Our Vision
The best care
for every patient

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Annual Report and Accounts

2023-2024

Norfolk and Norwich University Hospitals NHS Foundation Trust

Annual Report and Accounts 2023-2024

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

Table of Contents

Performance Report

Performance Report

Chair's Statement

Welcome to our review of 2023-24 which marks my first full year as Chair of NNUH. It has been a pleasure to meet so many people and gain an insight into the wonderful care delivered to the community we serve. The dedication and caring nature of our staff shines through in every interaction.

With the support of our skilled and hard-working teams, we are delivering a range of complex and tertiary services for the people of Norfolk and Waveney. Our performance has moved in a positive direction during the year with most indicators being green at the financial year end, despite the demand on services and periods of industrial action.

Our teams have made great efforts on behalf of our patients, running extra clinics, operating seven-day services and thinking differently about how we can treat patients more quickly. I would like to offer my admiration and heartfelt thanks for their outstanding efforts and achievements.

We are on a journey of expansion and transformation as we meet the needs of an increasing population and one that is ageing, with North Norfolk having one of the oldest populations in the country.

Adapting our services to meet the needs of a frail cohort of patients, supporting people with dementia and being part of a system that provides excellent palliative and end of life care are important to us.

Our patient population is less ethnically diverse and older compared to the rest of England. We also have a high number of patients who are part of an 'Inclusion Health Group' who are socially excluded and have risk factors for poor health including people who are homeless, those with drug and alcohol dependencies and those in contact with the criminal justice system.

Working with our partners, we are committed to tackling the inequalities associated with poor health outcomes, following the national lead from NHS England. This work forms part of our corporate strategy, Caring with PRIDE which includes actions to address inequalities and we have a joint Health Inequalities and Equality, Diversity and Inclusion Group which leads on our strategic direction.

We are part of the Norfolk and Waveney ICS (Integrated Care System) and work closely with the other two acute Trusts in Norfolk and Waveney - the James Paget University Hospital and the Queen Elizabeth Hospital, King's Lynn. We are working together on diagnostic centres for each site and a joint Electronic Patient Record (EPR).

We are also working closely with Norfolk Community Health and Care NHS Trust and Norfolk and Suffolk NHS Foundation Trust.

Preparation for the EPR is under way and this will underpin the digital modernisation of our services, meaning patients only have to tell their story once and clinicians have a clearer view of the patient's history, wishes and treatment plan.

Financial performance and eliminating the deficit are key issues for us and we are committed to eliminating the underlying deficit. We have a breakeven position this year which has been achieved through a number of non-recurrent measures. Our longer-term strategy must be to increase productivity and deliver services in a more efficient way, in line with national priorities.

Innovation will be the key to driving the quality of services and reducing costs at the same time. The Virtual Ward is a good example where patients are monitored at home using technology. This service has proved popular with our patients as it allows them to recover at home with back-up from hospital teams if needed.

During the year, we have seen some leadership changes. I must thank our recently appointed CEO Professor Lesley Dwyer who has brought great experience and leadership flair to the role. We are in good shape to move forward and reach our full potential, becoming a beacon for research, collaborating with partners also on the Norwich Research Park, and offering excellent services to our community.

There is more work to do in unlocking the potential of our staff by moving to a more open culture and harnessing the potential of everyone who works at NNUH. Changing the culture and empowering staff and tackling negative behaviours are priorities for us. We must acknowledge the pressure on our staff, particularly during the use of escalation beds to reduce the risk of delays to ambulances conveying patients to hospital, which have been used to manage seasonal pressures and are being phased out now.

Staff deserve our heartfelt thanks for all their efforts throughout a challenging year. Improving patient and staff experience is our priority in the year ahead. With all the support from our board, governors, staff, volunteers and the local community, we have tremendous potential to deliver more on research, more advanced treatments and to go further and faster in reducing waiting times.

Tom Spink
Chair

Chief Executive's Statement

I was delighted to be appointed to the role of Chief Executive in late February 2024.

Though I've been here for just a short time, I have spent time with a number of teams and visited many areas. My initial impressions are good and I can see tremendous potential for NNUH to lead the way regionally and nationally in several areas. The individual contacts I've observed with patients, families and between staff have been reassuring and the caring nature of the staff really stands out to me.

Although we ended the year on a positive note in terms of our performance, we need be more consistent and move towards an enabling culture where our staff feel that they have permission to solve issues from within their own services. We want to embed innovation, quality and evidence-based care, with decision making moving back to where care is delivered and away from the command and control model more prevalent in the NHS during the pandemic.

Our staff are working extremely hard and we need the whole system to support their efforts and not have to rely on one-off solutions to solve our difficulties.

Many of the challenges are reflected in national skill shortages and we need to be imaginative in our approach, including more work on growing our own workforce, to overcome these issues.

Being better partners to the health and social care organisations in Norfolk and Waveney will be a focus for me and the whole organisation. Patient journeys cross our boundaries every day and there are opportunities to work constructively with others to improve the experience for patients and their families. With an increasingly frail and ageing population, we will need to redesign the way we offer care by working with partners to find alternatives to an acute admission.

I have seen examples of outstanding practice since I arrived, such as the fantastic work of the hospital Volunteers who give their time so freely to support us and our patients. The welfare calls to patients when they leave hospital is just one example. This personal touch can mean so much and help us to signpost patients to the services they may need during a time of change in their lives.

Looking at our Caring with PRIDE strategy, there are opportunities to develop further those specialist services which provide complex care. This will align with our position as the largest acute Trust in Norfolk and Waveney and a tertiary centre for many regional services.

I can see that staff are very proud of their achievements in research and we lead the way in some areas, such as neonatology, diabetes and rheumatology. There is more work to do in transforming us into a more academic organisation with research and education at the heart of everything we do.

Being part of the Norwich Research Park and working with our partners gives us an enormous opportunity to excel in fields such as nutrition and frailty.

Three priorities
In autumn 2023, three priorities were set for our services: reducing ambulance handover delays, reducing waits for planned care and improving cancer performance.

These priorities have helped us to focus on the highest risks for our patients and our community. They are helping to save lives and make the biggest difference to patient safety and outcomes.

Ambulance handover times
One of our biggest challenges has been to reduce ambulance handover delays which slow the emergency response to patients in the community who need to be conveyed to hospital urgently.

The work of our teams has made a huge difference to our patients and is testament to the efforts of everyone supporting a zero tolerance to ambulance waits of more than 30 minutes. At the end of March 2024, for the four-hour emergency care standard, we were positioned 13th in the country, after meeting the standard for 15 months consecutively.

The risk has been transferred from the community to our wards where we have been using escalation beds to accommodate the extra seasonal demand. This has created a difficult environment for patients and the staff who care for them. It is the second year where we have had to use extra beds to accommodate patients through the busiest times of the year, adding to the impact on staff morale. We expect patient and staff experience to improve as seasonal pressures ease and we phase out the use of these extra beds.

Improving our discharge profile to earlier in the day will improve patient flow and ease operational pressures on the wards. Last autumn a new taskforce was set up to transform the way we operate, called ‘Home for Lunch‘.

The taskforce has involved developing a new escalation policy, workshops with staff and changes to weekend working to help us improve performance. The aim is to achieve 30% of discharges before midday which will ease pressure on our Emergency Department, assessment units and inpatient wards. Significant improvements have been made from our baseline of about 11% up to around 21% with some wards are approaching the 30% mark and others still having some way to go,

Over the next few months, we are working with small groups of wards to support them through the improvement process and adopt the learning points more widely across the hospital.

Planned Care
Our teams have worked extremely hard for more than two years to bring down our waiting lists and treat patients who are waiting for planned care.

This hasn’t been easy and they all deserve our gratitude for their consistent efforts. For planned care, we made significant improvements and missed the 78-week target by only 268 patients who were offered dates for treatment through April and May 2024.

We have continued to ringfence our surgical beds to maintain our recovery in planned care to reduce patient harm associated with long waits, and to ensure we have enough capacity for emergency and critical care cases.

The industrial action has had an effect on our performance, making it difficult to rebook all our patients in the timeframe required to meet the national standards.

Cancer performance
Teams right across the hospital have contributed to an improvement in performance for patients on the 62-day cancer treatment pathway.

Since August 2023, we have brought down the backlog of patients waiting longer than 62 days for their treatment from 650 patients to 179, exceeding the requirement from NHS England. Now we need to go further and focus on delivering the 62-day standard in a more consistent way.

We have also seen a huge in improvement in our performance on the faster diagnosis standard and are within a small percentage of achieving the national requirement of 75%.

This performance compares well to other cancer centres nationally which have all been under pressure. Despite our progress, we are not where we want to be in terms of waiting times. Responsive cancer services are vital for our community and we aim to make further improvements for patients in Norfolk and Waveney.

Staff survey
We want our staff to enjoy working at NNUH, to have professionally fulfilling careers, opportunities for further education and training, and to remain with us.

Although the results of the 2023 Staff Survey show a small improvement, the scores remain below the average for acute trusts nationally. Although these results are moving in the right direction, we must make NNUH a better place to work.

Giving staff a greater say in how we operate and embedding a positive and connected leadership style will help us to move forward.

Care Quality Commission (CQC)
There have been three CQC inspections during 2023-24: Outpatient Services, Surgery and Diagnostics, plus Maternity Services and a well-led inspection.

The maternity report was published in February 2024 and Maternity services were rated as ‘Good’ for both safety and well-led following the inspection in November 2023. The independent regulator found a team who worked well together for the benefit of people who access their services and their families. Inspectors said that staff felt respected, supported, and valued, managed safety well and engaged well with service users.

A combined report is due to be published in Summer 2024 covering well led and Outpatient Services, Surgery and Diagnostics.

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.

In March 2024, work started to map our clinical processes as the first step towards establishing an EPR. From May 2024, we will start to compare the information we’ve gathered with the clinic templates in the software.

With hundreds of different services to map, this process will continue until October 2025 when we will start building the EPR system.

Once everything is in place, there will be a comprehensive period of testing before the live launch in 2026.

Finance

There is 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 breakeven thanks to the meticulous planning and delivery across many departments with the support of the Finance Team. Achieving the same outcome next year will be a challenge and we will need to think differently about how we deliver services to reduce costs and boost productivity. There is very little discretionary spending within our financial envelope and this creates an obstacle when it comes to investing in new services and equipment which is affecting our service development.

Conclusion

I have seen amazing services and hugely committed people since my arrival and I am really pleased to be here.

My thanks goes to every member of staff who has worked so hard over the last year. Improving everyone's working lives is important to me and enabling everyone to reach their potential.

We have the ability to excel and become a truly academic organisation, basing our decisions on evidence, leading in research and being an exceptional centre for training the future workforce. We are placed within a research park with amazing opportunities to be at the forefront of cutting-edge treatments, and always providing the very best care is a priority for the community we serve in Norfolk and Waveney and across the region.

Professor Lesley Dwyer
Chief Executive

Overview of Performance

Welcome to our 2023/24 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 9,000 talented and dedicated staff treating a million patients a year. In addition, we have around 450 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.

The Jenny Lind Children's Hospital celebrated its 170th anniversary in April 2024. The children's hospital first opened its doors to patients on 3 April 1854, thanks to a generous donation from the famous opera singer Jenny Lind. It was only the second children's hospital in the country at the time, the first being Great Ormand Street Hospital. Today our clinicians provide specialist services to 60,000 children and young people across East Anglia and beyond.

Our Trust is 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.

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 was founded in 1772, seeing its first outpatients on 11 July and first inpatients on 17 November. The Jenny Lind Children's Hospital is part of NNUH and was founded on 3 April 1854, joining with the N&N Hospital in 1975.

The N&N 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 2023-24 financial year sees the Trust complete the second year of Caring with PRIDE, our five year corporate plan.

The commitment to Our Patients:

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

This commitment focuses 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.

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 supporting plans focusing 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.

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 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.

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 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.

The commitment to Our Resources:

- Together, we will use public money to maximum effect

This commitment is 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.

As we go into 2024/25, we are clear that our vision and five commitment areas remain the right things to focus on and we will be adjusting our approach and prioritising our actions in the lead up to the strategy renewal in 2027.

Our Vision
The best care for every patient

Our Purpose

Working together, continuously improving for all

Our Values

PRIDE

Our Commitments

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.

Our Partners

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

Our Patients

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

Our Resources

Together, we will use public money to maximum effect.

Our Services

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

Key issues and risks

According to Norfolk County Council's Public Health Strategy Plan, the population in Norfolk and Waveney has been increasing in recent years to just over 900,000 residents and is due to grow further by nearly 200,000 residents over the next 20 years. The report says that most of the population increase will be in the older age groups, with those aged 65+ increasing by 77,000, presenting a challenge for us and other health and social care providers.

Currently patients over the age of 70 account for 34% of discharges, but 60% of bed days. We have used Same Day Emergency Care pathways to care for less complex (generally younger) patients with fewer morbidities. However, this has been offset by a large increase in the number of patients with between six and twelve recorded morbidities, the vast majority of whom are over the age of 70 years.

In terms of cancer services, it is expected that early diagnosis targets applied to an aging population will see a 33% increase in diagnosed cancers (about 1,700 more a year at the NNUH). This number will be compounded by an increasing number of patients for whom cancer will return after initial treatment. Cancer is largely an age-related disease with the majority of diagnosed patients being over the age of 60.

Performance

We finished the 2023-24 financial year in a good position, being one of the most improved Trusts for operational performance in the country thanks to the efforts of our staff. Most of our key performance metrics were showing green across electives, cancer services and urgent and emergency care. See pages 23 and 24 for more information.

ICS strategy involvement

The Norfolk and Waveney ICS is made-up of a wide range of partner organisations, working together collectively to tackle waiting lists, non-elective demand, financial challenges and future investment opportunities. As an organisation we will need to think more broadly, moving away from individual organisation planning towards system-wide planning.

We are involved in three programmes: ICB clinical Care Programme, the ICS Place Development Programme and the ICB Improving Lives Together Programme.

In terms of working across the ICS footprint, there are two key projects: a shared Electronic Patient Record and three new hospital-based diagnostic centres. These projects are being delivered jointly with the James Paget University Hospital and the Queen Elizabeth Hospital, King's Lynn.

Staffing

The results of the 2023 Staff Survey show a small upward movement in all seven People Promise themes, as well as those relating to staff engagement and morale. However, the scores remain below the average for all 122 acute trusts nationally in each of these areas.

To improve staff experience, we are taking action through the NNUH People Promise, based on the national People Promise.

There are seven priority actions:

Priority 1: Reducing vacancies
Priority 2: Staff facilities and travel to work
Priority 3: Working and care environment
Priority 4: Manager support and appreciation
Priority 5: Staff wellbeing
Priority 6: Addressing poor behaviours
Priority 7: Improving digital systems.

Significant work has been underway since April 2023 to implement a range of measures that may make a positive difference to staff experience. A total of 33 individual workstreams have been delivered or are progressing, with a nominated lead for each. For more information, see the staff report on page 109.

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.

Finance
We have delivered our financial plan and achieved a surplus of £0.1m on an NHS reporting basis at the 2023/24 year end.

Delivery of the plan has been reliant on non-recurrent measures and this will have an impact into 2024/25. For instance, the shortfall in full year effect of Cost Improvement Plans has resulted in £5.3m of additional recurrent plans being required in 2024/25.

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.

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:

- A dedicated children's theatre complex was opened in January 2024, designed to 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 construction of the Diagnostic Assessment Centre, adjacent to the hospital site, is making good progress as one of three centres across Norfolk and Waveney. The centre will provide patients with better access to modern imaging and scanning equipment, and earlier diagnoses of conditions, seeing 500 patients a day when it is fully up and running in 2025.

- The new Norfolk and Norwich Orthopaedic Centre will see the creation of two new laminar flow theatres and a 21-bedded ward when it opens in summer 2024. It will provide our Trust with a much-needed standalone elective surgical facility. The complex 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.

- Work has started to map our clinical processes as the first step towards establishing an Electronic Patient Record (EPR). From May, we start to compare the information that has been gathered with the clinic templates in the software. With hundreds of different services to map, this process will continue until October 2025 when we will start building the EPR system. Once everything is in place, there will be a comprehensive period of testing before the live launch in March 2026.

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, 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 and 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.

Case Study

Milestone reached in NNUH robotic-assisted surgery

Consultant surgeons have reached a significant milestone in the development of robotic surgery.

NNUH was the first hospital in East Anglia to perform robotic colorectal cancer surgery, in 2017 after robots were introduced into the Trust in 2016.

Since then, surgeons have carried out more than 3,000 robotic assisted procedures in urology, gynaecology, thoracic, ENT and colorectal surgery.

Colorectal robotic surgery is carried out by Colorectal Consultant Surgeons Professor Irshad Shaikh, Jamasp Dastur and James Hernon and the Colorectal Surgery department welcomes visiting surgeons from across Europe.

Performance Analysis

The main challenges in 2023-24 have been reducing ambulance handover times, treating patients with long waits for planned care and reducing the backlog in cancer services.

We have finished the financial year in a good position, being one of the most improved Trusts for operational performance in the country. Most of our metrics are showing green across electives, cancer services and urgent and emergency care.

Three priorities – cancer, ambulance handovers and planned care waits

We have been focusing on highest risks to our patients and our community with three main objectives which have the biggest impact on patient safety: improving our performance on cancer waits, reducing ambulance handover times and reducing the backlog of planned care treatments.

These priorities have helped us to focus on the actions we need to take to save lives and make the biggest difference to patient outcomes. National research tells us that missing key milestones in cancer treatment and having long waits in the Emergency Department directly impact survival rates for our patients.

Our position on ambulance handovers was significantly challenged in the early part of 2023/24. In October our performance started to improve as we focussed on reducing ambulance handover waits of over 30 minutes. This approach has placed us in the top performing Trusts across the country and saved lives by enabling the Ambulance Service to respond more quickly to sick patients in the community.

Escalation beds

Transferring the risk from the community to the hospital has meant that we have been using up to 100 escalation beds on our wards which impacts patient safety and patient and staff experience.

As seasonal pressures ease we are removing escalation beds as we move into June 2024, freeing up space for planned care and returning a number of day services to more appropriate locations in the hospital. Caring for patients in the right place will reduce pressure on ward teams and help us to improve care and patient experience.

Home for Lunch Taskforce

In autumn 2023, we set up a new taskforce called 'Home for Lunch' which aims to see 30% of inpatients discharged before midday (only 11% were discharged in the morning when we began).

The Home for Lunch programme's objectives are to establish a new way of working, where everyone's focus is on achieving as many discharges as possible before lunch**.**

Home For Lunch

Improving safety for every patient

It focuses on three key areas: embedding daily flow, the weekend and evening operating model and urgent care flow pathways to reduce pressure on the hospital by increasing the number of discharges before midday.

Work has taken place across the organisation to support the wards and align services, such as radiology, laboratory services and pharmacy.

Workshops have taken place with ward teams to embed new ways of working and external support from ECIST (Emergency Care Improvement Support Team) has helped the teams make improvements to processes.

Cancer performance

Our cancer performance has improved through 2023/24. In August 2023, we had 650 patients waiting longer than 62 days for their treatment against a national expectation of no more than 225. The hard work of our teams has brought the number of patients waiting over 62 days down to 179, fulfilling our nationally agreed improvement trajectory. For 2024/25, we will need to eliminate the backlog and focus on delivering the 62-day standard.

We have also seen an improvement in our performance on the faster diagnosis standard and we are within a small percentage of achieving the national standard of 75%. This performance compares well to other cancer centres nationally and provides vital treatment to the Norfolk and Waveney community we serve.

Planned care

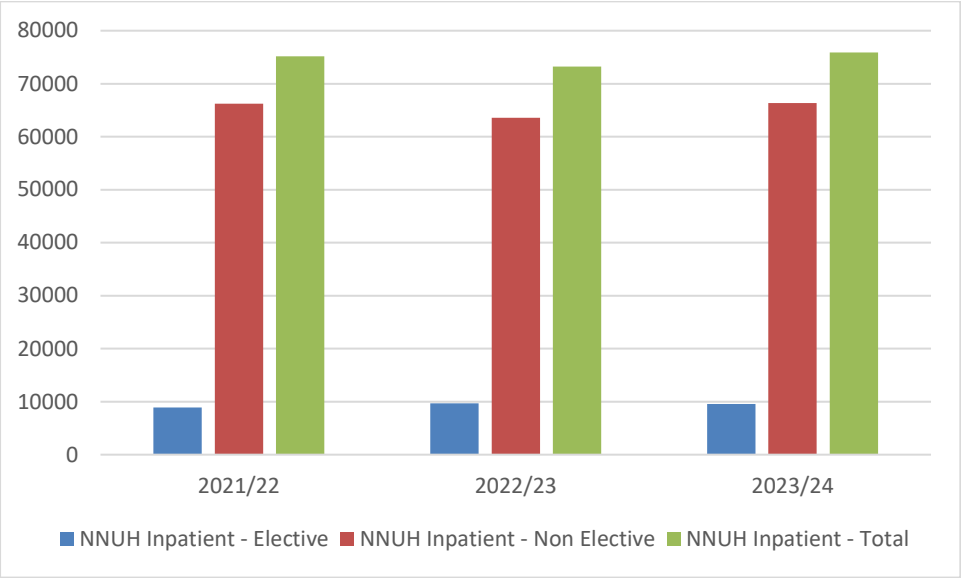
After treating 78,000 patients for planned care, we have made significant improvements and have only missed the 78-week standard by 286 patients who were still waiting longer for treatment. Industrial action has hampered our efforts and patients can be reluctant to travel where we have sourced alternative capacity outside Norfolk.

We are continuing to look at all available options to treat patients in this cohort of patients and have some of our theatres working seven days a week alongside the use of the independent sector capacity wherever possible to help reduce these excessively long waits for treatment. We have also started our planning to ensure that we are doing all we can to get ready for the new national standard of no patients waiting longer than 65 weeks for treatment by September 2024.

