Board-approved Schedule of Matters Reserved is in place. See Board of Directors and Council of Governors sections for details on respective roles and decisions. Detail of the Council's role and mechanism for resolving any potential conflict between Board and Council is detailed in the Council terms of Reference, Standing Orders and the Trust's Constitution.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	See Directors' Report.
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	See Council of Governors section.
Additional requirement of FT ARM	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	See Council of Governors section.
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	See Directors Report

Code of Governance reference	Summary of requirement	Disclosure
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	See Board of Directors section. See Board of Directors section.
Additional requirement of FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated.	See Board of Directors section
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	See section relating to Nominations & Remuneration Committee.
Additional requirement of FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	N/A - open advertisement and search consultancy used during 2022/23 for recruitment of Chairman and Non-Executive Director.
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	See section relating to Independence of Non-Executive Directors
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors.	See Council of Governors and Foundation Trust Membership sections
Additional requirement of FT ARM	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).	N/A Governors have not exercised this power.

Code of Governance reference	Summary of requirement	Disclosure
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	See section on Board Performance.
B.6.2	Where there has been external evaluation of the board, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	N/A See Board Performance section for further detail.
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they 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. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	See Director's Report and Annual Governance Statement.
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	See Audit Committee section and Annual Governance Statement.
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	See Audit Committee section and Annual Governance Statement
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	N/A Council of Governors appointed new External Auditor from 2020/21 audit as recommended
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;	See Audit Committee Section

Code of Governance reference	Summary of requirement	Disclosure
	• an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A No Director was released in 2022/23.
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See Council of Governors section.
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	See Foundation Trust Membership section.
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	See Foundation Trust Membership section.
Additional requirement of FT ARM	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	See Foundation Trust Membership section.

Code of Governance reference	Summary of requirement	Disclosure
Additional requirement of FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.'	Registers of Interest declared by Directors and Governors are maintained in accordance with a Standard Operating Procedure approved by the Audit Committee and are publicly available on the Trust's website.

Main Activities of the Audit Committee during the Year Ended 31 March 2023
The Audit Committee met on 4 occasions during the year ended 31 March 2023. The focus of the Committee was on:

- governance, risk management and internal control;
- internal audit;
- external audit;
- other assurance functions;
- financial reporting.

During the course of the year the Audit Committee received audit reports from the internal auditors, RSM, in accordance with an agreed Audit Plan and including regular reports on follow-up of recommendations from previous audits. The Audit Plan for 2022/23 included audits relating to Review of IT Systems Contracts; Bank and Agency Usage/Premium Pay Workstreams; Norfolk and Waveney Alignment of Finance and Procurement; Consultant Job Planning; Cyber Security (Zero Day Attack review); Risk Management and Governance; Patient Safety Incident Response Framework Follow-up; Succession Planning; Workforce Policies; Key Financial Controls – Asset Management; and Data Security and Protection Toolkit.

The Committee received regular reports from the Local Counter Fraud Service including reviews with regard to processes in place to identify and manage risks associated with fraud. The Committee has also reviewed plans for strengthening systems for risk management in the Trust.

The Financial Accounts of the Trust for 2021/22 were reviewed by the Auditors and presented to the Committee in May 2022. In accordance with the established annual cycle, financial performance for 2022/23 is subject to external audit review during March and June 2023, for review of the Accounts by the Committee in June 2023.

Nominations and Remuneration Committee:
The Board Nominations and Remuneration Committee has a membership consisting of Non-Executive Directors and the Chief Executive. It is Chaired by Tom Spink, as Chair of the Trust. The other members of the Committee are Julian Foster, Pam Chrispin, Joanna Hannam, Sandra Dinneen, Charles ffrench-Constant, Ujjal Sarkar and Sam Higginson. The Secretary to the Committee is the Board Secretary.

The Committee has duties and responsibilities that are detailed in agreed Terms of Reference, reflecting the provisions of the FT Code of Governance. It meets as required and no less than once a year. During 2022/23 the Committee met on 4 occasions. In accordance with its Terms of Reference, the Committee reviews the size, structure and composition of the Board of Directors and makes recommendations to the Council of Governors with regard to the recruitment of Non-Executive Directors.

In the case of Executive Director vacancies, the Committee is responsible for identifying suitable candidates to fill vacancies as they arise. No such vacancies have arisen during 2022/23.

The Committee considers levels of remuneration for executive directors and other senior posts that come within the Committee's remit, by reference to other organisations and NHS Foundation Trusts in particular. During 2022/23, following consideration of national NHS pay-award guidance, the Committee reviewed and approved revision to remuneration for the executive directors, as reported in the Remuneration Report.

In the case of Non-Executive Director vacancies, the Committee is responsible for advising the Council of Governors on the relevant qualities and attributes required to supplement those already on the Board. During 2022/23 the Committee also undertook specific tasks with regard to Non-Executive recruitment including recruitment of the Chair, notably oversight of the search process and input into shortlisting. For consideration of any such matters relating to recruitment of the Chair Mr Spink's conflict of interest was noted and he took no part in relevant decisions.

Quality and Safety Committee:
The role of the Quality and Safety Committee of the Board is to provide additional capacity for Non-Executive led scrutiny and assurance to the Board concerning quality and safety matters. The Committee has a membership of 6 Board members, including Chief Executive, Chief Nurse, Medical Director and three Non-Executive Directors. The Membership is completed by an Associate Non-Executive Director. The Committee met on 10 occasions during 2022/23.

The Committee has an agreed annual cycle of business and a Work Programme of reports to be received at future meetings. Matters considered by the Committee during 2022/23 have included the operation of the Trust's clinical governance systems and processes, including our procedures for learning from incidents and examining mortality rates. The Committee has also received regular updates concerning the Clinical Quality Impact Assessment (QIA) process which is used in the Trust to protect quality and safety whilst making financial savings and productivity improvements.

During 2022/23 the Committee has focused particularly on quality and safety related issues arising from operational pressure and excessive demand for the services of the Trust. The

Trust was on a heightened state of operational pressure throughout 2022/23 requiring prolonged use of extraordinary measures in accordance with agreed escalation procedures. The Committee has scrutinised associated risks identified through our risk management processes, notably those relating to prolonged waiting times, the level of demand in our emergency care pathway and the necessity to accommodate additional patients in our wards due to operational escalation.

Finance, Investments and Performance Committee:
The role of the Finance, Investments and Performance Committee of the Board is to provide additional capacity for Non-Executive led scrutiny and assurance to the Board concerning the Trust's financial position, capital schemes and delivery of contractual operational standards. The Committee has a membership including four Non-Executive Directors, Chief Executive, Chief Operating Officer, Chief Finance Officer, Chief People Officer, Director of Strategy & Major Projects, Chief Digital Officer, Director of Transformation and Chief Nurse.

This year the Committee has received regular reports on the Trust's operational position and performance, in the context of very high levels of demand for the services of the Trust and severe congestion in the NNUH resulting from delays in discharging patients into the community. Reports to the Committee have concerned the Trust's approach to addressing the waiting lists of patients whose treatment has been delayed by the Covid 19 pandemic and implementation of the associated action plans.

The Committee has also sought to support and obtain assurance with regard to other areas of Trust activity and achievement of broader Strategic Objectives, where possible. In addition to matters of operational performance, this has involved focus on Use of Resources, cost improvement plans, and detailed financial and operational planning.

People and Culture Committee
The role of the People and Culture Committee of the Board is to provide additional capacity for Non-Executive led scrutiny and assurance to the Board that the Trust has appropriate and effective strategies and plans in place relating to workforce, education, organisational development and culture. The Membership of the Committee includes four Non–Executive Directors, Chief Executive, Chief People Officer, Chief Operating Officer, Chief Nurse, Medical Director and the Chiefs of Division.

Matters considered by the People and Culture Committee during 2022/23 have included: Freedom to Speak-Up; Staff Survey results and actions; Corporate Risk Register; Internal Audit Reports; and recruitment & retention. 2022/23 has been a challenging year for NHS staff associated with considerable operational pressure, the aftermath of the Covid 19 pandemic and industrial action relating to national pay bargaining. The Committee has encouraged a systematic approach to addressing issues raised through the Staff Survey and will continue to promote development and implementation of the Trust's Workforce Strategy and Education Strategy.

Major Projects Assurance Committee
During 2022/23, the Board established a Major Projects Assurance Committee. The role of the Committee is to provide scrutiny and challenge with regard to delivery of certain major projects as selected by the Board, in order to obtain assurance and make appropriate reports or recommendations.

The membership of the Committee includes at least three Non-Executive Directors, Chief Executive, Chief Finance Officer, Director of Strategy & Major Projects, Clinical Executive (Medical Director or Chief Nurse), Chief Digital Officer and Director of Transformation.

Matters considered by the Major Projects Assurance Committee in 2022/23 include estates major projects (Norfolk & Norwich Orthopaedic Centre, Jenny Lind Children's Hospital paediatric theatres and Diagnostic Assessment Centre) and transformation programme.

Attendance at meetings of the Board of Directors

The Board meets in public bi-monthly and otherwise as required and in accordance with Standing Orders. During this year the Board of Directors met on 15 occasions, including 5 Extraordinary Trust Board (ETB) meetings. Attendance at meetings of the Board and its Committees was as shown below:

	6 April 2022	4 May 2022	8 June 2022	6 July 2022	27 July 2022 ETB	3 August 2022	1 September 2022 ETB	22 September 2022 ETB	5 October 2022	2 November 2022	7 December 2022	14 December 2022 ETB	1 Feb 2023	1 March 2023	29 March 2023 ETB
Mr David White[1]	✓	X													
Dr Pamela Chrispin	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Mr Roy Clarke	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Chris Cobb	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prof Erika Denton	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Ms Sandra Dinneen	X	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	✓	✓	X
Prof Charles ffrench-Constant	✓	✓	X	✓	✓	✓	X	✓	✓	✓	✓	X	✓	✓	X
Prof Nancy Fontaine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Julian Foster	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mrs Joanna Hannam	✓	X	✓	✓	✓	✓	X	✓	✓	X	✓	✓	✓	✓	✓
Mr Samuel Higginson	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X
Mr Paul Jones	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	X
Dr Ujjal Sarkar[2]								X	✓	✓	✓	✓	✓	✓	✓
Mr Tom Spink[3]	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓

[1]Mr White stood down as Chairman in May 2022.
[2]Dr Sarkar was appointed as Non-Executive Director in September 2022.
[3] Mr Spink served as Interim Chair from 1 May to 21 March 2023.

Attendance at meetings of the Audit Committee
The Audit Committee meets quarterly and met on 4 occasions during the year.

	25 May 2022	28 Sept 2022	23 Nov 2022	29 Mar 2023
Mr Julian Foster (Chair)	✓	✓	✓	✓
Ms Sandra Dinneen (Non-Executive Director)	✓	✓	✓	X
Professor Charles ffrench-Constant	X	✓	✓	✓

Nominations & Remuneration Committee
The Nominations and Remuneration Committee meets routinely twice a year and otherwise as required. The Committee met on 4 occasions during 2022/23.

	4 May 2022	8 June 2022	6 July 2022	5 October 2022
Mr Tom Spink (Non-Executive Director) - Interim Chairman from 1 May 2022	✓	✓	✓	✓
Dr Pamela Chrispin (Non-Executive Director)	✓	✓	✓	✓
Ms Sandra Dinneen (Non-Executive Director)	✓	X	✓	✓
Professor Charles ffrench-Constant (Non-Executive Director)	✓	X	✓	✓
Mr Julian Foster (Non-Executive Director)	✓	✓	✓	✓
Mrs Joanna Hannam (Non-Executive Director)	X	X	✓	✓
Mr Samuel Higginson (Chief Executive)	✓	✓	✓	✓
Dr Ujjal Sarkar (Non-Executive Director) from 5 Sept 2022				✓

Quality and Safety Committee – meeting and attendance
The Quality and Safety Committee met on 10 occasions during 2022/23.

	26 April 2022	24 May 2022	28 June 2022	26 July 2022	27 September 2022	25 October 2022	22 November 2022	24 January 2023	21 February 2023	28 March 2023
Dr Pamela Chrispin (Chair of Committee and Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prof Erika Denton (Medical Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms Claire Fernandez (Associate Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	X	✓	✓

Prof Nancy Fontaine (Chief Nurse)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓
Mrs Joanna Hannam (Non-Executive Director)	✓	✓	✓	✓	✓	X	X	✓	✓	✓
Mr Sam Higginson (Chief Executive)	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Dr Ujjal Sarkar (Non-Executive Director)[1]									✓	✓

[1] Dr Sarkar joined the Committee as a member September 2022

Finance, Investments and Performance Committee – meeting and attendance
The Finance, Investments and Performance Committee met on 10 occasions during the year as follows:

	27 April 2022	25 May 2022	29 June 2022	27 July 2022	28 September 2022	26 October 2022	23 November 2022	25 January 2023	22 February 2023	29 March 2023
Mr Tom Spink (Chair of Committee and Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alex Berry (Director of Transformation)[1]				✓	✓	✓	✓	✓	✓	✓
Dr Pamela Chrispin (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Roy Clarke (Chief Finance Officer)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Chris Cobb (Chief Operating Officer)	✓	✓	✓	X	X	X	✓	✓	✓	✓
Mrs Sandra Dinneen (Non-Executive Director)	✓	✓	X	✓	✓	X	✓	✓	✓	X
Prof Nancy Fontaine (Chief Nurse)	✓	✓	X	✓	✓	X	✓	X	✓	X
Mr Julian Foster (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Simon Hackwell (Director of Strategy)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓
Mr Sam Higginson (Chief Executive)	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Mr Paul Jones (Chief People Officer)	X	✓	X	✓	✓	✓	✓	✓	X	X
Mr Anthony Lundrigan (Chief Information Officer)[2]	✓									
Ed Prosser-Snelling (Chief Digital Officer)[3]		✓	✓	✓	✓	X	✓	✓	✓	✓

[1]Ms Berry joined the Committee in July 2022;
[2]Mr Lundrigan stood down as a member in April 2022;

[3]Mr Prosser-Snelling joined the Committee in May 2022.

People and Culture Committee – meeting and attendance
The People and Culture Committee met 4 times during 2022/23. Attendance was as follows:

	27.06.22	24.10.22	23.01.23	13.03.23
Board members				
Sandra Dinneen (Non-Executive Director and Chair)	✓	✓	✓	✓
Chris Cobb (Chief Operating Officer)	X	X	X	X
Prof Erika Denton (Medical Director)	✓	✓	✓	✓
Prof Charles ffrench-Constant	✓	✓	✓	✓
Prof Nancy Fontaine (Chief Nurse)	✓	(✓)	X	✓
Joanna Hannam (Non-Executive Director)	✓	✓	✓	✓
Sam Higginson (Chief Executive)	✓	✓	✓	✓
Paul Jones (Chief People Officer)	✓	✓	✓	✓
Dr Ujjal Sarkar (Non-Executive Director)[1]		✓	✓	✓
Divisional members				
Dr Richard Goodwin (CoD - Clinical Support Services)	✓	X	✓	X
Dr Crawford Jamieson (CoD – Medicine and Emergency Services)	✓	X	X	X
Dr Tim Leary (CoD - Surgery)	X	(✓)	(✓)	✓
Mr Jo Nieto (CoD - Women and Children)	✓	(✓)	X	X

(✓) = attendance by a deputy
[1] Dr Sarkar joined the Committee as a member in September 2022

Major Projects Assurance Committee
During 2022/23 the Board established a Major Projects Assurance Committee which meets routinely once a month and otherwise as required. The Committee met on 3 occasions during 2022/23:

	25.01.2023	22.02.2023	29.03.2023
Mr Tom Spink (Chair of Committee and Non-Executive Director)	✓	✓	✓
Ms Alex Berry (Director of Transformation)	✓	✓	✓
Dr Pamela Chrispin (Non-Executive Director)	✓	✓	✓
Mr Roy Clarke (Chief Finance Officer)	✓	✓	✓
Mr Chris Cobb (Chief Operating Officer)	✓	✓	✓
Mrs Sandra Dinneen (Non-Executive Director)	✓	✓	X
Prof Nancy Fontaine (Chief Nurse)	X	X	X
Mr Julian Foster (Non-Executive Director)	✓	✓	✓
Mr Simon Hackwell (Director of Strategy)	✓	✓	✓
Mr Sam Higginson (Chief Executive)	✓	✓	X
Mr Ed Prosser-Snelling (Chief Digital Officer)	X	✓	X

Council of Governors

The Council of Governors is chaired by Tom Spink who, as Chair of the Trust, acts as a link between the Council and Board of Directors. Directors regularly attend meetings of the Council of Governors and feedback from the Council is reported to the Board of Directors so that the Board is informed of the views of our members as represented by the Governors.

The Council of Governors is responsible for representing the interests of Foundation Trust members and partner organisations in the governance of the Trust. The Council receives regular reports from the Chief Executive and other Board members on relevant operational and strategic matters. The Council of Governors has a number of specified statutory responsibilities which it has satisfied during the course of the year. In particular the Council has:

- received the Trust's Annual Report and Accounts;
- expressed views for consideration by the Directors in preparing the Trust's strategic plans;
- appointed Non-Executive Director Dr Ujjal Sarkar and reappointed Julian Foster, Pam Chrispin, Sandra Dinneen and Jo Hannam;
- appointed Tom Spink as Chair of the Trust.

The term of office for Governors is three years and the appointment of both staff and public Governors is by election by the members. Elections are held on an annual basis to fill any vacancies on the Council. These elections are administered on our behalf by an independent organisation (UK Engage) and in accordance with the election rules set out in our Constitution. We promote elections through mailings to members, media coverage and through the Trust's social media channels. The Trust receives a good level of interest from the local community and staff in filling these vacancies and they are usually contested. As at March 2023 the Governors were:

Public Governors

- Elaine Bailey — North Norfolk
- Erica Betts — Breckland
- Peter Bush — Norwich
- Annie Cook — Norwich
- Nina Duddleston — Breckland
- Carol Edwards — North Norfolk
- Daniel Epurescu — Broadland
- Bruce Fleming — South Norfolk
- Ines Grote — Great Yarmouth and Waveney
- Jackie Hammond — Broadland
- Chris Hind — South Norfolk
- Tim How — King's Lynn and West Norfolk
- Derek Moncur — Norwich
- **Shirley Ricketts — Broadland**
- **Joy Stanley — Breckland**
- **Vacancy — Rest of England**

Staff Governors

- Shahnaz Asghar — Contractors and Volunteers
- Bibin Baby — Nursing and Midwifery
- Clare Haider — Nursing and Midwifery
- Gemma Lynch — Admin and Clerical
- Richard Smith — Medical and Dental
- Vacancy — Clinical Support

Partner Governors

- Alison Thomas — Norfolk County Council
- Vacancy — University of East Anglia

Changes during the year:

The following Governors left the Council of Governors in 2022/23:

- Jane Bevington, Norwich
- Terry Davies, Contractors and Volunteers
- Diane DeBell, Norwich
- Peter Harrison, South Norfolk
- Leanne Miller, Clinical Support
- Mary Pandya, Rest of England
- Tracy Williams, Norwich Clinical Commissioning Group

A copy of the Register of Interests declared by the Governors can be found on our website at www.nnuh.nhs.uk.

Performance of the Council of Governors and its Committee

During the year, the Council of Governors has been briefed on a wide range of matters affecting the Trust including:

- the management of hospital services and recovery from the Covid-19 pandemic;
- development of a refreshed Trust strategy, called Caring with PRIDE;
- major developments on the hospital sites, such as plans for the new paediatric theatres and N&N Orthopaedic Centre;
- the results of the annual Survey;
- the Trust's Sustainability Strategy and Green Plan;
- the Trust's Digital Strategy;
- the Personalised Outpatient Programme and use of remote clinics supported by digital technology;
- the annual report regarding Infection Prevention and Control;
- the Trust's financial position and performance against national operational standards.

Non-Executive Directors attend formal Council meetings on a rotational basis, to enable discussion on key areas and regarding the Board Assurance Committees with which they are associated.

In addition to formal meetings, there is a regular cycle of informal Q&A sessions for governors with the Chair, Chief Executive and other directors. These meetings provide opportunity for more detailed discussion about the Trust's services and plans than may be possible during formal meetings. Members and Governors have also been involved in a number of events during the year, several of which were held to celebrate the 250th Anniversary of the Norfolk and Norwich Hospital since it was established in 1772:

- Open day and fete on 10 June 2022;
- Bishop's House open garden event on 31 July 2022;
- AGM with all day exhibition event for staff and public on 4 October 2022;
- Staff Awards ceremony with two governors presenting awards on 17 November;
- a tour of Health Records Department on 7 November 2022;
- the opening of the *Mardle* Charity Café at Cromer Hospital on 14 December 2022;
- a Cathedral Carols by Candlelight event on 17 December 2022;
- Tour of Sterile Services Department on 24 January 2023.

Attendance at formal meetings of the Council of Governors

The Council of Governors held seven meetings in 2022/23. Attendance at Council meetings was as set out below:

		21 April 2022	31 May 2022	21 July 2022	6 October 2022	6 December 2022	2 February 2023	22 March 2023
1	Mr Bibin Baby	✓	✓	✓	✓	X	✓	X
2	Mrs Elaine Bailey	✓	✓	✓	✓	X	✓	X
3	Mrs Erica Betts	✓	✓	✓	✓	X	✓	✓
4	Mrs Jane Bevington	✓	✓	X				
5	Mr Peter Bush	✓	X	X	X	X	X	X
6	Ms Annie Cook[1]						✓	X
7	Mr Terry Davies	X	X				X	
8	Prof Diane DeBell	X	X	X				
9	Mrs Nina Duddleston	✓	✓	✓	X	✓	✓	✓
10	Mrs Carol Edwards	✓	✓	✓	✓	X	✓	✓
11	Dr Daniel Epurescu[2]						✓	✓
12	Dr Bruce Fleming[3]						✓	X
13	Mrs Ines Grote	✓	✓	✓	✓	✓	✓	✓
14	Ms Clare Haider	X	X	X	✓	X	✓	✓
15	Mrs Jackie Hammond	X	X	✓	✓	✓	X	✓
16	Dr Peter Harrison	✓	✓	✓	X			
17	Mr Chris Hind	X	X	✓	✓	✓	✓	✓
18	Mr Tim How	X	✓	X	✓	X	✓	✓
19	Mrs Gemma Lynch	✓	✓	✓	X	✓	✓	✓
20	Ms Leanne Miller	X	X	X				

21	Mr Derek Moncur[4]						✓	X
22	Ms Mary Pandya	X	X					
23	Mrs Shirley Ricketts	✓	X	✓	X	X	X	X
24	Mr Richard Smith	✓	X	✓	X	X	✓	X
25	Mrs Joy Stanley	✓	X	✓	✓	X	X	X
26	Cllr Alison Thomas	X	✓	X	✓	✓	✓	X
27	Mrs Joanna Tuttle	✓	X	✓	✓			
28	Ms Tracy Williams	X	X	X				

[1] Mrs Annie Cook elected December 2022
[2] Dr Daniel Epurescu elected December 2022
[3] Dr Bruce Fleming elected December 2022
[4] Mr Derek Moncur elected December 2022

Lead Governor

In accordance with the Foundation Trust Code of Governance, the Council of Governors nominated one of its members to act as Lead Governor with particular responsibility for providing a channel of communication between the Council and NHSE in exceptional circumstances when communication through the Chair or Board Secretary is not appropriate. Governor Erica Betts was selected by Council members to act as Lead Governor from April 2021.

