



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust



ANNUAL REPORT & ACCOUNTS

2021/22



EXCELLENCE
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The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Annual Report and Accounts 2021/22

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of the National Health Service Act 2006



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PERFORMANCE REPORT

This section of the report is intended to give an overview of how we did against the priorities we set ourselves for 2021/22 and describe our areas of focus for the year to come, reflecting the Trust's Corporate Strategy and the direction of travel for the wider health and social care system in Norfolk and Waveney.

Statement from the Chair and Chief Executive

April 2021 to March 2022 has been another significant year of progress for QEH.

Over the last year we have continued to provide safe and compassionate care to our patients as we have responded to the COVID-19 pandemic and have faced sustained pressures on our urgent and emergency care services.

We have relentlessly focused on four main priorities at QEH along with the wider system in response to the challenges QEH and the wider NHS has faced - (1) addressing the waiting lists that have built up for elective care, (2) the ongoing COVID-19 vaccination programme, (3) providing timely urgent and emergency care, and (4) staff health and wellbeing.

Alongside this, we have maintained our very clear focus on our continuous improvement journey and delivery of our Integrated Quality Improvement Plan, against which we can evidence further considerable progress for our patients, their families, and staff.

Quality

We are delighted that the year culminated in high praise and external validation from the Care Quality Commission (CQC) of our very considerable progress. The CQC inspected three core services during their unannounced visit in December 2021 - Medicine, Urgent and Emergency Care (including the Emergency Department) and Critical Care. All three services were rated 'Good' overall.

The CQC returned in January 2022 to complete a Well-Led inspection, which resulted in a 'Good' rating. QEH is now CQC 'Good' in three domains - Caring, Well-Led and Effective. QEH is one of the first Trusts in the country to be recommended to be lifted out of segment four of the System Oversight Framework (previously known as 'special measures'), meaning we no longer require 'mandated intensive support' from our Regulator.

This really excellent report reflects the commitment of each and every member of Team QEH and their hard work to improve care for our patients and families and the experience for our staff and has been possible thanks to the superb support and the necessary constructive challenge we have received from the full spectrum of external partners and stakeholders.

It also shows how far we have come in the last three years, notwithstanding the challenges presented by COVID-19 and the poor quality of our estate and provides further external evidence and endorsement that QEH is well on the way to achieving its vision of becoming the best rural District General Hospital for patient and staff experience.

The CQC also recognised the work of our Critical Care team who were rated 'Outstanding' for being Well-Led with their outstanding

practice recognised in a number of areas, including patient safety, workforce developments and research and innovation projects.

Inspections are also an opportunity to learn. We have taken the findings, and these inform the next chapter of our improvement journey. There are four 'must dos' and nine 'should dos' in our 2022 report (compared to 206 'must' and 'should dos' and condition and warning notices after our 2019 inspection). What a difference three years makes.

With regard to wider performance, we have seen the impact of COVID-19 on our ability to deliver planned care, with a deterioration in 18-week referral to treatment and diagnostics performance and a growing backlog of 2,319 patients waiting for elective treatment as at the end of March 2022, with all patients on the elective waiting list clinically prioritised, and clinical harm reviews in place. Numbers of patients waiting over 52-weeks for operations is reducing and we have achieved the national standard of no patients waiting more than 104-weeks for treatment. We achieved six out of the seven cancer targets. QEH has experienced considerable operational pressures throughout the year, and we ended the year with 127 COVID-19 positive inpatients in our care two years into the pandemic.

We received national recognition for our 'Learning from COVID-19' exercise' in which we contacted all of the families or next of kin of the families affected by nosocomial COVID-19 infection as part of our commitment to being an open and transparent organisation.

Since the second wave of COVID-19, the Trust has seen a sustained increase in urgent and emergency care demand (with approximately 10% more attendances), and this has impacted on performance against the emergency care and elective care access standards.

We continue to see extreme pressure on our emergency care pathways. An Urgent and Emergency Care Improvement Plan is in place recognising we are falling short when it comes to consistently delivering timely care for our emergency patients. Improving emergency care and a focus on flow and timely patient care is a whole hospital priority as we go into 2022/23. We know our Emergency Department has doubly outgrown its footprint and the size of the department is an issue, and recognising it is not fit for purpose to meet today's demand we're working on expansion plans which we can implement, subject to receipt of the necessary capital funding, in 2022/23.

We have further improved patient experience during the year with year-on-year improvements in all of the national surveys, including inpatient, cancer and maternity care, children, and young people and those who use our urgent and emergency care services.

Numbers of complaints from patients and their families continue to reduce year-on-year, with a focus on learning from complaints and more rapid an informal resolution, though we still have some way to go to consistently get this right. The model of Family Liaison Officers, which we introduced earlier in the pandemic in response to feedback from patients and their families to improve communication with families and carers, was praised by the CQC and has been rolled-out across Norfolk and Waveney such has been its success.

Health Education England provided further external evidence that we are making significant progress in our journey of improvement reducing the risk rating for our medical education programme in medicine and closing our improvement plan.

We launched our new five-year clinical strategy which focuses on six clinical priorities to ensure that we deliver high-quality services and the best possible patient experience that our population needs and deserves. The strategy underpins the vital work taking place to support our ambition to become the best rural District General Hospital for patient and staff experience.