Detailed performance

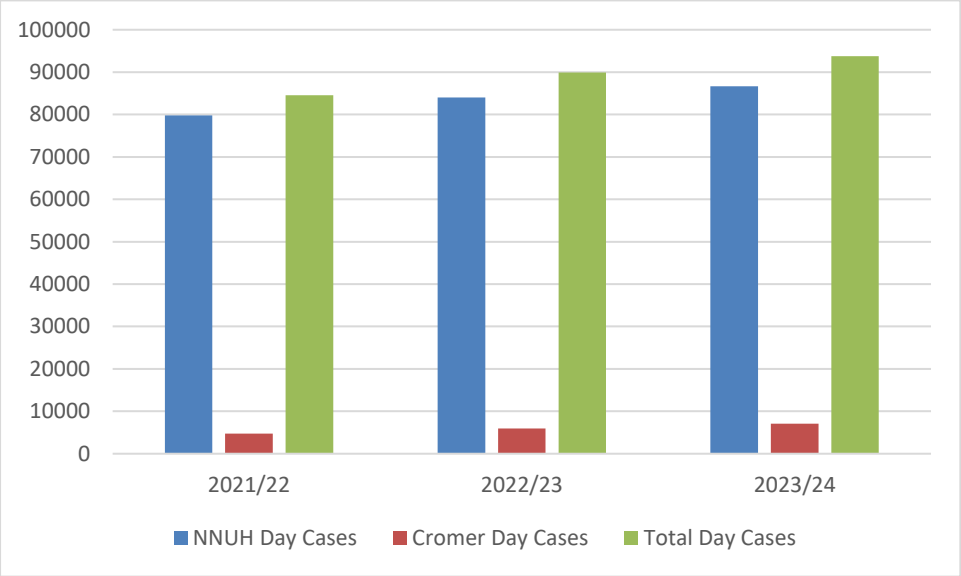
	2022-23	2023-24
Elective and non elective	73,235	75,897
Day cases	89,930	93,735
Outpatient appointments (new and follow ups)	726,562	747,403

Inpatient activity



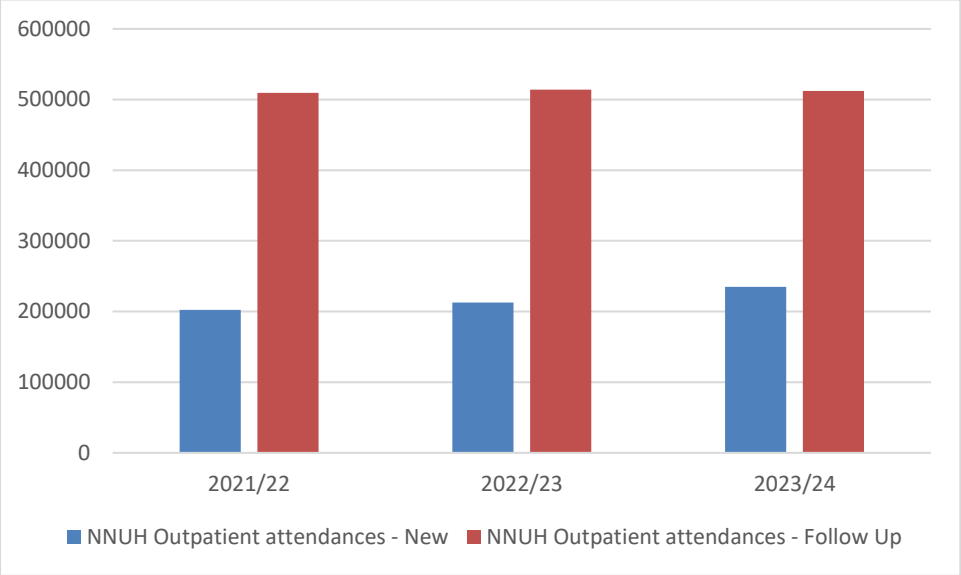
In 2023-24, we treated 9,549 patients for planned care, compared to 9,678 in 2022-23, and 66,348 non-electives (urgent or emergency care), compared to 63,557 in 2022-23.

Day cases



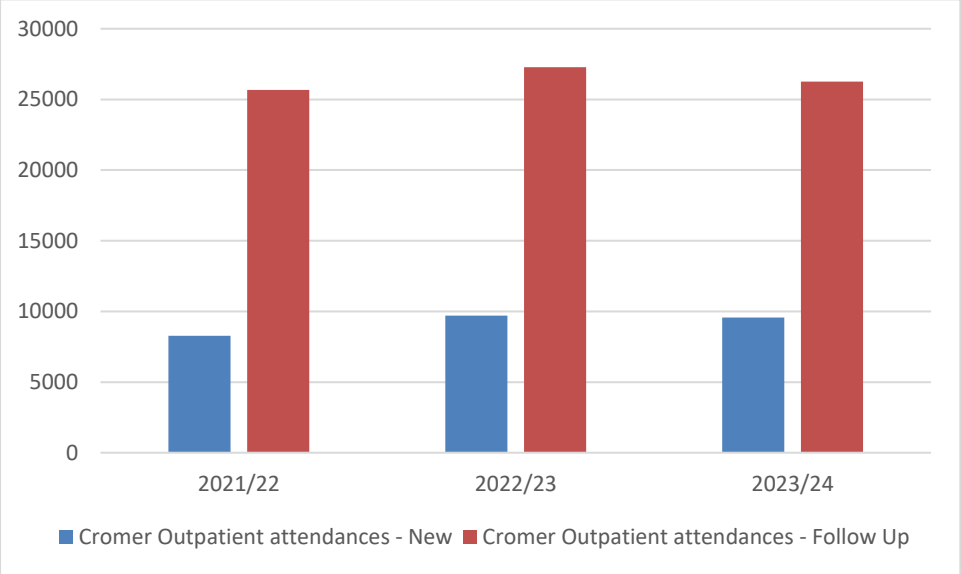
In 2023-24, we treated 86,678 day cases at the N&N Hospital and 7,057 at Cromer Hospital. This is an improvement from 2022-23 where we treated 83,989 and 5,941 respectively.

Outpatient attendance



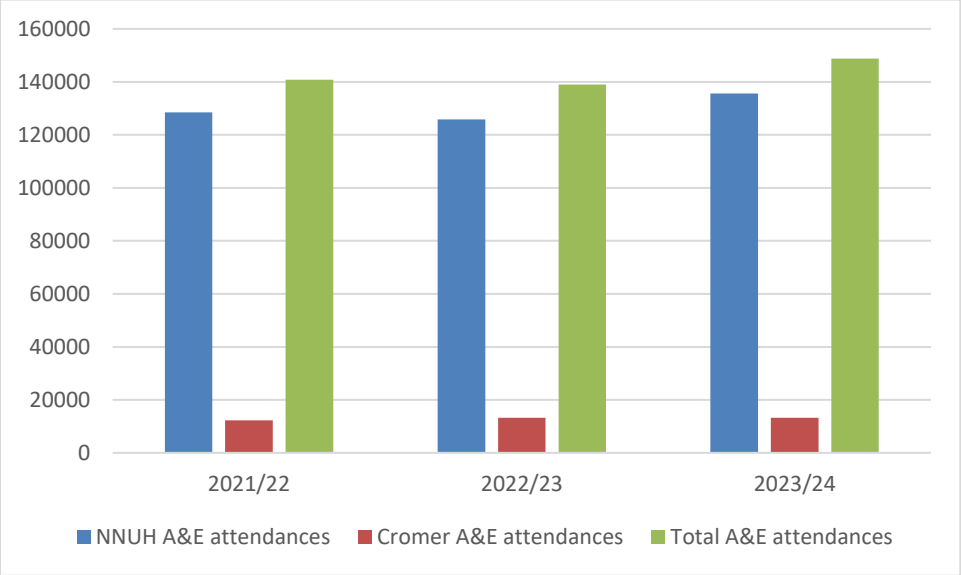
In 2023-24, we saw 235,098 new patients and conducted 512,305 follow up appointments. This compares to 2022-23, where we saw 212,643 new patients and 513,919 patients for follow ups.

Cromer Hospital



In 2023-24 Cromer Hospital saw 9,559 new patients and conducted 26,255 follow up appointments. This compares to 2022/23 where they saw 9,708 new patients and 27,289 patients for follow ups.

Emergency attendances

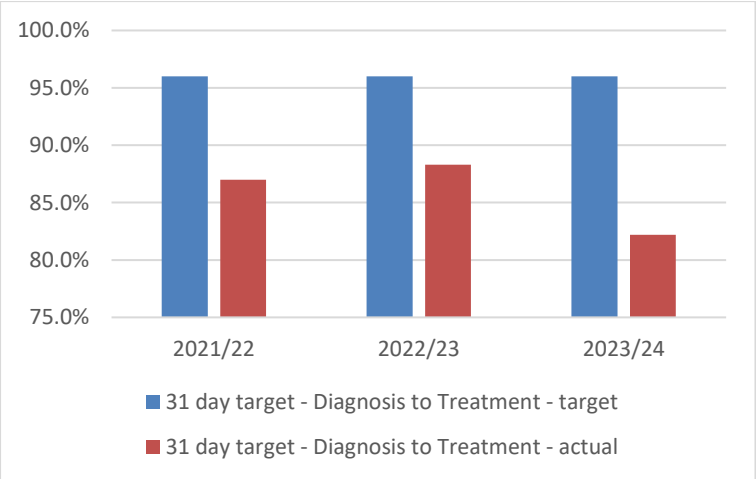


In 2023-24, we saw 135,572 patients at the N&N Hospital's Emergency Department and 13,260 patients at Cromer's Minor Injury Unit. These patient numbers are 8% higher than 2022-23 when we saw 125,791 and 13,250 respectively.

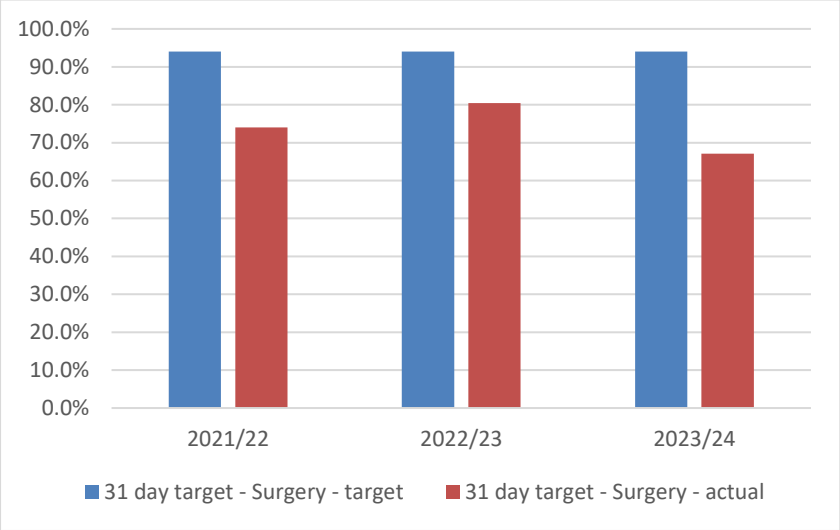
Cancer standards

The NHS has moved from the 10 different standards to three:

- Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral (set at 75%)
- 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients (set at 96%)
- 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade (set at 85%)



For the 31-day diagnosis to treatment standard, in 2023-24 our performance was 82.2% against a standard of 96% compared to 88.3% in 2022-23.



For the 31-day standard for surgery, in 2023-24 we achieved 67.1% against the national standard of 94%, compared to 80.4% in 2022-23.

New developments

New dedicated theatres for paediatric patients
The new £8.6m paediatrics theatre complex was opened in January 2024**.** It has boosted elective capacity as paediatric patients are treated in the new facilities rather than in general theatres.

Thanks to a £160,000 grant from the N&N Hospitals Charity, both theatres will have audio-visual equipment installed, ensuring that these new operating facilities can be used for training and education, recording, conferencing, improved digital documentation and improved visual clarity for the whole team.

Diagnostic capacity
People across Norfolk and Waveney will be able to have imaging faster and earlier diagnoses thanks to three new diagnostic centres being built in the region over the next year including one at NNUH.

The project was given the go-ahead from the Department of Health and Social Care and sees £85.9 million capital invested, the largest investment in the region for over 20 years. The new facilities will be based at the James Paget University Hospital, the Norfolk and Norwich University Hospital and the Queen Elizabeth Hospital, King's Lynn. Each of the sites will house MRI and CT scanners as well as X-ray and Ultrasound imaging.

These are used for diagnosis and monitoring of a very wide range of conditions, including cancer, heart disease, stroke, respiratory diseases, trauma, musculoskeletal diseases, and neurology. To help deliver the scans, there will be more staff recruited including radiographers, radiologists and support staff.

The Norfolk and Norwich Hospitals Charity is also kindly supporting the NNUH facility by pledging £1.6m for Imaging equipment. This collaborative approach between hospitals and the wider Integrated Care System to deliver these services will:

- Increase capacity for diagnostic imaging
- Separate GP referrals and out-patient appointments from in-patient and emergency demand, improving waiting times
- Improve health outcomes with earlier diagnoses
- Provide modern, bright facilities and state-of-the-art equipment to improve the experience for patients and staff
- Standardise practices and collaborative working in Imaging services across the three hospital.

New clinic for patients with head and neck cancer

Our head and neck cancer team is bringing services closer to home for patients living on the coast with the launch of two clinics at Cromer Hospital. The team runs two parallel clinics: One is a nurse-led clinic focusing on general wellbeing, ongoing assessment, giving advice, and aimed at helping patients with their ongoing management of conditions. The other is a consultant-led clinic seeing patients needing more expert clinical input such as a review of any change in their cancer status, or who need more exploratory work or follow-up procedures.

Having been given the opportunity to take clinic space in the new North Norfolk Macmillan Centre in Cromer, patients living in North Norfolk no longer have to travel to NNUH for follow-up clinics, making clinics more accessible.

Case Study

NNUH is first in the world to recruit patient for Phase 2 lung cancer detection research study

NNUH has become the first global site to recruit patients to a clinical trial being run by Owlstone Medical (Owlstone).

The study has been designed to support development of a breath test to help identify patients with lung cancer at a much earlier stage to increase the chances of curative therapies. This includes the identification of lung cancer in patients without symptoms and in those who have abnormal findings on radiological imaging such as CT scans.

Phase 2 of the EVOLUTION trial will assess the diagnostic performance of an exogenous volatile organic compound (EVOC®) probe for detection of lung cancer.

This probe is metabolized by an enzyme found in the tumour microenvironment around lung cancer cells, producing a unique biomarker of lung cancer on exhaled breath.

In addition to acting as a screening tool for the early detection of lung cancer, there is potential for the test to be used to differentiate between benign and malignant lung nodules.

Research

Extra pregnancy 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 and the team at St George's, University of London. Researchers hope that findings published in research journal PLOS Medicine will lead to a change in national guidelines, so that 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 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.

Research into better outcomes for pancreatitis

Research into acute pancreatitis and its causes, supported by a grant from the N&N Hospitals Charity, has received top accolades. The £7,200 grant was used to purchase access to the UK Biobank which is an opt-in resource containing medical data for 500,000 people across the UK. The research was undertaken in partnership with the University of East Anglia, and the National Institute for Health and Care Research.

The data gave access to the medical information of 3,969 patients with pancreatitis - inflammation of the pancreas - and research conducted using this data found associations between existing medical conditions and severe pancreatitis, and two genetic mutations that could be indicators of severe disease. Several further research opportunities have been highlighted as a result of the findings.

Pancreatitis affects 56 out of 100,000 people each year. Gallstone disease and alcohol are the most common risks factors and symptoms can be mild, but one in four people will develop a severe form of the disease, which often requires critical care admission and long hospital stays.

Two new studies on inflammatory bowel disease (IBD) amongst children and young people

We have joined two studies to help children with inflammatory bowel disease. 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 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.

Anaesthesia research achieves 1,000 volunteer patients at NNUH

Our researchers have achieved a significant milestone by enrolling over 1,000 patients in the Perioperative Quality Improvement Programme (PQIP). With approximately 10 million operations taking place within the NHS each year, ensuring the utmost safety for patients throughout the entire surgical process is essential.

PQIP is a national study which takes a deep dive look at the care patients receive when admitted to hospital for major surgery. Analysis of the data collected is used to refine and improve care with the aim of reducing complications. Currently running in over 150 hospitals across the country, PQIP has successfully enrolled 46,000 patients to date. Patients play an important role in the study by giving feedback on their satisfaction with care and on their long-term quality of life. The NNUH first joined the study in 2017.

Digital modernisation

Being Digitally enabled in the NHS is vital to the development of services and for NNUH, it means transforming the way we deliver care through the use of technology, infrastructure, devices and information. We know that many patients expect technology and information systems to be part of how health and care services are delivered.

There is a great opportunity to make many people's experience and use of services more straightforward, more personalised and more interactive, as they have become used to in other areas of their lives. We also know that, at the moment, people get frustrated when digital systems don't 'talk to each other' and they have to repeat their information multiple times. For us, it is not whether digital technology can play a role in addressing the challenges we face in improving people's health and wellbeing, it is how we make technology transform our services in order to improve patient care.

During 2024, we are embarking on a crucial stage of our Electronic Patient Record (EPR) readiness as a hospital. It is important to map our services and patient pathways so that we have a clear and full understanding of the requirements as we translate best practice into our new digital system**.**

We are starting work on five areas before moving on to the next services:

- Emergency Department/"Front Doors"
- Maternity
- NICU
- Paediatrics
- Orthopaedics

Process Mapping consists of a series of facilitated workshops with subject matter experts from each area.

These workshops talk staff through the pathway from start to finish to understand all touchpoints, discuss how teams work, what systems and processes they currently use and how these can safely transition to the new EPR.

The five areas are being mapped at each of the three acute hospitals in Norfolk and Waveney (NNUH, James Paget University Hospital and the Queen Elizabeth Hospital, King's Lynn) simultaneously. Groups will have subject matter experts and will come together to identify key similarities, differences and any early risks identified at each Trust.

Tackling inequalities

This section shows how we are working on equality of service delivery to different groups with regard to the public sector equality duty.

NHS England is taking the lead through the Core20 Plus 5 approach which defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

According to the Norfolk County Council's analysis, 42 communities have been identified where some or all the population live in the 20% most deprived areas in England.

Forty percent of the populations of Great Yarmouth and Norwich live in the most deprived areas in England compared to 16% for Norfolk and Waveney as a whole.

NNUH approach to inequalities

In common with the rest of the NHS, we're following NHS England's approach focusing on five clinical areas for adults as part of Core20 Plus: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

For children and young people the key clinical priorities are asthma, diabetes, epilepsy, oral health and mental health.

Some of this work is being taken forward by our Jenny Lind Children's Hospital which celebrated 170 years of caring for local families in April 2024. Founded in 1854, the hospital treats over 60,000 patients every year from across East Anglia.

In 1975, the children's hospital became part of NNUH and today it provides a wide range of services including cancer care, children's surgery, treatments for diabetes, respiratory illnesses, allergies, urinary and bowel conditions, plus care for sick and premature babies.

A newly opened children's theatres complex has two new operating theatres, a six-bay recovery unit and supporting facilities, providing specialist facilities for our young patients.

As an example of the type of specialist care we provide for children and young people, we are one of two hubs in the region for treating children with excess weight. The other clinic is based at Addenbrookes' Hospital in Cambridge.

Referrals are taken from 2 years of age up to 18 years and patients and their families are supported by a multi-disciplinary team with doctors, nurses, therapists and social workers.

The team tell us that excess weight can go hand in hand with malnutrition with the consumption of high calorie foods which are low on nutrients, which can be a marker for inequalities.

Outreach clinics are offered to ensure that our most deprived families do not have to travel long distances to access the service.

Complex Health Hub
Our Complex Health Hub is another excellent example of how to address health inequalities in a hospital setting. The team supports collaborative working across hospital teams creating a single pathway for patients requiring extra support such as older people with dementia, patients with learning disabilities, mental health issues, inpatients from prisons and people with substance misuse issues.

The aim is to influence better health outcomes by our specialist services working together to provide an integrated care team.

Trauma informed Practice
The Complex Health Hub is also leading on a new approach to care known as "Trauma Informed Practice" in conjunction with partners across the Norfolk system.

Trauma Informed Practice will allow us to take a more holistic approach to our patient's care, considering traumatic events a person has experienced and the impact this could have on not only their behaviours and mental health but also the impact trauma has on an individual's physical health.

Listening to under-represented communities
Another valuable piece of work is listening to what patients have to say about their care. Patient and family feedback and working in partnership is vital to help us improve the care we provide.

During the year our community engagement activities, primarily led by our Patient Engagement and Experience Team, have continued to focus on seeking out the views from our local communities especially those who are under-represented.

The team attended a total of 30 engagement events in 2023. These ranged from baby groups and library visits with the Maternity and Neonatal Voices Partnership, Norwich PRIDE to hear from lesbian, gay, bisexual, transgender communities, the Neurodiversity Festival, Armed Forces Event, local prisons, Deaf Connexions, the Ear to Hear Support Group are just a few examples.

Governance
Looking at how we operate as an NHS Trust, our medical director leads the work on addressing inequalities, supported by the Associate Medical Director of Primary Care and System Integration to provide clinical leadership.

We have a corporate strategy - Caring with PRIDE – which includes actions to address inequalities and we have a joint Health Inequalities and Equality, Diversity and Inclusion Group which leads on our strategic direction.

There is more to do, including a review of where we are using the newly launched NHS self-assessment tool, as well as working with partners and listening more to our local communities.

Work with carers

As part of our work on inequalities, a range of support is offered to carers within our hospitals who can sometimes neglect their own health in order to care for others. We aim to support carers in a range of ways:

- Carer beds so family member/s can stay overnight in the same room as their loved one
- Carer packs providing essential items to make a carer's stay easier such as shower gel, toothbrush/ paste, flannels, deodorant, tissues
- Butterfly Volunteers who offer companionship/respite to the patient/carer
- Open visiting so family can visit when they want and stay as long or as little as they want
- If one family member is staying, refreshments can be offered to them by the bedside
- Written information about what to expect as their loved one reaches the end of life
- Carer's passport which supports free parking and discounts on meals in the main canteen
- Memory boxes
- The Spiritual Healthcare team also offer bereavement support
- Carer's information leaflet.

Training and specialist services

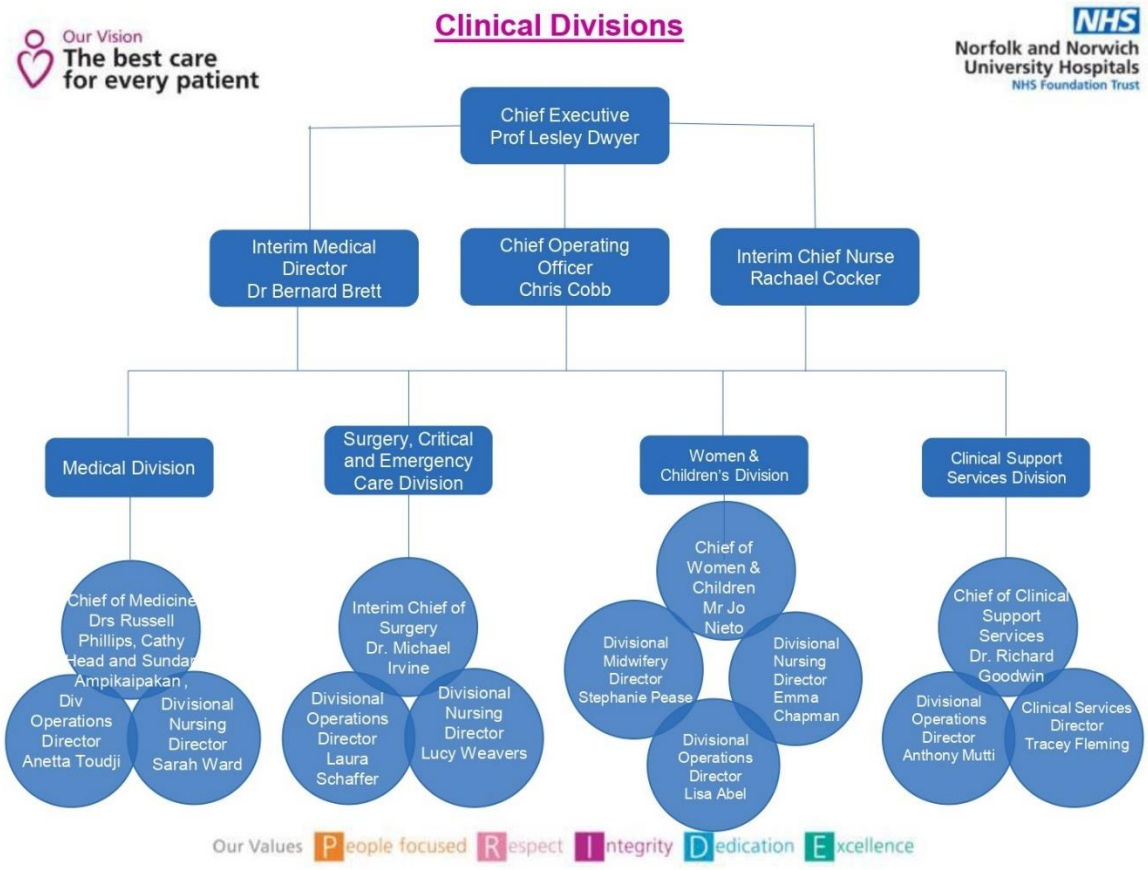
A core element of our services is respect for dignity, protection of vulnerable patients and of human rights. This is reflected in the specialist work of our Learning Difficulties and Safeguarding team, part of the Complex Health Hub. Through a series of Trust policies and protocols, awareness raising, input on the wards and through staff training the dignity and autonomy of patients is enhanced.