Appointments and Remuneration Committee of the Council of Governors

In accordance with Statute, the Council has an Appointments and Remuneration Committee. The work of the Committee is supported by the Board Secretary. As at March 2023, Membership of the Committee is:

- Tom Spink - Chair
- Erica Betts
- Carol Edwards
- Ines Grote
- Richard Smith

As detailed in its Terms of Reference, the Council's Appointments & Remuneration Committee oversees the process for making non-executive appointments to the Board, with input from the Chair, Board Secretary and the Board's Nominations & Remuneration Committee as appropriate.

i) Non-Executive Reappointments:

During 2022/23, the Committee reviewed the position and recommended that the Council should reappoint Julian Foster as Non-Executive Director (which it did on 31 May 2022). The Committee further recommended that the Council reappoint Non-Executive Directors Pam Chrispin, Sandra Dinneen and Jo Hannam (which it did on 6 December 2022). In each case this followed an agreed review process and receipt of a standard suite of information.

ii) Appointment of Non-Executive Director:

Following the process set out in the Constitution, and supported by specialist recruitment consultants, NED candidates were selected for interview by the Council's Appointments and Remuneration Committee. The interview process was further strengthened by involvement of a stakeholder panel consisting of staff drawn from across the Trust. It resulted in a unanimous

recommendation that the Council should appoint Dr Ujjal Sarkar as Non-Executive Director for a 3-year term (which it did on 21 July 2022).

iii) Appointment of Trust Chair:
Following the process set out in the Constitution, a recruitment search was conducted during 2022/23 for a new Chair to follow David White. This process was supported by specialist recruitment consultants and involved a nationwide search and involvement of representatives from the Norfolk & Waveney ICS and the NHSE Regional Office. The process was overseen by Sandra Dinneen (as Senior Independent Director) with operational support from the Trust's Chief People Officer and HR Dept.

Candidates were selected for interview by the Council's Appointments and Remuneration Committee. The interview process was further strengthened by involvement of a stakeholder panel involving external representatives and Trust staff. It resulted in a unanimous recommendation that the Council of Governors should appoint Tom Spink as Chair of the Trust (which it did on 22 March 2023).

Governor development
An induction event was held for new governors on 24 January 2023, to discuss the role and responsibilities of governors. A training session for Governors was also held with NHS Providers focusing on core skills and responsibilities.

The role of governors has been highlighted in the Trust's Pulse magazine to raise awareness about the governors and how they may be contacted by Members. A new Member Newsletter has been developed to improve communication between governors and individual constituencies.

Governor expenses
The Governor role is unpaid and no expenses have been claimed during 2022/23.

Our Membership
We have three membership constituencies: Public, Staff and Partners:

- The Public Constituency - consists of people over the age of 16 and it includes patients and their carers, as well as the general public. Most are resident within the Local Authority areas of Norfolk and Waveney. Our constituency of 'Rest of England' caters for persons living outside this area and reflects the broader catchment area of the Trust's specialist services and the wider range of people with an interest in the Trust;

- The Staff Constituency – includes employees who have worked for the Trust for at least 12 months. This constituency also includes our volunteers and employees of contractors who work with us, as specified in our Constitution;

- Our Partners are represented by Governors nominated from local government and our partner University (the University of East Anglia).

We have a Membership Strategy which was designed with input from members and governors and this sets out a target to maintain our Membership above 15,000. We conduct an annual campaign across social media and other communications channels in order to recruit new members and this is supplemented by a face-to-face recruitment campaign.

After a pause during the pandemic, we re-started this process in 2022 and we are continuing our work to restore membership numbers to pre-pandemic levels.

The size of our public membership over the last seven years is detailed below:

Year	Public members
2016/17	16,499
2017/18	17,567
2018/19	17,143
2019/20	17,225
2020/21	16,476
2021/22	15,934
2022/23	15,440

Our staff membership stands at 10,500, making a total of 25,940 members in total.

Engagement with our members

We have a programme of internal communication and engagement with staff members which includes a weekly electronic newsletter, staff intranet, in-house magazine, focus groups, surveys and meetings. More detail is set out in the Staff Matters section of this Annual Report.

Public members receive our quarterly in-house magazine, The Pulse. This publication is used to publicise events such as lectures, the Annual General Meeting and participation in the Patient Choice Staff Award.

Members can contact the Membership Office by telephone on 01603 287634 or through the website or by e-mail at membership@nnuh.nhs.uk

Statements

Principle for cost allocation
The Trust is compliant with the cost allocation and charging guidance issued by HM Treasury.

Political and charitable donations
No political or charitable donations have been made by the Trust in 2022/23 financial year or previous year.

Income disclosures required by Section 43(2A) of the NHS Act 2006
During 2022/23 income from the provision of goods and services for the purposes of the health service in England was greater than the income from the provision of goods and services for any other purposes. Accordingly, the requirement of the Act has been met. Health service income amounted to £810.3m of the total income of £920.2m (2021-22 £754.5m of the total income of £848.8m).

Significant events since the Statement of Financial Position date
There have been no significant events since the Statement of Financial Position date that require disclosure.

Statement from Directors
The Directors consider the annual report and accounts taken as a whole, is fair, balanced and understandable and provides the information necessary for stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Accounts and Statement of the responsibility of the Accounting Officer
The accounts for the year ended 31/03/2023 can be found at the back of this annual report. The statement of the responsibility of the accounting officer is on page 138.

Related party transactions
During the year none of the Board members, Governors or members of the key management staff or parties related to them has undertaken any material transactions with the NHS Foundation trust. Further details on related parties can be found in note 29 to the accounts.

Better payment practice Code
The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Better Payment Practice Code - measure of compliance

	Year ended 31 March 2023		Year ended 31 March 2022	
	Number	**£'000**	**Number**	**£'000**
Total Non-NHS trade invoices paid in the year	138,454	368,048	130,598	344,624
Total Non-NHS trade invoices paid within target	121,035	315,973	124,287	310,195
Percentage of Non-NHS trade invoices paid within target	87%	86%	95%	90%
Total NHS trade invoices paid in the year	2,941	72,353	3,350	78,104
Total NHS trade invoices paid within target	2,221	61,367	2,720	70,133
Percentage of NHS trade invoices paid within Target	76%	85%	81%	90%

Interest paid under the Late Payment of Commercial Debts (Interest) Act 1998

Disclosures relating to any interest paid can be found in note 11.2 to the accounts.

Case Study

New prostate biopsy service started at Cromer

A new procedure has begun at Cromer Hospital to help speed up tests for patients with suspected prostate cancer.

State-of-the-art equipment is being used at the North Norfolk Macmillan Centre to enable prostate biopsies to take place for the first time at Cromer.

The start of the new service follows fundraising support from Cromer Community and Hospital Friends who have helped to buy new equipment for the centre.

A prostate biopsy usually takes place to confirm or rule out cancer after a patient has had high or rising prostate specific antigen (PSA) blood test results and an MRI scan.

Mr Utsav Reddy, Consultant Urological Surgeon, said the urology team would be carrying out MRI fusion guided prostate biopsies at the North Norfolk Macmillan Centre once a week:

"The technology is slightly different to that at NNUH and will be a new service for the patients of Cromer and the wider area. This ultrasound machine enables us to undertake biopsies under local anaesthetic and we can overlay the MRI image on the real time ultrasound scan to give a more precise biopsy for some men. This would not have been feasible without the support of the Cromer Community and Hospital Friends as well as colleagues in Urology, Radiology, Pathology and Cromer Hospital. Thank you to all involved in improving the care of men in Norfolk."

Annual Report on remuneration

Major decisions on senior managers' remuneration

Remuneration for the Trust's most senior managers (Executive Directors who are members of the Board of Directors) is determined by the Board of Director's Nominations and Remuneration Committee. The Nominations and Remuneration Committee determined that Trust staff on the VSM pay scale should receive a non-consolidated pay award of 3%. The Medical Director in addition to her managerial duties also maintains a clinical practice and solely received the Medical & Dental pay award of 4% from 1st April 2022. The Medical Director is also entitled under the consultant contract for a Clinical Excellence Award (CEA) in 2022/23.

The only non-cash element of senior managers' remuneration packages are pension related benefits accrued under the NHS Pensions Scheme. Contributions are made by both the employer and employee in accordance with the rules of the national scheme which applies to all NHS staff in the scheme.

The Trust's strategy and business planning process sets key business objectives which in turn inform individual objectives for senior managers. Performance is closely monitored and discussed through both an annual and ongoing appraisal process.

Senior managers are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended employment contracts which can be terminated by either party with six months' notice. The Trust's normal disciplinary policies apply to senior managers, including the sanction of summary dismissal without notice for gross misconduct. The Trust's redundancy policy is consistent with NHS redundancy terms for all staff.

Any substantial changes relating to senior managers remuneration made during the year

No substantial changes to senior managers' remuneration were made during 2022/23.

Signed by Chair of Remuneration Committee on 28 June 2023 Chairman – Tom Spink

Senior Managers' remuneration policy

The table below summarises each of the components of the remuneration package for senior managers which comprise the senior managers' remuneration policy.

Remuneration component	Applicable to	Jurisdiction	Relevance to Trust's long and short term objectives	Amount payable
Basic salary	All senior managers	Nominations and Remuneration Committee	Recommendations in respect of basic salary are made to the Nominations and Remuneration Committee by the Chief Executive (for executive directors) and the Chairman (for the Chief Executive) on the basis of assessment of performance at annual appraisal, and specifically achievement of agreed personal objectives that reflect the long and short term objectives of the Trust	Any increases are agreed with reference to external benchmarks and advice as required
Pension	All senior managers	Terms of membership as specified by the NHS Pension Scheme administered by the NHS Pensions Agency	N/A	Determined by the NHS Pensions Agency
NNUH Pension Contributions Alternative Rewards Policy	Senior Managers who opt in (who are not making pension contributions)	Hospital Management Board	A separate cash payment of up to 10% of an employee's basic salary where they have opted out of the NHS Pension Scheme. This is available to all Clinical staff or Senior Managers who face tax implications as a result of reaching or getting close to the Annual Allowance or the Lifetime Allowance.	Payment is made at 10% of gross basic pay.
Clinical Excellence Award Scheme	Medical Director only	Determined by Local Awards Committee in accordance with medical and dental employment contract; not awarded by Nominations and Remuneration Committee	Awards are determined by the Local Awards Committee in accordance with an agreed scheme that recognises clinical excellence across 5 domains. Analysis of the scheme demonstrates a linkage to the Trust's strategic objectives including the leadership and delivery of clinical services, teaching, training and research.	Level 9 award is the maximum that can be awarded locally.

Accompanying notes:

(1) There have been no additions or changes to the components of the remuneration package during 2022/23
(2) There are no significant differences between the remuneration policy for senior managers and the general policy for employees' remuneration

Annual Report on remuneration

Service Contracts

The table below summarises, for each senior manager (Directors who are members of the Board of Directors) who has served during the year, the date of their service contract, the unexpired term and details of the notice period.

Name & Title	Date of Commencement	End Date	Unexpired Term	Notice Period
Executive Directors:				
S Higginson, Chief Executive	21/10/2019	Ongoing	n/a	6 Months
CM Cobb, Chief Operating Officer	17/04/2019	Ongoing	n/a	6 Months
ERE Denton, Medical Director	01/07/2018	Ongoing	n/a	6 Months
NVC Fontaine, Chief Nurse	01/08/2018	Ongoing	n/a	6 Months
PD Jones, Chief People Officer	10/06/2019	Ongoing	n/a	6 Months
R Clarke, Chief Finance Officer	01/04/2020	Ongoing	n/a	6 Months
Non-Executive Directors:				
DR White, Chairman (Until 31 May 2022)	10/06/2019	31/05/2022	n/a	3 Months
TI Spink, Chairman (Non-Executive Director until 30 April 2022, Appointed Interim Chairman 1 May 2022, Appointed Chairman 22 Mar 2023)	22/03/2022	21/03/2026	36 Months	3 Months
JA Foster, Non-Executive Director	01/06/2019	31/05/2025	26 Months	3 Months
P Chrispin, Non-Executive Director	01/01/2020	31/12/2025	33 Months	3 Months
S Dinneen, Non-Executive Director	01/01/2020	31/12/2025	33 Months	3 Months
JM Hannam, Non-Executive Director	01/01/2020	31/12/2025	33 Months	3 Months
C ffrench-Constant, Non-Executive Director	01/09/2021	31/08/2024	17 Months	3 Months
U Sarkar, Non-Executive Director (Appointed 5 September 2022)	05/09/2022	04/09/2025	30 Months	3 Months

The contracts of employment of the Executive Directors are for indefinite terms and are subject to six months' notice by either side. All Executive Directors are subject to periodic appraisal and are accountable to the Board of Directors for performance in those areas to which they provide executive leadership. The terms of appointment of the Non-Executive Directors are typically for 3 year terms and are subject to three months' notice by either side. There are no provisions within the contracts of employment regarding compensation for early termination for any directors.

The Trust's normal disciplinary policies apply to senior managers. The Trust's redundancy policy is consistent with NHS redundancy terms for all staff.

Nominations and Remuneration Committee

The Nominations and Remuneration Committee consists of the Chairman of the Trust, at least three other non-executive directors and the Chief Executive. During 2022/23 the membership comprised the Chairman of the Trust, (Chair of the Committee) and all of the other Non-Executive Directors and the Chief Executive (Sam Higginson).

The Committee meets as required, and at least once a year. In accordance with Monitor's Code of Governance for Foundation Trusts, the role and policy of the Committee is to monitor the level and structure of remuneration for senior managers, having considered comparative salary levels in other organisations and NHS Foundation Trusts in particular.

The Committee met four times during 2022/23, on 4 May, 8 June, 6 July and 5 October 2022. The meetings were quorate.

Where an individual's remuneration is above the level of £150,000 per annum pro rata the Remuneration Committee's policy and practice will be in line with the requirements issued by the Cabinet Office.

The remuneration and expenses for the Trust Chairman and Non-Executive Directors are determined by the Council of Governors informed by information issued by organisations such as NHS Providers.

Disclosures required by the Health and Social Care Act

There was a total of 6 Executive Directors in office during the year and 8 Non – Executive Directors, including the Chairman. In aggregate the Directors received reimbursement of expenses of £972 with claims from 2 directors. In 2021/22, 16 directors had been in office, being 6 executive directors and 10 non-executive directors. In aggregate they received reimbursement of expenses of £7 with claims from 1 director.

No significant awards were made to past Directors during the 12 months ended 31 March 2023.

The Governor role is unpaid. When the Council of Governors was established it was agreed that governors were entitled to claim travel expenses for attending meetings. In 2022/23 there were 25 governors (16 public governors, 6 staff governors, and 3 partner governors) and there were no claims for expenses (in 2021/22 there were 25 governors (16 public governors, 6 staff governors, and 3 partner governors) and no claims for expenses).

Remuneration – Audited

Name and title		12 months ended 31st March 2023					12 months ended 31st March 2022				
		Salary	All Taxable Benefits	Annual & Long-term Performance Related Bonuses	Pension Related Benefits	Total	Salary	All Taxable Benefits	Annual & Long-term Performance Related Bonuses	Pension Related Benefits	Total
		(bands of £5,000)	Rounded to the nearest £100	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	Rounded to the nearest £100	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000
DR White, Chairman (Until 31 May 2022)	DR White	5 – 10	0	0	0	5 – 10	50 – 55	0	0	0	55 – 60
TI Spink, Chairman	TI Spink	50 – 55	0	0	0	50 – 55	10 – 15	0	0	0	10 – 15
S Higginson, Chief Executive	S Higginson	245 – 250	0	0	0	245 – 250	245 – 250	0	0	0	245 – 250
CM Cobb, Chief Operating Officer	CM Cobb	170 – 175	0	0	0	170 -175	165 – 170	0	0	7.5 – 10	175 -180
ERE Denton, Medical Director	ERE Denton	215 – 220	0	35 – 40	0	250 – 255	210 – 215	0	55 – 60	0	270 – 275
NVC Fontaine, Chief Nurse	NVC Fontaine	150 – 155	0	0	37.5 – 40	190 – 195	150 – 155	0	0	32.5 – 35	180 – 185
PD Jones, Chief People Officer	PD Jones	145 – 150	0	0	35 – 37.5	180 -185	150 – 155	0	0	32.5 - 35	180 -185
R Clarke, Chief Finance Officer	R Clarke	185 – 190	0	0	0	185 – 190	180 – 185	0	0	0	180 – 185

Name and title		12 months ended 31st March 2023					12 months ended 31st March 2022				
		Salary	All Taxable Benefits	Annual & Long-term Performance Related Bonuses	Pension Related Benefits	Total	Salary	All Taxable Benefits	Annual & Long-term Performance Related Bonuses	Pension Related Benefits	Total
		(bands of £5,000)	Rounded to the nearest £100	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	Rounded to the nearest £100	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000
P Chrispin, Non-Executive Director	P Chrispin	10 - 15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
S Dinneen, Non-Executive Director	S Dinneen	10 - 15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
JA Foster, Non-Executive Director	JA Foster	10 - 15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
JM Hannam, Non-Executive Director	JM Hannam	10 - 15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
GH O'Sullivan, Non-Executive Director (Until 15 January 2022)	GH O'Sullivan	0	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
D Richardson, Non-Executive Director (Until 31 August 2021)	D Richardson	0	0	0	0	0	5 - 10	0	0	0	5 - 10
U Sarkar, Non-Executive Director (Appointed 5 September 2022)	U Sarkar	5 - 10	0	0	0	5 - 10	0	0	0	0	0
C ffrench-Constant, Non-Executive Director (Appointed 1 September 2021)	C ffrench-Constant	10 – 15	0	0	0	10 – 15	5 – 10	0	0	0	5 – 10

Taxable benefits cover the monetary value of benefits in kind, such as car mileage allowances where subject to income tax.

Pension related benefits have been pro-rated / time apportioned for Directors who were appointed or resigned part way through the year.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

No additional benefits will become receivable by directors in the event that they retire early.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Fair Pay Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director in the organisation in the financial year 2022-23 was £250k-£255k (2021-22, £270k-£275k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

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) (£)	27,731	36,079	49,903
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) (£)	24,880	33,856	46,796
'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 (£)	9.11	7.00	5.06

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) (£)	22,549	31,534	43,201
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) (£)	20,330	28,808	40,057
'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 (£)	12.08	8.64	6.31

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 - (midpoint of band)	2.35	-39.15
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)	21.24	-37.49

	2022-23	2021-22
Band of Highest Paid Director's Total Remuneration (£'000)	250 - 255	270 - 275
Midpoint of band	252,500	272,500
25th Percentile (£)	27,731	22,549
Median Total (£)	36,079	31,534
75th Percentile (£)	49,903	43,201
Remuneration Ratio	7.00	8.64

Employee Remuneration Range

	2022-23	2021-22
Band of Highest Paid Employee (£'000)	250 - 255	270 - 275
Band of Lowest Paid Employee (£'000)	10 - 15	10 - 15

In 2022/23, 0 (2021/22: 0) employees received remuneration in excess of the highest paid director. Remuneration ranged from £12k to £273k (2021/22 £8k-£312k). Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years was 21.24%.

The highest paid director's remuneration was 7.00 times (2021/22 – 8.64 times) the median remuneration of the workforce which was £36,079 (2021/22 - £31,534).

Total Pension Entitlement

2022/23 Name and title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in pension lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2023 (bands of £5,000) £'000	Lump Sum at age 60 related to accrued pensions at 31 March 2023 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000
S Higginson, Chief Executive	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CM Cobb, Chief Operating Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ERE Denton, Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NVC Fontaine, Chief Nurse	2.5 - 5	0	65 - 70	135 - 140	1,289	53	1,403
PD Jones, Chief People Officer	2.5 - 5	0 - 2.5	25 - 30	50 - 55	472	31	538
R Clarke, Chief Finance Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A – Sam Higginson chose not to be covered by the Pension Arrangements during the reporting year.
N/A – Erika Denton chose not to be covered by the Pension Arrangements during the reporting year.
N/A – Roy Clarke chose not to be covered by the Pension Arrangements during the reporting year.
N/A – Christopher Cobb chose not to be covered by the Pension Arrangements during the reporting year.
N/A – Tom Spink (Chairman) chose not to be covered by the Pension Arrangements during the reporting year.
As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

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.

2021/22 Name and title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in pension lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000) £'000	Lump Sum at age 60 related to accrued pensions at 31 March 2022 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2021 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2022 £'000
S Higginson, Chief Executive	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CM Cobb, Chief Operating Officer	0 - 2.5	NIL	30 – 35	65 – 70	667	4	680
ERE Denton, Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NVC Fontaine, Chief Nurse	2.5 - 5	NIL	60 - 65	130 - 135	1,218	43	1,289
PD Jones, Chief People Officer	2.5 - 5	0 - 2.5	20 – 25	45 - 50	422	27	472
R Clarke, Chief Finance Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The 2021/22 cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Bonus

The Trust is required by NHSE to disclose any payments that fall within the definition of “Performance Related Bonuses” and it has been determined by the Department of Health that Clinical Excellence Awards (CEA) meet this definition. As such they have been disclosed as a “Bonus”. Clinical Excellence awards are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care. Clinical Excellence Awards are administered at a national level by the Advisory Committee on Clinical Excellence Awards. These payments were previously classified within Other Remuneration. There have been no new Clinical Excellence Awards payable to the Directors in 2022/23, however one individual who has held the role of Medical Director during the period 2022/23 was in receipt of clinical excellence award as part of their remuneration packages that were determined in previous years.

Signed on behalf of the Board on 28 June 2023 Chief Executive – Sam Higginson

Staff Report

Following the launch of the Caring with Pride plan, our new purpose statement “working together, continuously improving for all” underpins our commitment to teamwork, collaboration, inclusivity and quality.

Our People and Culture Strategy – caring with PRIDE, is our plan for delivering our commitment to Team NNUH: Together, we will support each other to be the best that we can be, to be valued and proud of our hospital for all.

Our People and Culture Strategy has been developed with and for more than 11,000 people who work and volunteer at the Trust. The Strategy provides clarity on how we uphold our PRIDE values in our own behaviours, how we, as a Trust, embrace the NHS People Promise by putting people’s health and wellbeing first and ensuring we all have the skills and confidence to design and deliver the best patient care.

Our greatest strength is the dedicated people who work and volunteer at the Trust, so we’re focused on a long-term investment in the skills, experience and wellbeing of everyone in Team NNUH.

It’s imperative that we have a culture of inclusion, support and respect at the heart of everything we do. Making NNUH a hospital for all people and a great place to work and learn is about how we invest in, support and value each other every day.

Our People Promise plan was launched in summer 2022 to address the areas where staff have said they’d like to see improvements.

Analysis of average staff numbers

The information below shows the average staff numbers within the Trust from April 2022 to March 2023.

Average number of employees (WTE Basis)	2022/23	2022/23	2022/23	2021/22	2021/22	2021/22
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
Medical and dental	1,287	736	551	1,327	736	591
Ambulance staff	0	0	0	0	0	0
Administration and estates	1,413	1,322	91	1,399	1,315	84
Healthcare assistants and other support staff	2,537	2,176	360	2,610	2,259	351
Nursing, midwifery and health visiting staff	2,535	2,290	245	2,498	2,278	220
Nursing, midwifery and health visiting learners	78	78	0	61	61	0
Scientific, therapeutic and technical staff	721	700	21	713	684	29
Healthcare science staff	367	348	19	365	340	25
Social care staff	0	0	0	0	0	0
Other	3	3	0	5	4	1
Total average numbers	**8,941**	**7,653**	**1,289**	**8,979**	**7,677**	**1,301**

Analysis of Staff costs

The tables below set out the cost and number of staff for the last two years separately analysed between those staff members with permanent employment contracts with the Trust and those who do not have a permanent employment contract.

This table shows the gross cost of staff, analysed between those who are employed on permanent contracts and others (criteria as per previous table):

	2022/23			2021/22		
	Total	Permanent Staff	Other	Total	Permanent Staff	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	400,198	342,525	57,673	360,902	308,606	52,296
Social security costs	37,322	31,944	5,379	35,074	29,992	5,082
Apprenticeship levy	2,048	1,753	295	1,753	1,499	254
Pension Cost - defined contribution plans - employers contribution to NHS Pensions	62,931	53,862	9,069	41,932	35,856	6,076
Pension Cost - Employers contribution paid by NHSE on providers behalf	19,168	16,406	2,762	18,390	15,832	2,558
Pension Cost - Other	101	-	101	86	-	86
Termination Benefits	194	194	-	150	150	-
Temporary Staff - Agency / Contract Staff	18,766	-	18,766	11,016	-	11,016
Total Gross Staff Costs	540,728	446,683	94,045	469,303	391,935	77,368

Breakdown of male and female staff as at 31 March 2023

	Male Headcount	Female Headcount
Executive Director/ Non-Executive Director	8	6
Other staff	2,060	7,290

Gender Pay Gap Reporting

It is a statutory obligation for organisations with 250 or more employees to report annually on their gender pay gap. NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data, with the reporting to include mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile. The requirement is to publish annually.