This is illustrated, for example, in relation to the deprivation of liberty safeguards, reporting of female genital mutilation, protection against domestic abuse and facilitated decision making for patients with dementia. Regular reports on these issues are received and reviewed through the Trust's Caring and Patient Experience Governance Sub-Board.

How we measure performance

Our services are clinical led with four divisions: Medicine; Surgery, Critical and Emergency Care; 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, and the Council of Governors. Key themes are shared with staff in the bi-monthly Management Board Update which goes to all staff as part of our staff e-newsletter. 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)
- Research and Education Committee.

For more information, see the Directors' section on page 62.

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©** 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.

- **Accreditation of Excellence**

In March 2024 we launched Accreditation of Excellence program, aimed at elevating the standards of clinical care across all wards, units, and departments.

The Accreditation of Excellence program provides a structured framework for our ward, unit, and department leaders to effectively manage and celebrate quality in clinical areas. By implementing this program, NNUH reaffirms its commitment to delivering outstanding healthcare services to our patients and recognising the invaluable work are staff undertake every day.

Through this program, NNUH aims to foster a culture of continuous improvement and excellence in patient care. The program is designed to evolve over time, offering opportunities for sharing best practices and providing support to all staff members on their journey towards excellence.

Clinical documentation
A new Adult Inpatient booklet is being launched at the end of April 2024. The booklet has been produced to bring together all adult initial assessment information, mandatory risk assessments, nursing needs assessments and the daily evaluation of care into one booklet. This allows us to enhance patient safety and provide assurance of the initial patient assessment and develop an individualised plan of care.

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 Fundamentals, QI Awareness session information at induction and supporting the medical deaneries and School of Health Sciences at the UEA 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

Maternity services have been rated as ‘Good’ following an inspection by the Care Quality Commission (CQC).

During a maternity inspection at NNUH in November, the independent regulator found a department who had worked tirelessly to increase their midwifery establishment and one which had no midwifery vacancies. They found a team who worked well together for the benefit of people who access their services and their families. Inspectors said that staff felt respected, supported, and valued, managed safety well and engaged well with service users.

We are expecting a report in Summer 2024 following inspections for Well-led, Surgery, Diagnostic Imaging and Outpatient Services. The Trust is currently rated as ‘Requires Improvement’.

Case Study

New procedure to help hundreds of men with a common urinary condition

A new procedure to help hundreds of men affected by a common urinary condition has been carried out by NNUH urology consultants.

The urethra is the tube which carries urine away from the body and in men of all ages, Urethral Stricture Disease, or scarring of the urethral tract, causes narrowing of the tube, making it difficult to urinate.

Previously men with this condition could either widen the tube themselves with a procedure called self-dilatation, which required them to insert a single-use catheter to widen the tube.

Many find this difficult to do themselves and usually opt for corrective surgery. Corrective surgery involves reconstruction work to create a new urethra using a tissue graft from another part of their body.

Now patients at NNUH who qualify can have an operation called Optilume Drug-Coated Balloon procedure during which the Optilume Drug Coated Balloon dilates the scarred uretha whilst pushing a disease-modifying drug into the affected area.

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 breakeven position.

The plan assumed a breakeven financial position after reflecting the NHS 'block' and the variable Elective Recovery Funding. On an NHS reporting basis, the plan was exceeded with a closing surplus of £0.1m, which was broadly in line with our Forecast Out Turn position.

Thus, the reported financial position for the full year was a surplus of £0.1m 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 2024, £16.8m of efficiency savings were delivered against a plan of £28.0m. 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

The positive generation of cash from operations and the receipt of capital cash funding has resulted in closing cash of £107.7m.

Capital Expenditure

We invested £35.8m in new and replacement capital assets (excluding leases) during the year (2022-23: £28.3m). The most notable investments were:

- Norfolk and Norwich Orthopaedic Centre - £6.1m
- Clinical Equipment Replacement - £7.0m
- Diagnostic Assessment Centre – £16.4m
- Other digital investments - £3.2m

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 2023-24, we benefitted from £0.2m of charitably donated assets (2022-23: £1.0m). The N&N Hospitals Charity has awarded a further £2.6m 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 four years. The Trust is working closely with system partners to plan and deliver locally against NHS England's priorities for the 2024-25 year ahead, with key areas of focus for us being:

Recovery of services – System recovery plans must set out actions to recover elective, emergency, and primary care services. The guidance is clear that these plans should reflect the needs of children and young people as a distinct group.

Supporting the workforce through improvements to staff experience and retention.

Improving productivity by reducing unnecessary processes, discharge delays and agency spend.

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 2024-25 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 2024-25, whilst the Integrated Care System has submitted a deficit 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 2023-24

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

Social and Community

We aim to be at the heart of our community serving the changing needs of Norfolk and Norwich urban and rural areas. We have the privilege of touching the lives of patients, carers, service users, visitors, volunteers and employers; all contributing to a patient centred approach to care.

Local people can get involved in a number of ways, primarily through our large membership scheme, but also through our patient engagement activities which includes our Patient Panel, Carers Forum, Military Community Working Group, Maternity and Neonatal Voice Partnership, Together Against Cancer Forum or as a volunteer.

Patient and family feedback and working in partnership is vital to help us improve the care we provide and we do this several ways outlined on the following pages.

Patient Carer and Family Feedback
We have continued to work with our patients, service users, families and Carers. Gathering thousands of pieces of feedback in ways that is accessible for our community.

During the year our community engagement activities, primarily led by our Patient Engagement and Experience Team, have continued to focus on hearing from our local communities, especially those who are less well heard.

The team attended a total of 30 engagement events in 2023. These ranged from baby groups and library visits with the Maternity and Neonatal Voices Partnership (MNVP), Norwich PRIDE to hear from lesbian, gay, bisexual, transgender communities, NANSA Neurodiversity Festival, Armed Forces Event, HMP Wayland, Deaf Connexions, and the Ear To Hear Support Group.

The team also organised its own Experience of Care event where they highlighted some of the good practice happening across the Trust to support our patient experience. We also attended awareness raising and networking sessions including a Palliative Care Conference, CYP transition evening, Carers Conference, Healthwatch Norfolk Live and a SSAFA Training Day. The team has also been able to interact and support our diverse communities through a series of events: Deaf Awareness and Sign Language Workshop, Embedding Psychological Safety Leadership training, Beyond the data – creative poetry workshops and NHSE Making Data Count sessions.

This year the team worked closely with colleagues in the Complex Health Hub to begin collecting feedback from prisoners who use our hospital services. By the end of March 2024 we had completed four visits to the prisons in our catchment area. We ask prisoners what has gone well with their care at NNUH and what could be improved. The feedback received from the first visit to HMP Wayland has led us to begin creating links between our NNUH audiology department and the prison health care teams so prisoners can receive hearing aid maintenance in prison.

We also carried out a co-production project with the Maternity and Neonatal Voices Partnership (MNVP) focusing on health inequalities. Within this project we held multiple listening events to hear the voices of services users who we may not always hear from. We have enabled service users to influence the conversations and themes that came out of the listening events about what mattered to them. These conversations have informed task and finish groups as well as plans for improvements led by Maternity department in partnership with MNVP.

This project inspired a new way of working for the Patient Experience team. It also highlighted that we need to do even more to address health inequalities. An action towards this aim is the creation of the post of Engagement Facilitator with our local MNVP. This post will develop and maintain links with community groups on behalf of the MNVP as a 'trusted contact' which has proved vital to gain trust with the local community. Our local MNVP have worked with NNUH Voluntary Services to develop the role of community engagement volunteer to support widening the reach of the MNVP and also develop trusted contacts in local communities.

Friends and Family Test

Every day we collect feedback via the Friends and Family Test. This is a nationally endorsed question asking about the quality and experience of care received. In the last year we had over 48,000 responses. Most of these were positive with the Trust highly rated for staff interactions and attitude.

There are multiple routes to collect this including SMS txt messages, QR codes, Cards, links on our website and volunteers play a crucial role in collecting feedback on wards and via post-discharge phone calls.

Feedback collected from FFT has been used for example by our Emergency Team to change the process and deliver service improvement, resulting in better satisfaction and improved outcomes of patients and families.

Healthwatch Norfolk

Visits from Healthwatch Norfolk continued in several areas within the hospital. One example was the three hospitals in three weeks programme whereby Healthwatch went to each of the acute trusts in Norfolk, covering almost every department and ward area to collect and analyse feedback to inform a shared thematic approach for acute care across the county. Feedback collected from the visits and via the website is shared at the Patient Engagement and Experience Group sub-board quarterly and the work of the three hospitals is informing collaborative improvement for experiences of care across the three acute trusts.

Equality Delivery System

Our work with divisions and communities has continued, using the Equality Delivery System as a tool to measure how we are performing against key equality priorities, The EDS2022 tool has again been utilised by the Patient Engagement and Experience team to gather evidence and evaluate the patient focused domain 1. The three areas agreed across the ICS for a focussed review this year were Mental Health services, Children and Young People, Learning Disabilities and Autism.

The grading and evidence contribute evidence to the system wide EDS submission. This work will support the trust wider Health inequalities work supporting the most vulnerable and seldom heard communities.

Patient Panel

Our Patient Panel has continued to work closely with departments on a growing range of projects. They are now a well-established and respected core group of patients, carers and community members with individual portfolios of involvement activities harnessing their lived experiences, professional knowledge and diverse backgrounds.

They have been central to the Patient Led Assessment of the Care Environment (PLACE) annual audits alongside regular Care Assurance Visits which sees members, alongside clinical colleagues, visits wards to observe and talk with patients and families about their experiences.

Members sit on a number of committees, working ad project groups including the Mental Health and Complex Care Board working closely with the Complex Health team to co-produce a process for those patients wishing to self-discharge and also the Dementia Strategy Group, bringing their experiences and insights to influence decision making.

Carers Forum

The Carers Forum meets bi-monthly and has continued to work on improving identification of and recognition of carers and support for them when the cared for person is accessing hospital care. We have been re-accredited the Carer Friendly Award Tick-Health from Caring Together.

The forum and the Patient Experience team supported the system wide co-production of a Carers Identity Passport, now in use across Norfolk and Waveney. This is supporting teams and staff with better identification of carers alongside continued carer awareness training. The forum has supported an ongoing review our Carers' Policy and have supported the co-production of projects providing valuable input to shape our service delivery.

Military Community Working Group

The Military Community Working Group (MCWG) 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 co-chaired by Veterans – a staff member and a Patient Panel member. The priority for the group this year has been to support the Veteran Aware (VA) reaccreditation award.

Our newly adopted action plan will continue to support staff with veteran awareness training and support for staff who are veterans. In March 2024, the MCWG supported a SSAFA (armed forces charity) caseworker who will be commencing work on site, supporting patients and families who are veterans to support discharge and community support.

Divisional work
The hospital's clinical 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 whilst the Maternity department has continued to develop and strengthen their relationship with Maternity Voices Partnership (MVP).

During the year the Women's and Children's Division recruited a Youth Worker and have commenced recruitment to a Youth Forum to work on a range of co-production improvement initiatives.

Family Liaison Service
Originally developed as a response to Covid19 and reduced visiting, the Family Liaison Service has continued to provide a ward-based service which has been further extended until October 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 facilitated better communication between families and patients where possible. They have also supported the ward teams with visiting, signposting to internal and external agencies for support outside of the hospital's remit and identifying and supporting carers using the NNUH carers' passport.

The service receives direct requests via our email or contact number from patients, families, carers, wards and other organisations such as Alzheimer's society. It also receives referrals from PALS (Patient Advice and Liaison Service) where we are able to deescalate complaints by offering the patient/family support, leading to an early resolution in some cases. The liaison service also receives the 'Best Wishes' messages passed from the PALS services and are able to share them immediately with patients.

From March 2023, up to present day the liaison service has supported 11,254 patients, families and/or carers. It has provided 109 Carers passports and signposted to Carers Matters/Voice on 98 occasions. The service has identified and supported 38 veterans since June 2023. This number is expected to increase due to veterans' awareness training that has been provided and the introduction of the SSAFA caseworker.

PALS and Complaints Service
Responding to concerns and complaints is a key component of a caring and responsive organisation. The PALS and Complaints team are central to this and have continued to support patients and families raising concerns and providing support and answers to complaints and concerns and delivering resolution meetings between families and clinicians and other colleagues.

The team has continued to work adhering to the PHSO (Parliamentary and Health Service Ombudsman) framework and lead in shaping the process. We continue to work closely with our Divisions to share themes and fluctuation via monthly meetings.

The team continues to provide training for front line staff to enable ‘point of care’ resolution of concerns through their bespoke Let’s Resolve It Together training.

Patient Safety Partners (PSP)
As part of the introduction of a new national patient safety strategy, we have introduced the Patient Safety Partner role. This is a new role, drawing in people with lived experience to focus specifically on patient safety strategy issues and initiatives. We have recruited the first PSP during the year and they operate at a strategic level as a member of the Quality and Safety Committee and Clinical Safety and Effectiveness Sub-Board and support the review and sign off for the new Patient Safety Incident Investigations. The Patient Experience and safety teams are working collaboratively to develop this role and embed it as part of our wider involvement and engagement approach.

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 450 volunteers (across seven 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 Norfolk and Norwich Hospitals Charity and assist with all kinds of fundraising events and activities and a team of happy welcoming

faces provide an extremely knowledgably ‘Meet and 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 of our ‘Butterfly Volunteers’ who provide compassionate care and emotional support for patients at the end of life across the hospital. The volunteers provide support to patients and their loved ones who have been recognised as needing palliative care or who are in the last days and hours of their life. Butterflies 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 patient’s 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 two 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 virtual ward by delivering kits and transporting their patients.

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 and 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. 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
Volunteers support all areas of the Emergency department. They can support patients who may be alone and anxious, patients who are elderly and confused, homeless or struggling with their mental health and even those at end of life.

They 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.

Welfare and safety netting calls
Volunteers call patients post discharge to check on their wellbeing. They ask 10 short questions to assess how they are managing back at home. This can range from asking the patient if they are eating, drinking and sleeping ok, whether they have enough food in the house, if they have any concerns about medications or wound care and whether patients are feeling lonely.

Anything patient concerns are fed back to a coordinator who can signpost to further support in the community to ensure the patient is supported at home and potentially reducing any potential readmissions.

Case Study

£86m investment in three new diagnostic centres to be built at region's hospitals

People across Norfolk and Waveney will be able to have imaging faster and earlier diagnoses thanks to three new diagnostic centres set to be built in the region over the next two years.

A project to create new outpatient imaging buildings at each of the three hospitals in Norfolk and Waveney, including NNUH, has been given the green light by the Department of Health and Social Care and will see £85.9 million capital invested, the largest investment in the region for over 20 years.

The new facilities will house MRI and CT scanners as well as X-ray and Ultrasound imaging.

These are used for diagnosis and monitoring of a very wide range of conditions, including cancer, heart disease, stroke, respiratory diseases, trauma, musculoskeletal diseases and neurology.

The Norfolk and Norwich Hospitals Charity is also kindly supporting this project by pledging £1.6m for imaging equipment.

Membership scheme

As a NHS Foundation Trust, we have a membership scheme with nearly 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 pages 91/92.

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 year 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.

We are actively using our funds to make a real difference for patients and staff and we have spent £14.5m on charitable activities in the last 5 years (including £3.8m in 2023-24). We also carry forward commitments of a further £1.5m in approved grants – supporting more projects and better care for patients into the future.

Examples of grants this year include:

- £90k to fund two PhDs for North Norfolk based research, in partnership with the UEA. This has been made possible by the Charity's 2-year funding for a Research Project Manager to facilitate and enhance research opportunities at Cromer Hospital
- Funding annual staff awards for Team of the Year and Apprentice of the Year – encouraging excellence, recognising commitment and supporting better care.
- £111k to support the Jenny Lind Children's Hospital, including NICU, with staff development opportunities, additional medical equipment, improvements to patient and parent accommodation.
- £131k to fund Advance Care Planning and Heart Failure Clinics at Cromer Hospital, supporting North Norfolk patients with even better care, closer to where they live.

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

- Additional imaging equipment is to be installed at a new Community Diagnostic Centre, currently under construction on the Norwich Research Park. This includes an MRI scanner for Cardiology patients as well as two CT scanners to provide additional scanning capacity particularly for cancer patients.

- construction of the new Norfolk and Norwich Orthopaedic Centre (NANOC) will 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 – facilitating access to specialist services for local patients.

Our donors

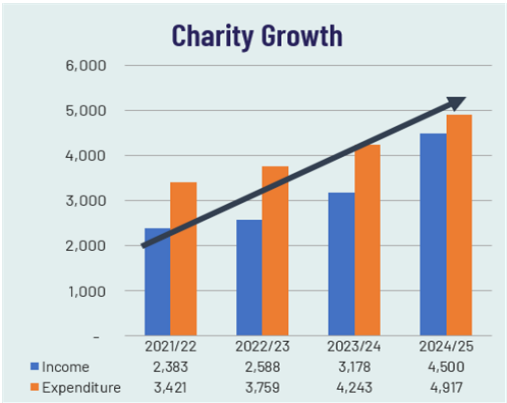
The Charity is supported by hundreds of individuals, families, community groups and businesses. Whether their donation is big or small, we are grateful to each one. Over half our income is received through gifts in wills and we have been notified of 20 new legacy gifts this year. To everyone who remembers us in their Will, and to their families, we are really grateful.

Next Steps and Looking Ahead

The Charity accounts for 2023-24 are yet to be formally audited but we expect them to show total income in the region of £3.3m.

We are continuing to grow and develop our Charity – doing more to support even better care in the Trust's Hospitals.

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 including:

- **Children: Parental/Family Accommodation** (to support families of children in our Jenny Lind Children's Hospital and on our Neonatal Intensive Care Unit)
- **Cancer:** we are raising funds to continue the Charity's support for robot-assisted surgery and the provision of specialist oncology care
- **Eye Campaign**: in ophthalmology (building on the Charity's £220k grant for eye scanning equipment)
- **North Norfolk:** continuing our support for new and innovative services at Cromer & District Hospital

Can you help?

We are very grateful to all our supporters and fundraisers. 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.

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

Norfolk & Norwich Hospitals Charity

Sustainability: NNUH's Governance and Delivery

Our five-year strategic plan – Caring with Pride – includes a commitment on working towards a net zero hospital and has a two-year action plan: in line with service condition 18 of the NHS Standard Contract. This serves as a mechanism for the Trust to take a coordinated, strategic, and an action-orientated approach towards reducing our environmental impact, ensuring our services remain fit for purpose both today and in the future.

Taskforce on climate-related financial disclosures (TCFD)

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

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided below.

The Board receives quarterly updates via its Finance, Investments and Performance Committee (FIPC). Reports monitor progress against goals and targets for addressing climate related issues. FIPC is in the process of considering how climate related issues impact broader organisational plans and performance monitoring.

NNUH's Hospital Management Board receive monthly updates from Sustainability Committee and attended a half day workshop in March 2024. A member of the Executive Team is assigned as Senior Responsible Officer and has formed a Sustainability Committee whose purpose is defined in its Terms of Reference to:

- Create and oversee the programme of work to deliver the NNUH Green Plan
- Support the embedding of sustainability into the day-to-day operations and decision-making of the Trust
- Provide a forum that encourages Trust wide/board to ward engagement for sustainability across the Trust
- Oversee and manage accurate reporting of the Trust's net zero emissions targets set by NHS England and the Norfolk and Waveney Integrated Care System (ICS).

The Sustainability Committee reports to Hospital Management Board who in turn reports to FIPC and the Board as appropriate/required. All levels of governance monitor progress as required.

The required current sustainability programme is laid out below.

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, we must take more proactive action on driving sustainability, decarbonisation and social value across our organisation and supply chain through working with our Partners.

Our updated 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 public health.

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

People Focussed leadership: NNUH will further develop communications and engagement to ensure appropriate profile is given to this Plan to engender and support empowerment and transformation.

Sustainable Models of Care: NNUH will embed sustainability into our divisional operations, adapting the way we work to be more informed and responsible consumers.

Making our Infrastructure Count: NNUH will use technology to reduce its energy consumption, preparing for electrification/other decarbonisation in the future.

Reducing Travel and Transport emissions: NNUH will support reducing the need to travel, encourage green forms of transport and look to provide supporting infrastructure.

Sustainable Procurement: NNUH will support procurement processes to limit the production of consumables where possible and ensure their responsible use and disposal.

Making it Happen: NNUH will work towards having the right funding and resources in place to support the Green Plan. This includes development of an 'invest to save' mechanism.

Sustainability initiatives being delivered through Sustainability Committee

Green Champions

2023 saw the launch of our Green Champions campaign, which now has almost 300 members. The campaign focused on a number of key areas including a 'Sustainability Week', World Environment Day, a Connected Special, Clean Air Day, Plastic Free July and some top sustainability tips to celebrate the NHS's 75th birthday. It also included Cycle to Work Day, Recycle Week, an event in Cromer, 'Switch off September', the AGM, National Tree Week and a Biodiversity Podcast.

Electronic Patient Record

The Electronic Patient Record is not simply a digital programme; it's one of the biggest pieces of clinical and operational transformation in Norfolk and Waveney, set across three acute trusts. It will support NNUH to continue to work with system partners on futureproofing capacity and deliver significant sustainability benefits by aiding clinical decision making through remote consultations and monitoring so that care can be delivered closer to home where appropriate.

Volatile anaesthetic agent - Desflurane

Desflurane is used to keep patients asleep to undergo surgery and other procedures. It is the most polluting of the anaesthetic gases with use of one bottle of desflurane being equivalent of driving over 3,000 miles in a standard petrol car. In 2020, Dr Amy Greengrass, Consultant Anaesthetist and Clinical Lead for Sustainability presented this data to the anaesthetic department and immediately saw a drop in use of all volatile anaesthetic agents with virtual elimination of desflurane. In 2020 51% of our general anaesthetics were gas based compared to 25% in 2023. In August 2023 desflurane was removed from our formulary to pre-empt the national removal in 2024.

Entonox cracking – working with Octagon

At NNUH we have around 4,800 deliveries per year and approximately 50% use Entonox, a greenhouse gas with a significant global warming potential. At NNUH, in conjunction with our PFI partners, we are currently in the process of procuring 3-4 individual patient mobile destruction units (MDUs) which can break down Entonox, after use, into its environmentally harmless constituents: nitrogen and oxygen. In the future we hope the move to a more centralised system.

Pharmacy – reducing waste

The ease of ordering via EPMA can discourage use of pharmacy ward stocks, leading to additional workload and duplication of medication supplies. Pharmacy technicians now work more closely with wards to focus on earlier medicine reconciliation and patient documentation. Over a year NNUH believes it could reduce the supply of almost 50,000 medication items, saving £520,000 and 63t CO2e[1]. Importantly a short pilot also improved morale in the pharmacy workforce by allowing greater autonomy and more time to focus on other patient care and sustainability improvements.

[1] Based on e-class spend and relevant carbon factors

Infection Prevention and Control (IP&C)

Our IP&C team has worked closely on implementing several initiatives, most notably, the Gloves Off campaign. The aim is to encourage glove use only when appropriate and discouraged otherwise. This has many benefits including reduction in single use plastic items, less contact dermatitis, a reduction in clinical waste and can actually reduce the risk of transmission. Gloves Off was introduced at NNUH as part of World Hand Hygiene week in May 2023. Quantifying reduction has been difficult due to changes in supply chain post covid, but we hope to ratify reductions shortly.

Theatre ventilation – working with Octagon and Serco

Theatre ventilation systems are a high user of energy and although vital to enable clean operating conditions they are often left on 24/7, albeit at a reduced rate. After careful consideration of Health Technical Memorandum 03-01 we began trialling turning ventilation off overnight. After three months we crucially saw no associated increase in surgical site infections. This will result in a cost saving of £45,000 in laminar flow theatres alone and a reduced carbon footprint of 50t $CO2e$[2] annually.

Waste segregation educational video

QI nurse for medicine, Hiroko Spooner, commissioned a video outlining the sustainability and cost implications of mis-segregating waste. Clinical waste is typically 4x as expensive to dispose of as recyclable waste and its carbon footprint is almost 50x greater. The video can be found on NNUH's YouTube channel and has been viewed over 1,100 times since it launched in late 2023.

Reusable sharps bins – delivered by Serco

Reusable sharps bins have been rolled out across the Trust. Once the project is fully up and running it will save an estimated 300t $CO2e$[3] per year. The sharps bins project not only delivers sustainability benefits but health and safety benefits too. This deployment was negotiated through the Alternative Procedure process which offered the Trust financial savings too.

[2] Based on energy savings and carbon factors
[3] Provided by Sharpsmart

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.
- Our 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 2023/24.

Approval of the Performance Report

I confirm my approval of the Performance Report:

Professor Lesley Dwyer
Chief Executive **Date: 26 June 2024**

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

Professor Lesley Dwyer was appointed as Chief Executive of the Trust in March 2024. Lesley joined NNUH from Central Adelaide Local Health Network, the biggest health authority in South Australia with more than 18,000 staff, where she was Chief Executive for the last five years. Previously, Lesley was Chief Executive of Medway NHS Foundation Trust in Kent between 2015 and 2018, where she helped lift the organisation out of quality Special Measures and into a well led "Good" rating from the Care Quality Commission. Lesley 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

Dr Bernard Brett was appointed as Interim Medical Director in September 2023. Bernard is responsible for providing professional strategic medical advice to the Board and leadership on clinical quality and safety and clinical research. He provides professional leadership for all doctors in the Trust. Bernard is a gastroenterologist and an experienced Medical Manager, currently holding the position of Chair of the East of England Clinical Senate and previously having held a variety of posts including Medical Director at the James Paget University Hospital, Responsible Officer, Appraisal Lead and Divisional Director.

Chief Nurse

Rachael Cocker was appointed as Interim Chief Nurse in March 2024. Rachael is responsible for professional leadership of nurses, midwives, AHPs, Pharmacists and Healthcare Scientists, as well as all Health Care Support Workers across the Trust. The Chief Nurse is responsible for providing professional clinical advice to the Board. Rachael has worked at NNUH for over 30 years, having qualified as a registered general nurse and registered midwife. Throughout her career she has held various nursing leadership roles, gaining experience across all areas of healthcare delivery within the organisation. Rachael is a member of the Boards Quality & Safety Committee and Finance, Investments & Performance Committee.

Chief People Officer

Paul Jones was appointed as Chief People Officer in August 2019, having 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.

Chief Finance Officer

Liz Sanford was appointed as Interim Chief Finance Officer in March 2024. Liz is a chartered accountant (CPFA) who began working for the NHS in 2015 with NHS Improvement, where she was a member of the East of England finance team. Following a secondment to The Queen Elizabeth Hospital, King's Lynn, as Deputy Director of Finance in 2019, she joined the Trust in September 2020 to take up the post of Director of Finance – Operations. Liz is a member of the Finance, Investments & Performance Committee and the Major Projects Assurance Committee.

Non-Executive Directors

Chair

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 then Group Procurement Director. 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. Tom is a member of the Finance, Investments and Performance Committee, Major Projects Assurance Committee, Charitable Funds Committee and Committees in Common.

Julian Foster was appointed as Non-Executive Director in June 2019 and reappointed in June 2022. Julian is a chartered accountant and corporate treasurer. He worked in investment banking until moving to the social housing sector and has held executive finance and development director roles in growing housing association groups in the Eastern region over the last 20 years. He currently undertakes a number of voluntary roles including being trustee and treasurer of Vision Norfolk and trustee of Emmaus Norfolk & Waveney. Julian is Chair of the Trust's Audit Committee and is a member of the Finance, Investments & Performance Committee, Major Projects Committee, Charitable Funds Committee, Nominations & Remuneration Committee and Committees in Common. Julian is the Nominated Non-Executive for Emergency Preparedness, Digital and Cyber Security and Theatre Productivity.

Professor Charles ffrench-Constant was appointed as Non-Executive Director in September 2021. Charles is Pro-Vice-Chancellor for Medicine and Health Sciences at University of East Anglia (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. Charles is a member of the Trust's People & Culture Committee, Research and Education Committee and Nominations and Remunerations Committee. Charles is our Nominated Non-Executive Director for Education,

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 Audit Committee, Research and Education Committee and Nominations & Remuneration Committee. Pam is Nominated Non-Executive Director for Safeguarding, Maternity and Children & Young People.

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 regeneration and has led and advised on a number of successful development projects. Sandra has a keen interest in organisational and skills development and cultural change and continues to deliver leadership development programmes and executive coaching.

Sandra is Chair of the People & Culture Committee and a member of the Trust's Audit 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. Jo is the nominated Non-Executive for Patient Engagement & Complaints and Equality, Diversity and Inclusion.

Dr Ujjal Sarkar was appointed as Non-Executive Director in September 2022. Ujjal is a Lead GP partner at one of the largest GP partnerships in the country. Ujjal has been a GP for more than 16 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 Chair or the Research and Education Committee and a member of the People and Culture Committee, Quality and Safety Committee and the Nominations and Remuneration Committee. Ujjal is the Trust's Non-Executive Staff Wellbeing Guardian.

Mrs Nikki Gray was appointed as Non-Executive Director in January 2024. Nikki qualified as a chartered accountant before pursuing a career across the financial services and energy sectors. Nikki has been a Governor at City College Norwich since 2018, where she currently sits on the Business Committee with previous roles on both the Curriculum & Standards Committee and the Audit Committee. Nikki is Chair of the Trust's Finance, Investments and Performance Committee and Major Projects Assurance Committee and is a member of the Charitable Funds Committee and Nomination and Remunerations Committee.

Changes during the Year

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

- Mr Sam Higginson was seconded to NHS England in August 2023 and stood down as Chief Executive in January 2024
- Mr Nick Hulme was appointed as Interim Chief Executive from August 2023 until March 2024
- Professor Erika Denton, Medical Director, was seconded to NHS England in September 2023
- Professor Nancy Fontaine, Chief Nurse, was seconded to the Nursing & Midwifery Council in March 2024
- Mr Roy Clarke, Chief Finance Officer, was seconded to Kings College Hospital in March 2024

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.

During 2023/24, the Board also established a Research and Education Assurance Committee, to give enhanced focus, profile and visibility to these key areas of the Trust's role and work as a specialist University teaching hospital.

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 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 Pamela Chrispin 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 option to extend appointment was exercised in October 2023 by mutual agreement. 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 2023/24 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 2023/24 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. 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.

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 substantive 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 fourteen formal meetings in 2023/24.
- 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 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 remotely via the Teams teleconference digital platform 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 assurance committees, with 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 reporting schedule includes regular reports from its assurance committees in the domains of Quality & Safety, Finance, Investments & Performance, People & Culture, Major Projects, Research & Education 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 2023/24 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:

- Ms Dinneen declared her role as Strategic Project Advisor – Priscilla Bacon Hospice Care Ltd and as Chair of Bullen Developments Ltd
- 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.
- Dr Brett declared an interest as Director and Shareholder of Eastern Gastroenterology Group Limited and as Director of Norfolk Gastroenterology and Endoscopy Services Ltd.

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. 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 Trust was subject to a further CQC assessment against the Well-Led Framework during 2023/24 and the formal outcome of that assessment is awaited. The Board has considered the timing of the next developmental review against the Well-led Framework and is preparing to commission this, once the outcome if the CQC assessment has been received.

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 in accordance with national guidance, by the Chair and that of the Chair was coordinated by the Senior Independent Director.

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.

In relation to the more detailed provisions of the Code of Governance, the Trust is compliant with the provisions, with the following exceptions:

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. In relation to the more detailed provisions of the Code of Governance, the Trust is compliant with the provisions, with the following exceptions:

A.2.5 The Trust has identified the Medical Director as the Executive Lead with regard to Health Inequalities and the Hospital Management Board has established an Equality, Diversity and Health Inequalities Group. Further work is required to ensure that performance reports are disaggregated by ethnicity and deprivation where relevant and this will be undertaken in 2024/25.

B.2.5 The Trust's Constitution makes provision for identification of a Deputy or Vice Chair in circumstances of non-availability or illness of the substantive Chair. The Nominations and Remunerations Committee has agreed to review the position during 2024/25 to establish if this role should be identified on a standing basis.

B.2.17 The Board has approved a Schedule of Matters Reserved for its decision. Detail of the role and responsibilities of the Council of Governors and the 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 rather than the Board's Schedule of Matters Reserved.

C.4.7 The Trust was subject to a CQC assessment against the Well-Led Framework during 2023/24 and the formal outcome of that assessment is awaited. The Board has considered the timing of the next developmental review against the Well-led Framework and is preparing to commission this once the outcome of the CQC assessment has been received.

Appendix B3.3 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.

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 reference	Summary of requirement	Disclosure
A 2.1	The board of directors should assess the basis on which the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	See Environment and Sustainability Section, Statements of Chair and Chief Executive and Overview of Performance Section
A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	See Staff Survey Section, Staff Support Section and reporting on the Boards People Promise and Strategic Commitment to our NNUH Team.
A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	See Annual Report Sections on Strategic Commitment to our Partners, approach to System Working in Statements of Chair and Chief Executive, Overview of Performance (ICS Strategy Involvement).

B2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent.	In Directors Report in Annual Report
B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	In Directors Report in Annual Report
B 2.17	There should be a schedule of matters specifically reserved for its decision. This schedule 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 the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	A 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.
C 2.5	If an external consultancy is engaged [to assist in Non-Executive appointment], it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	Statement in Council of Governors Section
C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	As detailed in Annual Report sections on Council of Governors Approved Terms of Reference are on Trust Website
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Included in Directors Report
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	See Directors Report Board Performance Section – the Board has considered the timing of the next development review against the Well Led Framework and is preparing to commission this.

C 4.13	The annual report should describe the work of the nominations committee(s), including • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports.	See section in Annual Report regarding: • work of the Nominations & Remuneration Committee • Directors Section Board Performance • Diversity and Inclusion • Staff Numbers and Costs • Gender Pay Gap Reporting.
C 5.15	Foundation trust 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. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	See Council of Governors and Foundation Trust Membership sections
D 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	See Audit Committee section of Annual Report

D 2.6	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, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	See Annual Report Statements
D 2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks.	See Overview of Performance, Directors Report and Annual Governance Statement
D 2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	See Directors Report and Annual Governance Statement
D 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern.	See Going Concern Statement in Annual report
Section E, 2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	See Remuneration Report
Appendix B, para 2.3 (not in Schedule A)	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
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	See Council of Governors section
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has 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, eg 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

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.

Main Activities of the Audit Committee during the Year Ended 31 March 2024
The Audit Committee met on 5 occasions during the year ended 31 March 2024. 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 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 2022/23 were reviewed by the Auditors and presented to the Committee in June 2023. In accordance with the established annual cycle, financial performance for 2023/24 is subject to external audit review during March and June 2024, for review of the Accounts by the Committee in June 2024.

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, Nikki Gray and the Chief Executive. 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 2023/24 the Committee met on 8 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 and overseeing processes for recruitment. The Committee has undertaken these responsibilities with regard to the executive vacancies that arose during 2023/24.

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 2023/24, 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. The Committee also agreed the terms of secondments for executive directors.

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 2023/24, the Committee was accordingly involved with regard to the process for appointment of Mrs Gray.

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 and a Patient Safety Representative. The Committee met on 10 occasions during 2023/24.

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 2023/24 have included the operation of the Trust's clinical governance systems and processes, including our procedures for learning from incidents and examining mortality rates.

During 2023/24 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 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. Regular reports have been received relating to Maternity care in the Trust, in light of concerns about national maternity services.

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 three Non-Executive Directors, Chief Executive, Chief Operating Officer, Chief Finance Officer, Chief People Officer, Director of Strategy and Major Projects, Chief Digital Officer, Director of Transformation and Clinical Executive (Medical Director or 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.

Reports to the Committee have been particularly focussed on management of the emergency care pathway, including waiting times for ambulance staff to transfer patients to ED, use of escalation spaces in the Hospital and initiatives to encourage discharge if patients before lunch.

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 management of the Trust's Estate, 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, organisational development and culture. The Membership of the Committee includes three 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 2023/24 have included: Freedom to Speak-Up; Staff Survey results and actions; Corporate Risk Register; Internal Audit Reports; and recruitment and retention. 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.

Major Projects Assurance Committee
The role of the Major Projects Assurance 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 Operating Officer, 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 the Trust's Transformation Programme.

Research and Education Assurance Committee
During 2023/24, the Board decided to establish a Research and Education Assurance Committee to provide additional scrutiny and assurance with regard to these core elements of the University Hospital Trust. In March 2024 the Committee held its inaugural meeting, to review the current position in the Trust and to establish its areas of focus in the year ahead.

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:

✓ X	5 Apr 203	3 May 2023	7 June 2023	19 June 2023 ETB	21 June 2023 ETB	5 July 2023	13 Sept 2023	4 Oct 2023	1 Nov 2023	20 Nov 2023 ETB	6 Dec 2022	9 Jan 2024 ETB	7 Feb 2024	6 Mar 2024
Dr Bernard Brett[4]								✓	✓	✓	✓	✓	✓	✓
Dr Pamela Chrispin	✓	✓	✓	x	✓	✓	✓	✓	✓	x	✓	✓	X	✓
Mr Roy Clarke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Chris Cobb	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mrs Rachael Cocker														✓
Prof Erika Denton[3]	✓	✓	✓	✓	✓	✓	✓							
Ms Sandra Dinneen	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	✓
Prof Lesley Dwyer														✓
Prof Nancy Fontaine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	
Mr Julian Foster	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prof Charles ffrench-Constant	✓	✓	X	X	X	✓	✓	✓	✓	X	✓	X	X	X
Mrs Nikki Gray												✓	✓	✓
Mrs Joanna Hannam	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓	✓
Mr Samuel Higginson [1]	✓	✓	✓	✓	✓	✓								
Nick Hulme[2]							✓	✓	✓	✓	✓	✓	✓	
Mr Paul Jones	✓	X	✓	X	✓	✓	X	X	X	✓	✓	✓	X	✓
Mrs Liz Sanford														✓
Dr Ujjal Sarkar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Mr Tom Spink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

[1] Mr Higginson was seconded to NHSE from 13 August 2023 and stood down as CEO on 21 January 2024.
[2] Mr Hulme was appointed as Interim CEO on 14 August 2023
[3] Professor Denton was seconded to NHSE from 14 September 2023
[4] Dr Brett was appointed as Interim Medical Director 14 September 2023

Attendance at meetings of the Audit Committee

The Audit Committee meets quarterly and met on 5 occasions during the year including 1 extraordinary meeting.

	21 June 2023	4 July 2023	11 Oct 2023	13 Dec 2023	28 Feb 2024
Mr Julian Foster (Chair)	✓	✓	✓	✓	✓
Dr Pamela Chrispin					✓
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 8 occasions during 2023/24

✓ X	3 May 2023	5 July 2023	4 Sep 2023	4 Oct 2023	1 Nov 2023	6 Dec 2023	9 Jan 2024	16 Feb 2024
Dr Pamela Chrispin (Non-Executive Director)	✓	✓	X	✓	✓	✓	✓	X
Ms Sandra Dinneen (Non-Executive Director)	✓	X	✓	X	✓	✓	X	✓
Professor Charles ffrench-Constant (Non-Executive Director)	✓	X	X	✓	✓	✓	X	✓
Mr Julian Foster (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓
Mrs Nikki Gray (Non-Executive Director)							✓	✓
Mrs Joanna Hannam (Non-Executive Director)	✓	✓	✓	✓	✓	X	✓	X
Mr Sam Higginson (Chief Executive)	✓	X						

Mr Nick Hulme (Chief Executive) – Interim August 2023 – March 2024			✓	✓	✓	✓	✓	✓
Dr Ujjal Sarkar (Non-Executive Director)	✓	✓	X	✓	✓	✓	X	X
Mr Tom Spink (Chair) -	✓	✓	✓	✓	✓	✓	✓	✓

Quality and Safety Committee – meeting and attendance

The Quality and Safety Committee met on 10 occasions during 2023/24.

	25 Apr 2023	30 May 2023	27 June 2023	25 July 2023	25 Sep 2023	24 Oct 2023	28 Nov 2023	30 Jan 2024	27 Feb 2024	26 Mar 2024
Dr Pamela Chrispin (Chair of Committee and Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Bernard Brett (Interim Medical Director)						X	✓	✓	✓	✓
Ms Rachael Cocker (Interim Chief Nurse)										✓
Prof Erika Denton (Medical Director)	✓	✓	✓	✓	✓					
Prof Lesley Dwyer (chief Executive)										✓
Ms Claire Fernandez (Associate Non-Executive Director)	✓	X	✓	✓	✓	X	✓	✓	✓	X
Prof Nancy Fontaine (Chief Nurse)	✓	✓*	✓	✓	✓	✓*	✓	✓	✓	
Mrs Joanna Hannam (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Sam Higginson (Chief Executive)	✓	✓	✓	X						
Mr Nick Hulme (Interim Chief Executive)					✓	✓	✓	✓	✓	
Dr Ujjal Sarkar (Non-Executive Director)	X	X	✓	X	✓	✓	X	X	✓	✓

Finance, Investments and Performance Committee – meeting and attendance
The Finance, Investments and Performance Committee met on 13 occasions during the year as follows:

Name ✓ X	26 Apr 2023	31 May 2023	19 June 2023	28 June 2023	26 July 2023	7 Sept 2023	27 Sept 2023	25 Oct 2023	29 Nov 2023	09 Jan 2024	31 Jan 2024	28 Feb 2024	27 Mar 2024
Mr Tom Spink (Chair of Committee and Non-Executive Director)	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓
Mrs Nikki Gray (Chair of Committee from Jan24 and Non-Executive Director)										✓	✓	✓	✓
Alex Berry (Director of Transformation)	✓	X	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Dr Pamela Chrispin (Non-Executive Director)	✓	✓	X	X	✓	X	✓	✓	X	✓	✓		
Mr Roy Clarke (Chief Finance Officer)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr Chris Cobb (Chief Operating Officer)	✓*	✓	✓	✓	✓	✓	✓*	X	✓	✓	✓	✓	✓*
Mrs Rachael Cocker (Chief Nurse)												✓	✓
Mrs Sandra Dinneen (Non-Executive Director)	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓		
Professor Lesley Dwyer (Chief Executive)												✓	✓
Prof Nancy Fontaine (Chief Nurse)	✓	✓*	✓	✓	✓	X	✓	X	X	X	✓	X	
Mr Julian Foster (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Simon Hackwell (Director of Strategy)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Mr Sam Higginson (Chief Executive)	✓	✓	✓	✓	✓								
Mr Nick Hulme (Interim Chief Executive)						X	X	✓	✓	✓	✓	X	
Mr Paul Jones (Chief People Officer)	X	✓	✓	X	X	✓*	✓*	✓*	X	✓	✓*	✓	✓*
Ms Liz Sanford (Interim Chief Finance Officer)													✓*
Ed Prosser-Snelling (Chief Digital Officer)	✓	X	X	✓	✓	✓	X	X	✓	✓	X	✓	X

People and Culture Committee – meeting and attendance

The People and Culture Committee met 4 times during 2023/24. Attendance was as follows:

✓ X	26 Apr 23	28 June 23	25 Oct 23	31 Jan 24
Board members				
Sandra Dinneen (Non-Executive Director and Chair)	✓	X	✓	✓
Dr Bernard Brett (Interim Medical Director)			X	✓
Chris Cobb (Chief Operating Officer)	X	X	X	X
Prof Erika Denton (Medical Director)	✓	✓		
Prof Nancy Fontaine (Chief Nurse)	X	✓	X	✓
Prof Charles ffrench-Constant (Non-Executive Director)	✓	✓	✓	X
Joanna Hannam (Non-Executive Director)	✓	✓	✓	✓
Sam Higginson (Chief Executive)	✓	✓		
Nick Hulme (Interim Chief Executive)			✓	✓
Paul Jones (Chief People Officer)	✓	✓	✓*	✓*
Dr Ujjal Sarkar (Non-Executive Director	✓	✓	✓	X

(✓*) = attendance by a deputy

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 10 occasions during 2023/24

Register of Attendance at Major Projects Assurance Committee Meetings 2023-24

Name ✓ X	26 Apr 2023	31 May 2023	28 June 2023	26 July 2023	27 Sept 2023	25 Oct 2023	29 Nov 2023	31 Jan 2024	28 Feb 2024	27 Mar 2024
Mr Tom Spink (Chair of Committee and Non-Executive Director)	✓	✓	✓	✓	X	✓	✓	✓	X	✓
Alex Berry (Director of Transformation)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Pamela Chrispin (Non-Executive Director)	✓	✓	X	✓	✓	✓	X			
Mr Roy Clarke (Chief Finance Officer)	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr Chris Cobb (Chief Operating Officer)	✓*	✓*	✓	✓	✓*	X	✓	✓	✓	X
Ms Rachael Cocker (Interim Chief Nurse)									✓	✓
Mrs Sandra Dinneen (Non-Executive Director)	✓	✓	X	✓	✓	✓	X			
Prof Lesley Dwyer (Chief Executive)										✓
Prof Nancy Fontaine (Chief Nurse)	X	✓*	✓	X	X	X	✓			
Mr Julian Foster (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Simon Hackwell (Director of Strategy & Major Projects)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr Sam Higginson (Chief Executive)	✓	✓	✓	X						
Mr Nick Hulme (Interim Chief Executive)					✓	X	✓	X		
Ed Prosser-Snelling (Chief Digital Officer)	✓	X	✓	✓	X	X	✓	X	✓	X
Mrs Nikki Gray (Non-Executive Director)								✓	✓	✓
Ms Liz Sanford (Interim Chief Finance Officer)										✓*

Research and Education Committee

During 2023/24 the Board established a Research and Education Committee which meets quarterly and otherwise as required. The Committee met on 1 occasion during 2023/24

Register of Attendance at Research and Education Committee Meetings 2023/24

Name ✓ X	27 March 2024
Ujjal Sarker (Non-Executive Director and Committee Chair)	✓
Bernard Brett (Interim Medical Director)	✓
Mrs Rachael Cocker (Chief Nurse)	✓*
Prof Lesley Dwyer (Chief Executive)	✓
Charles Ffrench-Constant (Non-Executive Director)	✓
Mr Paul Jones (Chief People Officer)	✓*
Ed Prosser-Snelling (Chief Digital Officer)	
Pam Chrispin (Non-Executive Director)	✓

*attendance by deputy

Case Study

NNUH Jenny Lind Paediatrics Theatres Complex opened

The new £8.6m Norfolk and Norwich University Hospitals Jenny Lind Paediatrics Theatre Complex has been opened with a ribbon cutting ceremony supported by its very first patients.

The centre opened at 7.30am on Tuesday 9 January, with full lists being run in both theatres.

This is a major development for paediatrics, not only will this unit provide the very latest equipment, it will do so in an environment which is vibrant, engaging and welcoming for younger patients and supports our ambition to be a leading provider of specialist paediatric care in the East of England.