What is a Gender Pay Gap?
The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

It is important to stress that the Gender Pay Gap is different to Equal Pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The NNUH's commitment
We are committed to being an equal opportunities employer and to building equality, diversity and inclusion into everything that it does to truly embed our ethos of *'Our Hospital for All'.* The NNUH is committed to supporting our diverse workforce and the fair treatment and reward of all staff irrespective of gender.

To find more detail on the gender pay gap for our Trust, go to:

- The Trust's website at: https://www.nnuh.nhs.uk/publication/gender-pay-gap-report/
- or see the Cabinet Office website: https://gender-pay-gap.service.gov.uk/Employer/kMHz7VmG

Sickness Absence

As at 31 March 2023, the 12-month rolling sickness rate was 5.4%. In the last year, the sickness absence has increased overall, with long term and medium term sickness absence reducing. This has led to an increase in short term absence, which significantly impacts on day to say staffing levels at the Trust.

During the 12 months to 31 March 2023, Covid-19 accounted for 19% of all sickness absence, if Covid absence was excluded, the 12 month rolling sickness rate would be 4.3%. This shows the impact of the covid and flu community prevalence in the community and has led to an increase in this type of short-term absence. The vaccination programme has continued to help mitigate the levels of absence for flu and covid.

The Trust has committed to a 20% reduction in staff absence triggers, as set out in the Attendance Policy. Actions have been agreed by the Attendance Improvement Group to support this reduction and emphasis has been placed on holding return to work discussions, providing early intervention during employee absence and health and wellbeing support for our staff.

Sickness absence data
This information is published by NHS Digital:

http://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff Turnover

For the 12 months to 31st March 2023, the staff turnover rate was 13.3%. The Trust's 5-year People and Culture Strategy, Caring Together, commits to deliver a number of improvements that will make the most difference to staff, which includes:

- To reduce turnover to 10% per annum and aspire to get to 5%
- To recruit to establishment and achieve and maintain a 5% vacancy rate for key clinical roles

By effectively addressing gaps in our workforce, the Trust will be able to strengthen the team approach to support each other to give the care we want to patients. This paper will review the current position, our progress, and our action plans to achieve the following commitments:

Our Retention Board is tasked with reducing staff turnover, and is structured around four pillars of supporting new starters, employee journey, gathering intelligence and flexible working. Delivery is currently focused on a number of high impact actions including a change from a Probationary Policy to a 'Settle in' process, development of options to enable vacancies to be advertised internally only, and increasing the awareness of pension flexibilities to support colleagues as they progress through their career.

We have streamlined our recruitment processes to improve the candidate experience and achieved further improvements in the recruitment timeline. We have undertaken several large-scale recruitment campaigns to help ensure we have the staff numbers we need. 120 international nurses are due to join us by the end of July with plans to increase this by a 48 international nurses by November. We have a target of recruiting 100 newly qualified nurses in the summer months with the established process of career conversations in the students final year.

Trade Unions

The following table outlines the percentage of working hours these officials spent on facility time.

Percentage of working hours spent on facility time	No of Representatives
0%	1
1 – 50%	11
51 – 99%	0
100%	1

The total spend on paying employees who were relevant union officials for facility time during the relevant period was £88,280.11 which represented 0.019% of NNUH's total pay bill. The total hours on paid TU facility time totalled 3,843.50 which represented 20.7% of total paid facility time.

NHS Staff Survey 2022

The annual National NHS Staff Survey has operated since 2003 and allows us to monitor the experiences of our staff and benchmark ourselves against other similar NHS organisations and the NHS as a whole, on a range of measures of staff attitudes and satisfaction. The results are primarily intended for use by NHS organisations to help them review and improve the experience of staff at work and, who in turn, are then feel supported to provide high quality care for our patients.

Our response rate to the staff survey 2022 was 51% with 4,581 respondents, which is above the national acute trust average. The response rate to the 2021 staff survey was 49% with 4,347 respondents.

The most recent survey covers the feedback from staff from when the survey commenced on 4th October 2022 and closed on 25th November 2022.

In line with the commitment in the National People Plan, the NHS Staff Survey outcomes align to the People Promise, which sets out what NHS staff can expect from their leaders and from each other. These set out, in the words of NHS people, the things that would most improve their working experiences – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job.

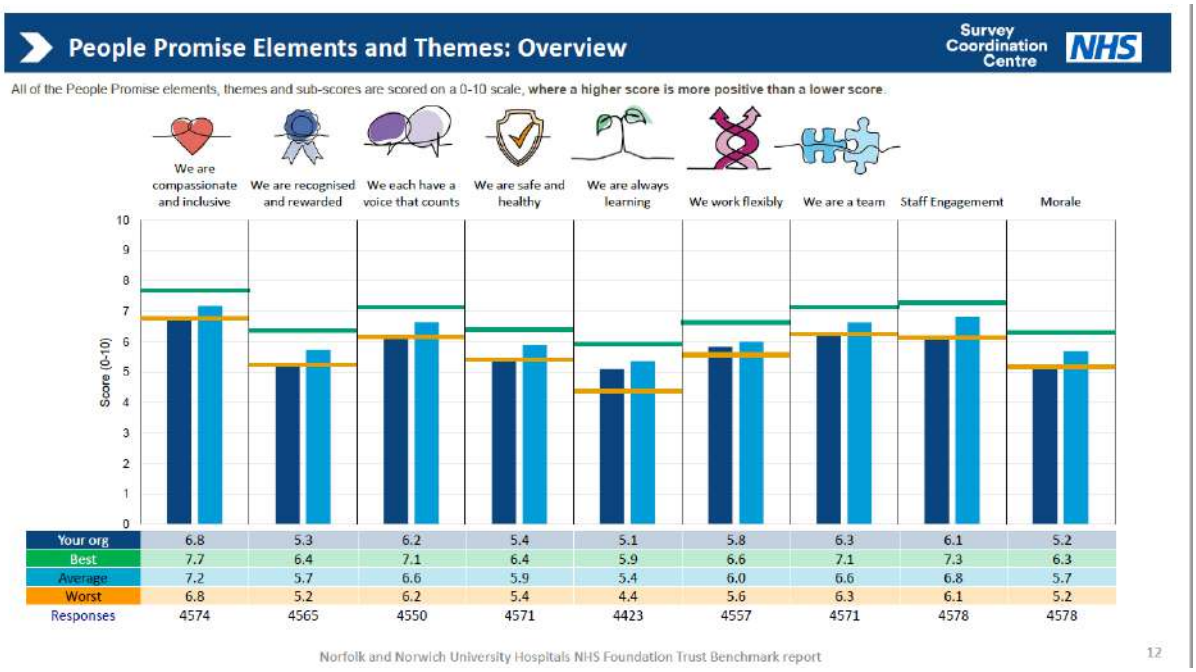
The NHS Staff Survey will track our progress towards the seven elements of the People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

In addition to the 7 People Promise themes, there are two additional themes Staff Engagement and Morale.

All themes are scored on a scale that ranges from 0 to 10 (the higher the 'score' the better). Scores for each indicator together with that of the survey benchmarking group (126 acute and acute & community trusts) are presented below.

NNUH 2022 theme scores compared to the benchmark of 126 acute trusts



When comparing the NNUH 2022 question results to 2021 results, disappointingly only one theme improved, two remained the same, but the other six themes worsened.

The 2022 results show that staff are disappointed in their experience of working at NNUH, and follow a challenging period operationally The data shows some progress in areas we have been focussing on, such as learning and development, engagement with line managers and experience of appraisal. However, it is clear that significant work is needed, at pace, to improve staff experience across a range of factors.

We acknowledge the suite of studies over recent years by academics and the Kings Fund, specific to health care settings which clearly evidence that Trusts with higher levels of staff engagement deliver services of higher quality and perform better financially, as rated by the Care Quality Commission. These Trusts have higher patient satisfaction scores and lower staff absenteeism. They have consistently lower patient mortality rates than other trusts. By improving our staff experience we should expect to also find improvements in the experiences and outcomes of our patients.

We are determined to make our hospitals a better place to work and are developing a three-year Improvement Plan to turn around our results. We will work together, both internally and with the wider healthcare system, to make transformational changes to the way in which we work, care for patients and each other.

We understand the huge pressures that our staff are under every day and, as we emerge from the height of the pandemic, we have a programme of work under way to reset the way we work and ensure that our staff receive the support they need. This includes a major investment in improved staff facilities which will make the most difference to our staff.

We want our staff to enjoy working at NNUH, to have fulfilling careers, and to remain with us. We have a significant health and wellbeing programme in place and will build on that to ensure our staff get help quickly when they need it.

Staffing levels are a significant issue, and as mentioned previously, we have several large-scale recruitment campaigns under way to help ensure we have the staff numbers we need.

Other improvements are being taken forward in action plans produced by the divisions to address more specific issues.

The results from Staff Survey 2022 have been shared organisationally and are available for all staff to view on Power BI at organisational, divisional and departmental level, in addition to the Staff Survey intranet pages.

Information on the staff survey, emerging themes and proposals have been shared with various established boards and forums, including:

- People and Culture Committee
- Joint Staff Consultative Committee
- Staff Council
- Hospital Management Board
- Trust Board
- Staff Networks (BAME, LGBT+, Diverse Ability, Woman's Network)

Diversity and Inclusion

Equality, Diversity and Inclusion (EDI) is a critical component to making improvements to our organisational culture. In line with the commitment to embedding the NHS People Promise and in response to our Caring with Pride Corporate strategy we are developing a Diversity, Inclusion and Belonging strategy which will consist of a five year plan towards embedding our ethos of *'Our Hospital for All'*. The strategy is due to be launched in April 2023.

The two Equality Standards – Workforce Race Equality Standard (WRES) and Disability Equality Standard (WDES) – along with engaging with our staff networks and Equality and Diversity Group (EDGe) are also part of our efforts for positive change, engagement and inclusivity which support our commitment to make the NNUH "*Our Hospital for All*."

Equality and Diversity Policy and Equality Impact Assessments

Our Equality, Diversity and Inclusion policy describes what is meant by Equality, Diversity and Inclusion. It also defines intersectionality and the types of discrimination. The policy also includes the rights and responsibilities and duties placed upon the Trust, all employees and external stakeholders explaining the processes in place for addressing allegations of discrimination and to ensure that employees do not commit unlawful acts of discrimination.

We also ensure that for all new and existing policies they must be monitored and reviewed regularly to assess their equality impact. This can be undertaken using our Equality Impact Assessment Form(s) and guide.

The EIA is a way of investigating whether any of the Trust's policies (this includes project or action plans) and functions/services could impact people unfavourably and how this could be addressed. It will also show areas where the Trust needs to take action to promote equality. It improves the quality of the service that is provided to the public by ensuring that all services are accessible to everyone.

Equality and Diversity Governance
In September 2019, we replaced the HR Equality and Diversity Group (HEDGe) with the Equality and Diversity Group (EDGe) to reflect that patient, service user and customer aspects of EDI is as important a focus as workforce-related matters. The focus for the monthly EDGe meetings alternates between workforce and patient, service user and customer focus, the latter led by the patient engagement and experience team.

The group involves senior management as well as our staff network chairs/ representatives as they work together to identify gaps, improvements and ensures we meet EDI requirements including analysis of data to form responsive actions. It also allows each of the local divisional groups (LEDGe) to contribute and update on their local plans and initiatives.

NHS Equality Standards

Workforce Race Equality Standards (WRES)
The Workforce Race Equality Standard (WRES) is the means of helping the NHS as a whole to improve its performance on workforce race equality. The WRES has nine indicators which highlight differences between the experience and treatment of white staff and Black and Minority Ethnic staff. The data is based on financial years and this year is required to be published by 31 May 2023.

Key indicators taken from the WRES 2022 report are:

- WRES Indicator 1 – 14.1% of our workforce are of a BAME background. This has increased from 13.2% in the previous year.

- WRES Indicator 2 – White candidates are 2.06x more likely to be appointed from shortlisting compared to BAME candidates.

- WRES Indicator 3 – BAME staff are 1.34x more likely to enter the misconduct process compared to white staff.

- WRES staff survey indicators – 35.6% of BAME staff have experienced bullying or abuse from other colleagues.

Workforce Disability Equality Standard (WDES)
The Workforce Disability Equality Standard (WDES) is a data-based standard that uses a series of measures to help improve the experiences of disabled staff in the NHS. The ten evidence based metrics enable NHS organisations to compare the reported outcomes and experiences of Disabled staff with non-disabled staff. The data is based on financial years and this year is required to be published by 31 May 2023.

Key indicators taken from the WDES 2022 report are:

- WDES Indicator 1 – only 2.5% of our workforce have disclosed they have a disability whereas 22% of respondents to the 2021 staff survey said they had a disability or underlying health condition.

- WDES staff survey indicators – 31.5% of disabled staff have experienced bullying or abuse from other colleagues.

Equality Standard Actions
As explained above the Diversity, Inclusion and Belonging strategy is under development which will consist of some key actions that aims to have a direct impact on staff and patient experience.

Interventions will include:

- Celebrating diverse and cultural difference through a range of events, education and activities.
- Deliver active bystander training and resources to help people understand the importance of allyship and how to challenge microaggressions in the workplace
- Update our dignity at work policy
- Publish an ethnicity pay gap report
- Improve how we collate demographic data from our patients
- Improve our chaplaincy services
- Review our training packages to ensure EDI is embedded

The Trust has also made a pledge towards the East of England Anti-Racism strategy which guides organisations towards key areas of improvement to support them to focus on addressing. This includes:

- **Education and Commitment:** supporting managers to understand what racism is and their role in accelerating change.
- **Civility, Respect and Safety:** supporting colleagues in feeling safe when speaking up.
- **Representation:** addressing the lack of representation in leadership and decision-making. **Policies:** reviewing policies through an anti-racist lens to ensure they reflect the needs of our people.
- **Experience:** improving staff's experience - ensuring people feel safe, supported and valued.

The Chief Executive published the following statement as the Trust's response:

"We commit to promoting racial equity, celebrating diversity in our workforce and community. We acknowledge that racism still exists and we support our Black, Asian and Ethnic Minority colleagues in standing against prejudice wherever it appears. We pledge our commitment to become a fully inclusive organisation and realise our goal to become Our Hospital for All".

All of the above interventions have been implemented and some of which are ongoing and are included in our EDI Workforce Focused Action Plan as our journey towards embedding NNUH as Our Hospital for All continues.

Staff Development

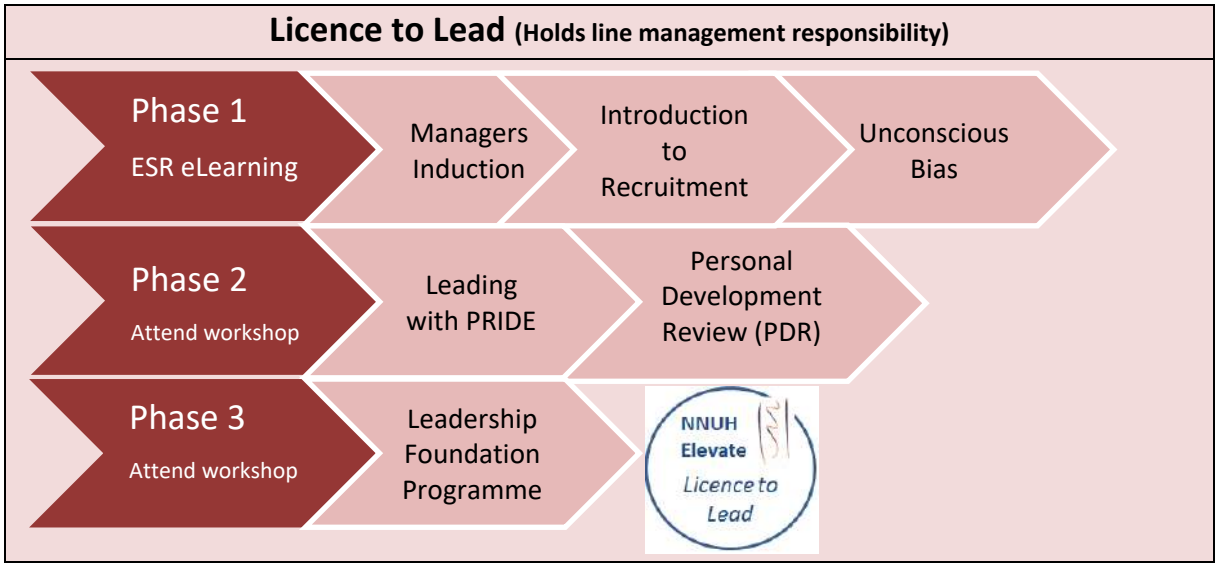
Licence to Lead

We place as much significance on our leadership as we do our clinical skills, so we've professionalised our approach to leadership by making it an essential requirement for any leader to complete a number of foundation learning units to achieve their Licence to Lead.

We need to support and encourage our best leaders to take on the most difficult roles and to help them face these challenges in an inclusive and compassionate way, with the right learning and development.

There are two levels:

- Licence to Lead for supervisors and managers who hold line management responsibility
- The Senior Licence to Lead for senior managers and leaders who are managers of managers.



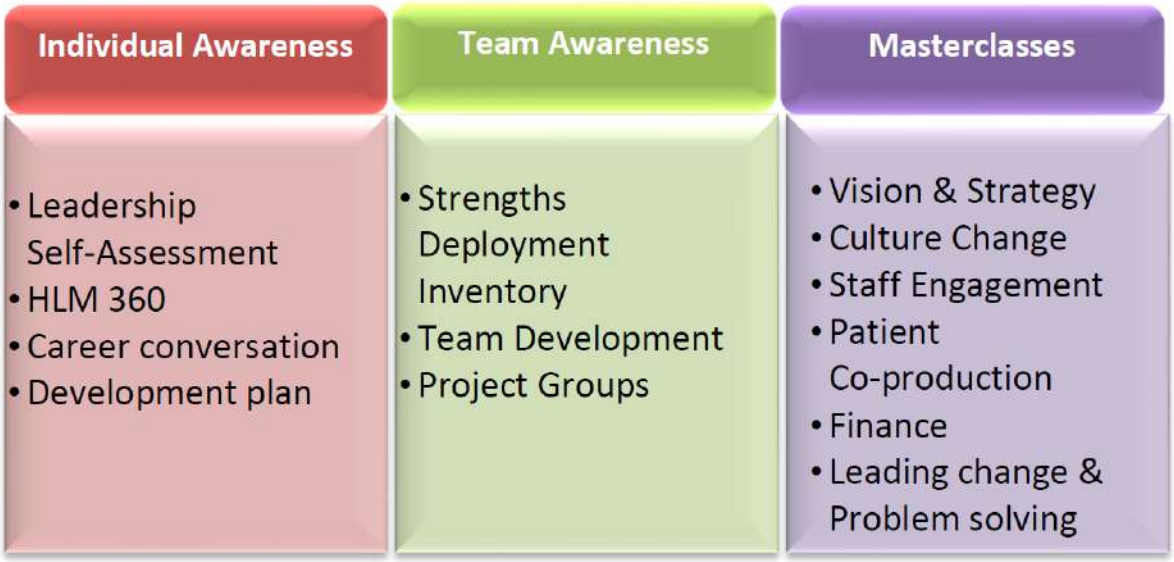
Providing managers with the skills and confidence to lead effectively plays a critical part in day-to-day staff experience and developing the culture of the organisation. Our Licence to Lead is a modular programme. There has been excellent engagement with over 2,000 managers having commenced the programme. Of these, 231 have completed their licence in full with a further 446 having completed at least 60% of the learning.

The programme includes appraisal training and leadership development and our staff survey results show progress in both staff appraisal experience and engagement with line managers.

Connected Leaders
The NHS Leadership Long Term Plan recognises that 'great quality care needs great leadership at all levels'.

This programme was uniquely designed to develop multi-professional leadership teams, together. The value of high performing teams has long been recognised and we want to support our leaders to have the best opportunities to learn and develop specifically to achieve the delivery of the ambitious vision to really meet the needs of patients for the future through sustained leadership cultures necessary for outstanding performance.

Progamme Overview



120 leaders signed up to the programme since its launch with 5 cohorts having been delivered over the last 18 months. The programme was offered to the System and a large range of departments being represented.

The initial evaluation feedback recognised their improved set of leadership skills. They also acknowledge the benefits to great team and collaborative working. The teams have also progressed some key projects to improve their service areas from the development of new or updated strategies, improved systems and processes for staff and patients, staff working relationships and departmental cultures.

Accelerated Leaders
The Accelerated Leaders Programme has been designed in collaboration with the NNUH Together Staff Network and aims to bridge the gap between where participants are and where they would like to be. It looks to support black, Asian and minority ethnic colleagues by providing an accelerated leadership pathway within NNUH.

Apprenticeships
During the financial year of 2022/23, we have seen 203 staff commence on an apprenticeship; 119 are existing staff and 84 are new apprentices, with 58 16–18-year-olds. We continued to offer a diverse number of apprenticeships standard with 24 delivered between clinical and non-clinical subjects; this included the new additions of the Dietetics

and Leadership Level 7, Library, Information and Archive Services Assistant Level 3, Chartered Manager Health and Social Care Degree which includes the Mary Seacole NHS Leadership Academy qualification.

While the number of new apprentices has increased since 2021-22 by 14%, we have seen an impact on applications numbers decreasing in line with the current job market. Moving into 2023/24, the team will be continuing to work with divisions closely to discuss how to expand apprenticeship recruitment further.

The apprenticeship programme saw regional recognition with the Trust receiving the Highly Commended award for 'Macro Employer of the Year' for the East of England at the National Apprenticeship Awards. Daisy Hanton – Career Development Facilitator – also won 'Mentor of the Year' at the Norfolk Apprenticeship Awards to highlight the support structure in place to assist new apprentices in the workplace as they transition to the working environment.

Work Experience

2022 saw the return of in-person work experience programmes; these included Ad-Hoc placements for individuals interested in a specific department with the aim of providing an idea of what a career in the NHS could look like, and the Pathology Science Summer School which saw 18 Year 12 students spend 4 days in the Pathology labs to develop lab skills, gain useful work skills, and gain information about a scientific career in the NHS.

Following on from the success of the Year 11 virtual work experience in 2021, we ran this programme again in Autumn 2022 with 61 applicants attending across the 6-weeks. The virtual programme offered students an insight on the day-to-day working of NHS professionals and their experiences in their roles as well as requiring students to complete a work booklet based on the content. Completion of the booklets results in the students receiving a certificate of participation of which can be added to their CVs.

The in-person Year 10 Work Experience programme will be fully returning in 2023 following the application window open during November 2022 – in total 100 applications were received. Students will hear from working professionals about their role and their experiences and what opportunities might be available as well as being able to see first-hand some of the equipment used within departments around the hospital

T-Levels

We have been working with local training providers on the development of their T-Level programmes which commenced in September 2022 to ensure students will be obtaining qualifications and work experience that will enable them to pursue careers within the NHS and social care.

Work is continuing with local training providers and internal departments to offer T-Level placements to students. The first set of interviews for the Health T-Level has taken place and 3 will be starting placements in June 2023 and a further 15 starting placements in September 2023. The Health T-Level will be utilised to create a pipeline of new and engaged staff into Health Care Assistant roles and the Trainee Nursing Associate programme at the Trust.

The Trust is open to further opportunities through T-Levels and will be continuing to work in 2023 to expand the options available to local students in Norfolk to support with their development towards a career in the NHS.