Thanks to a £160,000 grant from N&N Hospitals Charity, both theatres have audio-visual equipment installed, ensuring that these new operating facilities can be used for training and education, recording, conferencing, improved digital documentation and improved visual clarity for the whole team.

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 Mrs Nikki Gray
- approved the appointment of CEO Professor Lesley Dwyer.

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 2024 the Governors were:

Public Governors

- Elaine Bailey — North Norfolk
- Erica Betts — Breckland
- Greg Bowker — Breckland
- Peter Bush — Norwich
- Annie Cook — Norwich
- Brian Cushion — Broadland
- 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
- **Vacancy** — **Rest of England**

Staff Governors

- Shahnaz Asghar — Contractors and Volunteers
- Bibin Baby — Nursing and Midwifery
- Catherine Hainey — Nursing and Midwifery
- Gemma Lynch — Admin and Clerical
- Richard Wharton — 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 2023/24:

- **Shirley Ricketts — Broadland**
- **Joy Stanley — Breckland**
- **Claire Haider — Nursing and Midwifery**
- **Richard Smith — Medical Staff**

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 Trust's clinical strategy and the management of services
- major developments on the hospital sites, such as plans for the new paediatric theatres, N&N Orthopaedic Centre and the Diagnostic Centre
- the results of patient and staff surveys
- details of the Freedom to Speak Up service for staff
- the Trust's Digital Strategy
- 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 particularly concerning 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.

Attendance at formal meetings of the Council of Governors

The Council of Governors held five meetings in 2023/24. Attendance at Council meetings was as set out below:

		12 April 2023	13 July 2023	6 October 2023	26 October 2023 – Extraordinary meeting	25 January 2024
1	Mrs Shahnaz Asghar	✓	✓	✓	X	✓
2	Mr Bibin Baby	X	✓	✓	X	✓
3	Mrs Elaine Bailey	✓	✓	✓	✓	✓
4	Mr Greg Bowker[1]					X
5	Mrs Erica Betts	✓	✓	✓	✓	✓
6	Mr Peter Bush	✓	✓	X	X	X
7	Ms Annie Cook[1]	✓	✓	✓	✓	✓
8	Mr Brian Cushion[2]					X
9	Mrs Nina Duddleston	✓	✓	✓	✓	✓
10	Mrs Carol Edwards	X	✓	✓	✓	✓
11	Dr Daniel Epurescu	X	✓	✓	✓	✓
12	Dr Bruce Fleming	✓	✓	✓	✓	✓
13	Mrs Ines Grote	✓	✓	✓	X	✓
14	Ms Clare Haider	✓	X	X	X	
15	Ms Catherine Hainey[3]					✓
16	Mrs Jackie Hammond	✓	✓	✓	✓	✓
17	Mr Chris Hind	✓	X	✓	X	X
18	Mr Tim How	✓	✓	✓	X	X
19	Mrs Gemma Lynch	✓	✓	✓	✓	✓
20	Mr Derek Moncur[4]	✓	✓	✓	X	✓
21	Mrs Shirley Ricketts	X	X	X	X	
22	Mr Richard Smith	X	X	✓	X	
23	Mrs Joy Stanley	X	X	X	X	
24	Cllr Alison Thomas	✓	X	X	✓	✓
25	Mr Richard Wharton[4]					X

[1] Mr Greg Bowker elected December 2023
[2] Mr Brian Cushion elected December 2023
[3] Ms Catherine Hainey elected December 2023
[4] Mr Richard Wharton elected December 2023

Lead Governor

In accordance with the Foundation Trust Code of Governance, the Council of Governors has 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 2024, Membership of the Committee is:

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

Members of the Council's Appointments & Remuneration Committee are particularly involved in the process for making non-executive appointments to the Board and Members of the Committee sit on the Interview Panel for NED appointments, with other governors deputising as required. During 2023/24, an Interview Panel including five governors reviewed the position and recommended that the Council of Governors should appoint Nikki Gray as Non-Executive Director (which it did on 26 October 2023). This followed a recruitment process supported by external recruitment specialists (Global Alumni), who are independent of the Trust and its directors. Recruitment was informed by the Nominations & Remuneration Committee of the Board of Directors and a stakeholder panel consisting of both internal and external representatives.

Governor development
An induction event was held for new governors on 22 January 2024, to discuss the role and responsibilities of governors. A training session for Governors was also held with NHS Providers in September 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 £447.59 in travel expenses has been claimed during 2023/24.

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 developed with input from members and governors and this sets 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.

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

Year	Public members
2021/22	15,934
2022/23	15,440
2023/24	14,853

Our staff membership stands at 8,500, making a total of 23,353 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.

The Governors have been involved in a number of events during 2023/24 which included engagement with members (staff and public) including:

- Tour of the Cancer Centre on 6 September 2023
- AGM with all day exhibition event for staff and public on 4 October 2023
- Staff Awards ceremony with two governors presenting awards on 2 November 2023
- Joint talk with the N&N Hospitals Charity on the Boudicca Breast Cancer Appeal and spinal surgery on 9 November 2023
- a tour of maternity on 31 October 2023
- a Cathedral Carols by Candlelight event on 16 December 2023.

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 2023-24 financial year or previous year.

Income disclosures required by Section 43(2A) of the NHS Act 2006

During 2023-24 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 £868.2m of the total income of £982.6m (2022-23 £810.3m of the total income of £920.2m).

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 31/03/2024 can be found at the back of this annual report. The statement of the responsibility of the accounting officer is on page 142.

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 30 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 2024		Year ended 31 March 2023	
	Number	£'000	Number	£'000
Total Non-NHS trade invoices paid in the year	152,811	442,493	138,454	368,048
Total Non-NHS trade invoices paid within target	140,893	393767	121,035	315,973
Percentage of Non-NHS trade invoices paid within target	92%	89%	87%	86%
Total NHS trade invoices paid in the year	2,672	45,343	2,941	72,353
Total NHS trade invoices paid within target	2,393	42,946	2,221	61,367
Percentage of NHS trade invoices paid within Target	90%	95%	76%	85%

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

Disclosures relating to any interest paid can be found in note 12 to the accounts.

Case Study

New service for women who experience early pregnancy loss

A new Bereavement Nurse has been appointed to help support women and their families who experience a pregnancy loss up to 18 weeks gestation.

The Bereavement Nurse will work alongside the Bereavement Midwifery Team who provide support to families experiencing losses from 18 weeks onwards.

This new post is one of only a handful across the country and has been funded for five years by the Chloe Blossom Foundation. The Chloe Blossom Foundation was created in memory of Chloe Blossom Matthews, who was born on 2 May 2021.

The foundation was formed to support other parents and families who sadly find themselves at such a heart-breaking time in their life.

Feedback from patients had highlighted the need for this role, as previously there has been a lack of support for women and their families following their loss. The role will deliver the care these families need and improve the quality of the bereavement service the Trust can provide.

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 5%. The Medical Directors in addition to their managerial duties also maintain a clinical practice and solely received the Medical & Dental pay award of 6% from 1st April 2023. The Medical Directors are also entitled under the consultant contract for Clinical Excellence Awards (CEA) in 2023/24.

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 2023/24.

Signed by Chair of Remuneration Committee on 26 June 2024 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 2023/24
(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 (on secondment to NHS England wef 14.08.2023)	21/10/2019	13/08/2023	n/a	6 Months
N Hulme, Interim Chief Executive (on part time secondment from ESNEFT)	14/08/2023	03/03/2024	n/a	6 Months
L Dwyer, Chief Executive	04/03/2024	Ongoing	n/a	6 Months
CM Cobb, Chief Operating Officer	17/04/2019	Ongoing	n/a	6 Months
ERE Denton, Medical Director (on secondment to NHS England wef 14.09.2023)	01/07/2018	13/09/2023	n/a	6 Months
B Brett, Interim Medical Director	14/09/2023	Ongoing	n/a	6 Months
NVC Fontaine, Chief Nurse (on secondment to NHS England wef 29.02.2024)	01/08/2018	28/02/2024	n/a	6 Months
R Cocker, Interim Chief Nurse	29/02/2024	Ongoing	n/a	6 Months
PD Jones, Chief People Officer	10/06/2019	Ongoing	n/a	6 Months
R Clarke, Chief Finance Officer (on secondment to King's College Hospital NHSFT wef 11.03.2024)	01/04/2020	10/03/2024	n/a	6 Months
L Sanford, Interim Chief Finance Officer	11/03/2024	Ongoing	n/a	6 Months
Non-Executive Directors:				
TI Spink, Chairman	22/03/2023	21/03/2026	24 Months	3 Months
JA Foster, Non-Executive Director	01/06/2019	31/05/2025	14 Months	3 Months
P Chrispin, Non-Executive Director	01/01/2020	31/12/2025	21 Months	3 Months
S Dinneen, Non-Executive Director	01/01/2020	31/12/2025	21 Months	3 Months
JM Hannam, Non-Executive Director	01/01/2020	31/12/2025	21 Months	3 Months
C ffrench-Constant, Non-Executive Director	01/09/2021	31/08/2024	5 Months	3 Months
U Sarkar, Non-Executive Director	05/09/2022	04/09/2025	18 Months	3 Months
N Gray, Non-Executive Director	02/01/2024	31/12/2026	33 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 2023/24 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, Nick Hulme and then Lesley Dwyer).

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 eight times during 2023/24, on 3 May, 5 July, 4 September, 4 October, 1 November, 6 December, 9 January, and 16 February 2024. 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 11 Executive Directors in office during the year (filling 6 roles) and 8 Non – Executive Directors, including the Chairman. In aggregate the Directors received reimbursement of expenses of £1,626 claimed by 5 directors. In 2022/23, 14 directors had been in office, being 6 executive directors and 8 non-executive directors. In aggregate they received reimbursement of expenses of £972 claimed by 2 directors.

No significant awards were made to past Directors during the 12 months ended 31 March 2024.

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 2023/24 there were 25 governors (16 public governors, 6 staff governors, and 3 partner governors) and four governors claimed expenses of £448. In 2022/23 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 2024					12 months ended 31st March 2023				
		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	0	0	0	0	0	5 – 10	0	0	0	5 – 10
TI Spink, Chairman	TI Spink	50 – 55	0	0	0	50 - 55	50 - 55	0	0	0	50 - 55
S Higginson, Chief Executive (Until 14 August 2023)	S Higginson	100 – 105	0	0	0	100 - 105	245 – 250	0	0	0	245 – 250
N Hulme, Interim Chief Executive (Secondment from ESNEFT between 14/08/23 - 03/03/2024)	N Hulme	130 - 135	1,500	0	0	130 - 135	0	0	0	0	0
L Dwyer, Chief Executive (Appointed 19 February 2024 (CEO from 4th March 2024))	L Dwyer	30 – 35	0	0	5 – 7.5	40 – 45	0	0	0	0	0
CM Cobb, Chief Operating Officer	CM Cobb	180 - 185	0	0	0	180 – 185	170 - 175	0	0	0	170 - 175
ERE Denton, Medical Director (Until 14 September 2023)	ERE Denton	100 – 105	0	15 – 20	0	115 – 120	215 – 220	0	35 – 40	0	250 - 255

Name and title		12 months ended 31st March 2024					12 months ended 31st March 2023				
		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
B Brett, Interim Medical Director (Appointed 14 September 2023)	B Brett	125 – 130	0	15 – 20	10 – 12.5	155 – 160	0	0	0	0	0
NVC Fontaine, Chief Nurse (Until 29 February 2024)	NVC Fontaine	145 - 150	0	0	0	145 - 150	150 – 155	0	0	37.5 – 40	190 - 195
R Cocker, Interim Chief Nurse (Appointed 29 February 2024)	R Cocker	10 – 15	0	0	0 – 2.5	10 - 15	0	0	0	0	0
PD Jones, Chief People Officer	PD Jones	155 – 160	0	0	35 – 37.5	190 - 195	145 – 150	0	0	35 – 37.5	180 - 185
R Clarke, Chief Finance Officer (Until 11 March 2024)	R Clarke	170 – 175	0	0	157.5 – 160	330 - 335	185 – 190	0	0	0	185 - 190
E Sanford, Interim Chief Finance Officer (Appointed 11 March 2024)	E Sanford	10 – 15	0	0	0 – 2.5	10 - 15	0	0	0	0	0

Name and title		12 months ended 31st March 2024					12 months ended 31st March 2023				
		Salary (bands of £5,000) £'000	All Taxable Benefits Rounded to the nearest £100 £	Annual & Long-term Performance Related Bonuses (bands of £5,000) £'000	Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary (bands of £5,000) £'000	All Taxable Benefits Rounded to the nearest £100 £	Annual & Long-term Performance Related Bonuses (bands of £5,000) £'000	Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'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
U Sarkar, Non-Executive Director (Appointed 5 September 2022)	U Sarkar	10 - 15	0	0	0	10 - 15	5 – 10	0	0	0	5 - 10
C ffrench-Constant, Non-Executive Director (Appointed 1 September 2021)	C ffrench-Constant	10 – 15	0	0	0	10 – 15	10 – 15	0	0	0	10 - 15
N Gray, Non-Executive Director (Appointed 2 January 2024)	N Gray	0 – 5	0	0	0	0 – 5	0	0	0	0	0

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 2023-24 was £180k-£185k (2022-23, £250k-£255k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Pay ratio information table

2023-24	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) (£)	27,930	36,075	49,740
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) (£)	26,806	35,620	48,892
'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 (£)	6.53	5.06	3.67

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

There has been a significant decrease in the ratios comparing the quartiles of staff against the highest paid director. This is the result of the prior year's highest paid director leaving the Trust during 2023/24, meaning that the comparison has been made against the next highest paid director for the year.

Percentage Change in Remuneration of Highest Paid Director

2023-24	**% 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)	-16.09	-100.00
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)	0.40	17.52

2022-23	% 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

	2023-24	2022-23
Band of Highest Paid Director's Total Remuneration (£'000)	180 - 185	250 - 255
Midpoint of band	182,500	252,500
25th Percentile (£)	27,930	27,731
Median Total (£)	36,075	36,079
75th Percentile (£)	49,740	49,903
Remuneration Ratio	5.06	7.00

Employee Remuneration Range

	2023-24	2022-23
Band of Highest Paid Employee (£'000)	180 - 185	250 - 255
Band of Lowest Paid Employee (£'000)	10 - 15	10 – 15

In 2023/24, 0 (2022/23: 0) employees received remuneration in excess of the highest paid director. Remuneration ranged from £10k to £182.5k (2022/23 £12k to £273k). 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 0.40%.

The highest paid director's remuneration was 5.06 times (202/23 – 7.00 times) the median remuneration of the workforce which was £36,075 (2022/23 - £36,079).

Total Pension Entitlement

2023/24 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 2024 (bands of £5,000) £'000	Lump Sum at age 60 related to accrued pensions at 31 March 2024 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2023 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2024 £'000
S Higginson, Chief Executive	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L Dwyer, Chief Executive	0 – 2.5	0 – 0	0 - 5	0 - 5	0	3	85
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
B Brett, Medical Director	0 – 2.5	0 – 2.5	60 – 65	175 – 180	1,355	18	1,537
NVC Fontaine, Chief Nurse	0	30 – 32.5	65 – 70	185 – 190	1,403	108	1,684
R Cocker, Chief Nurse	0 – 2.5	0	40 – 45	110 – 115	820	1	930
PD Jones, Chief People Officer	2.5 - 5	0	30 – 35	55 – 60	538	86	698
R Clarke, Chief Finance Officer	7.5 – 10	15 -17.5	45 – 50	130 – 135	714	140	950
E Sanford, Chief Finance Officer	0 – 2.5	0 - 2.5	15 – 20	0 - 5	217	1	278

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 – Christopher Cobb chose not to be covered by the Pension Arrangements during the reporting year.
N/A – Roy Clarke was only covered by the Pension Arrangements between June 2023 and January 2024.
Nancy Fontaine is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995 / 2008 scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.
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 2024. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

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

The 2022/23 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 2023/24, however both individuals who have held the role of Medical Director during the period were in receipt of clinical excellence awards as part of their remuneration packages.

Signed on behalf of the Board on 26 June 2024 Chief Executive – Lesley Dwyer

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. This is supported by the launch of the Trust Diversity, Inclusion and Belonging Strategy.

Our People Promise plan was launched in June 2023 to address the areas where staff have said they'd like to see improvements. The poster outlines the progress against this plan.

Staff numbers and costs

Our staff numbers have risen from 8,906 to 9,244 as we have filled vacancies and responded to the demands on our services. We also have staff registered with our Staff Bank, temporary workers and nearly 500 volunteers across the Trust.

Average number of employees (WTE basis)				
			2023/24	2022/23
	Permanent	Other	Total	Total
Medical and dental	763	582	**1,346**	1,251
Ambulance staff	-	-	**-**	-
Administration and estates	1,582	80	**1,662**	1,413
Healthcare assistants and other support staff	1,925	399	**2,323**	2,537
Nursing, midwifery and health visiting staff	2,411	265	**2,677**	2,535
Nursing, midwifery and health visiting learners	104	-	**104**	78
Scientific, therapeutic and technical staff	813	27	**840**	721
Healthcare science staff	270	22	**292**	367
Social care staff	-	-	**-**	-
Other	0	0	**0**	3
Total average numbers	**7,869**	**1,375**	**9,244**	**8,906**
Of which:				
Number of employees (WTE) engaged on capital projects	20	16	**36**	55

	2023/24			2022/23		
	Total	Permanent Staff	Other	Total	Permanent Staff	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	419,625	357,217	62,408	360,902	308,606	52,296
Social security costs	43,600	37,116	6,484	35,074	29,992	5,082
Apprenticeship levy	2,126	1,810	316	1,753	1,499	254
Pension Cost - defined contribution plans - employers contribution to NHS Pensions	47,950	40,819	7,131	41,932	35,856	6,076
Pension Cost - Employers contribution paid by NHSE on providers behalf	20,917	17,806	3,111	18,390	15,832	2,558
Pension Cost - Other	140	-	140	86	-	86
Termination Benefits	21	21	-	150	150	-
Temporary Staff - Agency / Contract Staff	19,198	-	19,198	11,016	-	11,016
Total Gross Staff Costs	553,577	454,788	98,788	469,303	391,935	77,368

Breakdown of male and female staff as at 31 March 2024

	Male Headcount	Female Headcount
Executive Director/ Non-Executive Director	6	8
Other staff	2,215	7,606

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/employers/9044

Sickness Absence
At 31 March 2024, the 12-month rolling sickness rate was 4.6%. In the last year, the average sickness absence rate has reduced overall.

Staff Turnover
For the 12 months to 31 March 2024, the staff turnover rate was 9.5%.

NHS Staff Survey 2023
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.

The results of the staff survey 2023 were published in March 2024. Our response rate to the staff survey 2023 dropped from 51% to 47% - with 4,378 respondents - compared with 2022. However, this was still above the is above the national acute trust average. The most recent survey covers the feedback from staff from when the survey commenced on 2 October 2023 and closed on 24 November 2023.

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

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 number of staff networks, which meet frequently to make a positive difference to individuals and our Trust. These are BAME, LGBT+, Diverse Ability and our more recently formed Women's Network.

Other communication mechanisms
Staff engagement is supported by a comprehensive internal communications programme which includes e-newsletters to all staff three times a week, a newly developed intranet called The Beat, a magazine called The Pulse, plus events.

There is a bi-weekly update from the Hospital Management Board about performance, finance and workforce issues which keeps staff up-to-date on a range of issues affecting our hospitals.

Working with our new CEO Lesley Dwyer we are reshaping our leadership communications. The online Connected sessions which are open to all staff are moving to a monthly slot and we are running monthly in-person meeting with the CEO in our lecture theatre. Several senior leaders have monthly blogs including the Chair, CEO and Chief Nurse. Other Open Conversation events are held about specific issues when necessary, led by the CEO and Executive Directors. 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.

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 launched a Diversity, Inclusion and Belonging strategy in October 2023, which consisted of a five-year plan towards embedding our ethos of *'Our Hospital for All'*. This year, we held celebration event in May 2024. The event promoted the general importance of diversity, inclusion, and belonging, as well as the specific steps that different departments and divisions have taken towards the strategy since last year.

The two Equality Standards – Workforce Race Equality Standard (WRES) and Disability Equality Standard (WDES), Gender and Ethnicity Pay Gap Reports, and our new report for the East of England Maturity Matrix (EOE Maturity Matrix) – 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 our approach to these issues. 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 our 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 we need 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.

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 the 27 August 2024. Key indicators taken from the WRES 2023 report are:

- WRES Indicator 1 – 15.3% of our workforce are of a BAME background. This has increased from 14.1% in the previous year.

- WRES Indicator 2 – White candidates are 1.68x 2.06x more likely to be appointed from shortlisting compared to BAME candidates which is a significant improvement from the WRES 2022 report where they were 2.06x more likely.

- WRES Indicator 3 – BAME staff are 0.61x more likely to enter the misconduct process compared to white staff which is a significant improvement from the 2022 report where they were 1.34x more likely

- WRES staff survey indicators – in the 2023 staff survey, 27.6% of BAME staff indicated that they have experienced bullying or abuse from other colleagues compared to 35.6% of BAME staff experiencing this in the staff survey 2022.

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 the 27 August 2024.

Key indicators taken from the WDES 2023report are:

- WDES Indicator 1 – 3%of our workforce have disclosed they have a disability which was a 0.5% improvement from the WDES 2022 report.

- WDES staff survey indicators – in the staff survey 2023 28.6% of disabled staff indicated that they have experienced bullying or abuse from other colleagues which is a significant decline compared to the 31.8% who reported this in the 2022 staff survey.

Equality Standard Actions
The Diversity, Inclusion and Belonging strategy was launched last year and consists of a number of some key actions which aim to have a direct impact on staff and patient experience.

Interventions 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".

The interventions listed above 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.

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, including an internal communications plan, with guidance or advice issued by NHS Protect. This process is detailed in our Anti-Fraud and Bribery Policy.

Exit packages

- Reporting of compensation schemes - exit packages 2023/24
- Exit package shown by cost band (including any special payment element)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	-	13	**13**
£10,000 - £25,000	1	-	**1**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	1	13	**14**
Total Resource cost £	£21,333	£30,468	**£51,801**

- Reporting of compensation schemes - exit packages 2022/23
- Exit package shown by cost band (including any special payment element)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£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 resource cost (£)	£260,640	£119,897	**£380,537**

Exit packages: other (non-compulsory) departure payments

	2023/24		2022/23	
	Payments agreed		Payments agreed	
	Number	£000	Number	£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	13	30	45	120
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**13**	**30**	**45**	**120**

Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary.