Functional Skills
To support staff continuing with their career development, we set up a regular programme with City College Norwich to run Maths and English Functional Skills cohorts with options to study through online or classroom sessions across a select set of days and times. Staff are also offered the option of completing Functional Skills through Norfolk County Council – applications must be completed online and directly with the council as we are not involved in the running of these programmes.

Completion of Functional Skills allows staff to apply for higher apprenticeships (this is essential requirement for most) and apply for higher banded jobs within the Trust.

Project Search
Project SEARCH is a work focused Education programme for young people aged 18 to 25 years who have a learning difficulty or learning disability. This project is a joint venture between Norwich City College, Serco and our hospital and has now been running for 14 years. Each year up to ten students will gain experience in three different job roles with the aim for them to gain paid employment, either at the hospital or within the wider community by the end of the programme. Since commencing in 2009, 142 students have accessed the programme.

Following the recruitment for the 2022/2023 programme, six students started in September 2022 and have been attending various placements across Serco and the main hospital site. These include, grounds maintenance, housekeeping, post room, linen porter service and radiotherapy team in the role of radiotherapy assistant.

Step into Health
Step into Health supports members of the Armed Forces community to gain an understanding of the employment opportunities within health and social care. Our programme has developed to become a partnership offering with other regional organisations including Norfolk Community Health and Care, Serco, Norfolk and Suffolk Care Support, Norfolk and Suffolk Foundation Trust, James Paget University Hospital NHS Foundation Trust, Queen Elizabeth Hospital NHS Foundation Trust, East of England Ambulance Service, and Primary Care.

Following lower numbers of applications in the last year, we have contacted partners to review the current programme and will be looking to revamp this in 2023 ahead of face-to-face events later in the year.

Local Counter Fraud Service (LCFS)
NNUH works closely with our designated local counter fraud specialist as part of the national scheme led by 'NHS Counter Fraud Authority'. This involves proactive and reactive work to ensure that precious NHS resources are not lost to fraud but rather can be spent on patient care and clinical services. This provides a clear route for concerns in relation to fraud to be reported and investigated, and development of an anti-fraud culture.

We take all necessary steps to counter fraud and bribery in accordance with guidance or advice issued by NHS Protect. This process is detailed in the organisation's Anti-Fraud and Bribery Policy.

Consultancy costs
Our expenditure for consultancy for 2022-23 is £883,000 which covers projects where we need additional skills or capacity. The figure for 2021-22 was £831,000.

Off payroll engagements

The Trust has a policy that all substantive staff are paid through payroll unless there are exceptional circumstances.

The table below shows the details for 2022/2023:

Off payroll engagements as of 31 March 2023 for more than £245 per day lasting for longer than six months	
No. of existing engagements as of 31 March 2023, of which:	2
No. that have existed for less than one year at the time of reporting.	2
No. that have existed for between one and two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

The trust may be able to engage contractors on an off-payroll basis, but there is scrutiny for such arrangements.

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023, for more than £245 per day and that last for longer than six months	
No. of new engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023	4
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	3
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	3
Number of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure ***must*** include both off-payroll and on-payroll engagements.	6

Table 1:Exit Packages

Reporting of compensation schemes - exit packages 2022/23

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	40	40
£10,000 - £25,000	4	4	8
£25,001 - 50,000	1	1	2
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	1	-	1
>£200,000	-	-	-
Total number of exit packages by type	6	45	51
Total cost (£)	£260,640	£119,897	£380,537

Reporting of compensation schemes - exit packages 2021/22

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	31	31
£10,000 - £25,000	2	2	4
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	3	33	36
Total resource cost (£)	£150,000	£93,000	£243,000

- Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are the full costs of departures agreed in the year. Where the Norfolk and Norwich University Hospitals NHS Foundation Trust has agreed early retirements, the additional costs are met by the Norfolk and Norwich University Hospitals NHS Foundation Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.
- This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Table 2: Analysis of Other Departures
*Includes any non-contractual severance payment made following judicial mediation and there were no payments made relating to non-contractual payments in lieu of notice.

Type Of Other Departures	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice	45	120
Exit payments following employment tribunals or court orders		
Non-contractual payments requiring HMT approval (special severance payments)*		
Total	**45**	**120**

- As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 6 which will be the number of individuals.
- * any non-contractual payments in lieu of notice are disclosed under “non-contractual payments requiring HMT approval” below.
- **includes any non-contractual severance payment made following judicial mediation, and 0 relating to non-contractual payments in lieu of notice.
- 0 non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary.
- The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report

Formal and informal consultation mechanisms

Staff Engagement

One of our top priorities is to encourage the best from our staff, whilst at the same time maintaining their health, safety and wellbeing at work. Our approach to staff engagement is to involve our colleagues in discussions about key issues and this is reflected in the different ways in which we communicate and consult with staff.

Formal negotiation and consultation with our recognised trade unions is undertaken in a conversational and constructive manner with all those involved invariably wanting a common aim.

The committees where the dialogue takes place include:

- JSCC (Joint Staff Consultation Committee)
- PACS (Pay and Conditions of Service)
- LNC (Local Negotiation Committee)

The Staff Council was formed in 2022 and has representatives across a wide range of staff groups and roles. The group acts as a forum to hold the organisation to account in the delivery of our People Promise action plans, suggest ideas to improve staff experience and provide feedback on our proposals and help us shape initiatives.

We have a Women's Network which was an addition to our existing staff networks; BAME, LGBT+ and Diverse Ability Networks which meet frequently to make a positive difference to individuals and our Trust.

Other communication mechanisms
Staff engagement is supported by a comprehensive internal communications programme which includes daily e-newsletters, a newly developed intranet called The Beat, Pulse magazine, and events. There are weekly online Connected sessions, plus other Open Conversation events, are led by the Chief Executive Officer and Executive Directors talking about specific subjects.

These sessions have become more accessible to staff with them being run via Microsoft Teams, with recordings being available to staff after each event. There is also a weekly Chief Executive video, plus feedback reports from the Trust Board meetings and a weekly update from the Hospital Management Board about performance, finance and workforce issues. Through these mechanisms, staff are kept up-to-date on a range of performance and finance issues affecting our hospitals.

Where there are issues affecting particular staff groups, including service changes, we hold regular meetings with those staff groups and staff side representatives, as appropriate.

People Talk, held with Paul Jones, Chief People Officer, has commenced. These sessions provide colleagues with the opportunity to talk informally about an issue that is important to them. This can include an idea on improving work experience, feedback on working at the Trust, making policies work better or discussing a confidential matter.

Monthly PRIDE award scheme based on our Trust Values: People-focused, Respect, Integrity, Dedication and Excellence
Each month there are members of staff and teams who receive recognition through this scheme. Members of the staff experience working group review the monthly nominations and make decisions regarding winners. This initiative continues to be really well received.

NNUH establishes first of its kind treatment for ovarian cancer

We have marked the successful establishment of the UK's only gynaeoncology programme administering heated chemotherapy at the time of surgery (HIPEC- heated intraperitoneal chemotherapy) for patients with ovarian cancer.

Since establishing the service two years ago a multidisciplinary team has completed 40 cases, recording good outcomes for their patients.

HIPEC is a procedure carried out following the completion of complex surgery to remove all visible disease in the abdomen and pelvis. After the initial procedure has been completed, a 40-42°C solution is washed through the patient, in an attempt to kill off any remaining cells.

Patients have to meet very strict criteria to be eligible; their cancer must be advanced but not spread to other organs unless it is a different type of cancer and not linked to the first. They must also be assessed fit enough to undergo the gruelling major surgery.

Consultant Gynaeoncology Surgeon, Nikos Burbos, has led on this programme with collaboration from NNUH Consultant Colorectal Surgeon, Adam Stearns, who already provides this service for colorectal cancer patients.

Mr Burbos said: **"We have been carrying out this procedure for nearly two years and we are extremely pleased with the outcomes we have seen. Research data from Europe suggest this procedure is extending patient lives by a year on top of their expected survival rates."**

This year has continued to see a significant increase in demand for occupational health services due to the impact of the global COVID-19 pandemic and the demands of the NHS system in general. Workplace Health & Wellbeing (WHWB) have continued to provide services relating to COVID-19 within our own organisation and the other NHS Organisations who contract services from us whilst maintaining core elements of the Occupational Health service.

Response to COVID-19

Risk assessment – Individual and Departmental

The requirement for an individual covid risk assessment continued in this last year and as such a licence renewal of the technology solution that Workplace Health & Wellbeing launched in 2020 has continued into this year.

In addition, the department has reviewed the Workplace risk assessments for clinical areas as national guidance changed so that managers can review, assess and implement covid risk mitigation measures for individuals in their work areas.

Isolation advice and guidance

From the start of this pandemic, the team have kept up to date with the ever-changing advice from the government regarding isolation. This started in the early days with advising when staff were returning from trips abroad and developed last year into a full in-house test and trace service for staff.

During this current year the guidance from NHS England regarding staff isolation and contact requirements has changed and Workplace Health & Wellbeing have reviewed this guidance and updated the Organisations Isolation Exemption procedure accordingly.

We have continued to work closely with the Infection Prevention and Control team in ensuring any ward outbreaks include staff contacts and appropriate testing has been undertaken.

Testing

During this last year, the (saliva based) lamp testing for staff was ceased as COVID became part of everyday life and testing generally within the population was paused. As a result, healthcare staff are only now required to undertake lateral flow tests if symptomatic. Workplace Health & Wellbeing have ensured that the organisations testing policy has been updated accordingly.

Covid & Influenza Vaccination programmes

The Head of Health & Wellbeing once again mobilised a team to provide a seasonal vaccination programme which this year included both COVID boosters as well as Influenza boosters.

A programme of co-delivery was designed but also allowed staff to have these undertaken separately if that was their preference.
The team used a dedicated software system to allow online booking and were provided with a clinical space to create a dedicated vaccine hub. For financial resourcing constraints, our

programme could not last as long as previous years and so ran for a 2-month period rather than 3 (& beyond) in previous years.

Whilst our uptake was not as high as previous years, our results reflected the national picture of vaccine fatigue amongst NHS staff. NNUH was the 2nd highest Acute Trust uptake in our region, with 69% of our staff receiving a COVID vaccine & 70% of staff receiving a flu vaccine. Our success within this programme, was undoubtedly as a result of strong medical and nursing leadership together with the support of a dedicated software programme and prominent communications plan.

Health and Wellbeing

The impact of supporting staff remains ever present within the organisation and particularly after Winter 2021_22 which was traumatic for many staff in their experiences and the ongoing pressures seen within the NHS since that date.
The emerging themes over this last year facing staff have been reported as:

Work demands - staff consistently report that the demands on their time result in significant levels of stress. This is reported regardless of job role.

Burnout - staff on the wards report exhaustion, anxiety and feeling overwhelmed. The chronic understaffing is causing ongoing stress

Moral injury – clinical staff continue to report the impact of not being able to deliver safe care has on their wellbeing. The additional patients in a bay which has been present throughout the year in the majority of wards has been a frequent citation.

Support – Staff not feeling that they have sufficient support as often line managers are having to be considered as part of the shift rota numbers due to the demands and increased patient numbers and acuity.

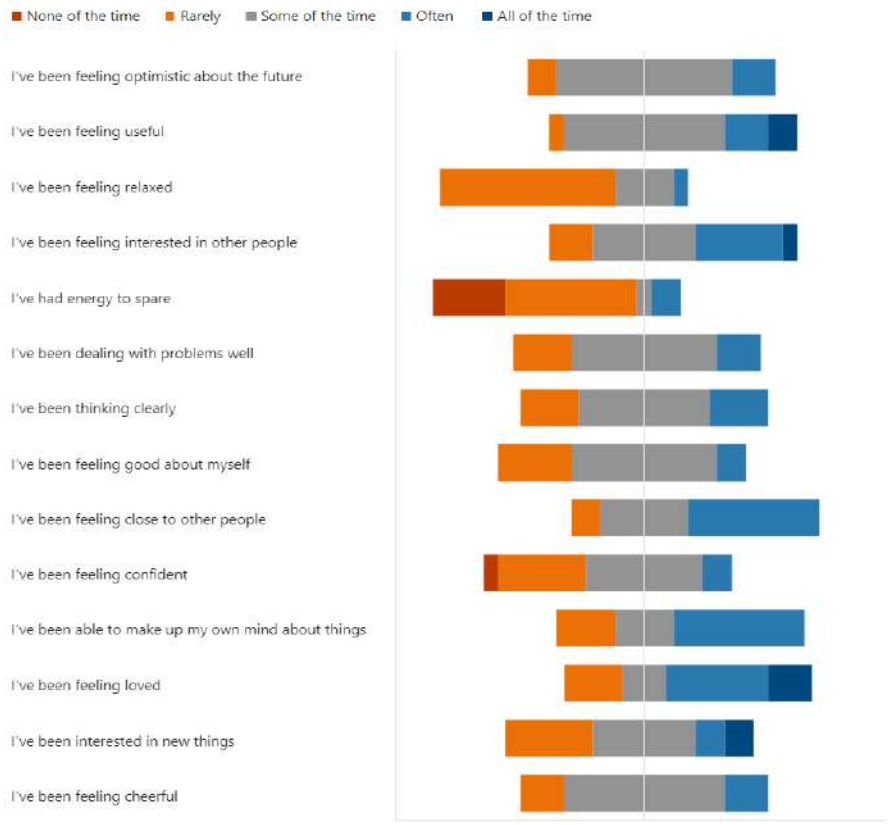
The above has impacted staff significantly and many staff are now having significant anxiety about coming to work as a result.

The health & wellbeing team have been supporting staff with a range of evidence-based interventions and measuring the outcomes of these interventions to demonstrate effectiveness:

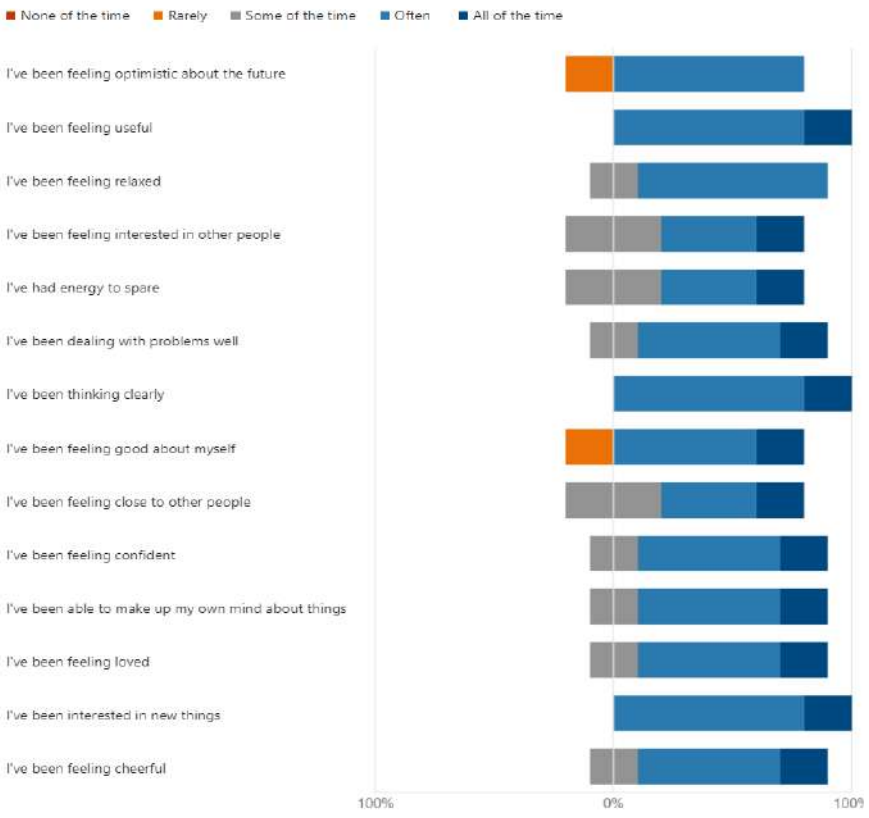
Mindfulness Based Cognitive Therapy

Eight-week evidence-based course. Staff can self-refer or be referred by Workplace Health and Wellbeing for this course. Outcome measures include the Warwick Edinburgh Mental Wellbeing Scale and Office of National Statistics-4 wellbeing questions.

Week 1 scoring



Week 8 scoring



The Office of National Statistics Wellbeing questions were completed in Weeks 1 and 8 per the below.

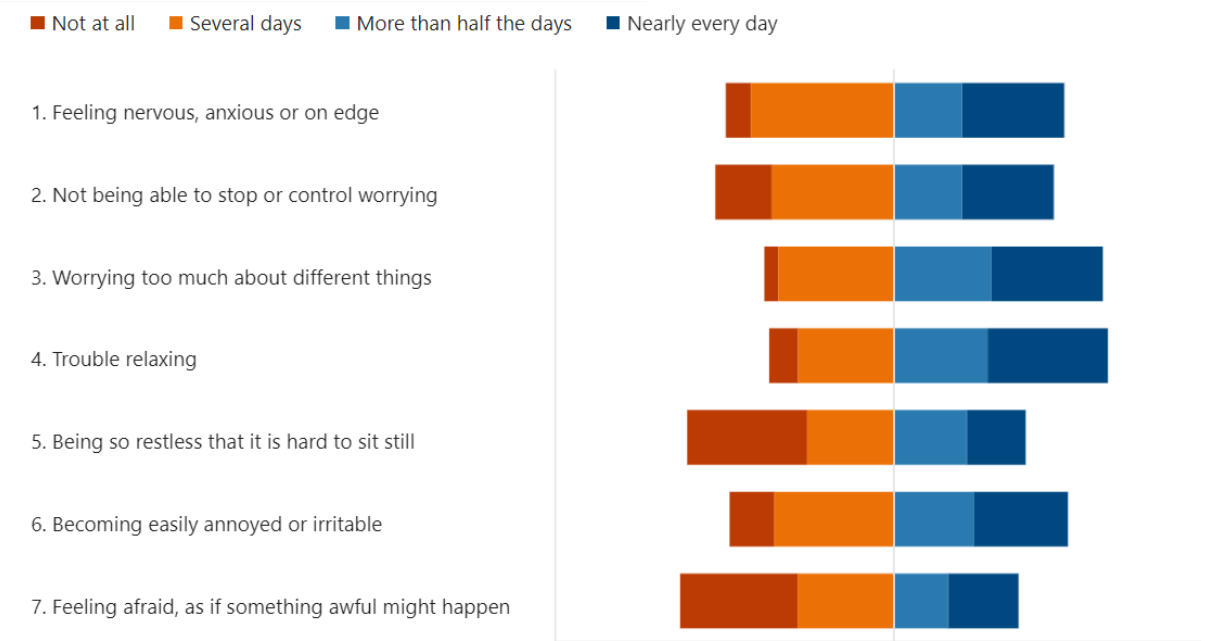
Domain	Mean Score Week 1	Interpretation	Mean Score Week 8	Interpretation
Life satisfaction	6.18	Medium	7.8	High (improvement)
Worthwhile	6.95	Medium – High	7.8	High (improvement)
Happiness	5.82	Medium	7.8	High (improvement)
Anxiety *Reverse scoring*	6.24	High	3.8	Medium (improvement)

Support and Restore Days

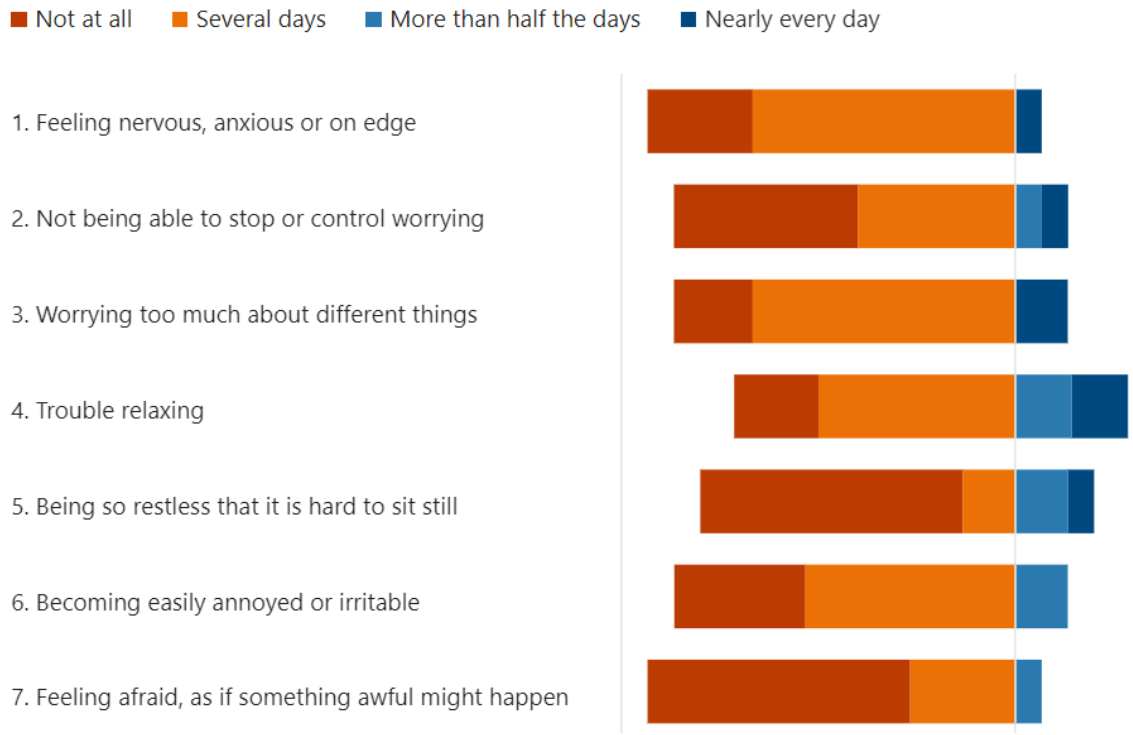
After the success of the Health & Wellbeing teams dedicated 'Support and Restore' day for staff that was implemented during the Pandemic, further funding was secured to continue to support our staff through dedicated day sessions as well as part day / evening Winter series sessions. The programme for the day was reviewed and tailored as the emerging patterns for workplace stress changed over the year.

Outcome measures used included the GAD-7 for anxiety and the PHQ-9 for depression. Results below.

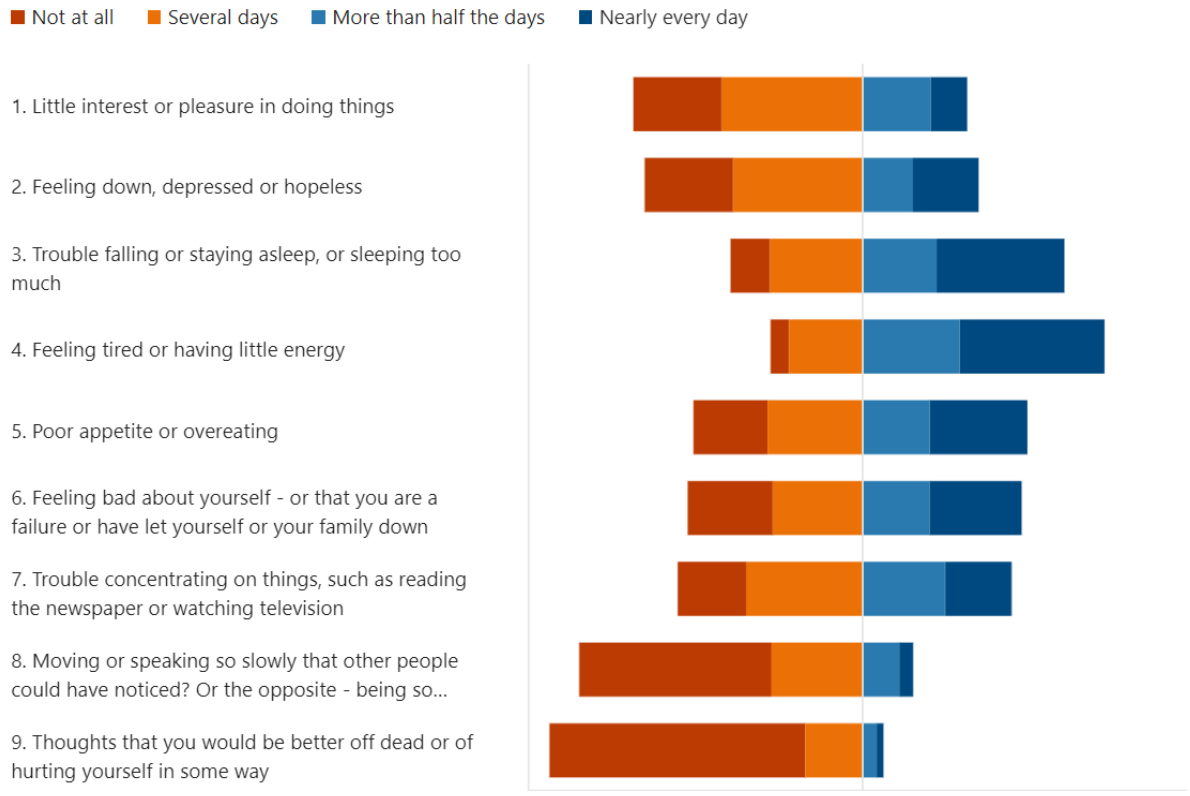
ANXIETY GAD-7 Intake score



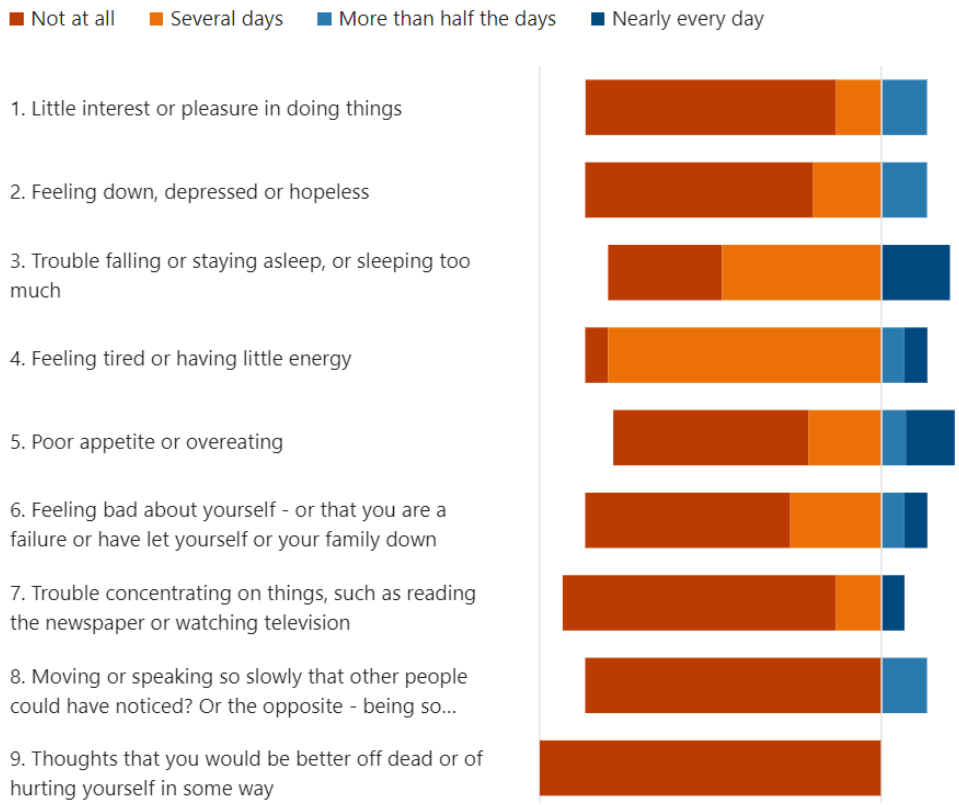
ANXIETY GAD-7 3 months post-attendance score



DEPRESSION PHQ-9 pre-attendance score

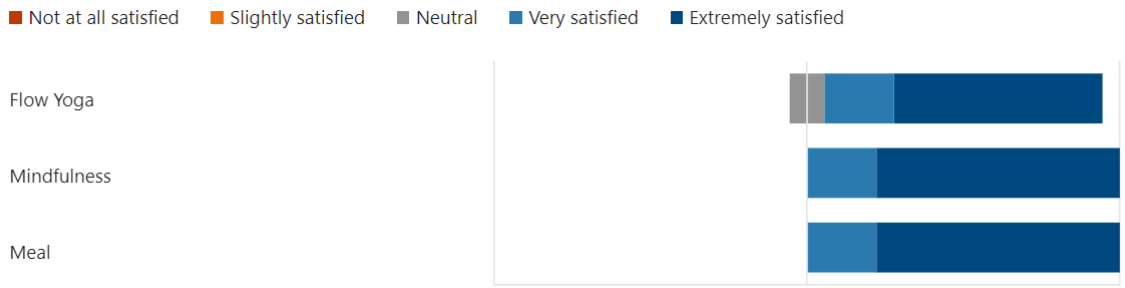


DEPRESSION PHQ-9 post-attendance score

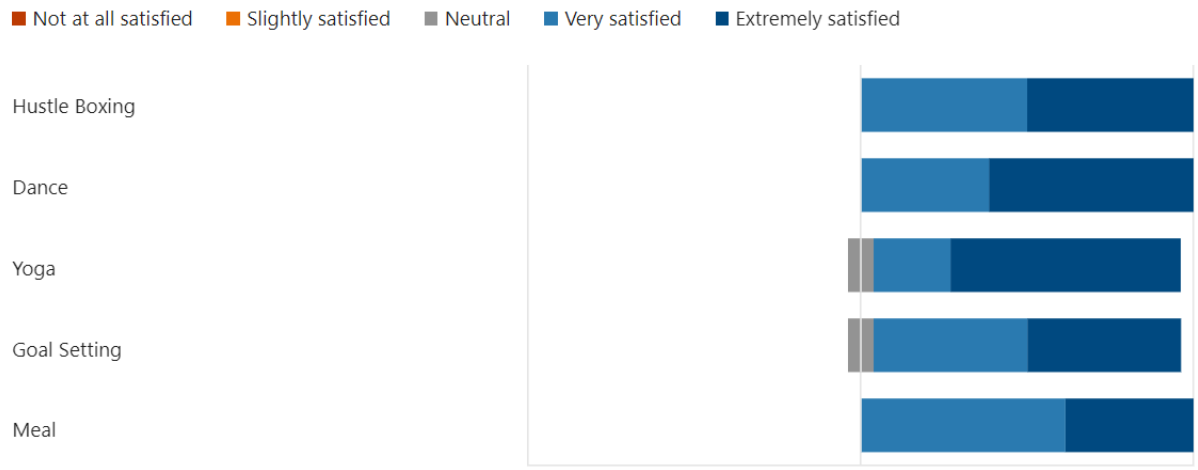


Improvements are found on both anxiety and depression measures.
Workplace Health and Wellbeing created a Winter Wellbeing Series for all staff. These monthly sessions were hosted at the Roundwood conference venue in the evenings and included a light supper.

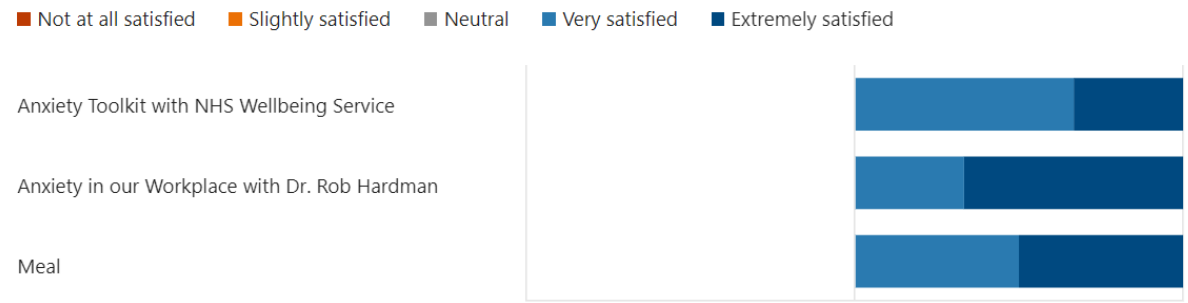
Festive Wind Down
This event was held in December 2022. Colleagues were led through some light yoga, followed by relaxation and mindfulness. 18 people attended.



Get Active!
An fun evening of activity taster sessions, including boxing, dance and yoga. All sessions were gifted by volunteers in January to encourage physical health and wellbeing. A wellbeing practitioner led a session on goal setting to keep people motivated to be active. 24 people attended.



Anxiety Toolkit
The February session included a presentation by the Norfolk & Suffolk Wellbeing Service on recognising and managing anxiety, followed by a 30-minute question-and-answer session with Dr Rob Hardman, Consultant in Occupational Medicine on anxiety in the workplace. 26 people booked to attend, 12 attended.



Menopause Meet Up
A Menopause Meet Up is scheduled for the end of March, which will be attended by primarily by colleagues who meet online once a month. In addition to psychosocial support, a 30-minute question-and-answer session will be hosted by Mr Eddie Morris, Consultant Obstetrician and Gynaecologist.

Dedicated team support

Emergency Department

Workplace Health and Wellbeing have provided a weekly outreach service to ED, following a survey undertaken in 2022. The survey results in 2022 indicated that many of the staff working in ED did not feel that they could ask for help. By introducing a weekly outreach clinic, the barriers to seeking help have been removed.

Having a wellbeing practitioner on site one morning a week has led to an increase in staff seeking support who would not previously have done so. This has included 2 people seeking informal support each week (total 60 people) and one person per week seeking formal support (total 30 people).

Work is currently away to explore Virtual Reality for wellbeing in the ED department, which is a direct benefit from establishing clearer links and relationships within the department.

Pharmacy

A Health and Wellbeing Practitioner delivers workplace resilience sessions every 6 months for any Pharmacy team member.

Day Procedure Unit (DPU)

A Health and Wellbeing Practitioner has delivered 6 sessions for DPU staff. These sessions included education of evidence around burnout, and a summary of wellbeing support available. Two additional sessions were delivered for the line managers in DPU, titled ‘Wellbeing Essentials for Line Managers’.

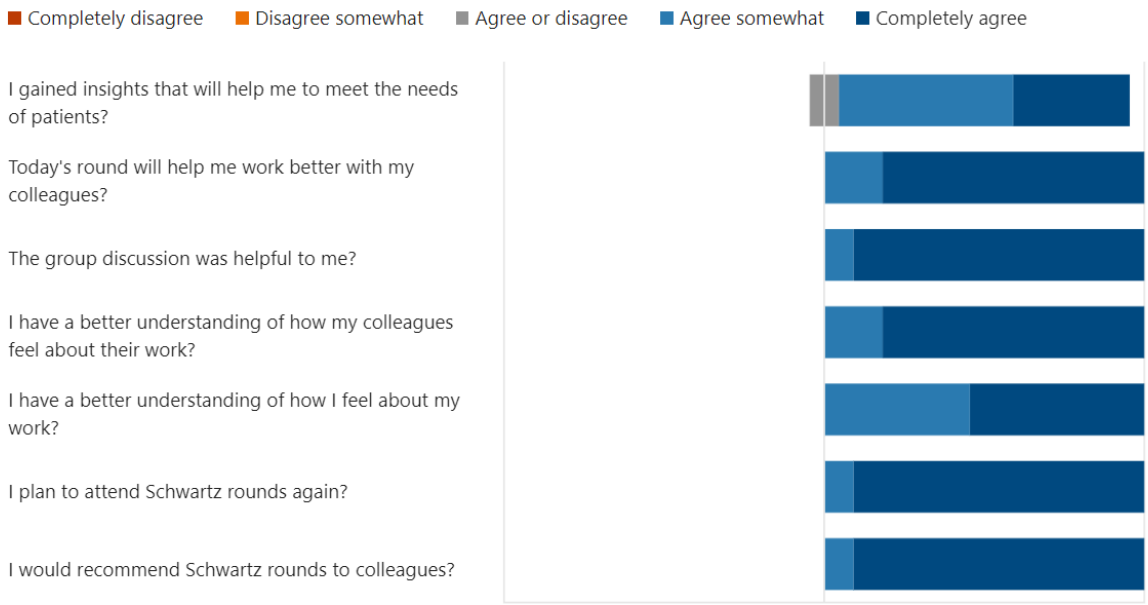
Clinical Engineering

A survey has been conducted with Clinical Engineering staff to explore wellbeing at work. The data analysis is in progress.

Re-introduction of Schwartz

Schwartz Rounds re-launched on 25h January. Panellists included an ED consultant, physiotherapist, mortuary professional and chaplain. Their moving accounts of ‘Winter Blues’ were heard by a small audience.

Feedback as below.



Support groups

Long Covid Support Group

This support group meets the first Wednesday of every month. Staff in this group are very supportive of one another and give heartening accounts of their gradual improvement. A recurring theme is one of being ‘let down’, both by healthcare professionals who do not know how to improve the condition, and by the organisation, where a return to work has not been facilitated in line with their hopes. Workplace Health and Wellbeing is considering handing facilitation over to group members as this established group has now matured to the point that it may be able to self-manage. Workplace Health and Wellbeing will, however, continue to host the link and share the link with interested members.

Menopause Support Group

This support group meets the last Wednesday evening of every month. The group is very well attended by a core group of regular participants, as well as regularly seeing new attendees. The sessions are supportive and informative, with guest speakers invited to talk on a range of topics related to the menopause. There are mixed reports regarding how supportive line managers are when dealing with staff sickness related to the menopause.

Line Managers Peers Support Group
This group meets monthly. The day changes every 3 months to allow more variety and options for attendance. The meetings are held in confidence and are a space for line managers to share any challenges or achievements. A recurring theme is being uncertain how to handle inappropriate behaviours amongst direct reports, as well as being able to make the time for the 'staff' side of the role when operational pressures are given higher priority.

Employee Assistance Programme
For many years, the Norfolk & Norwich have provided a 24/7 Employee Assistance Programme for its staff to support the mental wellbeing of staff. Providing this level of support is recommended by NHS England

This service has varied in its utilisation over the years. Increased utilisation has been noticed following periods of promotion about the service as well as during periods of increased organisational pressure Since pre-2014, Insight was the supplier of choice and due to the contract introduction that WHWB provided to that organisation, NNUH received a cost reduction for its service. As such a 'Pay per item' costing model was the most cost effective at this time.

In September 2021, Insight provided notice to NNUH as was closing its EAP business but had arranged, due to timelines, for the contract to transfer to an alternative provider and we had been receiving services from them since. A systematic review of service provision was undertaken during this year as the cost reduction arrangement no longer applied with this new supplier. As such from Mid-January 2023, NNUH commenced working with Vivup who have provided NNUH NHS with their Exclusive NHS offer for EAP services (which includes Telephone counselling /guided self help). This has enabled a dedicated staff benefits platform to be created which includes aspects such as wellbeing advice, EAP services as well as other benefits for staff such as discounted rates with various stores and their Home and Electronics benefit platform as part of their Lifestyle savings platform. This enhanced service provision has also provided a cost reduction for the Trust.

Feedback on service utilisation has been extremely positive since the launch of this service.

Core Occupational Health Services

Increased recruitment support
Occupational health services in the NHS are a vital stage of the recruitment process of staff. WHWB have been part of a dedicated project team to onboard significant number of healthcare assistants this year to respond to the staff shortages. Having additional dedicated administration and clinical resource to respond to this request has demonstrated the ability to respond to tight timelines and work in partnership with our practice development and education department to ensure OH clearances and immunisation scheduled have been undertaken accordingly.

Policy Review
WHWB have responded to changes in national (UK Health Security Agency) guidance and reviewed its clinical policies in relation to Exposure Prone Procedures – in particular the monitoring of staff with a blood borne virus' and the requirements for those staff who have a blood exposure incident in line with the British Association for Sexual Health and HIV guidance. In addition, they have reviewed the Tuberculosis Guidelines to consider the additional requirements for both OH and respiratory medicine services with the increase in NHS International Recruitment being undertaken within the region.

Core Services
Core occupational health services for NNUH staff have continued over the course of this year. We have undertaken absence referrals for all our contracts, immunisation services, to provide essential protection to staff who are working in clinical environments, exposed to blood and body fluids. Our blood exposure support line continues and all staff who have such incidents are assessed and supported with any necessary treatment.
Demand for services within our own organisation has continued to increase over this last year with a 10% increase in all key service delivery aspects.

Health surveillance process have started to resume. We have continued to adopt the technology solutions put in place during the previous year but are now developing the associated physical screening taking into account COVID risk assessments. For instance, some services are now having spirometry screening being undertaken in an individuals car or outside under a shelter environment where inappropriate room air changes cannot be in place. In addition, having adapted to undertaking DSE assessments via technology – reviewing the workspace and the position of the user using video consultation methods in the pandemic, a hybrid model of assessment is now undertaken – some physically in the workplace and some via technology making efficiencies for both the worker and the team at WHWB.

Faculty of Occupational Medicine SEQOHS (Safe effective, Quality OH Service) Accreditation
WHWB undertook its five-year Faculty of Occupational Medicine SEQOHS (Safe, Effective, Quality OH Service) accreditation assessment in May 2022. We were delighted with the extremely positive report received and the ongoing award of accreditation for the services delivered. The summary of the report stated:

This is an excellent Occupational Health service and an exemplar for NHS OH services in particular. The leadership of the service is outstanding.

It is clear that the SEQOHS standards are embedded in everyday practice and not something that has been pulled together for the purpose of the assessment, there are high levels of engagement within the team under what is clearly inclusive management which involves the team in everyday decisions.

The service should be congratulated on the excellent governance arrangements, the way information is managed and the sharing of good practice with the whole team.

The service has demonstrated a very high standard of commitment to their relationship with customers and their customer relations management which is exemplary.

The service should be congratulated on their excellent approach to workplace health surveillance hazard screening which is comprehensive and professional

Without exception, every member of staff interviewed would recommend the service as a place to work to both colleagues friends and family. We can only congratulate the team on their outstanding achievement.

IT OH System

Since 2010, Workplace Health & Wellbeing (WHWB) have been using a software system 'E-opas' for its record management and diary functionality. This system is provided, hosted and supported by CIVICA UK. The system is long overdue a significant upgrade and over recent years CIVICA UK have developed an enhanced system 'OPAS G2'. In the last 12-18 months, WHWB (with support from NNUH Digital Health & Governance teams) have been working with CIVICA to progress the system change for our service and are now in the final stages of the project plan with a GO LIVE date of 19th April 2023. At the conclusion of this year, the WHWB team are undertaking the User Acceptance Testing and fine tuning the configuration of this system with the supplier before Go Live date. It is expected that this system will improve the user experience for the team as well as recruitment teams, referring managers and workers themselves. There are significant efficiencies expected in both quality and time which should improve the overall service delivery to our own organisation and our customers as a result of this major project being undertaken.

WHWB External Customers

As far as external business is concerned, we have maintained our success with our current customers during this last year and will achieve the highest level of income to date. Due to the new business acquired last year and increase in service provision from existing customers, we have been able to recruit additional staff, ensuring that all team members have successful inductions so that all our customers receive a high-quality service. As part of our team expansion, we have also been able to internally promote some members of the nursing team who have developed well into their new roles.

The Head of Workplace Health and Wellbeing, Hilary Winch continues to have the additional position of Chair of the NHS Health at Work Network (since April 2021) which involves representation on National Working groups as well as ensuring we are the forerunners of implementing any changes in guidance, legislation or good practice. Within this role in the last year she has been instrumental in working with NHS Improvement on consistency in standards for screening and immunisation requirements for health care workers as well as contributing to the development of menopause in the workplace material and contributing significantly to NHS England / improvement 'Growing Occupational Health' strategy design. In addition, she has been the NHS representative in the SEQOHS accreditation standards review programme.

In addition, she continues to lead MoHaWK (Management of Health at Work Knowledge system) for the Faculty of Occupational Medicine which is the only national OH system to support local audit and benchmarking. As part of this role, she also contributes to the management of the SEQOHS accreditation scheme.

Health and Safety

The Health and Safety team advises on staff safety in relation to the main risks present in a healthcare environment. The team assists with risk assessment and incident investigation as well as proactively auditing and monitoring standards and compliance across all Trust premises.

The Covid-19 pandemic was still affecting the Healthcare Industry and though controls had gone back to pre-covid levels there was still expectations of controls to be implemented within a healthcare premises. The team still had a time where priorities alternated on a frequent basis to meet the needs and safety of staff working in administrative and clinical operations. The team has started to implement elements of business as usual (BAU) during 2022/23.

The main projects for the year 2022/23 were:

- A more robust Health and Safety Inspection form was implemented which focuses on 13 key topics ranging from H&S Folder, Manual Handling, Chemicals (CoSHH) & Waste as examples. The template was proposed at the April Health and Safety Committee where approval was attained to implement.
- Health and Safety Inspections are being scheduled with any observations and findings documented. Completed templates are provided back to the area management for mitigation and controls to be implemented. A central observations register is being managed by the Team to observe any trends, common themes.
- Continued support to the External Dangerous Goods Safety Advisor which includes the managing and implementation of controls to mitigate any findings observed. The Trust aims to ensure the safety of staff, patients, the public and the local environment by the safe and effective segregation and management of all classes of waste leaving our sites
- Duty of Care Waste visits have been completed in partnership with other Trust Representatives, Landlord and Soft FM provider at Waste Disposal Sites covering clinical, domestic and confidential waste streams.
- Continued management of the Control of Substances Hazardous to Health (CoSHH) electronic system. Including working with clinical teams on the safe storage of chemicals and ensuring the recommended Personal Protective Equipment (PPE) is accessible at point of use.
- Health and Safety Lead Advisor is continuing as the Health and Safety Representative for the three Trusts within Norfolk and Waveney ICS CPEG offering advice and guidance from a safety point of view on new items being procured for example ensuring needlesticks have safety devices.
- Offering safety advice and guidance in conjunction with the Trust Estates team on major projects including building works around the sites. The team have been involved in new and existing planning processes to consider the safety of anyone affected by such works and to help ensure that relevant safety controls are in place for all users once works are completed. This has also started to encompass advising on future projects which are in the early stages of the planning phase.
- Continued collaboration with the Security and EPRR Team in regard to the Trust maintaining compliance with the NHS Violence Prevention and Reduction Standard.

- The Health and Safety Lead Advisor is currently completing the Level 7 CPD Violence Prevention, Reduction and Public Health course.
- Continual review of existing health and safety documentation including polices and risk assessments as well as ensuring any new potential hazards are observed and assessed to ensure controls are implemented to mitigate the likelihood of harm occurring.

To ensure Business Continuity for future pandemics, continued response to Covid-19 the team as well as BAU for exposure to other respiratory infections, the team are ensuring Face Fit Testing continues to meet the requirements of the 5 key resilience principles per the Department of Health and Social Care, *FFP3 Resilience in the Acute Setting* correspondence received on June 21. Updates on progress is provided via the Health and Safety Committee.

- The use of Free Fit Testing resource continued throughout 22/23 but this service is due to cease on the 31/03/23 as no longer funded via the Government. The fit Testing process ensures enhanced Personal Protective Equipment such as FFP3, Respirator fit correctly, and staff will be fit tested to a minimum of two as per the above requirements.
- Providing support to departments such as Procurement, Clinical Teams to ensure the PPE/RPE is fit for purpose to ensure the protection of staff and patients from infection.

Training

The Health and Safety team develops and delivers training packages including the provision of ensuring that there are competent trainers to cover the mandatory training needs of the organisation. The training will cover topics such as health and safety, manual handling, prevention and management of aggression, chemicals and waste.

2022 saw the reintroduction of the classroom-based training for Prevention and Management of Aggression which includes a physical breakaway element training. This training is required for staff working in mandatory areas of the hospital e.g., Emergency Department and had previously been on hold due to the pandemic. Currently the team are concentrating on staff within these areas that have not received an induction session. In 2023 the session was opened up to pre pandemic levels of 15 attendees. Contingencies such as eLearning is in place for staff that require a refresher session.