Off-payroll payments

The table below shows the details for 2023/2024:

Off payroll engagements as of 31 March 2024 for more than £245 per day lasting for longer than six months	
No. of existing engagements as of 31 March 2024, of which:	4
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 2023 and 31 March 2024, 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 2023 and 31 March 2024	2
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	2
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	2
Number of engagements that saw a change to IR35 status following the consistency review	0

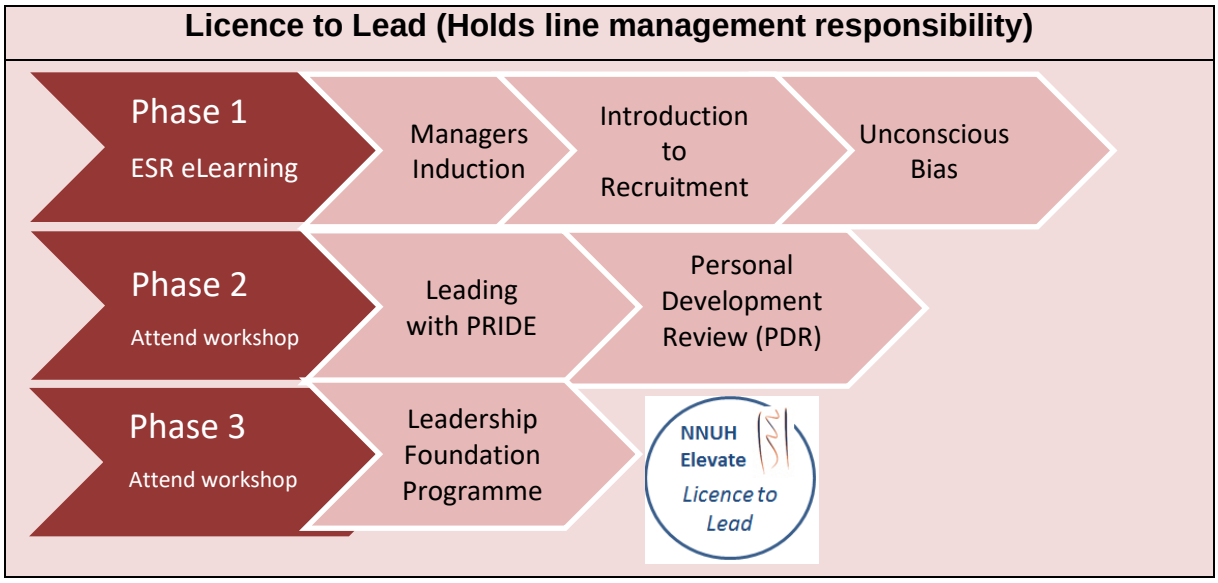
For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	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.	0

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.



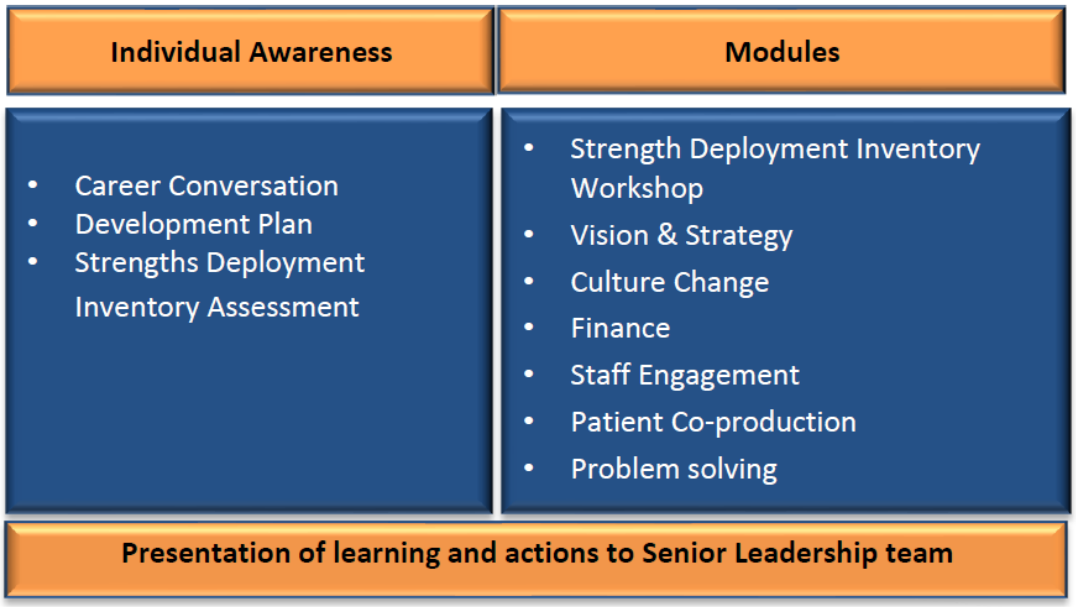
Providing managers with the skills and confidence to lead effectively plays a critical part in day-to-day staff experience and developing the culture of the organisation. Our Licence to Lead is a modular programme. There has been excellent engagement with over 2,500 managers having commenced the programme. Of these, 504 have completed their licence in full with a further 1,016 having completed at least 60% of the learning.

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.

Programme Overview



The programme has been offered to the System and a large range of departments have attended since its launch.

The evaluation feedback has recognised the participants improved set of leadership skills. They have acknowledged the benefits to improved 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 2023/24, we have seen 196 staff commence on an apprenticeship; 148 are existing staff and 48 are new apprentices, with twenty three 16–18-year-olds.

We continued to offer a diverse number of apprenticeships standard with 25 delivered between clinical and non-clinical subjects; this included the new additions of Therapeutic Radiographer L6 and Business Analyst Level 4.

There has been a decrease in the number of new apprentices joining the Trust by 44% in comparison with 2022/2023, however existing employees undertaking an apprenticeship as part of their career development has increased by 23%. Moving in to 2024/2025 the team will continue to work with divisions to advertise and promote their opportunities and highlight career pathways through the apprenticeship route to students and individuals seeking employment.

Work Experience
In 2023, we continued to offer ad-hoc placements across the Trust and hosted nine individual placements. We offered the Year-10 Work Experience programme for the first time since 2019 and received 100 applications. We welcomed a total of 20 students across the two programmes running in June and July for 5-day duration. The programme was designed to give students an insight into the different careers available within the NHS, and included areas such as Nursing, Midwifery, Medicine, Allied Health, as well as administrative and corporate services.

We continued our offering for Year 11 students, however renamed the previously titled “Year 11 Virtual Work Experience Programme” to “Year 11 Careers Information Programme”. The content remained the same, with one session a week over a 6-week period featuring interactive online sessions from a range of NHS professionals. Students were required to complete an activity within their workbook each week and submit the workbook at the end of the programme to receive a certificate of attendance. Forty students accepted a place on programme, however 21 attended and completed. For 2024, we have developed a one-day face to face programme enabling students to rotate around different specialties and engage in interactive activities.

Other Work Experience Activities across the Trust include a Pharmacy Work Experience Day and the Year 12 Pathology Summer School.

T-Levels
T-Levels are delivered over two years following GCSEs and are equivalent to three A Levels. Students must undertake an industry placement of 315 hours during their course to acquire on the job training and skills.

The Trust has hosted a total of 14 Health T-Level placements during 2023/2024, with one student commencing in a Health Care Assistant role alongside their study following their placement.

Work is continuing with local training providers and internal departments to offer T-Level placements to students. Interviews are planned for the September 2024 cohort, with two students currently confirmed. 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 2024 to expand the options available to local students in Norfolk to support with their development towards a career in the NHS.

Functional Skills
We have continued to offer free L2 Functional Skills sessions in Maths and English with City College Norwich as a way of supporting staff in continuing their development. In 2023 we ran three cohorts, applications are open to any NNUH staff member (including bank), sessions run for a 12-week period and are online only. We also continued to encourage staff to apply through Norfolk County Council when applications for City College were not available or when L1 or classroom sessions are requested– 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.

Work Matters
Work Matters, previously 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 Trust and has now been running for 15 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 Trust or within the wider community by the end of the programme. Since commencing in 2009, 150 students have accessed the programme.

Following the recruitment for the 2023/2024 programme, eight students started in September 2023 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.

An online event was hosted in March 2024 and currently 17 candidates are signed up for the programme.

Case Study

First innovative corneal transplant surgery in the region

Patients are benefiting from highly specialised cornea transplant surgery at NNUH which results in quicker healing times and better visual outcomes.

Transplant surgery involves removing all or part of a damaged cornea and replacing it with healthy, clear corneal tissue from the eye of an organ donor.

People living with a condition called Fuchs' Endothelial Dystrophy, or those who have a weakened cornea following cataract surgery, may require this specialist surgery.

Previously, patients in Norfolk could have a type of transplant called DSAEK (Descemet's stripping automated endothelial keratoplasty) where a thicker layer of corneal tissue was transplanted.

The new DMEK (Descemet's membrane endothelial keratoplasty) involves manually removing a single sheet of cells from a donated cornea and inserting it into the patient via a much smaller incision.

Older transplant methods required general anaesthetic and the donor cornea position would be secured by tiny sutures which could take up to a year to heal. The new procedure can be carried out under local anaesthetic and patients are able to return home the same day. Patients who have the procedure are usually left with above driving standard vision, vastly improving their quality of life.

Workplace Health & Wellbeing (Occupational Health)

Workplace Health & Wellbeing has continued to see a significant increase in demand for occupational health services linked to the ongoing pressures on NHS staff with elective recovery programmes, impact of industrial action as well as a difficult winter season resulting in the hospital being in escalation over several weeks.

Autumn Booster Campaign

Covid and Influenza Vaccination programmes
The Head of Health & Wellbeing once again mobilised a team to provide a seasonal vaccination programme which included both COVID and 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 ran for a two-month period rather than three (and beyond) as was the case in previous campaigns.

Whilst our uptake was not as high as previous years, our results reflected the national picture of vaccine fatigue amongst NHS staff. We had the second highest acute Trust uptake in our region for flu and highest nationally for COVID, with 55% of our staff receiving a COVID vaccine and 67% 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. The emerging themes over this last year facing staff have been reported as:

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

Burnout / Moral Injury - staff on the wards report exhaustion, anxiety and feeling overwhelmed. This can be linked to the ratio of staffing in relation to number of patients (when in escalation). Clinical staff continue to report not being able to deliver safe care due to unsafe staffing levels and inadequate resources which impacts their wellbeing. The additional patients in a bay or corridor have been a frequent citation as well as an increase in hours worked responding to waiting list initiatives. For administration staff, repeated cancellation and rescheduling of appointments (industrial action response) has caused significant distress.

Relationships – As a result of the above, the experience of incivility from colleagues has impacted staff over this last 12 months.

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.

Staff Support

The Health and Wellbeing team have been supporting staff with a range of evidence-based interventions which from previous measurement are known to demonstrate effectiveness:

Mindfulness Based Cognitive Therapy

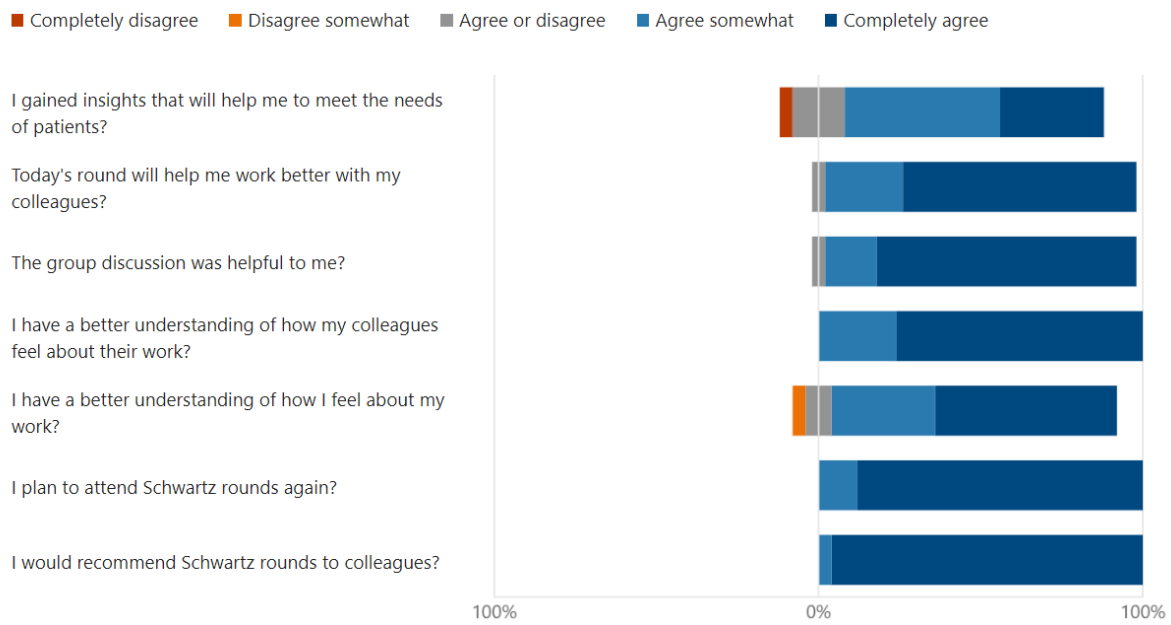
An eight-week evidence-based course. Staff have been able to self-refer or be referred by the Workplace Health & Wellbeing team for this course. After completion of the course a Mindfulness Graduate Session has been available for staff who have completed the eight-week course which have been well attended. These continue to be well attended.

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 through the Norfolk & Norwich Hospitals Charity, to continue to support our staff through dedicated day sessions as well as part day/evening Winter series sessions.

Schwartz Rounds

The Schwartz Round programme has been very difficult to get off the ground in this year due to challenges of securing a panel, staff being released time to attend and raising awareness amongst staff. However, when they have taken place, the feedback is extremely positive. This area of work will be a focus for the forthcoming year as the evidence to support burnout is widely published.



Staff Health and Wellbeing Hub
Following the success of the weekly drop-in support sessions made available by the Health & Wellbeing team and Freedom to speak up guardian in the Trust over the past year, we have successfully managed to extend this service on each weekday. The hub facility in the hospital is supported by the Norfolk & Norwich Hospitals Charity and now offers Monday – Friday, from 10am to 3pm, and is staffed by colleagues from Workplace Health & Wellbeing, Chaplaincy/Spiritual Healthcare, Professional Advocates and the Freedom to Speak Up team. This service has been valuable for staff to talk through concerns.

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

In January 2023, we started working with Vivup who have provided us with their NHS offer for the Employee Assistance Programme (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, 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 and uptake for support services has increased in comparison with the previous provider. Regular contract review meetings are held to discuss the impact of intervention of services provided. This service is being promoted to support staff 24/7 and can be utilised during difficult shifts as well as providing short term counselling support.

Departmental Outreach sessions
The wellbeing team has worked with specific departments as resource permits to provide some dedicated wellbeing support. Examples of the impact can be seen below:

Emergency Department
The Workplace Health & Wellbeing team has been present in the Emergency Department since 2022. Initially, a health and wellbeing practitioner was present once a week, but this was reduced in March 2023 to every two weeks.

In addition, the senior team within the Emergency Department has been committed to improving the wellbeing of their colleagues, as demonstrated by their support of the health and wellbeing practitioner and supply of food to encourage active participation in the early stages. The senior team has also created:

- End of year Emergency Department staff awards to recognise teams and nominate peers across 11 categories
- Monthly staff awards at Clinical Governance
- Team challenges; race to Lapland, bake off, etc.
- Money provided from filming purchased simulation training equipment.

Data was collected from April 2023 – June 2023 to determine the impact of the collaboration between Workplace Health and Wellbeing the senior team in the Emergency Department - 86 responses were received.

Mental Wellbeing
The Warwick Edinburgh Mental Wellbeing Scale data can be found below. This data was not collected in first survey in 2021 so there is no baseline for comparison.

General Wellbeing
The questions in this section are from the Office of National Statistics (ONS4). The ONS has determined that four aspects of personal wellbeing should be measured, namely life satisfaction, worthwhileness, happiness, and anxiety. The ONS4 is an 11-point numerical scale (0 – 10). Due to the limitations of the data collection tool, we used a 10-point scale (1 – 10). This did not have a significant impact on the interpretation of the results.

Domain	2021 Pre-	2023 Post-	Interpretation
Life Satisfaction	6.23	6.91	Improvement
Worthwhile	6.82	7.13	Improvement
Happiness	6.25	7.14	Improvement
Anxiety	5.32	4.31	Improvement

Life satisfaction, worthwhile and happiness scores		**Anxiety scores**	
Response on an 11 point scale	**Label**	**Response on an 11 point scale**	**Label**
0 to 4	Low	0 to 1	Very low
5 to 6	Medium	2 to 3	Low
7 to 8	High	4 to 5	Medium
9 to 10	Very high	6 to 10	High

Burnout

The burnout questions were identical to those used in the NHS staff survey.

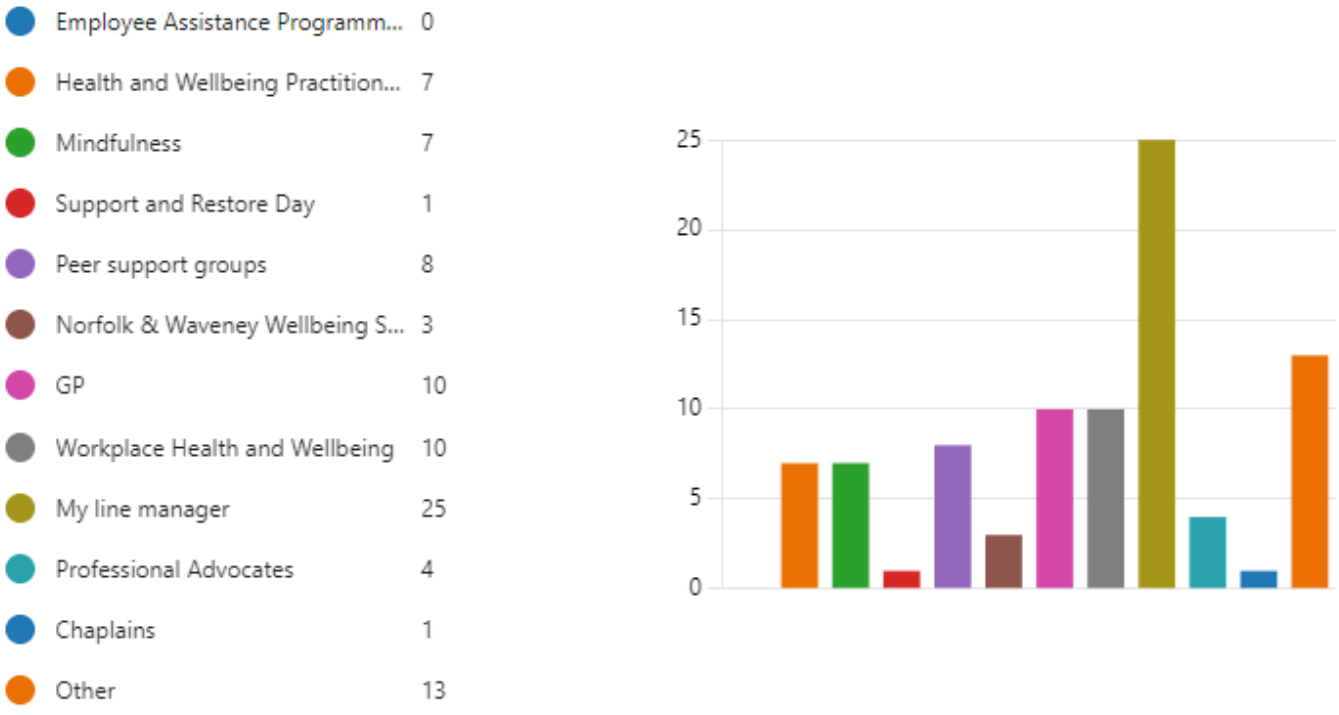
Question	% Staff Selecting Often/Always 2021	% Staff Selecting Often/Always 2023	Interpretation
How often, if at all, do you find your work emotionally exhausting?	75	41.2	**Improvement**
How often, if at all, do you feel burnt out because of your work?	67.5	38.8	**Improvement**
How often, if at all, does your work frustrate you?	79.7	46.4	**Improvement**
How often, if at all, are you exhausted at the thought of another day / shift at work?	66.1	43.6	**Improvement**
How often, it at all, do you feel worn out at the end of your working day/shift?	84.9	61.2	**Improvement**
How often, if at all, do you not have enough energy for friends or family during leisure time?	51.2	43.5	**Improvement**

Accessing Support

Staff were asked "Following on from Workplace Health & Wellbeing Presence in the department..."

Staff were asked "*If you needed support and made contact, what support did you seek and/or who did you talk to?*"

5.



Open questions

When asked about barriers and enables to supporting wellbeing at work, the following themes emerged:

- Support from Seniors and team in general
- Sometimes concerns are left alone/forgotten about when raised
- No time to spare during a shift, time constraints
- Anxiety when dealing with aggression/mental health patients, emotionally damaging patients
- Short staffing is still an issue
- Some senior staff attitudes, belittling attitudes, made to feel replaceable
- Embarrassment of asking for help.

Staff were asked for any other thoughts, comments, suggestions and/or feedback. The following themes emerged:

- Morale is much better
- Frustrations over lack of equipment
- Mental Health presence on ward for staff
- Monthly/fortnightly team catch ups
- Wellbeing presence outside of breakroom, didn't want to talk whilst other members of staff were in the room
- Frustrations over completing mandatory training in own time outside of working hours.

Docking Ward
Outreach sessions were undertaken in Docking Ward, to offer a similar service to the Emergency Department. Staff had access to a health and wellbeing practitioner every fortnight. The Docking team provided a private office space to facilitate the service which was well utilised.

Staff Survey Prioritisation Group
The Workplace Health & Wellbeing team has worked collaboratively with Organisational Development to support the staff survey prioritisation project, where the lowest scoring departments are offered bespoke input from Organisational Development, Human Resources, Freedom to Speak Up, Workplace Health and Wellbeing, as appropriate.

Wellbeing Training
The Wellbeing team has been involved in several training sessions for individuals and departments. Some were regular sessions and some to address situations for departments. Examples being:

International Nurses' Induction
The Health & Wellbeing practitioner delivers a 60-minute session on wellbeing at NNUH as part of the international nurses' induction programme.

Lead Wellbeing Training
Wellbeing training was delivered to junior doctors who are enrolled on the PGME iLead programme.

Training for physician associates
This training included a general overview to wellbeing and self-care, helping colleagues to identify how to support themselves and seek support should it be needed.

Training for consultant educational supervisors
This training highlighted the importance of self-care, and how to identify what may support one's own wellbeing as well as how to use this to support the wellbeing of junior doctors where necessary.

Menopause Training
In October 2023, a programme of Menopause awareness training for line managers and staff commenced. The roll out and content of this training is in line with the 'Henpicked' training that was provided by the ICS to create Menopause advocates across our organisations.

Support groups

The team facilitate a number of peers support sessions for staff:

Long Covid Support Group / Long Term Conditions Peer Support Group
This support group which was initially set up for those staff experiencing long covid has been reviewed during this year and extended the invitation to staff members who have long term conditions. They meet once a month and facilitated by the wellbeing team to explore themes linked with this group of staff and overcoming barriers for them within the workplace.

Menopause Support Group
This support group meets once a month in an evening. 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. In January 2024, a special event was arranged, called "An evening with the experts," which attracted 74 participants. Attendees were provided with a slice of pizza and a soft drink and were then invited to attend a series of talks by menopause experts. The feedback was immensely positive and the attendance demonstrates the appetite for this type of event.

Line Managers Peers Support Group
This group meets monthly. 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.

Neurodiversity peer support group
In response to some workplace challenges for staff, a dedicated support group commenced in November 2023 on a monthly basis. It offers ongoing support through the Teams chat between meetings.

Core Occupational Health Services

Service Delivery
Core occupational health services for staff have continued over the course of this year. We have undertaken absence referrals, immunisation services, to provide essential protection to staff who are working in clinical environments and 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.

It is evident from assessments that many of these can be avoided if attention to clinical practice is adhered to and wearing of appropriate Personal Protective Equipment (PPE). This risk to staff has been reported to the Health and Safety Committee as well as Workforce Sub-board. Health and safety training packages have been reviewed to ensure staff receive education on this aspect of protection. The Occupational Health Team has worked with the Health and Safety Team to promote this area of practice and ensure that suitable PPE is available for staff.

Health surveillance processes have resumed after the pandemic. We have continued to adopt the technology solutions put in place during the previous year and now we are developing the associated physical screening considering COVID risk assessments. For instance, some services are now having spirometry screening being undertaken in an individual's 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. In addition, we have simplified via WHWB new IT system the process for Radiation Surveillance to be undertaken.