Manual Handling Induction and Refresher training has continued throughout the pandemic in a Covid controlled environment which also included maximising the numbers of attendees to 10 colleagues due to the change of location to a dedicated training facility. Sessions have now increased to accommodate no more than 15 attendees.

Manual Handling has also aided in training staff within the ICS with refresher sessions being completed for Clinical Staff and Reservists.

The training process is regularly evaluated and reviewed to ensure it is effective.

Incidents
There are five categories of health and safety related incidents that are reported most frequently for staff. These are slips, trips and falls, needle-stick and sharps injury, patient moving and handling, verbal aggression, and physical aggression.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Incidents
During the period April 2022 to March 2023 the Health and Safety Department reported a total of 19 incidents to the Health and Safety Executive as they met the schedule of RIDDOR. 18 of these were related to colleagues; 3 specified injuries related to fractured wrist, foot and shoulder injuries and the remaining reports fell within absences of over 7 days. There was 1 reported because of a fractured neck of femur to a member of the public.

This is an increase in reporting compared to 2021-22 which had a total of 18 incidents being reported for the period. Most incidents in 2022/23 were reported in Q2 with 8, with a further 4 in Q1 & Q4 and 3 in Q3.

The number of RIDDOR incidents is reflected as an incidence rate against the national average. The Trust's overall incidence rate is 169 per 100,000 employees based on a staffing level of 11205. The national incidence rate for healthcare in 2022/23 was 307.

More detail on health and safety performance is included within the reports that are presented to the scheduled quarterly Trust Health and Safety Committee during the reporting year.

NHS Improvement's Single Oversight Framework

NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs.

The Single Oversight Framework (SOF) looks at five themes:

• quality of care

• finance and use of resources

• operational performance

• strategic change

• leadership and improvement capability (well-led)

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

Through 2022/23, the Trust has been allocated into segment 3, which is described as 'mandated and targeted support'. The Norfolk & Waveney Integrated Care System (ICS) (of which the Trust is a part) is in segment 4, which is described as requiring 'mandated intensive support'.

For the Trust, support needs have been identified in domains of Quality of care, Finance and use of resources and Operational performance. In August 2022 however NHSE/I confirmed that the Trust's Licence Undertakings in respect of UEC, elective care and cancer care, finance and governance should be discontinued and that the quality undertaking should also be discharged by issue of a compliance certificate. There are therefore no continuing Licence Undertakings in place for the Trust.

This segmentation information is the Trust's position as at 17 March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website. ***https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/***

Case Study

Team wins patient safety award

A team that provides critical care outreach across NNUH has won a prestigious national patient safety award.

The Recognise and Respond Team (RRT) has won The Deteriorating Patients and Rapid Response Initiative of the Year award at the Health Service Journal (HSJ) Patient Safety Awards 2022 for their expanded and enhanced Critical Care Outreach service which moved from 12 hours a day to a 24/7service last year.

The RRT works across inpatient wards responding to acutely deteriorating patients, attending resuscitation calls in the hospital as well as delivering education, training and quality improvement projects.

Their award entry on "Optimising Care, Supporting Excellence" highlighted how they have supported an improvement in patient care and safety by reaching our fast-deteriorating patients 24/7 and ensuring that their colleagues on the wards are well-supported and well-trained. They lead in the education and training of Trust staff in the assessment and management of acutely unwell patients, providing basic, intermediate and advanced resuscitation courses and bespoke acute deteriorating patient courses for medical students, doctors, nurses, midwives and HCAs.

Statement of the chief executive's responsibilities as the accounting officer of Norfolk and Norwich Hospitals NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the Norfolk and Norwich University Hospitals 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 Norfolk and Norwich 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 Norfolk and Norwich 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 Norfolk and Norwich University Hospitals 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 Norfolk and Norwich University Hospitals NHS Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed:

Sam Higginson, Chief Executive

Date: 28 June 2023

Annual Governance Statement for the year ended 31 March 2023

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 the Norfolk and Norwich University Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Norfolk and Norwich University Hospitals NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors has approved a Risk Management Strategy, which sets out the Board's approach to risk management, its Risk Appetite and accountability and reporting arrangements for the management of risk within the Trust.

The Chief Nurse is the Executive Director lead for Risk Management and operational responsibility for implementation of the Strategy and Policy is delegated to other named staff. The Risk Management Strategy has been made available to all Trust staff through our documents management system, called Trust Docs.

In addition to established processes for learning from incidents and patient feedback, the focus of our risk management approach is on proactively identifying and avoiding risks, rather than simply reacting to risks which have materialised. To enhance our capacity and capability in this regard the Trust has a designated Head of Risk Management and an Associate Director of Quality and Safety, to oversee the system of risk management in the Trust. The Risk Management Team co-ordinates and supports risk activity across the Trust, in close liaison with the divisional and clinical teams.

The Hospital Management Board has an established Risk Oversight Committee which is tasked, through defined Terms of Reference, to enhance our arrangements for the identification and management of risk and development of the Trust's Risk Maturity. Membership of the Risk Oversight Committee includes representation from the Divisional Management Teams and the Committee reports into a regular session of the Hospital Management Board at which the Corporate Risk Register (CRR) and highest-level risks are reviewed and discussed.

Reports relating to the Risk Management System and Processes form a regular item for discussion by the Audit Committee as part of its annual reporting cycle. The CRR also informs updating of the Board Assurance Framework (BAF), which documents the principal threats to achievement of the Trust's Strategic Commitments, together with key controls and assurances and any gaps in those controls and assurances.

The Trust's mandatory corporate induction programme includes information concerning both clinical and non-clinical risk, the Trust's approach to managing risk and maximising quality in patient care. In addition, a range of ongoing risk management training is provided to staff and there are policies in place which describe roles and responsibilities concerning the identification, management and control of risk. Such training covers requirements for the safe delivery of services, proper use of equipment and wider aspects of management, health and safety and quality assurance.

The Trust has arrangements in place to ensure that we learn from good practice through a range of mechanisms, including clinical supervision, reflective practice, individual and peer reviews, appraisal and performance management, continuing professional development, clinical audit and application of evidence-based practice. The implementation of guidance from the National Institute of Clinical Excellence (NICE) is overseen by the Clinical Safety and Effectiveness Governance Sub-Board.

Reduction of risk and maintenance of quality are promoted by constantly reinforcing a culture of openness and transparency and encouraging staff to identify opportunities to learn from patient feedback and to improve the care and services we provide. We have introduced a robust programme of work associated with quality improvement and reduction of risk through our Quality Programme Board supported by an Evidence Group.

The risk and control framework

The Board has approved a Risk Management Strategy which sets out the approach to managing risk within the organisation. The Risk Management Strategy and associated policies define the key roles, responsibilities and reporting lines in relation to the management of risk, as well as the overall governance structure underpinning this at both Board and divisional/directorate level. The Strategy details the Trust's approach to identification, evaluation, control and reporting of risk as well as a statement of the Board's Risk Appetite, which was last agreed by the Board at its meeting in December 2022.

The Board of Directors is responsible for setting the vision and values and the strategic objectives of the Trust. The Board receives regular reports which detail risk, financial and performance issues and actions being taken to reduce identified high level risks or control issues. This reporting to the Board of Directors is supported through the Trust's governance structure, as detailed in the Trust's Organisational Framework for Governance, which details the roles of the Board assurance committees, together with the Hospital Management Board, its Committees and Governance Sub–Boards.

The Board of Directors has established a structure of assurance Committees, covering areas of Quality & Safety; Finance, Investments & Performance; People & Culture; and Audit. In 2022/23, and following the Board's annual review, a Major Projects Assurance Committee has also been established. The Board assurance structure is as represented below:

The Board's Audit Committee has responsibility to oversee the maintenance of an effective system of integrated governance, risk management and internal control, across the Trust's activities. The Terms of Reference for the Trust's Audit Committee are based on the model contained in the HFMA NHS Audit Committee Handbook 2018, and also reflect the UK Corporate Governance Code (2018) and ICSA Guidance on Terms of Reference for Audit Committees (2020). The Committee is tasked with reviewing the adequacy of the structures, processes and responsibilities within the Trust for identifying and managing key risks.

The Board has established an Organisational Framework for Governance, which sets out the responsibilities for each of the Board assurance committees to review key risks arising within their respective areas of remit. The Board receives regular reports from each of its Committees and collectively these committees form a framework for Board assurance.

Each stream within our system of integrated governance is led by a Senior Risk Owner and supported by appropriate teams and management information aiding our corporate and divisional delivery:

- Clinical Governance – led by the Chief Nurse and Medical Director
- Financial Governance – led by the Chief Finance Officer
- Information Governance – led by the Chief Digital Information Officer
- Research Governance – led by the Medical Director
- Workforce and Education Governance – led by the Chief People Officer
- Education Governance – led by the Chief People Officer, Medical Director & Chief Nurse
- Divisional Governance – led by the Chief Operating Officer

Information and assurance is provided to the Board through:

- scrutiny of key data and metrics reported through a monthly Integrated Performance Report – available to the Board, Governors, staff and public (via our website);
- the work of and reports from the Board's assurance committees;
- 'triangulation' of information from diverse sources including reports and presentations from clinical teams, internal and external audit, external reports and the Board programme of clinical and departmental visits.

Threats to delivery of the Trust's Strategic Commitments (previously known as Strategic Objectives) are recorded in the BAF which identifies the controls and assurances available to the Board of Directors in relation to the achievement of those Commitments. Internal Auditors reported in March 2021 "We confirmed the BAF clearly outlines the Trust's strategic objectives and the associated threats to the achievement of these objectives… the Trust's format provides for effective oversight of the key risks to the Trust's strategic objectives." In September 2021, a further Internal Audit review of the processes, controls and content associated with the Board Assurance Framework concluded that the Board could take Substantial Assurance.

Risk is assessed at all levels in the organisation from the Board of Directors to individual wards and departments. This ensures that both strategic and operational risks are identified and addressed and risk assessment information is held in an organisation-wide Risk Register. A risk scoring matrix is used to ensure that a consistent approach is taken to assessing and responding to clinical and non-clinical risks.

Those risks with a high residual risk rating (following the impact of appropriate mitigating actions) are detailed in a Corporate Risk Register – reported to both the Board of Directors and Management Board. High level risks are also reviewed by each of the Board assurance committees as relevant to their individual remits. This structure and process is intended to facilitate a cohesive risk management system operating from ward to Board. During 2022/23 it has particularly concerned consideration of the Board's Risk Appetite and balancing risks, in the context of operational escalation and the continuing need to accommodate additional patients in our wards.

The Hospital Management Board is tasked through its Terms of Reference with assisting me in effectively discharging my duties as Accounting Officer and with overseeing the identification and mitigation of key risks arising from or relevant to the operation of the Trust. It oversees the work of three Governance Sub-Boards, with areas of focus constructed so as to be consistent with the inspection regime of the Care Quality Commission under the following headings:

- Clinical Safety and Effectiveness
- Patient Engagement and Experience
- Workforce & Education

The Hospital Management Board has also established a number of other Committees to scrutinise and support areas such as Financial Improvement and Productivity, Research and Capital Planning. Each of the Management Board committees and governance sub-boards have Terms of Reference and they report to the Management Board on areas of risk or issues that require escalation.

A Divisional Performance Committee also oversees the work of our clinically-led Divisions. Our divisional structure forms a key part of our management and governance structure and each of the divisions is represented in the membership of the Management Board. During 2022/23 we have maintained a Performance and Accountability Framework to support oversight of the Divisions and the Finance, Investments & Performance Committee receives regular reports on use of the Framework.

A schedule of Executive portfolios ('Who Leads on What') is well-established and is available to Management Board and Trust staff on the TrustDocs system. It is reviewed periodically as part of the ongoing Executive Team and Board Development Programme, so that there remains clarity and assurance over capacity and capability with regard to leadership for all aspects of the Trust.

In its most recent full assessment of the Trust the CQC found that "The governance structure was effective in supporting the delivery of the current strategy and of supporting the divisions and staff to deliver high quality care."

During 2022/23 our risk management and governance arrangements were subject to Internal Audit review (Oct 2022), which confirmed that the Board could take Substantial Assurance with regard to the design and application of the structures and processes for both Risk Management and Governance.

CQC Registration:
The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The last published report from a full inspection by the Care Quality Commission (CQC) was issued in April 2020. The overall rating for the Trust was that it 'Requires Improvement'. In its report the CQC judged the Trust to be 'Good' for the domains of Caring and Effectiveness, 'Requires Improvement' in the domains of 'Safety, Well-led and Responsiveness'.

The CQC have undertaken a number of subsequent inspections. During 2022/23 (in November 2022) the CQC undertook an unannounced inspection of the safety and quality of the services of medical care and older people's services. The report (February 2023) explains that "we received information giving us concerns about the safety and quality of services of medical care and older people's services. The information of concern related to nurse and healthcare assistant staffing shortages and the use of additional beds in bays impacting on patient care".

The service was rated overall as 'Requires Improvement' and the CQC report identified a number of actions that the Trust 'must' and 'should' take in order to improve. An associated action plan has been established to make the necessary changes, to be monitored through the Trust's Quality Programme Board and the Quality & Safety Committee.

We look forward to welcoming the CQC team to the Trust again in due course, so that we can demonstrate our continuing improvement, whilst also recognising the complex balancing of risk undertaken by the Board in the context of extreme operational pressure.

Other compliance issues

As part of its internal control framework, the Trust has established Business Continuity processes of Emergency Preparedness Resilience and Responsiveness. These EPRR processes are designed and maintained in accordance with NHSE guidance, with assurance oversight through the Audit Committee.

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

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. Such measures include staff training, policy frameworks and engagement with relevant staff networks.

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.

The Trust recognises the crucial role played by its staff in delivering services to our patients and the Board has a People & Culture Committee. This is an assurance committee and strategic group, with a membership consisting of Board members and divisional leaders. Members of the Staff Council and JSCC are also invited to join topic specific workshops on strategic and cultural developments. The Hospital Management Board has also established a Workforce & Education Governance Sub Board (WESB), chaired by the Chief People Officer and with representation from across the divisions, Human Resources, Heath & Wellbeing and Education teams.

The Trust has also established a Staff Council, with representation from each division and covering all professional groups. The Council provides staff with an important voice and contribute to addressing key issues which concern staff. The Trust also has long standing partnership arrangements with unions through our Joint Staff Consultative Committee and Local Negotiations Committee.

Through this governance structure the Trust ensures scrutiny of all aspects of people related issues and performance, including safe staffing, safe deployment, learning and development, cultural improvement, sickness, appraisal, mandatory training, retention, recruitment and temporary staffing. Any people related risks that arise from the Divisional Boards are presented at the WESB for appropriate consideration and intervention.

During 2022/23, a number of areas for improvement have been identified in the People Domain, in particular through:

- the Staff Survey results; with 6 x priority workstreams under the NNUH People Promise, as making the most difference to staff;
- Internal Audit reviews, including those relating to Succession Planning, Consultant Job Planning, Waiting List Initiative (WLI) Attendance Management processes and Bank or Agency Usage;

- our established governance structure and monitoring of metrics including those regarding recruitment, retention and Safe Staffing levels. Work is also being developed to agree a set of cultural improvement metrics.

The importance of addressing these areas for improvement is recognised and emphasised by the Trust Board and People & Culture Committee. They are being addressed through an overarching People & Culture Strategy, targeted actions in response to staff feedback, implementation of Audit recommendations and the Trust's Corporate Strategy.

Review of economy, efficiency and effectiveness of the use of resources
The Trust's operational Plan for 2022/23 was approved by the Board of Directors following review by the Council of Governors and then submitted to and accepted by NHSE.

Assurance with regard to delivery of the Operational Plan was sought on behalf of the Board of Directors through the Board assurance committees via reports covering activity, workforce, quality, safety and finance. The process to ensure that resources are used economically, efficiently and effectively across clinical services includes Divisional Performance Reviews meetings, the clinical audit programme and the regular monitoring of clinical indicators covering quality and safety. Progress against cost improvement programmes continues to be monitored through a Programme Management Office process reporting to the Financial Improvement & Productivity Board Committee and the Management Board.

The Trust's Internal Audit Plan is developed having regard to the Trust Risk Register and audits include objectives ensuring the economical, effective and efficient use of resources and this is applied across all audits. The findings of internal audit reports are reported to the Audit Committee and other Board assurance committees as relevant.

The Trust was last subject to a Use of Resources review in December 2019 and the resulting report was published in April 2020. Overall the Trust was rated as 'requires improvement', reflecting the Trust's financial deficit and inability to consistently achieve the constitutional operational standards.

The report identified a number of areas as having scope for improvement, including initiatives to reduce length of stay, improve performance against constitutional operational standards, identify and drive transformational cost improvement programmes and review the workforce model and recruitment strategies to identify and implement innovative ways to address workforce gaps.

A formal response to the Use of Resources assessment was developed and submitted to NHSE&I, outlining the actions the Trust will take as part of our 'journey to outstanding'. The response consisted of strategic enablers running alongside a clear tactical action plan to address the specific recommendations outlined within the report. This tactical action plan has been refreshed in 2022/23 and continues to be assessed and monitored by the Use of Resources Evidence Group which then reports to both Management Quality Programme Board, Finance, Investments & Performance Committee and Audit Committee.
The Trust has also completed a self-assessment of its financial governance, building on the previous independent Financial Governance Review (FGR) and delivery of the associated improvement plan. This assessment, utilising the 'HFMA: Improving NHS financial sustainability – are you getting the basics right' toolkit gave the highest assessment rating. This was subject to a review by Internal Audit as required by the National guidance which confirmed the fully compliant self-assessment outcome.

The Trust has and will continue to review its position with regard to Getting It Right First Time (GIRFT), agency spend, procurement and efficiencies highlighted by the Lord Carter review, including enhancing its use of Model Health system.

Alongside working closely with local and regional partners to deliver transformational changes that support the delivery of a value for money efficient service as part of the local health economy.

The Trust has a formal financial monitoring and review process in each clinical division, with the Divisional Performance Committee receiving a monthly report on the financial performance and delivery of efficiencies and any actions required to deliver the agreed financial position. These divisional reports aggregate to form the Trust's monthly Finance Report which is received and monitored by Management Board, Finance, Investment & Performance Committee, Trust Board and the Council of Governors.

The Board has also established a committee known as the Committee in Common. This arrangement is mirrored in the two other acute hospital trusts in Norfolk 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 Chairman, Chief Executive, Director of Strategy and Joanna Hannam, as a second Non-Executive Director.

Information Governance

i) Our IG values and approach: The values and approach the Trust employs with regards to its IG policies, processes and considerations is unequivocally risk – based, in line with the tenets of the UK GDPR and best practice.

Our IG accountability mechanisms: The Chief Digital Information Officer is the Trust's Senior Information Risk Owner (SIRO), and the Associate Medical Director for Quality and Safety Medical Director is the Trust's Caldicott Guardian. Both are members of and report to the Trust Board and Hospital Management Board on IG issues. The Caldicott Guardian reports regularly to the Hospital Management Board. The SIRO is a member of and reports to the Trust Board and Hospital Management Board on IG issues. The senior management accountability for IG in the Trust is also supported by a Deputy SIRO (the Associate Director for Digital Health).

The IG accountability framework of the Trust is further supported and underpinned by governance forums comprised of the:

- Caldicott and Information Governance Assurance Group (CIGAC); and
- Digital Transformation Committee.

Senior managers across the Trust are information asset owners, accountable for information assets under the IG management framework.

ii) We have a People (Human Risk) Factor focus: The Trust has in place a robust IG framework which sets out the Trust's commitment to ensuring that information is efficiently and effectively handled, managed and safeguarded.

In line with its P.R.I.D.E. values, the Trust continues to raise awareness of IG and the importance of protecting personal information with its staff through a comprehensive training programme available by various means online and face-to-face. To complement this learning, relevant policies, guidance and best practice are made available to staff members via the Trust's intranet.

iii) Our Position in relation to NHS wide requirements: The Data Security and Protection Toolkit (DSPT) is an NHS Digital online self-assessment tool that mandates all organisations that use NHS data to self-assess and assure their performance against the National Data Guardian's 10 data security standards.

The Trust completed its annual DSPT self-assessment within the required timescales as set by NHS Policy. The Trust's submission position was satisfactory as confirmed by an independent Internal Audit review.

An Internal Audit review of Cyber Security arrangements concluded that the Board could take partial assurance with regard to how risks to data security are being managed and controlled. Whilst key controls existed, a range of important control improvements were necessary. Implementation of relevant actions are tracked through the Management Board and Audit Committee.

v) Incident Management/Data Breaches: Personal data related incidents are reported through the Trust Incident Reporting System. The lessons learnt are shared with staff members and they enable the Trust to review and continually improve its information Governance processes for the safekeeping of personal information and to ensure the proportionate satisfaction of its legal and NHS obligations.

During 2022/23, the Trust has recorded nil incidents/breaches requiring reporting to NHS England and/or the Information Commissioners Office.

Data quality and governance
There are a number of controls in place across the Trust that provide assurance to the Board with regard to the controls in place concerning Data Quality and Accuracy of Data. The Trust has an experienced Data Quality Manager and Data Quality Team. To facilitate joint working and exchange of information, this team is closely affiliated to the Commissioning and Income Team.

A review undertaken by the NHSI Elective Care Improvement Support Team (IST) in April 2022 has confirmed that the Trust's Data Quality Team "provide a service the elective care IST would describe as best practice".

The Data Quality Team maintain and manage a suite of policy documents for application across the Trust. These include a Data Quality Policy & Strategy; Patient Demographics; Referral to Treatment Access Policy and numerous Standard Operating Procedures. The Team also provide training for Trust staff and audit compliance with data collection and reporting requirements with particular regard to elective waiting time data. The Trust also retains the services of specialised and skilled coding and informatics staff to produce and analyse data and to ensure the accuracy of reporting.

Three key audit programmes are in place with regard to Data Quality:
i) Referral to Treatment 18 Week Rolling audits: carried out at a speciality level on a rolling basis, these audits give assurance over the accuracy of data relating to Performance Standards (focussing on RTT Standard) and adherence to policy; as well as compliance to National Rules. The audit results are reviewed through the Trust Assurance Group (TAG);
ii) Key Systems Audit Programme: this programme supports reporting of clinical income and provides assurance from standalone systems, to ensure the Trust is able to report correctly attracting the correct level of income from clinical activity and to ensure that information used in Service Line Reporting is accurate, valid, reliable, timely, relevant and complete. Reporting of audit results is taken through the Information Governance Steering Group;
iii) Clinical Threshold/Individual Funding Requirement: Weekly and monthly audit work is undertaken to confirm compliance with policy statements agreed with local Clinical Commissioning Groups.

Information to support the quality metrics used in the reporting on quality is held in a number of Trust systems, including Datix (electronic risk management system), PAS (patient administration database) Telepath (electronic pathology system) and ICNet (infection control system). The data is utilised day-to-day in the Trust's operations and, where appropriate, it is submitted to the National Information Centre, which operates national checks to ensure its reliability and accuracy. Further quality data is drawn from the reports that are produced for the Clinical Safety Sub-Board and the Patient Engagement and Experience Sub-Board.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, and other Board assurance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors has met regularly throughout the year and has kept arrangements for internal control under review through discussion and approval of policies and practice and monitoring metrics that are agreed as indicative of effective controls. The Board reviews a monthly Integrated Performance Report covering a wide range of performance metrics – these show the key relevant national priority and regulatory indicators, with additional sections devoted to safety, clinical effectiveness and patient experience. This monthly integrated summary is supplemented by more detailed briefings on areas of notable or adverse performance.

The Audit Committee has reviewed the overall framework for internal control and the Trust's Organisational Framework for Governance and has recommended this statement to the Board of Directors.

The result of the external auditors' work on the annual accounts and annual report are also a key assurance. Further assurance is provided through the outcomes of the clinical audit programme, the results of reviews and inspections by external organisations and our internal audit programme.

Significant and Strategic Risks

During the course of 2022/23 the Board, Hospital Management Board, Divisional Boards and the Board Assurance Committees have reviewed the most significant risks facing the Trust, summarised as follows:

i) Capacity:

i)(a) Elective pathway: high levels of elective demand and limited physical and operational capacity results in prolonged waiting times creating risks to delivery of the Trust's performance targets for cancer, elective care and diagnostics, and clinical quality standards;

i)(b) Emergency pathway: high levels of emergency demand, delayed discharges and consequent congestion in our hospital have resulted in extreme operational pressure and the persistent need to use escalation areas, threatening patient and staff experience, and achievement of performance and quality standards;

ii) Finance: the Trust has a long-standing structural financial deficit. If the Trust is to deliver financially sustainable high-quality services to patients, there is a need to enhance financial controls and implement operational and strategic transformation;

iii) Quality: the persistent requirement to apply escalation procedures in response to extreme operational pressure, with additional patients in our wards and disruption to established clinical pathways, puts inevitable pressure on standards of patient experience and quality outcomes;

iv) Digital: immaturity and vulnerability in the Trust's digital infrastructure creates risk to cyber security, operational resilience, quality and efficiency;

v) Staff: gaps in our workforce resulting from sickness and vacancies impact on our ability to deliver safe and timely care and compound the issues of staff fatigue and diminished satisfaction reflected in the Staff Survey.

The Trust has mitigating actions in place to minimise the potential impact of these risks so far as practicably possible, with the impact of these assessed through reports to the Board, including the metrics set out in the monthly Integrated Performance Report. The Board of Directors and Board assurance committees regularly seek assurance on the effectiveness of the controls and progress being made to address gaps in control and assurance to reduce the level of risk.

It should be noted that a number of these risks are long-standing and will require collaborative system-solutions with partners in the Region and Norfolk & Waveney Integrated Care System.

Threats to delivery of the Trust's Strategic Commitments are recorded in the Board Assurance Framework (BAF), together with the controls in place to counter the identified threats and actions to be taken to provide additional assurance.

In its assessment of the Trust reported April 2020, the CQC found that "The executive directors, chair and non-executive directors we spoke with all agreed on the most significant risks for the organisation. These included finance, staffing, and capacity. …All could describe the controls in place and their individual responsibilities in addressing these concerns".

Licence Undertakings:
Along with all other Foundation Trust's standard provisions of the FT Provider Licence apply to the Trust. During 2021 the Trust agreed additional Licence Undertakings with NHSE/I relating to delivery of improvement plans in the domains of:

- Urgent and Emergency Care, Elective Care and Cancer Care;
- financial performance;
- quality.

On 30 August 2022 NHSE/I issued a Compliance Certificate and a Discontinuance of Undertakings Notice, confirming that for the first time since 2015 the Trust is no longer subject to additional Licence Undertakings.

Incident Reporting and Raising Concerns
Incident and near-miss reporting is encouraged across all staff groups and specialties across the Trust within an open culture focussed on learning and improvement. The Trust has a single web-based incident reporting system which is used by all staff groups to record patient and staff safety incidents, near misses and serious incidents. The number and type of incidents reported and learning from these incidents is disseminated and monitored through the risk and governance structure and a communication route to all staff based on Organisation Wide Learning (OWL) newsletters, Safer Practice Notices and updates through the Clinical Safety and Effectiveness Governance Sub-Board.

The Trust has established a daily multi-professional Serious Incident Group (SIG) which reviews high-rated incidents or near misses, to identify and share learning, ensure any immediate safety actions are taken as well as compliance with the statutory Duty of Candour. The Quality & Safety Committee receives regular reports with regard to the rate of incident reporting in the Trust and the investigation and learning from incidents.

The Trust has a full-time Freedom to Speak-up Guardian (FTSUG) in post to support staff in raising concerns and putting forward suggestions as to how we might make further improvement in the Trust and its services. The FTSUG reports regularly to the Board of Directors, People & Culture Committee and Hospital Management Board, so there is transparency with regard to any issues of concern affecting or raised by staff.

Involvement of Stakeholders in Risk

The Trust liaises with its commissioners throughout the year in relation to risk through regular meetings to review contract/clinical quality matters. The Trust works closely with other local organisations which are part of the formal structure for NHS patient and public involvement, such as the Health Overview and Scrutiny Committee and Healthwatch.

Our Foundation Trust has a membership with approximately 17,000 public members, many of whom are actively involved with the Trust in a number of ways, including a Patient Panel, remote access to public meetings & AGM and a programme of meetings for members about different aspects of our activities.

The members elect governors who sit on the Trust's Council of Governors and who represent the views of members when contributing to development of the Trust's forward plans and priorities. The Trust's Council of Governors receives regular updates on strategic developments in the Trust and performance against key targets and governance requirements.

The Board receives regular reports on feedback from patients through the Patient Engagement and Experience Governance Sub-Board. The Trust has appointed a Lead for Patient Experience and Engagement and established a Patient Panel, to strengthen the Patient Voice in the life of the Trust and in the development of its services. The Board also receives patient feedback through a programme of Patient Stories at the beginning of public Board meetings.

Further information regarding patient and public engagement in the Trust is included in the Annual Report.

Clinical Audit as part of the internal control framework:

The Trust has systems and controls in place to ensure that high quality clinical audits are conducted and their findings acted upon by all directorates and specialties across the Trust. There is a Trust Medical Lead for Clinical Audit and each specialty within a directorate has its own clinical audit lead. The Trust Clinical Audit Lead, the Clinical Effectiveness and Improvement Manager and specialty audit leads are responsible for developing, monitoring and reporting an annual clinical audit programme that reflects local and/or Trust issues around service quality or patient safety. The Clinical Audit Plan is subject to review by the Board's Audit Committee and Quality & Safety Committee.

All clinical audit projects are registered on an electronic system and monitored to completion and subsequent re-audit. The Medical Audit Lead is a member of the Trust's Clinical Safety and Effectiveness Governance Sub-Board which is accountable to and reports audit activity to the Hospital Management Board. Clinical Audit is therefore a key element of our governance arrangements for ensuring that we are following national guidance and promoting clinical efficiency and economy in delivering the best possible clinical services to patents.

Internal Audit as part of the internal control framework:
In addition to Clinical Audit, the Internal Audit plan is a risk based programme of reviews based on areas of management concern, emerging risks and national and historical experience. The Plan is informed by previous internal and external audit work and discussion with the Executive Team.

The Trust's internal audit function is outsourced (to provide enhanced objectivity) and is provided under contract by RSM. The work of internal audit is overseen by the Trust's Audit Committee which agrees the audit plan and it covers risk management, governance and internal control processes across the Trust – including financial management and control, human resources and operational governance.

A report is produced at the conclusion of each audit assignment and, where scope for improvement is found, recommendations are made and appropriate action plans agreed with management. Reports are issued to and followed up with the responsible Executive Directors and the results of audit work are reported to the Audit Committee.

Based on the work undertaken in 2022/23 the Head of Internal Audit has concluded: "the organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective'.

Significant internal control issues
During 2022/23 the Executive, Management Board and the Board of Directors have considered and reflected on the significant risks and challenges facing the Trust, as highlighted by our internal governance framework, Internal Audit and discussion and feedback with regulators and stakeholders.

The Board of Directors has identified the following areas of challenge indicating significant internal control issues for the Trust. A number of these are long-standing and cannot be resolved by the Trust alone but rather will require collaborative system-solutions with partners in the Region and Norfolk & Waveney Integrated Care System.
As confirmed below, mitigating actions are in place or in development with respect to each of these risk areas:

- Extreme operational pressure and delayed discharges:

Throughout 2022/23 the Trust has been in a position of Severe or Extreme Operational Pressure, with major congestion in our wards and huge numbers of patients delayed in hospital whilst they wait for post-discharge health or social care services.
Following careful risk-assessment, we have adopted escalation measures in order to enable flow through the ED and reduce the risks associated with delayed ambulance off-loads. Whilst this balancing of risks has been governed by an approved Standard Operating Procedure, it cannot be avoided that the need to accommodate 7 or 8 patients in 6-bedded bays has not been a situation that accords with our aspirations on operational efficiency, quality, patient experience or staff satisfaction.

- Waiting times for diagnostics and planned care: high levels of elective demand and limited physical and operational capacity have resulted in prolonged waiting times creating risks for delivery of the Trust's performance targets for cancer, elective care and diagnostics, and increased clinical risk. There are proposed solutions in development to enhance elective and diagnostic capacity in the Trust but these will need funding approval and workforce planning.

• Workforce Gaps and Staff satisfaction, welfare & resilience: The process of annual divisional governance review, together with our regular governance systems, has highlighted the challenges that staffing gaps pose to our ability to deliver care in a timely and safe manner. In addition, the feedback from our staff, including that through the national staff survey, reflects the extreme operational challenges facing the Trust, against the background of longer-term inadequacies in our infrastructure, systems and processes to support staff resilience, education, well-being and morale.

• Financial sustainability: The Trust has established a Medium Term Financial Strategy and there remains an ongoing need for focus on financial efficiencies and control. At the same time the Trust also needs to ensure implementation of a programme of operational transformation and strategic initiatives to promote economy, efficiency and improvement in order to ensure the long-term financial sustainability.

• Digital immaturity: Inadequacy of the digital infrastructure in the Trust has continued to impact negatively on the Trust in terms of cyber security, operational resilience, quality and efficiency. Implementation of an Electronic Patient Record (EPR) system will be essential and the business case for a single EPR across the three Norfolk acute hospitals is being progressed as a matter of urgency.

Conclusion

My review confirms that Norfolk and Norwich University Hospitals NHS Foundation Trust has a sound system of internal controls that supports the achievement of its policies, aims and objectives. Significant risks however remain with regard to the Trust's Workforce, its financial sustainability, ability to achieve key performance targets and the capacity to deliver the timely high-quality services to which we all aspire.

I am satisfied that the significant internal control issues that have been identified in this review have appropriate action plans in place or in development to help mitigate the associated risks and are subject to appropriate review, monitoring and escalation both internally and externally.

In his 2022/23 Annual Opinion, the Head of Internal Audit concluded "the organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective". I have taken careful note of that opinion, which accords with my own assessment that whilst much has been done, there is still more to do. The Trust remains resolute in its commitment to continuous improvement and to enhancing the well-being of its staff and its financial and operational sustainability, in order to ensure delivery of the best possible care to our patients.

Sam Higginson
Chief Executive **Date: 28 June 2023**

Approval of the Accountability Report

I confirm my approval of the Accountability Report.

Sam Higginson
Chief Executive **Date: 28 June 2023**

Norfolk and Norwich University Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

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

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of its 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 Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit as to the 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.

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, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the 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 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 around the year end, particularly in relation to accruals.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual cash and unusual expenditure combinations.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Selecting a sample of expenditure postings either side of the year end date and vouching to supporting evidence to ensure the expenditure has been recognised in the correct year.

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

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

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

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

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

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and inspection of regulatory and legal correspondence, if

any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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

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

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as 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 Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

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

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

Auditor's responsibilities

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

material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

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

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 138, 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 Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Norfolk and Norwich 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

for and on behalf of KPMG LLP

Chartered Accountants

KPMG LLP

2 Gilders Way

Norwich

NR3 1UB

28 June 2023

Foreword to the accounts

Norfolk and Norwich University Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Norfolk and Norwich University Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed  …….

Name **Sam Higginson**
Job title **Chief Executive**
Date **28 June 2023**

Statement of Comprehensive Income

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3	810,340	754,520
Other operating income	4	109,816	94,239
Operating expenses	7, 9	(879,377)	(802,605)
Operating surplus/(deficit) from continuing operations		**40,779**	**46,154**
Finance income	11	2,675	61
Finance expenses	12	(38,103)	(33,196)
PDC dividends payable		(3,578)	(3,331)
Net finance costs		**(39,006)**	**(36,466)**
Other gains / (losses)	13	(442)	234
Surplus / (deficit) for the year		**1,331**	**9,922**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(116)	-
Revaluations		19,852	8,355
Other reserve movements		(8)	-
Total comprehensive income / (expense) for the period		**21,059**	**18,277**

The accompanying notes form part of these financial statements

Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Property, plant and equipment	14	399,286	378,111
Right of use assets	16	56,025	-
Receivables	18	55,985	51,249
Total non-current assets		**511,296**	**429,360**
Current assets			
Inventories	17	14,125	12,810
Receivables	18	53,518	28,068
Cash and cash equivalents	19	93,278	95,330
Total current assets		**160,921**	**136,208**
Current liabilities			
Trade and other payables	20	(135,046)	(106,297)
Borrowings	22	(16,254)	(5,698)
Provisions	23	(2,737)	(2,251)
Other liabilities	21	(25,151)	(27,991)
Total current liabilities		**(179,188)**	**(142,237)**
Total assets less current liabilities		**493,029**	**423,331**
Non-current liabilities			
Trade and other payables	20	-	-
Borrowings	22	(213,363)	(176,669)
Provisions	23	(9,107)	(10,009)
Other liabilities	21	(1,320)	(1,654)
Total non-current liabilities		**(223,790)**	**(188,332)**
Total assets employed		**269,239**	**234,999**
Financed by			
Public dividend capital		323,888	310,707
Revaluation reserve		52,715	34,897
Income and expenditure reserve		(107,364)	(110,605)
Total taxpayers' equity		**269,239**	**234,999**

The notes on pages 167 to 209 form part of these accounts.

Name Sam Higginson
Position Chief Executive
Date 28 June 2023

The accompanying notes form part of these financial statements

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**310,707**	**34,897**	**(110,605)**	**234,999**
Surplus/(deficit) for the year	-	-	1,331	**1,331**
Other transfers between reserves	-	(1,918)	1,918	**-**
Impairments	-	(116)	-	**(116)**
Revaluations	-	19,852	-	**19,852**
Public dividend capital received	13,181	-	-	**13,181**
Other reserve movements	-	-	(8)	**(8)**
Taxpayers' and others' equity at 31 March 2023	**323,888**	**52,715**	**(107,364)**	**269,239**

The accompanying notes form part of these financial statements

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**290,709**	**27,061**	**(121,046)**	**196,724**
Surplus/(deficit) for the year	-	-	9,922	**9,922**
Other transfers between reserves	-	(519)	519	**-**
Revaluations	-	8,355	-	**8,355**
Public dividend capital received	19,998	-	-	**19,998**
Taxpayers' and others' equity at 31 March 2022	**310,707**	**34,897**	**(110,605)**	**234,999**

The accompanying notes form part of these financial statements

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 as the public dividend capital dividend.

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

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

Statement of Cash Flows

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		40,779	46,154
Non-cash income and expense:			
Depreciation and amortisation	7.1	32,530	21,591
Net impairments	8	2,978	38
Income recognised in respect of capital donations	4	(1,748)	(2,465)
(Increase) / decrease in receivables and other assets		(27,984)	5,514
(Increase) / decrease in inventories		(1,315)	318
Increase / (decrease) in payables and other liabilities		26,426	10,908
Increase / (decrease) in provisions		(465)	3,744
Net cash flows from / (used in) operating activities		**71,201**	**85,803**
Cash flows from investing activities			
Interest received		2,252	46
Purchase of PPE and investment property		(31,078)	(40,145)
Sales of PPE and investment property		238	393
Receipt of cash donations to purchase assets		207	1,884
Net cash flows from / (used in) investing activities		**(28,381)**	**(37,822)**
Cash flows from financing activities			
Public dividend capital received		13,181	19,998
Capital element of lease liability repayments		(9,426)	(66)
Capital element of PFI, LIFT and other service concession payments		(5,698)	(4,971)
Interest element of lease liability repayments		(523)	(11)
Interest paid on PFI, LIFT and other service concession obligations		(37,529)	(33,225)
PDC dividend (paid) / refunded		(4,877)	(3,321)
Net cash flows from / (used in) financing activities		**(44,872)**	**(21,596)**
Increase / (decrease) in cash and cash equivalents		**(2,052)**	**26,385**
Cash and cash equivalents at 1 April - brought forward		**95,330**	**68,945**
Prior period adjustments		-	-
Cash and cash equivalents at 1 April - restated		**95,330**	**68,945**
Cash and cash equivalents transferred under absorption accounting	29	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	19.1	**93,278**	**95,330**

The accompanying notes form part of these financial statements

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 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 GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

The NHS Foundation Trust is the corporate trustee to Norfolk and Norwich University Hospitals NHS Foundation Trust Charitable Fund. The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation 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.

Prior to 2013/14, the FT ARM permitted the NHS Foundation Trust not to consolidate the charitable fund. Since 2013/14 the Trust has chosen not to consolidate the charitable fund on the basis it is not material.

Joint operations

The Trust has a 58% interest in a joint operation for the provision of pathology services in Norfolk known as the Eastern Pathology Alliance (EPA). The arrangement has been effective from 1st November 2013, and has not involved the establishment of a separate entity.

Accordingly, the Trust's share of operating income and expenditure is included in these accounts.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's 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 an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.
• items form part of the initial equiping and setting up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Subsequent expenditure

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

Measurement
Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

A full valuation of the PFI hospital was performed as at 31 March 2020 by the Trust's externally appointed independent valuer, Montagu Evans, Chartered Surveyors.

The revaluation basis for all of the Trusts Land and Buildings was depreciated replacement cost as a Modern Equivalent Asset, with the exception of the Residential Accommodation on the hospital campus and the office accommodation within the main hospital building. These were valued as non specialised assets and were valued on a market value for existing use basis.

The valuation was accounted for in the 2019/2020 accounts. An desktop valuation was completed in 2021/22, for inclusion in those accounts.

For 2022/23, the valuation has been subject to an indexation valuation by Montagu Evans, to assess the valuation movement over the year to 31 March 2023. This movement has been reflected in the 2022/23 accounts, along with capital additions in the financial year.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust’s Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

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

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

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

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

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

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

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

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Buildings, excluding dwellings	5	82
Plant & machinery	3	20
Transport equipment	10	12
Information technology	1	10
Furniture & fittings	5	20

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

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.

Note 1.10 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.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses for assets relating to Non NHS bodies are determined by reference to an unbiased probability-weighted approach using recent actual recovery experience. A separate assessment is employed for each of the main sources of Non NHS income.

Expected credit losses in relation to NHS bodies are not normally recognised. They are subject to a separate credit note risk assessment.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 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 from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 23.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note where applicable where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are also disclosed in a note where applicable, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

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

Note 1.17 Corporation tax

The Trust does not fall within the scope of Corporation Tax for the year ended 31 March 23, neither did it for the year ended 31 March 22.

Note 1.18 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

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

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

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

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

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

Note 1.20 Third party assets

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

Note 1.21 Losses and special payments

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

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

Note 1.22 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.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to the retail price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Note 1.25 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 accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

An assessment of the Trusts PFI schemes was made as part of the IFRS transition in the 2009/10 accounts, and it was determined that the PFI scheme in respect of the main Hospital building should be accounted for as an on-Statement of Financial Position asset under IFRIC 12. This required judgements to be made in order to determine the required accounting treatment. The key judgements were to initially value the hospital at the cost of construction, to attribute an asset life of 70 years and to identify the components of the hospital subject to lifecycle maintenance, that should be accounted for separately. The annual contribution to lifecycle maintenance is treated as a non current prepayment until it is capitalised consistent with the operators schedule for replacement.

A full valuation of the PFI hospital was performed as at 31 March 2020 by the Trust's externally appointed independent valuer, Montagu Evans, Chartered Surveyors.

The revaluation basis for all of the Trusts Land and Buildings was depreciated replacement cost as a Modern Equivalent Asset, with the exception of the Residential Accommodation on the hospital campus and the office accommodation within the main hospital building. These were valued as non specialised assets and were valued on a market value for existing use basis.

The valuation was accounted for in the 2019/2020 accounts. An desktop valuation was completed in 2021/22, for inclusion in those accounts.

For 2022/23, the valuation has been subject to an indexation valuation by Montagu Evans, to assess the valuation movement over the year to 31 March 2023. This movement has been reflected in the 2022/23 accounts, along with capital additions in the financial year.

Note 1.26 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Estimations as to the recoverability of receivables have been made in determining carrying amounts of those assets. Variation is not expected to be significant.

Judgement has been used to determine the carrying value of provisions, deferral of income and accruals for expenditure.

An estimate has been used to determine total future obligations under PFI contracts as disclosed in note 22.1, in relation to future rates of inflation. This estimate does not affect the carrying value of liabilities in the Statement of Financial Position at 31 March 2023 or 31 March 2022, or the amounts charged through the Statement of Comprehensive Income.

Note 2 Operating Segments

IFRS 8 requires income and expenditure to be broken down into the operating segments reported to the chief operating decision maker. In the case of the Trust, this has been determined to be the Executive Directors.

The Executive Directors receive segmental information for expenditure. Segments are defined as the Trust's divisions, as identified in the following table which also describes the service that each provides. The Services division deals with areas such as the commissioning of catering, portering and cleaning, as well as support functions.

Income and assets are not reported by division, so are not analysed in the data below. Details of income by source is provided in note 3.2. The Trust's main source of income is from within the UK for the provision of healthcare services.

2022/23:

	Medicine	Clinical Support	Surgery and Emergency	Women, Children and Sexual Health	Services	Pandemic Incident Response	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pay	143,303	86,489	176,621	56,349	48,732	2,609	**514,103**
Non Pay	111,648	33,665	57,762	10,803	86,620	707	**301,205**
Total	**254,951**	**120,154**	**234,383**	**67,152**	**135,352**	**3,316**	**815,308**

2021/22 :

	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pay	126,417	75,590	153,977	51,311	41,969	11,144	**460,408**
Non Pay	112,861	36,170	39,582	10,446	79,131	15,622	**293,812**
Total	**239,278**	**111,760**	**193,559**	**61,757**	**121,100**	**26,766**	**754,220**

Reconciliation - Pay

	2022/23	2021/22
	£'000	£'000
Employee Expenses - Non-executive directors (note 7.1)	143	153
Employee Expenses - Staff and executive directors (note 7.1)	513,766	460,105
VSS & Redundancy (note 7.1)	194	150
Total	**514,103**	**460,408**

Reconciliation - Non Pay

	£'000	£'000
Operating Expenses (note 7.1)	879,377	802,605
Less: Pay (see above)	(514,103)	(460,408)
Less: Depreciation (note 7.1)	(32,530)	(21,591)
Less: Consortium payments (note 7.1)	(19,475)	(19,239)
Less: Research and development (note 7.1)	(7,742)	(6,106)
Less: Education & training - notional expenditure funded from apprenticeship fund (note 7.1)	(1,344)	(1,411)
Less: Impairments (note 7.1)	(2,978)	(38)
Total	**301,205**	**293,812**

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2022/23 £000	2021/22 £000
Acute services		
Income from commissioners under API contracts*	705,024	704,267
High cost drugs income from commissioners (excluding pass-through costs)	56,572	19,237
Other NHS clinical income	9,275	9,572
All services		
Private patient income	1,809	1,612
Agenda for change pay award central funding***	15,091	-
Additional pension contribution central funding**	19,168	18,390
Other clinical income	3,401	1,442
Total income from activities	**810,340**	**754,520**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	231,645	205,160
Clinical commissioning groups	138,947	546,305
Integrated care boards	434,538	-
Department of Health and Social Care	19	-
Other NHS providers	81	1
NHS other	7	-
Non-NHS: private patients	1,809	1,304
Non-NHS: overseas patients (chargeable to patient)	500	308
Injury cost recovery scheme	1,594	964
Non NHS: other	1,200	478
Total income from activities	**810,340**	**754,520**
Of which:		
Related to continuing operations	810,340	754,520
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	500	308
Cash payments received in-year	150	253
Amounts added to provision for impairment of receivables	141	20
Amounts written off in-year	2	522

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	7,657	-	**7,657**	6,066	-	**6,066**
Education and training	28,907	1,509	**30,416**	26,627	1,411	**28,038**
Reimbursement and top up funding	1,281		**1,281**	6,917		**6,917**
Income in respect of employee benefits accounted on a gross basis	15,389		**15,389**	22,870		**22,870**
Receipt of capital grants and donations and peppercorn leases		1,748	**1,748**		2,465	**2,465**
Charitable and other contributions to expenditure		1,299	**1,299**		1,925	**1,925**
Revenue from operating leases		225	**225**		211	**211**
Other income	51,801	-	**51,801**	25,747	-	**25,747**
Total other operating income	**105,035**	**4,781**	**109,816**	**88,227**	**6,012**	**94,239**
Of which:						
Related to continuing operations			109,816			94,239
Related to discontinued operations			-			-

Note 5.1 Income from activities arising from commissioner requested services

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

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	806,831	752,430
Income from services not designated as commissioner requested services	3,509	2,090
Total	**810,340**	**754,520**

Note 5.2 Profits and losses on disposal of property, plant and equipment

The Trust has not disposed of land and buildings assets used in the provision of commissioner requested services during the year.