Contact tracing

Since the removal of mandatory mask wearing (post pandemic), the rate of infectious disease contact tracing for staff has increased. Primarily this is down to the staff not considering the need to wear PPE when faced with patients displaying respiratory symptoms. This is a risk to staff and patient protection. This area of PPE compliance has been raised at both Health and Safety Committee and Workforce and Education Sub-board, with summaries provided to Hospital Management Board for action by the clinical areas.

Measles Response

In January 2024, NHS England released guidance notification for the risk assessment and infection prevention and control measures for measles in healthcare staff considering the concerns regarding the rising cases of measles in the country. We have worked with the organisation to form a task and finish group to consider the presenting risks and mitigate these with a series of actions.

To date, actions have included:

- Reviewing occupational health system data to establish staff immunity to measles commencing with the high-risk entry point areas.
- Creating a detailed contract trace matrix so all staff are clear on any exclusion requirements depending on level of exposure, PPE worn and immunity history.
- Creating a risk assessment tool to assess vulnerable staff and who should not be allocated a patient with suspected or confirmed case of measles.
- Provide guidance on the PPE required when caring for patients with suspected or confirmed cases of measles.
- Working with the ICB on developing a pathway of clinical care if an immunosuppressed or pregnant staff member is exposed to a confirmed case and requires immunoglobulin treatment.

IT System - OPAS G2 Implementation

Since 2010, Workplace Health & Wellbeing (WHWB) had been using a software system 'E-opas' for its record management and diary functionality. This system was provided, hosted, and supported by CIVICA UK. The system was long overdue a significant upgrade and over recent years CIVICA UK have developed an enhanced system 'OPAS G2'. Over the last 24 months, our team (with support from NNUH Digital Health and Governance teams) have been working with CIVICA to progress the system change for our service and during this year we transferred the systems over to the new platform on 19 April 2023.

This was a significant change for the team and a completely different way of working for our team and customers and referring managers. Six-weekly communication briefings were made ahead of the 'Go live' date to provide information to organisations and managers on the changes to expect. In addition, we ran 'drop in' Teams sessions to guide managers and users through the system as well as producing clear 'User guides' on key transactional activity. Like any system change, there have been elements that have occurred which were not expected, but generally we have managed to adapt and address these in a timely fashion as they have occurred. Continued enhancements are being made to improve aspects of functionality for our team and customer experience. However, from a managers and recruitment perspective, this system has been very well received.

Increased recruitment support
Occupational health services in the NHS are a vital stage of the recruitment process of staff. Our team has 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. We have also worked in partnership with our Practice Development and Education Department colleagues to ensure occupational health clearances and immunisation schedules have been undertaken accordingly.

Support to Organisation through contribution at meeting attendance:
Regular attendance and contribution through verbal and written reports are provided at the following organisational meetings:

- Health and Safety Committee
- Workforce and Education Sub-board
- Infection, Prevention and Control Committee
- Joint Staff Side Committee
- Women's Network
- ICS Wellbeing Leads
- International Recruitment Group
- Complex Care Board
- Staff Survey Prioritisation Group

Policy Review / Development
We 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 to identify those individuals who may reactivate with Hepatitis B virus. In addition, the team have reviewed the following policies for the organisation:

- Substance misuse support policy,
- Managing Stress in the workplace policy
- Staff protection Policy
- Workplace Health Screening procedure

Faculty of Occupational Medicine SEQOHS (Safe effective, Quality OH Service) Accreditation
In May 2023, we undertook our annual SEQOHS (Safe, Effective, Quality OH Service) accreditation assessment review following the full five-year assessment which was completed 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:

"*Norfolk and Norwich University Hospitals NHS Foundation Trust has continued to maintain the standards to meet the SEQOHS annual re-accreditation requirements. The Service provided a wide range of clinical audit results and have robust systems in place to review, update and maintain clinical policies, procedures and protocols. The Service is operating good quality systems as part of its continuous improvement cycle. The Occupational Health Service is encouraged to maintain their standards over the coming year."*
I would like to congratulate your service for its continued commitment to maintaining SEQOHS standards."

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 in 2020/21 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 and administration 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 development. In addition, she has been the NHS representative in the SEQOHS accreditation standards review programme as well as overseeing a 'Good practice' programme of work to support Network members in clinical practice.

In addition, Hilary continues to lead MoHaWK (Management of Health at Work Knowledge system) for the Faculty of Occupational Medicine which is the only national occupational health 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 team is back to business as usual (BAU) during 2023/24 after the relaxing of the rules relating to the Covid-19 Pandemic.

The main business as usual projects for the year 2023/24 were:

- Continuing to complete Health and Safety Inspections within the organisation with a focus on high risk areas such as wards with sleeping patients, workshops etc. This will continue to be an ongoing initiative for the team. The inspection report in use focuses on 13 key topics ranging from the health and safety folder, manual handling, chemicals (CoSHH) and Waste as examples.
- Where observations are identified during the Health and Safety Inspections where there is an urgent risk to health, safety, and welfare these are verbally raised with the department lead. 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.
- The department has continued to support the External Dangerous Goods Safety Advisor which includes providing advice and guidance to department leads to enable them to manage and implement controls to mitigate any findings observed. We aim 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.
- In November 2023, we completed a waste audit of the premises with the Environment Agency, supported the Trust's estates and hard facilities management provider.
- The team continue to support the organisation in relation to the management of the Control of Substances Hazardous to Health (CoSHH) electronic system to ensure assessments are completed and reviewed. The operational requirements also include 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 continues as the Health and Safety Representative for the three acute Trusts within the Norfolk and Waveney Integrated Care System offering advice and guidance from a safety point of view on new items being procured for example ensuring needlesticks have safety devices.
- Maintaining compliance with the NHS Violence Prevention and Reduction Standard continues with collaboration with the Security and Emergency Planning Teams.
- The Health and Safety Lead Advisor completed and passed the Level 7 CPD Violence Prevention, Reduction and Public Health course.
- Existing health and safety documentation including polices and risk assessments are continually reviewed and improved to meet the needs of the organisation.
- The team's remit also ensures that any new potential hazards are observed and assessed to ensure controls are implemented to mitigate the likelihood of harm occurring.

The team is 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. This is part of our business continuity for future pandemics, potential high consequence infectious diseases or exposure to other respiratory infections. Updates on progress for mandatory areas is provided via the Health and Safety Committee as part of the Health and Safety Quarterly report.

- As the organisation is part of programme of Fit Testing which is managed via divisional fit testers which was in place pre Covid-19. 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 and clinical teams ensures 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.

Classroom-based training for prevention and management of aggression, which includes a physical breakaway element in the training, continues with the main objective to ensure that colleagues requiring the induction session are a priority. 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. Contingencies such as eLearning is in place for staff that require a refresher session.

Manual handling induction and refresher training continues to be completed and late 2023 the team were successful in employing a second Manual Handling Coordinator to support the existing trainer. These sessions allow for 15 colleagues to attend at a time.

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 and physical aggression.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Incidents
During the period April 2023 to March 2024 the Health and Safety Department reported a total of 15 incidents to the Health and Safety Executive as they met the schedule of RIDDOR. Fifteen of these were related to colleagues; three specified injuries related to fractured wrist, Glenoid and C4 Neck and the remaining reports fell within absences of over seven days. There were zero reported because of an injury to a member of the public.

This is a decrease in reporting compared to 2022/23 which had a total of 19 incidents being reported for the period. Most incidents in 2023/24 were reported in Q4 with six, Q2 with four, and a further three in Q1 and two in Q3.

The number of RIDDOR incidents is reflected as an incidence rate against the national average. The Trust's overall incidence rate is 128 per 100,000 employees based on a staffing level of 11645. The national incidence rate for healthcare in 2023/24 was 292.

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

NHS organisations are allocated to one of four 'segments', from those with no specific support needs (segment 1) to those with a requirement for mandated intensive support (segment 4). By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

- additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

Providers are categorised from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. Through 2023/24, the Trust has been allocated into segment 3, which is described as 'mandated and targeted support'. The Norfolk and Waveney Integrated Care System (ICS) (of which the Trust is a part) is also in segment 3.

The Trust's previous Licence Undertakings in respect of UEC, elective care and cancer care, finance and governance were discontinued in August 2022, and a compliance certificate was issued at the same time in respect of a quality Undertaking. Throughout 2023/24 there have therefore been no continuing Licence Undertakings in place for the Trust. However, the Trust has continued to experience challenges in elective and cancer waiting times during 2023/24, and NHS England has placed the Trust in 'Tier 1' for both Elective and Cancer performance (Tier 1 is a group of Trusts that are considered most challenged nationally in these areas and requiring targeted support at a national level from NHS England). The Trust also continues to hold a CQC rating of 'Requires Improvement' with an ongoing programme of quality improvement in place.

This segmentation information is the Trust's position as at 15 May 2024. 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

New technology improves experience for women with diabetes in pregnancy

Women who develop gestational diabetes are benefiting from new technology which makes it easier for clinicians to monitor their blood sugar levels.

Clinicians recommend that people who develop diabetes during pregnancy test their blood sugar readings four times a day by pricking their finger and using a meter.

Previously people would write these in a diary and bring these to appointments or email them to the maternal diabetes team.

Service users recently were able to log their recordings in the Agamatrix Diabetes Manager app, though they still needed to bring this to appointments or email the information.

Now a chip in the meter sends the reading directly to the app and the hospital systems via cloud-based software, Ally. This information can then be instantly viewed by clinicians.

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:

Professor Lesley Dwyer, Chief Executive

Date: 26 June 2024

Annual Governance Statement for the year ended 31 March 2024

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 2024 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.

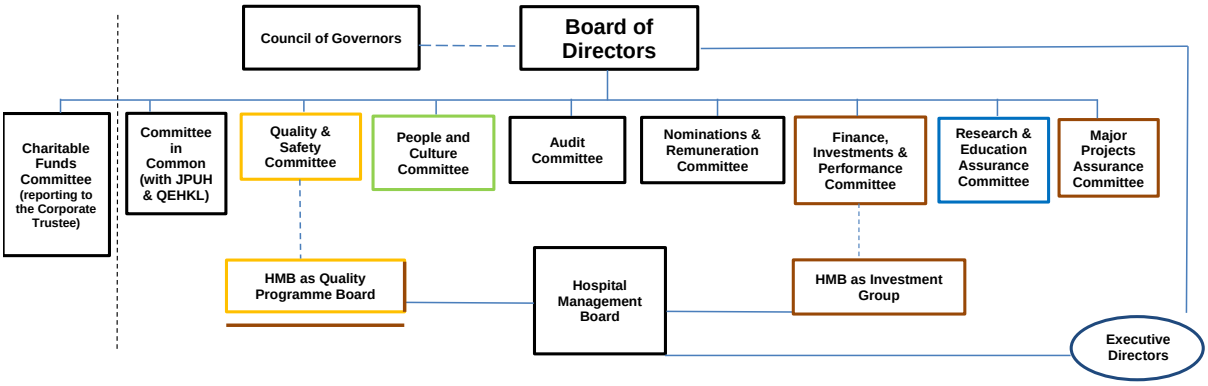
The risk and control framework

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.

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 financial and performance issues and actions being taken to reduce 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; Major Projects; and Audit. In 2023/24, and following the Board's annual review, a Research & Education Assurance Committee has also been established.

The updated Board assurance structure is accordingly as represented below:



Updated December 2023

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 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 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 to each Board meeting in public through a standard suite of reports and available to 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 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.

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 2023/24 it has particularly concerned consideration of the balancing risks, in the context of ambulance waiting times, risks to patients in community, operational escalation and the associated need to accommodate additional patients on 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 and 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.

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 2023/24 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 it is reviewed periodically so that there remains clarity 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."*

In their annual summary of internal audit work undertaken during 2023/24 the Internal Auditors confirmed that they had *"not identified any significant risk management weaknesses, within our 2023/24 reviews".*

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 and we look forward to receipt of their finalised reports.

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 Finance, Investments & Performance 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 on the effect of climate change and severe weather and has developed and Green Plan following the guidance of 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.

A number of areas for improvement have been identified in the People Domain, in particular through:

- the Staff Survey results; with six 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 and Culture Committee. They are being addressed through an overarching People and 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 2023/24 was approved by the Board of Directors following national guidance. 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 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 2023/24 and continues to be assessed and monitored by the Use of Resources Evidence Group which then reports to both Quality Programme Board, Finance, Investments & Performance Committee and Audit Committee.

During 2023/24, the Trust self-assessed itself against the national NHSE Grip and Control Checklist. The checklist covers controls on 45 items. The self-assessment showed controls to be in place against all 45 items. Outcomes of the self-assessment were reported to Management Board.

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, Investments and 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 a second Non-Executive Director.

Information Governance

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 is the Trust's Caldicott Guardian. 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.

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, through workbooks and face-to-face. To complement this learning, relevant policies, procedures, guidance and best practice are made available to staff members via the Trust's intranet.

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.

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 2023, the Trust reported two (2) potential data breaches to NHS England and the Information Commissioners Office through the Data Security and Protection Toolkit.

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 Access, 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.

A suite of 42 Metrics are displayed on a Power BI Dashboard displaying Trust performance on Data quality issues affecting patient pathways which require correction. They were implemented as a safeguard against inaccurate data recording, which need review and correction on the Patient Administration System (PAS).

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 Access Group (TAG)

ii) *Commissioning Assurance 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 information used in Service Line Reporting is accurate, valid, reliable, timely, relevant, complete, unique and unambiguous

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 standard suite of monthly reports 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 2023/24 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*: the potential risk of harm to patients due to delays in treatment driven by waiting list size

i)(b) *Emergency pathway*: high levels of emergency demand, delayed discharges and consequent congestion in our hospital have resulted in significant operational pressure and the persistent need to use escalation areas.

ii) **Finance**: the Trust faces very significant challenges to achieve its Financial Plan. 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 its long-term financial sustainability

iii) **Quality**: the persistent requirement to apply escalation procedures in response to 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"*.

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 Quality & Safety Committee receives regular reports with regard to the rate of incident reporting in the Trust, the investigation and learning from incidents and compliance with the statutory Duty of Candour. 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 provides reports 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 15,000 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. 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 Trust's Clinical Safety and Effectiveness Governance Sub-Board 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.

Of the eleven internal audit assignments resulting in formal opinions during 2023/24, eight were positive (reasonable or substantial assurance) with three partial assurance reports regarding Freedom to Speak Up, Discharge Management and Medical Equipment Management. In each case mitigating actions are agreed and followed up to completion, with monitoring by the Audit Committee.

Based on the work undertaken in 2023/24 the Internal Auditors confirmed that they had not identified any significant governance weaknesses, within 2023/24 reviews. 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

Following guidance in the national Foundation Trust Annual Reporting Manual, no significant internal control issues have been identified. The Trust's Internal Auditors have confirmed that no specific issues were identified as part of Internal Audit work undertaken during the year that should be identified as significant control issues.

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. 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 2023/24 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.

Professor Lesley Dwyer **Date: 26 June 2024**
Chief Executive

Approval of the Accountability Report

I confirm my approval of the Accountability Report.

Professor Lesley Dwyer
Chief Executive **Date: 26 June 2024**

Accounts

Norfolk and Norwich University Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

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 2024 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

• give a true and fair view of the financial position of the Trust as at 31 March 2024 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 February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and

• have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect
Identifying and responding to risks of material misstatement due to fraud

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

Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, as well as whether they have knowledge of any actual, suspected, or alleged fraud.

- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

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

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the majority of funding provided to the Trust during the year, and that other income streams are high volume transactions with a low value, and with simple recognition criteria which present minimal year end cut off risk. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to liabilities and related expenses for purchases of goods or services are not recorded in the correct accounting period 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.

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 or unusual expenditure account 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.
- Selecting a sample of accruals meeting our high risk criteria and vouching to supporting evidence to ensure the completeness, existence and accuracy of accrued expenditure.

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

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

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

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

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, anti-money laundering regulations, employment law, contract law, climate change and environmental protection and compliance with the Care Quality Commission (CQC), recognising the nature of the Trust's activities.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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

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

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

Other information in the Annual Report

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

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

Based solely on that work:

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

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 2023/24. 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 2023/24.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 141 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 141, 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 planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters
We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.
We have nothing to report in 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 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Emma Larcombe

Emma Larcombe
for and on behalf of KPMG LLP
Chartered Accountants
KPMG LLP
20 Station Road
Cambridge
CB1 2JD

26 June 2024

Foreword to the accounts

Norfolk and Norwich University Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2024, 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 **Lesley Dwyer**
Job title **Chief Executive**
Date **26 June 2024**

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	868,214	810,340
Other operating income	4	114,357	109,816
Operating expenses	7	(949,537)	(879,377)
Operating surplus from continuing operations		**33,034**	**40,779**
Finance income	11	6,752	2,675
Finance expenses	12	(64,447)	(38,103)
PDC dividends payable		-	(3,578)
Net finance costs		**(57,695)**	**(39,006)**
Other (losses)	13	(73)	(442)
(Deficit) / surplus for the year		**(24,734)**	**1,331**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(28,702)	(116)
Revaluations		5,420	19,852
Other reserve movements		-	(8)
Total comprehensive (expense) / income for the period		**(48,016)**	**21,059**

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Property, plant and equipment	14	388,865	399,286
Right of use assets	16	48,871	56,025
Receivables	18	61,789	55,985
Total non-current assets		**499,525**	**511,296**
Current assets			
Inventories	17	16,137	14,125
Receivables	18	38,177	53,518
Cash and cash equivalents	19	104,705	93,278
Total current assets		**159,019**	**160,921**
Current liabilities			
Trade and other payables	20	(137,574)	(135,046)
Borrowings	22	(26,538)	(16,254)
Provisions	24	(3,341)	(2,737)
Other liabilities	21	(26,735)	(25,151)
Total current liabilities		**(194,188)**	**(179,188)**
Total assets less current liabilities		**464,356**	**493,029**
Non-current liabilities			
Borrowings	22	(395,066)	(213,363)
Provisions	24	(6,709)	(9,107)
Other liabilities	21	(1,446)	(1,320)
Total non-current liabilities		**(403,221)**	**(223,790)**
Total assets employed		**61,135**	**269,239**
Financed by			
Public dividend capital		345,033	323,888
Revaluation reserve		26,365	52,715
Income and expenditure reserve		(310,263)	(107,364)
Total taxpayers' equity		**61,135**	**269,239**

The notes on pages 169 to 214 form part of these accounts.

Name Lesley Dwyer
Position Chief Executive
Date 26 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**323,888**	**52,715**	**(107,364)**	**269,239**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(181,232)	**(181,232)**
(Deficit) for the year	-	-	(24,734)	**(24,734)**
Other transfers between reserves	-	(3,067)	3,067	**-**
Impairments	-	(28,702)	-	**(28,702)**
Revaluations	-	5,420	-	**5,420**
Public dividend capital received	21,145	-	-	**21,145**
Taxpayers' and others' equity at 31 March 2024	**345,033**	**26,366**	**(310,263)**	**61,136**

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 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**

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	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus		33,034	40,779
Non-cash income and expense:			
Depreciation and amortisation	7	35,772	32,530
Net impairments	8	61	2,978
Income recognised in respect of capital donations	4	(398)	(1,748)
Decrease / (increase) in receivables and other assets		14,398	(27,984)
(Increase) in inventories		(2,012)	(1,315)
Increase in payables and other liabilities		1,934	26,426
(Decrease) in provisions		(3,458)	(465)
Net cash flows from operating activities		**79,331**	**71,201**
Cash flows from investing activities			
Interest received		6,858	2,252
Purchase of PPE and investment property		(39,561)	(31,078)
Sales of PPE and investment property		15	238
Receipt of cash donations to purchase assets		73	207
Net cash flows (used in) investing activities		**(32,615)**	**(28,381)**
Cash flows from financing activities			
Public dividend capital received		21,145	13,181
Capital element of finance lease rental payments		(10,544)	(9,426)
Capital element of PFI, LIFT and other service concession payments		(14,292)	(5,698)
Interest paid on finance lease liabilities		(528)	(523)
Interest paid on PFI, LIFT and other service concession obligations		(32,359)	(37,529)
PDC dividend refunded / (paid)		1,289	(4,877)
Net cash flows (used in) financing activities		**(35,289)**	**(44,872)**
Increase / (decrease) in cash and cash equivalents		**11,427**	**(2,052)**
Cash and cash equivalents at 1 April - brought forward		**93,278**	**95,330**
Cash and cash equivalents at 31 March	19	**104,705**	**93,278**

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 2023/24 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 Hospitals Charity. The Foundation Trust has assessed its relationship to the charity 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 charity and has the ability to affect those returns and other benefits through its power over the fund. The chaity’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 charity. Since 2013/14 the Trust has chosen not to consolidate the charity on the basis it is not material.

Joint operations

The Trust has a 62% 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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned Payment and Incentive (API) contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2023/24 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

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 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.

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 (DRC) on a modern equivalent asset (MEA) 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 DRC on an 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 DRC as an MEA, 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. A desktop valuation was completed in 2021/22, with an indexation valuation completed in 2022/23, for inclusion in those accounts.

For 2023/24, the valuation has been subject to a desktop valuation by Montagu Evans, to assess the valuation as at 31 March 2024. This has been reflected in the 2023/24 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. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

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 annual contribution to lifecycle maintenance is treated as a non current prepayment until it is capitalised consistent with the operators schedule for replacement.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

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
Land	-	-
Buildings, excluding dwellings	5	82
Dwellings	-	-
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 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was 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 were only 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 were not 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 was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were 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 had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

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 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

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 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

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 24.2 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 24, neither did it for the year ended 31 March 23.

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 2023/24.

Note 1.24 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. A desktop valuation was completed in 2021/22, with an indexation valuation completed in 2022/23, for inclusion in those accounts.

For 2023/24, the valuation has been subject to a desktop valuation by Montagu Evans, to assess the valuation as at 31 March 2024. This has been reflected in the 2023/24 accounts, along with capital additions in the financial year.

Note 1.25 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

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, 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 2024 or 31 March 2023, 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.

2023/24:

	Medicine	Clinical Support	Surgery and Emergency	Women, Children and Sexual Health	Services	Pandemic Incident Response	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pay	154,834	91,057	187,992	59,352	52,205	-	**545,440**
Non Pay	122,495	39,505	61,263	12,764	101,249	-	**337,276**
Total	**277,329**	**130,562**	**249,255**	**72,116**	**153,454**	**-**	**882,716**

2022/23:

	£'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**

Reconciliation - Pay	2023/24	2022/23
	£'000	£'000
Employee Expenses - Non-executive directors (note 7.1)	158	143
Employee Expenses - Staff and executive directors (note 7.1)	545,261	513,766
VSS & Redundancy (note 7.1)	21	194
Subtotal per accounts	**545,440**	**514,103**
Less: Pay on Trust wide reserves	-	-
Total	**545,440**	**514,103**

Reconciliation - Non Pay		
	£'000	£'000
Operating Expenses (note 7.1)	949,537	879,377
Less: Pay (see above)	(545,440)	(514,103)
Less: Depreciation (note 7.1)	(35,772)	(32,530)
Less: Consortium payments (note 7.1)	(20,689)	(19,475)
Less: Research and development (note 7.1)	(8,584)	(7,742)
Less: Education & training - notional expenditure funded from apprenticeship fund	(1,715)	(1,344)
Less: Impairments (note 7.1)	(61)	(2,978)
Less: Other	-	-
Total	**337,276**	**301,205**

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)	2023/24 £000	2022/23 £000
Acute services		
Income from commissioners under API contracts - variable element*	192,980	-
Income from commissioners under API contracts - fixed element*	570,894	705,024
High cost drugs income from commissioners	69,039	56,572
Other NHS clinical income	7,915	9,275
All services		
Private patient income	2,876	1,809
National pay award central funding***	446	15,091
Additional pension contribution central funding**	20,917	19,168
Other clinical income	3,147	3,401
Total income from activities	**868,214**	**810,340**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**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.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was 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:	2023/24 £000	2022/23 £000
NHS England	240,003	231,645
Clinical commissioning groups*	-	138,947
Integrated care boards	621,851	434,538
Department of Health and Social Care	-	19
Other NHS providers	75	81
NHS other	-	7
Local authorities	262	-
Non-NHS: private patients	2,876	1,809
Non-NHS: overseas patients (chargeable to patient)	443	500
Injury cost recovery scheme	1,384	1,594
Non NHS: other	1,320	1,200
Total income from activities	**868,214**	**810,340**
Of which:		
Related to continuing operations	868,214	810,340
Related to discontinued operations	-	-

*Income from clinical commissioning groups is demised.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	443	500
Cash payments received in-year	213	150
Amounts added to provision for impairment of receivables	206	141
Amounts written off in-year	219	2

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	7,752	-	**7,752**	7,657	-	**7,657**
Education and training	33,579	1,715	**35,294**	28,907	1,509	**30,416**
Reimbursement and top up funding	-	-	**-**	1,281	-	**1,281**
Income in respect of employee benefits accounted on a gross basis	15,140	-	**15,140**	15,389	-	**15,389**
Receipt of capital grants and donations and peppercorn leases	-	398	**398**	-	1,748	**1,748**
Charitable and other contributions to expenditure	-	197	**197**	-	1,299	**1,299**
Revenue from operating leases	-	304	**304**	-	225	**225**
Other income	55,272	-	**55,272**	51,801	-	**51,801**
Total other operating income	**111,743**	**2,614**	**114,357**	**105,035**	**4,781**	**109,816**
Of which:						
Related to continuing operations			114,357			109,816
Related to discontinued operations			-			-

Note 5.1 Income from activities arising from commissioner requested services

The Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	862,634	806,831
Income from services not designated as commissioner requested services	5,580	3,509
Total	**868,214**	**810,340**

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 Norwich University Hospitals NHS 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.