Note 6 Operating leases - Norfolk and Noriwch University Hospitals Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Norfolk and Norwich University Hospitals NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 6.1 Operating lease income

	2022/23	2021/22
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	87	87
Variable lease receipts / contingent rents	138	124
Total in-year operating lease income	**225**	**211**

Note 6.2 Future lease receipts

	31 March 2023
	£000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	87
- later than one year and not later than two years	87
- later than two years and not later than three years	87
- later than three years and not later than four years	87
- later than four years and not later than five years	87
- later than five years	350
Total	**785**

	31 March 2022
	£000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	87
- later than one year and not later than five years;	350
- later than five years.	437
Total	**874**

Note 7.1 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,610	20
Purchase of healthcare from non-NHS and non-DHSC bodies	10,266	3,982
Staff and executive directors costs	513,766	460,105
Remuneration of non-executive directors	143	153
Supplies and services - clinical (excluding drugs costs)	81,593	79,899
Supplies and services - general	11,540	14,314
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	100,270	94,160
Inventories written down	86	213
Consultancy costs	883	831
Establishment	6,132	8,348
Premises	28,892	25,212
Transport (including patient travel)	3,623	2,606
Depreciation on property, plant and equipment and right of use assets	32,530	21,591
Net impairments	2,978	38
Movement in credit loss allowance: contract receivables / contract assets	788	120
Movement in credit loss allowance: all other receivables and investments	149	112
Change in provisions discount rate(s)	(549)	83
Fees payable to the external auditor		
audit services- statutory audit	172	164
Internal audit costs	97	150
Clinical negligence	18,926	16,337
Legal fees	(428)	147
Insurance	121	57
Research and development	7,742	6,106
Education and training	3,054	2,971
Expenditure on short term leases (current year only)	393	-
Operating lease expenditure (comparative only)	-	13,164
Redundancy	194	150
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	28,895	27,626
Losses, ex gratia & special payments	13	17
Grossing up consortium arrangements	19,475	19,239
Other services, eg external payroll	1,936	1,667
Other	1,087	3,023
Total	**879,377**	**802,605**
Of which:		
Related to continuing operations	879,377	802,605

Note 7.2 Other auditor remuneration

Other auditor remuneration paid to the external auditor:

No other auditor remuneration was paid for other non-audit services to the Trust

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5 million (2021/22: £5 million).

Note 8 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	149	-
Abandonment of assets in course of construction	-	38
Unforeseen obsolescence *	2,829	-
Total net impairments charged to operating surplus / deficit	**2,978**	**38**
Impairments charged to the revaluation reserve	116	-
Total net impairments	**3,094**	**38**

*In 2022/23 the Trust disposed of equipment previously donated during the Covid pandemic. The carrying value of these assets were impaired due to obsolescence relating to the true value of the assets prior to disposal.

Note 9 Employee benefits

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	398,259	360,902
Social security costs	39,370	35,074
Apprenticeship levy	2,048	1,753
Employer's contributions to NHS pensions	62,931	60,322
Pension cost - other	101	86
Termination benefits	194	150
Temporary staff (including agency)	18,657	11,016
Total staff costs	**521,560**	**469,303**
Of which		
Costs capitalised as part of assets	2,629	1,549

Note 9.1 Retirements due to ill-health

During 2022/23 there were 6 early retirements from the trust agreed on the grounds of ill-health (8 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £655k (£449k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 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 at 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.

Note 11 Finance income

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	2,675	61
Total finance income	**2,675**	**61**

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations	523	11
Main finance costs on PFI and LIFT schemes obligations	15,806	16,261
Contingent finance costs on PFI and LIFT scheme obligations	21,726	16,963
Total interest expense	**38,055**	**33,235**
Unwinding of discount on provisions	49	(39)
Total finance costs	**38,104**	**33,196**

Note 13 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	238	393
Losses on disposal of assets	(681)	(159)
Total gains / (losses) on disposal of assets	**(443)**	**234**

Note 14.1 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**12,939**	**298,651**	**14,576**	**93,435**	**109**	**48,216**	**1,833**	**469,759**
Additions	-	2,364	13,251	7,800	-	3,210	3	**26,628**
Impairments	(35)	(81)	-	(2,974)	-	-	(4)	**(3,094)**
Revaluations	-	19,196	656	-	-	-	-	**19,852**
Reclassifications	-	2,052	(620)	-	(1)	(1,430)	(1)	**-**
Disposals / derecognition	-	-	-	(11,545)	-	(284)	(97)	**(11,926)**
Valuation/gross cost at 31 March 2023	**12,904**	**322,182**	**27,863**	**86,716**	**108**	**49,712**	**1,734**	**501,219**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**6,243**	**-**	**57,149**	**62**	**27,164**	**1,030**	**91,648**
Provided during the year	-	9,246	-	5,580	6	6,537	152	**21,521**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	1	-	(1)	-	**-**
Disposals / derecognition	-	-	-	(10,885)	-	(254)	(97)	**(11,236)**
Accumulated depreciation at 31 March 2023	**-**	**15,489**	**-**	**51,845**	**68**	**33,446**	**1,085**	**101,933**
Net book value at 31 March 2023	**12,904**	**306,693**	**27,863**	**34,871**	**40**	**16,266**	**649**	**399,286**
Net book value at 1 April 2022	**12,939**	**292,408**	**14,576**	**36,286**	**47**	**21,052**	**803**	**378,111**

Note 14.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**11,611**	**278,444**	**7,953**	**91,082**	**153**	**41,607**	**1,649**	**432,499**
Additions	-	18,573	9,207	7,741	1	6,802	199	**42,523**
Impairments	-	-	-	-	-	(38)	-	**(38)**
Revaluations	1,328	(1,059)	130	-	-	-	-	**399**
Reclassifications	-	2,693	(2,714)	50	-	(29)	-	**-**
Disposals / derecognition	-	-	-	(5,438)	(45)	(126)	(15)	**(5,624)**
Valuation/gross cost at 31 March 2022	**12,939**	**298,651**	**14,576**	**93,435**	**109**	**48,216**	**1,833**	**469,759**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**5,367**	**-**	**57,187**	**88**	**19,938**	**898**	**83,478**
Provided during the year	-	8,832	-	5,262	9	7,341	147	**21,591**
Revaluations	-	(7,956)	-	-	-	-	-	**(7,956)**
Disposals / derecognition	-	-	-	(5,300)	(35)	(115)	(15)	**(5,465)**
Accumulated depreciation at 31 March 2022	**-**	**6,243**	**-**	**57,149**	**62**	**27,164**	**1,030**	**91,648**
Net book value at 31 March 2022	**12,939**	**292,408**	**14,576**	**36,286**	**47**	**21,052**	**803**	**378,111**
Net book value at 1 April 2021	**11,611**	**273,077**	**7,953**	**33,895**	**65**	**21,669**	**751**	**349,021**

Note 14.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	12,904	82,542	27,863	30,061	40	16,182	573	**170,165**
On-SoFP PFI contracts and other service concession arrangements	-	209,993	-	-	-	-	-	**209,993**
Owned - donated/granted	-	14,158	-	4,810	-	84	76	**19,128**
Total net book value at 31 March 2023	**12,904**	**306,693**	**27,863**	**34,871**	**40**	**16,266**	**649**	**399,286**

Note 14.4 Property, plant and equipment financing - 31 March 2022

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	12,939	76,872	14,576	27,285	47	20,948	716	**153,383**
On-SoFP PFI contracts and other service concession arrangements	-	202,218	-	-	-	-	-	**202,218**
Owned - donated/granted	-	13,318	-	9,001	-	104	87	**22,510**
Total net book value at 31 March 2022	**12,939**	**292,408**	**14,576**	**36,286**	**47**	**21,052**	**803**	**378,111**

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	0	-	-	-	-	-	**0**
Not subject to an operating lease	12,904	306,693	27,863	34,871	40	16,266	649	**399,286**
Total net book value at 31 March 2023	**12,904**	**306,693**	**27,863**	**34,871**	**40**	**16,266**	**649**	**399,286**

Note 15 Donations of property, plant and equipment

During the year assets to the value of £1,008k (2021/22: £2,023k) were purchased using charitable support. No conditions were imposed by the donor. In addition, £0k (2021/22: £442k) of equipment relating to the Trust's COVID response were donated by DHSC.

Note 16 Leases - Norfolk and Norwich University Hospitals NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust as a lessee makes use of leased assets for the delivery of patient care including the lease of laboratory equipment, buildings for delivery of community activity, and significant radiotherapy equipment.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 16.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	23,813	38,035	79	704	**62,631**	417
Additions	-	740	27	1,872	**2,639**	-
Remeasurements of the lease liability	-	1,881	-	-	**1,881**	-
Disposals / derecognition	-	(199)	-	-	**(199)**	-
Valuation/gross cost at 31 March 2023	**23,813**	**40,457**	**106**	**2,576**	**66,952**	**417**
Provided during the year	1,853	8,886	43	228	**11,010**	110
Disposals / derecognition	-	(84)	-	-	**(84)**	-
Accumulated depreciation at 31 March 2023	**1,853**	**8,802**	**43**	**228**	**10,926**	**110**
Net book value at 31 March 2023	**21,960**	**31,655**	**63**	**2,348**	**56,026**	**307**
Net book value of right of use assets leased from other NHS providers						-
Net book value of right of use assets leased from other DHSC group bodies						307

Note 16.2 Revaluations of right of use assets

The trust is measuring right of use assets applying the revaluation model in IAS 16, and using the Retail Prices Index for this purpose.

Note 16.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 22.

	2022/23
	£000
Carrying value at 31 March 2022	**-**
IFRS 16 implementation - adjustments for existing operating leases	58,710
Lease additions	1,898
Lease liability remeasurements	1,881
Interest charge arising in year	523
Early terminations	(116)
Lease payments (cash outflows)	(9,949)
Carrying value at 31 March 2023	**52,947**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets in £0k and is included within revenue from operating leases in note 4.

Note 16.4 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	10,047	24
- later than one year and not later than five years;	29,158	96
- later than five years.	16,013	209
Total gross future lease payments	**55,218**	**329**
Finance charges allocated to future periods	(2,270)	(20)
Net lease liabilities at 31 March 2023	**52,948**	**309**
Of which:		
Leased from other NHS providers		-
Leased from other DHSC group bodies		309

Note 16.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	13,164
Total	**13,164**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	12,312
- later than one year and not later than five years;	42,690
- later than five years.	20,016
Total	**75,018**
Future minimum sublease payments to be received	-

Note 16.6 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.12.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	**75,018**
Impact of discounting at the incremental borrowing rate	**(8,002)**
IAS 17 operating lease commitment discounted at incremental borrowing rate	**67,016**
Less:	
Commitments for short term leases	(393)
Irrecoverable VAT previously included in IAS 17 commitment	(141)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(8,844)
Other adjustments	1,072
Total lease liabilities under IFRS 16 as at 1 April 2022	**58,710**

Note 17 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	4,402	4,777
Consumables	9,723	8,033
Total inventories	**14,125**	**12,810**

Inventories recognised in expenses for the year were £161,866k (2021/22: £158,465k). Write-down of inventories recognised as expenses for the year were £86k (2021/22: £213k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,299k of items purchased by DHSC (2021/22: £1,925k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 18.1 Receivables

	31 March 2023	31 March 2022
	£000	£000
Current		
Contract receivables	43,771	18,359
Allowance for impaired contract receivables / assets	(2,450)	(2,287)
Allowance for other impaired receivables	(2,114)	(2,018)
Prepayments (non-PFI)	6,833	9,470
Interest receivable	438	15
PDC dividend receivable	1,289	-
VAT receivable	4,085	2,392
Other receivables	1,666	2,137
Total current receivables	**53,518**	**28,068**
Non-current		
Contract receivables	1,527	1,071
PFI lifecycle prepayments	52,536	48,126
Other receivables	1,922	2,052
Total non-current receivables	**55,985**	**51,249**
Of which receivable from NHS and DHSC group bodies:		
Current	28,890	7,308
Non-current	1,922	2,052

Note 18.2 Allowances for credit losses

	2022/23		2021/22	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**2,287**	**2,018**	**2,932**	**2,001**
New allowances arising	788	380	120	254
Changes in existing allowances	-	(229)	-	-
Reversals of allowances	-	(2)	-	(142)
Utilisation of allowances (write offs)	(625)	(53)	(765)	(95)
Allowances as at 31 Mar 2023	**2,450**	**2,114**	**2,287**	**2,018**

Note 19.1 Cash and cash equivalents movements

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

	2022/23	2021/22
	£000	£000
At 1 April	**95,330**	**68,945**
Net change in year	(2,052)	26,385
At 31 March	**93,278**	**95,330**
Broken down into:		
Cash at commercial banks and in hand	120	127
Cash with the Government Banking Service	93,158	95,203
Total cash and cash equivalents as in SoFP	**93,278**	**95,330**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**93,278**	**95,330**

Note 19.2 Third party assets held by the trust

Norfolk and Norwich University Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2023	31 March 2022
	£000	£000
Bank balances	3	2
Total third party assets	**3**	**2**

Note 20 Trade and other payables

	2023	2022
	£000	£000
Current		
Trade payables	36,748	23,893
Capital payables	7,296	8,137
Accruals	74,809	58,629
Social security costs	10,103	9,730
PDC dividend payable	-	10
Pension contributions payable	6,090	5,898
Total current trade and other payables	**135,046**	**106,297**
Of which payables from NHS and DHSC group bodies:		
Current	7,027	10,226
Non-current	-	-

Note 21 Other liabilities

	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred income: contract liabilities	25,151	27,991
Total other current liabilities	**25,151**	**27,991**
Non-current		
Deferred income: contract liabilities	1,320	1,654
Total other non-current liabilities	**1,320**	**1,654**

Note 22 Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Lease liabilities*	10,047	-
Obligations under PFI, LIFT or other service concession contracts	6,207	5,698
Total current borrowings	**16,254**	**5,698**
Non-current		
Lease liabilities*	42,901	-
Obligations under PFI, LIFT or other service concession contracts	170,462	176,669
Total non-current borrowings	**213,363**	**176,669**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 16.

Note 22.1 Reconciliation of liabilities arising from financing activities - 2022/23

	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2022	**-**	**182,367**	**182,367**
Cash movements:			
Financing cash flows - payments and receipts of principal	(9,426)	(5,698)	**(15,124)**
Financing cash flows - payments of interest	(523)	(15,806)	**(16,329)**
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	58,710	-	**58,710**
Additions	1,898	-	**1,898**
Lease liability remeasurements	1,881	-	**1,881**
Application of effective interest rate	523	15,806	**16,329**
Early terminations	(116)	-	**(116)**
Carrying value at 31 March 2023	**52,947**	**176,669**	**229,616**

Note 22.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2021	**66**	**187,338**	**187,404**
Cash movements:			
Financing cash flows - payments and receipts of principal	(66)	(4,971)	**(5,037)**
Financing cash flows - payments of interest	(11)	(16,261)	**(16,272)**
Non-cash movements:			
Application of effective interest rate	11	16,261	**16,272**
Carrying value at 31 March 2022	**-**	**182,367**	**182,367**

Note 23.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2022	**691**	**2,400**	**98**	**1,097**	**7,974**	**12,260**
Change in the discount rate	(62)	(487)	-	-	(1,733)	**(2,282)**
Arising during the year	-	-	40	-	2,423	**2,463**
Utilised during the year	(32)	(133)	(18)	(117)	(271)	**(571)**
Reversed unused	(14)	(2)	-	(59)	-	**(75)**
Unwinding of discount	10	39	-	-	-	**49**
At 31 March 2023	**593**	**1,817**	**120**	**921**	**8,393**	**11,844**
Expected timing of cash flows:						
- not later than one year;	90	133	120	921	1,474	**2,738**
- later than one year and not later than five years;	319	510	-	-	5,103	**5,932**
- later than five years.	184	1,174	-	-	1,816	**3,174**
Total	**593**	**1,817**	**120**	**921**	**8,393**	**11,844**

Pensions covers liabilities in respect of former staff members. Due to the nature of the obligation (pension related) there is uncertainty over the expected timing of cash flows, duration and magnitude.

Legal claims include Employer's Liability and Public Liability claims. Incidents occurring after 1 April 1999 are covered by the NHS Litigation Authority Liabilities to Third Parties Scheme.

Other provisions largely consist of provisions for HMRC determinations and clinician's pension tax reimbursement. The clinician's pension tax reimbursement relates to clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the tax year 2019/20 face a tax charge in respect of the growth of their NHS pension benefits which will be paid for by the NHS Pension Scheme. Accordingly, we have reflected the provision for this liability. It will be met in full by the NHS Pension Scheme. There is an equal and opposite asset in income accruals.

Note 23.2 Clinical negligence liabilities

At 31 March 2023, £296,985k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Norfolk and Norwich University Hospitals NHS Foundation Trust (31 March 2022: £423,045k).

Note 24 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	2,646	8,885
Total	**2,646**	**8,885**

Note 25 On-SoFP PFI, LIFT or other service concession arrangements

On 9 January 1998 the Trust concluded contracts under the Private Finance Initiative (PFI) with Octagon Healthcare Limited for the construction of a new 809 bed hospital and the provision of hospital related services. In addition, and as a consequence of revised patient activity projections, the Trust entered into a contract variation with Octagon Healthcare Limited to extend the new hospital by a further 144 beds. This contract variation was approved by the Department of Health and was signed on 14 July 2000.

The PFI scheme was approved by the NHS Executive and HM Treasury as being better value for money than the public sector comparator. Under IFRIC 12, the PFI scheme is deemed to be on Statement of Financial Position, meaning that the hospital is treated as an asset of the Trust, that is being acquired through a finance lease. The payments to Octagon in respect of it have therefore been analysed into finance lease charges and service charges. The accounting treatment of the PFI scheme is detailed in accounting policy 1.9.

The service element of the contract was £28,900k (2021/22: £27,600k), with contingent rent being £21,700k (2021/22: £17,000k).

The estimated value of the scheme at inception was £222,600k. Payments under the scheme commenced on 15 August 2001. In 2003/04 the Trust entered into and concluded a refinancing arrangement with Octagon Healthcare Ltd on the investment in the hospital. This resulted in an extension of the minimum term of the scheme from 30 to 35 years and a reduction in the annual charge by £3,500k per annum.

Note 25.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2023 £000	31 March 2022 £000
Gross PFI, LIFT or other service concession liabilities	**815,019**	**785,699**
Of which liabilities are due		
- not later than one year;	50,289	44,612
- later than one year and not later than five years;	214,049	189,886
- later than five years.	550,681	551,201
Finance charges allocated to future periods	(638,350)	(603,332)
Net PFI, LIFT or other service concession arrangement obligation	**176,669**	**182,367**
- not later than one year;	6,207	5,698
- later than one year and not later than five years;	30,884	28,354
- later than five years.	139,578	148,315

Note 25.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,282,979**	**1,290,600**
Of which payments are due:		
- not later than one year;	79,164	73,281
- later than one year and not later than five years;	336,950	311,909
- later than five years.	866,865	905,410

Note 25.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2022/23	2021/22
	£000	£000
Unitary payment payable to service concession operator	**76,535**	**70,590**
Consisting of:		
- Interest charge	15,806	16,261
- Repayment of balance sheet obligation	5,698	4,971
- Service element and other charges to operating expenditure	28,895	27,626
- Contingent rent	21,726	16,963
- Addition to lifecycle prepayment	4,410	4,769
Total amount paid to service concession operator	**76,535**	**70,590**

Note 26 Financial instruments

Note 26.1 Financial risk management

Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has borrowings in the form of PFI arrangements and a Finance Lease. For both types of borrowings, the interest rate is fixed, resulting in a low level of associated risk. Contingent rent does apply to the PFI scheme, as it is indexed through a twice yearly application of RPI. There is therefore an interest rate risk associated with that, though it is deemed to be low due to its comparative size.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the Trade and Other Receivables note.

The Trust's Treasury Management Policy has clear criteria, is updated regularly and advice is taken from it's investment advisers so as to ensure that there is a very low level of risk associated with cash and any deposits with financial institutions.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 26.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	42,790	-	**42,790**
Cash and cash equivalents	93,278	-	**93,278**
Total at 31 March 2023	**136,068**	**-**	**136,068**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	16,505	-	**16,505**
Cash and cash equivalents	95,330	-	**95,330**
Total at 31 March 2022	**111,835**	**-**	**111,835**

Note 26.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	52,948	**52,948**
Obligations under PFI, LIFT and other service concession contracts	176,669	**176,669**
Trade and other payables excluding non financial liabilities	124,943	**124,943**
Provisions under contract	11,843	**11,843**
Total at 31 March 2023	**366,403**	**366,403**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Obligations under PFI, LIFT and other service concession contracts	182,367	**182,367**
Trade and other payables excluding non financial liabilities	96,495	**96,495**
Provisions under contract	7,705	**7,705**
Total at 31 March 2022	**286,567**	**286,567**

Note 26.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	2023	2022
	£000	£000
In one year or less	188,016	143,113
In more than one year but not more than five years	249,138	192,007
In more than five years	569,869	554,780
Total	**1,007,023**	**889,899**

Note 27 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	117	116	181	141
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	4,092	485	7,224	623
Stores losses and damage to property	3	68	3	212
Total losses	**4,212**	**669**	**7,408**	**976**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	54	13	47	18
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**54**	**13**	**47**	**18**
Total losses and special payments	**4,266**	**682**	**7,455**	**994**

Note 28 Related parties

The Department of Health and Social Care is regarded as a related party. It is the parent department for DHSC group bodies. Accordingly we are required to provide a note of the main entities within the public sector which we have had dealings. They are Norfolk and Waveney ICB, NHS England, HMRC and NHS Pension Schemes.

The services of the Norfolk and Norwich University Hospitals NHS Foundation Trust have benefited from payments of £ 2,268k for enhancement of patient environment, investment in staff, additional equipment, and research (2021/22: £ 1,742k) from the Norfolk and Norwich Hospitals Charity.

During the year net assets to the value of £1,008k (2021/22: £2,023k) were donated to the Foundation Trust, of which £ 851k (2021/22: £1,190k) came from the Norfolk and Norwich Hospitals Charity.

The Norfolk and Norwich University Hospitals NHS Foundation Trust has recharged the sum of £ 222k (2021/22: £ 242k) to the Norfolk and Norwich Hospitals Charity for the provision of administration and management of the Charity.

The Norfolk and Norwich Hospitals Charity has made payments £486k, (2021/22: £563k) to Norwich Research Partners LLP. The Chief Executive Officer and a Non-Executive director are members of the board of this organisation.

The Norfolk and Norwich Hospitals Charity has made payments £2,543k, (2021/22: £3,295k) to the University of East Anglia and received income of £ 1,565k (2021/22 £ 1,425k). A Non-Executive director is the Pro-Vice-Chancellor of this organisation.

The Norfolk and Norwich Hospitals Charity has made payments £2,346k, (2021/22: £2,909k) to QI Partners Ltd. The Chief Executive Officer is a member of the board of this organisation.

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, have undertaken any material transactions with the Trust.

Note 29 Prior period adjustments

There have been no prior period adjustments

Note 30 Events after the reporting date

There have been no events after the reporting year that have had a major impact on these accounts.

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