Note 6.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	87	87
Variable lease receipts / contingent rents	217	138
Total in-year operating lease income	**304**	**225**

Note 6.2 Future lease receipts

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	87	87
- later than one year and not later than two years	87	87
- later than two years and not later than three years	87	87
- later than three years and not later than four years	87	87
- later than four years and not later than five years	87	87
- later than five years	262	350
Total	**697**	**785**

Note 7.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,629	4,610
Purchase of healthcare from non-NHS and non-DHSC bodies	18,080	10,266
Staff and executive directors costs	545,261	513,766
Remuneration of non-executive directors	158	143
Supplies and services - clinical (excluding drugs costs)	94,702	81,593
Supplies and services - general	4,704	11,236
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	107,631	100,270
Inventories written down	53	86
Consultancy costs	307	883
Establishment	5,769	6,132
Premises	30,690	28,892
Transport (including patient travel)	4,498	3,623
Depreciation on property, plant and equipment	35,772	32,530
Net impairments	61	2,978
Movement in credit loss allowance: contract receivables / contract assets	2,641	788
Movement in credit loss allowance: all other receivables and investments	257	149
Change in provisions discount rate(s)	(109)	(549)
Fees payable to the external auditor		
audit services- statutory audit	193	172
Internal audit costs	90	97
Clinical negligence	22,190	18,926
Legal fees	(91)	(428)
Insurance	450	121
Research and development	8,584	7,742
Education and training	4,569	3,054
Expenditure on short term leases	494	393
Redundancy	21	194
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	32,857	28,895
Hospitality	112	304
Losses, ex gratia & special payments	13	13
Grossing up consortium arrangements	20,689	19,475
Other services, eg external payroll	1,917	1,936
Other	2,345	1,087
Total	**949,537**	**879,377**
Of which:		
Related to continuing operations	949,537	879,377
Related to discontinued operations	-	-

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 (2022/23: £5 million).

Note 8 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	149
Unforeseen obsolescence *	61	2,829
Total net impairments charged to operating surplus / deficit	**61**	**2,978**
Impairments charged to the revaluation reserve	28,702	116
Total net impairments	**28,763**	**3,094**

*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.

*In 2023/24 the Trust impaired the carrying value of equipment due to unforeseen obsolescence relating to a hazard notice received from the Medicines and Healthcare products Regulatory Agency. The equipment was subsequently disposed of.

Note 9.1 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	419,625	398,259
Social security costs	43,600	39,370
Apprenticeship levy	2,126	2,048
Employer's contributions to NHS pensions	68,867	62,931
Pension cost - other	140	101
Termination benefits	21	194
Temporary staff (including agency)	19,198	18,657
Total gross staff costs	**553,577**	**521,560**
Of which		
Costs capitalised as part of assets	2,394	2,629

Note 9.2 Retirements due to ill-health

During 2023/24 there were 10 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £738k (£655k in 2022/23).

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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

Note 11 Finance income

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts	6,752	2,675
Total finance income	**6,752**	**2,675**

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	528	523
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	32,359	15,806
Contingent finance costs*	-	21,726
Remeasurement of the liability resulting from change in index or rate*	31,507	-
Total interest expense	**64,394**	**38,055**
Unwinding of discount on provisions	53	49
Total finance costs	**64,447**	**38,104**

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 27.

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	15	238
Losses on disposal of assets	(88)	(681)
Total (losses) on disposal of assets	**(73)**	**(443)**

Note 14.1 Property, plant and equipment - 2023/24

	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 2023 - brought forward	**12,904**	**322,182**	**27,863**	**86,716**	**108**	**49,712**	**1,734**	**501,219**
Additions	2,547	3,074	23,566	4,417	-	2,162	2	**35,768**
Impairments	-	(47,080)	(1,148)	(61)	-	-	-	**(48,289)**
Revaluations	1,563	3,175	-	-	-	-	-	**4,738**
Reclassifications	-	6,646	(6,645)	(1)	-	-	-	**-**
Disposals / derecognition	-	-	-	(12,731)	-	(695)	(21)	**(13,447)**
Valuation/gross cost at 31 March 2024	**17,014**	**287,997**	**43,636**	**78,340**	**108**	**51,179**	**1,715**	**479,989**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**15,489**	**-**	**51,845**	**68**	**33,446**	**1,085**	**101,933**
Provided during the year	-	10,194	-	5,782	6	6,624	151	**22,757**
Reversals of impairments	-	(19,526)	-	-	-	-	-	**(19,526)**
Revaluations	-	(682)	-	-	-	-	-	**(682)**
Disposals / derecognition	-	-	-	(12,643)	-	(695)	(21)	**(13,359)**
Accumulated depreciation at 31 March 2024	**-**	**5,475**	**-**	**44,984**	**74**	**39,375**	**1,215**	**91,123**
Net book value at 31 March 2024	**17,014**	**282,522**	**43,636**	**33,356**	**34**	**11,804**	**500**	**388,866**
Net book value at 1 April 2023	**12,904**	**306,693**	**27,863**	**34,871**	**40**	**16,266**	**649**	**399,286**

Note 14.2 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 - as previously stated	**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 - as previously stated	**-**	**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**
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 14.3 Property, plant and equipment financing - 31 March 2024

	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	17,014	85,430	43,636	29,205	34	11,738	434	**187,491**
On-SoFP PFI contracts and other service concession arrangements	-	183,359	-	-	-	-	-	**183,359**
Owned - donated/granted	-	13,733	-	4,151	-	66	66	**18,016**
Total net book value at 31 March 2024	**17,014**	**282,522**	**43,636**	**33,356**	**34**	**11,804**	**500**	**388,866**

Note 14.4 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 15 Donations of property, plant and equipment

During the year assets to the value of £232k (2022/23: £1,008k) were purchased using charitable support. No conditions were imposed by the donor.

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 - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	**23,813**	**40,457**	**106**	**2,576**	**66,952**	**417**
Additions	554	2,181	112	-	**2,847**	169
Remeasurements of the lease liability	-	1,605	-	-	**1,605**	-
Movements in provisions for restoration / removal costs	1,611	-	-	-	**1,611**	-
Disposals / derecognition	(87)	(240)	(14)	-	**(341)**	(87)
Valuation/gross cost at 31 March 2024	**25,891**	**44,003**	**204**	**2,576**	**72,674**	**499**
Accumulated depreciation at 1 April 2023 - brought forward	**1,853**	**8,802**	**43**	**228**	**10,926**	**110**
Provided during the year	2,768	9,381	66	800	**13,015**	107
Disposals / derecognition	(87)	(45)	(6)	-	**(138)**	(87)
Accumulated depreciation at 31 March 2024	**4,534**	**18,138**	**103**	**1,028**	**23,803**	**130**
Net book value at 31 March 2024	**21,357**	**25,865**	**101**	**1,548**	**48,871**	**369**
Net book value at 1 April 2023	**21,960**	**31,655**	**63**	**2,348**	**56,026**	**307**

Net book value of right of use assets leased from other NHS providers	84
Net book value of right of use assets leased from other DHSC group bodies	285

Note 16.2 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
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**	**-**
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**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	**-**	-
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 at 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**

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 16.3 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 16.4 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.

	2023/24	2022/23
	£000	£000
Carrying value at 1 April	**52,947**	**-**
IFRS 16 implementation - adjustments for existing operating leases	-	58,710
Lease additions	2,681	1,898
Lease liability remeasurements	1,604	1,881
Interest charge arising in year	528	523
Early terminations	(201)	(116)
Lease payments (cash outflows)	(11,071)	(9,949)
Carrying value at 31 March	**46,488**	**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 is £0k and is included within revenue from operating leases in note 4.

Note 16.5 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	10,737	110	10,047	24
- later than one year and not later than five years;	23,739	96	29,158	96
- later than five years.	13,987	185	16,013	209
Total gross future lease payments	**48,463**	**391**	**55,218**	**329**
Finance charges allocated to future periods	(1,975)	(20)	(2,270)	(20)
Net lease liabilities at 31 March 2024	**46,488**	**371**	**52,948**	**309**
Of which:				
Leased from other NHS providers		84		-
Leased from other DHSC group bodies		287		309

Note 17 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	4,910	4,402
Consumables	11,227	9,723
Total inventories	**16,137**	**14,125**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £175,505k (2022/23: £161,866k). Write-down of inventories recognised as expenses for the year were £53k (2022/23: £86k).

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 2023/24 the Trust received £197k of items purchased by DHSC (2022/23: £1,299k).

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 2024 £000	31 March 2023 £000
Current		
Contract receivables	31,662	43,771
Allowance for impaired contract receivables / assets	(4,843)	(2,450)
Allowance for other impaired receivables	(2,308)	(2,114)
Prepayments (non-PFI)	6,286	6,833
Interest receivable	332	438
PDC dividend receivable	-	1,289
VAT receivable	5,002	4,085
Other receivables	2,046	1,666
Total current receivables	**38,177**	**53,518**
Non-current		
Contract receivables	1,448	1,527
PFI lifecycle prepayments	58,792	52,536
Other receivables	1,549	1,922
Total non-current receivables	**61,789**	**55,985**
Of which receivable from NHS and DHSC group bodies:		
Current	15,458	28,890
Non-current	1,549	1,922

Note 18.2 Allowances for credit losses

	2023/24		2022/23	
	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	**2,450**	**2,114**	**2,287**	**2,018**
New allowances arising	2,641	334	788	380
Changes in existing allowances	-	-	-	(229)
Reversals of allowances	-	(77)	-	(2)
Utilisation of allowances (write offs)	(248)	(63)	(625)	(53)
Allowances as at 31 Mar 2024	**4,843**	**2,308**	**2,450**	**2,114**

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.

	2023/24	2022/23
	£000	£000
At 1 April	**93,278**	**95,330**
Net change in year	11,427	(2,052)
At 31 March	**104,705**	**93,278**
Broken down into:		
Cash at commercial banks and in hand	136	120
Cash with the Government Banking Service	104,569	93,158
Total cash and cash equivalents as in SoFP	**104,705**	**93,278**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**104,705**	**93,278**

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 2024	31 March 2023
	£000	£000
Bank balances	3	3
Total third party assets	**3**	**3**

Note 20 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	26,602	36,748
Capital payables	9,600	7,296
Accruals	82,588	74,809
Social security costs	11,969	10,103
Pension contributions payable	6,815	6,090
Total current trade and other payables	**137,574**	**135,046**
Of which payables from NHS and DHSC group bodies:		
Current	6,605	7,027
Non-current	-	-

Note 21 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	26,735	25,151
Total other current liabilities	**26,735**	**25,151**
Non-current		
Deferred income: contract liabilities	1,446	1,320
Total other non-current liabilities	**1,446**	**1,320**

Note 22 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	10,735	10,047
Obligations under PFI, LIFT or other service concession contracts	15,803	6,207
Total current borrowings	**26,538**	**16,254**
Non-current		
Lease liabilities	35,753	42,901
Obligations under PFI, LIFT or other service concession contracts	359,313	170,462
Total non-current borrowings	**395,066**	**213,363**

Note 23 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2023	**52,947**	**176,669**	**229,616**
Cash movements:			
Financing cash flows - payments and receipts of principal	(10,544)	(14,292)	**(24,836)**
Financing cash flows - payments of interest	(528)	(32,359)	**(32,887)**
Non-cash movements:			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	181,232	**181,232**
Additions	2,681	-	**2,681**
Lease liability remeasurements	1,604	-	**1,604**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	31,507	**31,507**
Application of effective interest rate	528	32,359	**32,887**
Early terminations	(201)	-	**(201)**
Carrying value at 31 March 2024	**46,487**	**375,116**	**421,603**

	Lease Liabilities	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 24.1 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 2023	**594**	**1,817**	**120**	**921**	**8,393**	**11,845**
Change in the discount rate	(12)	(97)	-	-	(345)	**(454)**
Arising during the year	71	208	-	-	2,398	**2,677**
Utilised during the year	(94)	(146)	-	(143)	(925)	**(1,308)**
Reversed unused	(10)	-	-	-	(2,857)	**(2,867)**
Unwinding of discount	12	41	-	-	104	**157**
At 31 March 2024	**561**	**1,823**	**120**	**778**	**6,768**	**10,050**
Expected timing of cash flows:						
- not later than one year;	94	145	120	778	2,204	**3,341**
- later than one year and not later than five years;	316	550	-	-	2,724	**3,590**
- later than five years.	151	1,128	-	-	1,840	**3,119**
Total	**561**	**1,823**	**120**	**778**	**6,768**	**10,050**

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 24.2 Clinical negligence liabilities

At 31 March 2024, £281,058k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Norfolk and Norwich University Hospitals NHS Foundation Trust (31 March 2023: £296,985k).

Note 25 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	32,564	2,646
Total	**32,564**	**2,646**

Note 26 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 1.8.

The service element of the contract was £32,900k (2022/23: £28,900k), with contingent rent being £0k (2022/23: £21,700k).

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 26.1 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 2024 £000	31 March 2023 £000
Gross PFI, LIFT or other service concession liabilities	**635,538**	**366,151**
Of which liabilities are due		
- not later than one year;	48,229	26,025
- later than one year and not later than five years;	192,912	105,260
- later than five years.	394,397	234,866
Finance charges allocated to future periods	(260,422)	(189,482)
Net PFI, LIFT or other service concession arrangement obligation	**375,116**	**176,669**
- not later than one year;	15,803	6,207
- later than one year and not later than five years;	78,635	30,884
- later than five years.	280,678	139,578

Note 26.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2024 £000	31 March 2023 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,138,659**	**1,151,417**
Of which payments are due:		
- not later than one year;	82,142	77,153
- later than one year and not later than five years;	337,257	318,033
- later than five years.	719,260	756,231

Note 26.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2023/24	2022/23
	£000	£000
Unitary payment payable to service concession operator	**85,764**	**76,535**
Consisting of:		
- Interest charge	32,359	15,806
- Repayment of balance sheet obligation	14,292	5,698
- Service element and other charges to operating expenditure	32,857	28,895
- Contingent rent	-	21,726
- Addition to lifecycle prepayment	6,256	4,410
Total amount paid to service concession operator	**85,764**	**76,535**

Note 27 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 27.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24	IAS 17 basis (old basis) 2023/24	Impact of change 2023/24
	£000	£000	£000
Unitary payment payable to service concession operator	**85,764**	**85,764**	**-**
Consisting of:			
- Interest charge	32,359	15,298	**17,061**
- Repayment of balance sheet obligation	14,292	6,207	**8,085**
- Service element	32,857	32,857	**-**
- Contingent rent	-	25,146	**(25,146)**
- Addition to lifecycle prepayment	6,256	6,256	**-**

Note 27.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	**£000**
Increase in PFI / LIFT and other service concession liabilities	(204,654)
Decrease in PDC dividend payable / increase in PDC dividend receivable	4,176
Impact on net assets as at 31 March 2024	**(200,478)**

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	**£000**
PFI liability remeasurement charged to finance costs	(31,507)
Increase in interest arising on PFI liability	(17,061)
Reduction in contingent rent	25,146
Reduction in PDC dividend charge	4,176
Net impact on surplus / deficit	**(19,246)**

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	**£000**
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(181,232)
Net impact on 2023/24 surplus / deficit	(19,246)
Impact on equity as at 31 March 2024	**(200,478)**

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	**£000**
Increase in cash outflows for capital element of PFI / LIFT	(8,085)
Decrease in cash outflows for financing element of PFI / LIFT	8,085
Net impact on cash flows from financing activities	**-**

Note 28 Financial instruments

Note 28.1 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 Integrated Care Boards and the way those Integrated Care Boards 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 Finance Leases. For both types of borrowings, the interest rate is fixed, resulting in a low level of associated risk. Remeasurement of the PFI scheme is charged to finance costs , as the scheme 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

The majority of the Trust's income comes from contracts with other public sector bodies, therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 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 Integrated Care Boards, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	28,288	**28,288**
Cash and cash equivalents	104,705	**104,705**
Total at 31 March 2024	**132,993**	**132,993**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£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**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	46,488	**46,488**
Obligations under PFI, LIFT and other service concession contracts	375,116	**375,116**
Trade and other payables excluding non financial liabilities	116,280	**116,280**
Provisions under contract	8,440	**8,440**
Total at 31 March 2024	**546,324**	**546,324**

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**

Note 28.4 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.

	31 March 2024	31 March 2023
	£000	£000
In one year or less	177,370	163,752
In more than one year but not more than five years	220,241	140,349
In more than five years	411,111	254,054
Total	**808,722**	**558,155**

Note 29 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	2	1	117	116
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	433	247	4,092	485
Stores losses and damage to property	3	62	3	68
Total losses	**438**	**310**	**4,212**	**669**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	48	13	54	13
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**48**	**13**	**54**	**13**
Total losses and special payments	**486**	**323**	**4,266**	**682**

Note 30 Related parties

The Norfolk and Norwich University Hospitals NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Foundation Trust.

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 the Trust has had dealings with. They are included in the table below. A deminimus of £5m income or expenditure has been used.

Related Party Transactions	Total income 2023/24 £000	Total expenditure 2023/24 £000	Total income 2022/23 £000	Total expenditure 2022/23 £000
Value of transactions with board members	-	-	-	-
Value of transactions with key staff members	-	-	-	-
Cambridge University Hospitals NHS Foundation Trust	1,460	8,170	1,059	7,346
Department of Health and Social Care	27,640	-	25,052	-
HM Revenue & Customs	-	45,727	-	41,419
James Paget University Hospitals NHS Foundation Trust	10,783	4,512	9,704	3,861
NHS England	258,906	52	215,118	101
NHS Norfolk and Waveney ICB	618,456	1,842	434,929	2,270
NHS Pension Scheme	-	68,952	-	63,027
NHS Resolution	-	22,426	-	19,141
NHS Suffolk and North East Essex ICB	7,817	3	-	-
Norfolk Community Health and Care NHS Trust	3,079	5,620	2,783	5,547
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	6,562	3,120	6,161	2,440

Related Party Balances	Total receivables 2023/24 £000	Total payables 2023/24 £000	Total receivables 2022/23 £000	Total payables 2022/23 £000
Value of balances (other than salary) with related parties in relation to doubtful debt	(2,308)	-	(2,114)	-
Value of balances (other than salary) with related parties in respect of doubtful debts written off in year	-	-	-	-
Cambridge University Hospitals NHS Foundation Trust	805	1,007	895	1,167
Department of Health and Social Care	518	-	397	-
HM Revenue & Customs	5,002	11,970	4,085	-
James Paget University Hospitals NHS Foundation Trust	3,665	1,038	3,097	3,003
NHS England	5,906	1,030	17,466	1,062
NHS Norfolk and Waveney ICB	1,737	291	2,949	381
NHS Pension Scheme	-	6,803	-	6,079
NHS Resolution	-	-	-	-
NHS Suffolk and North East Essex ICB	-	196	-	-
Norfolk Community Health and Care NHS Trust	585	444	449	55
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1,242	739	1,421	610

Note 30 Related parties (continued)

Related Party Transactions	Total income 2023/24	Total expenditure 2023/24	Total income 2022/23	Total expenditure 2022/23
Other non DHSC group related parties:	£000	£000	£000	£000
Bullen Development Ltd - note 1	-	572	-	-
Norwich Research Partners LLP - note 2	-	555	-	486
QI Partners Ltd - note 2	-	1,690	-	2,346
University of East Anglia - note 3	1,664	1,946	1,744	2,543

Related Party Balances	Total receivables 2023/24	Total payables 2023/24	Total receivables 2022/23	Total payables 2022/23
Other non DHSC group related parties:	£000	£000	£000	£000
Bullen Development Ltd - note 1	-	-	-	-
Norwich Research Partners LLP - note 2	-	-	-	-
QI Partners Ltd - note 2	-	-	-	-
University of East Anglia - note 3	798	239	919	220

Note 1 - A Non-Executive director is a member of the board of this organisation
Note 2 - Chief Executive Officer is a member of the board of this organisation
Note 3 - A Non-Executive director is the Pro-Vice-Chancellor of this organisation.

Remuneration of Key Management Personnel

The following table analyses the remuneration of key management personnel (deemed to be the Board of Directors) in accordance with IAS 24.

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Short term employee benefits (pay)	1,311	1,256
Post-employment benefits (employers pension contribution)	66	41

The highest paid Director in 2023/24 received remuneration of £181k, excluding pension related benefits and exit packages, for their services as Chief Operating Officer. In 2022/23 the highest paid Director received remuneration of £253k, not including pension related benefits and exit packages, for their services as Medical Director including an element relating to their non-managerial role.

Further details on remuneration of the Board of Directors can be found in the Remuneration Report.

The Trust has also received revenue and capital payments from the Norfolk and Norwich Hospitals Charity, the Corporate Trustee of which is the Trust. These payments are outlined below.

The services of the Norfolk and Norwich University Hospitals NHS Foundation Trust have benefited from payments of £2,600k for enhancement of patient environment, investment in staff, additional equipment, and research (2022/23: £2,268k) from the Norfolk and Norwich Hospitals Charity.

During the year net assets to the value of £232k (2022/23: £1,008k) were donated to the Foundation Trust, of which £48k (2022/23: £851k) came from the Norfolk and Norwich Hospitals Charity.

The Norfolk and Norwich University Hospitals NHS Foundation Trust has recharged the sum of £262k (2022/23: £222k) to the Norfolk and Norwich Hospitals Charity for the provision of administration and management of the Charity.

The total receivable balance from the Norfolk and Norwich Hospitals Charity at the end of the year was £306k (2022/23: £1,092k).

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 (other than employment benefits) with the Norfolk and Norwich University Hospitals NHS Foundation Trust.

Note 31 Prior period adjustments
There have been no prior period adjustments.

Note 32 Events after the reporting date
There have been no events after the reporting year that have had a major impact on these accounts.

Communications
NNUH, Colney Lane, Norwich NR4 7UY
communications@nnuh.nhs.uk