Modernising our estate and digital infrastructure continues to be a priority, and much progress has been made this year. It was a pleasure to welcome the Secretary of State for Health and Social Care to QEH in June 2021 to press our case for a new hospital. In September 2021 we submitted two Expressions of Interest (EOI) to the Department of Health and Social Care to become one of the further eight new hospital schemes - one for a single-phase new build and one for a multi-phase build, part new build and part refurbishment. We submitted two EOIs to give us the very best chance of securing the funding we so badly need, and we await the longlist announcement, knowing we have a very compelling case.

As one of the best buy RAAC (Reinforced Autoclaved Aerated Concrete) hospitals, the expert opinion is that our hospital will reach end of life by 2030. Our Board are very clear that the only sustainable long-term solution is a new hospital.

We continue to focus on completing our Strategic Outline Case for a new hospital by June 2022. In March 2022, the Board approved an Estates Strategy which sets out an overall site 'masterplan' and ambition for the site. Any investments and decisions we make now are both cognisant and consistent with our preferred new hospital schemes and are linked to our long-term vision for the site so will not be money wasted.

There is lots of work in progress as we continue to modernise our existing hospital. In 2021/22, QEH attracted over £42m capital funding - from RAAC, digital investment and other capital monies to modernise our hospital through a series of service improvements and to install steel and timber support props where needed to reduce the risk of plank failures in the roof of the buildings to maximise safety.

This is more capital than we have ever had in a single year. We have one of the highest capital to turnover ratios in the country, demonstrating both the urgent need for capital investment in our hospital and the confidence in our ability to deliver on the funding timescales required.

QEH has a backlog maintenance challenge of £98.9m, and 71% of this encompasses high (£65m related to RAAC) or significant (£11m) risks. With this in mind, and knowing that if we do secure the funding we need for a new hospital and are confirmed as one of the Government's eight further new hospital schemes, the earliest we would expect a new hospital to open its doors is 2029 due to the time it would take for necessary planning, approvals and building works, it's crucial that we continue to invest and modernise our hospital now.

Our patients, their families, our staff, and local communities deserve to be cared for and work in better facilities than we currently have. We cannot ignore that the Trust's poor physical estate has a detrimental impact on the confidence patients have in QEH and their care, on staff morale and wellbeing, and on the Trust's ability to retain and recruit staff and as such we continue to press our case on all fronts, knowing we have unanimous support from our partners and stakeholders across Norfolk and Waveney, Lincolnshire, and Cambridgeshire.

There are a number of RAAC and estate modernisation projects completed or coming soon including new Outpatient Unit (January 2022), West Norfolk Eye Centre (May 2022); state-of-the-art Endoscopy Unit (July 2022); modernisation a care of the elderly





(May 2022) and maternity ward (June 2022). Business cases for an Emergency Department expansion and a multi-storey car park are under development and are priorities for 2022/23. We are also bidding for national capital funding to support the development of a surgical hub on site to enable us to treat more patients more quickly, supporting elective recovery.

A RAAC three-year business case was approved by the Board in April 2022 for £90m (now subject to regional and national approvals). This will allow us to start year two of RAAC, which will see a rolling programme of failsafes being installed across the first floor of the hospital (six wards a year including theatres).

Our digital maturity has significantly improved over the last year with almost £6m invested in Electronic Prescribing, Single Sign On and a new Radiology Information System all of which are major steps in the digitisation of our hospital. In addition, the Board has approved £4m capital investment in an Electronic-Observations system to bring improvements in patient care. Implementation of a System-wide Electronic Patient Record is being boosted with support from NHS England's Transformation Team who will provide funding and support for the next stage of the digitisation journey.

QEH was awarded £12.9m revenue funding - the largest given to a Trust in the East of England - to support elective restoration. This has supported important work to help reduce waiting lists, treat more patients, and further improve patient experience.

Our £625,000 charity-funded Cancer Wellbeing and Support Centre opened in May 2021 and provides a welcome space for patients, supporting them with the psychological and emotional impact cancer has on everyday life. Our £228,000 Maternity Bereavement Suite is due to open early Summer 2022. The School of Nursing Studies based at the College of West Anglia is soon to welcome its first students. Funded through the Town Deal it provides demonstrable success of local partnership working and is a huge milestone in providing opportunities for the local workforce to live and train - and hopefully work - within the local community.

Thanks to the efforts of our staff, QEH has achieved its financial plan and savings plan for the third year running. We were also one of the very few Trusts nationally to continue our cost improvement programme in 2021/22, achieving £6.3m in savings.

Engagement

Three years ago, we introduced our Staff Engagement Programme to demonstrate our absolute commitment to listening, valuing, and acting on staff feedback. It is key to our vision to be the best rural District General Hospital for patient and staff experience and recognises how challenging the period has continued to be for staff.

We continue to listen to staff and in 2021/22, we chose to invest in all significant areas staff want investing in - extending free staff car parking, providing a Midnight Café, offering half-price gym memberships, and offering annual leave carry over and pay, as well as improving rest areas and refurbishing changing rooms.

A third of our staff attended Values into Action workshops as part of our work to bring our values to life across QEH - with a continued focus on creating a culture where kindness, wellness and fairness are at the heart of all we do. We threaded our values through our appraisal, induction and recruitment processes over the last year and commenced a Leading with Values programme.

The Trust has held two Leadership Summits this year, attracting a range of nationally-recognised speakers from inside and outside the NHS. They were a huge success with hundreds of staff, Governors and partners attending.

However, despite all of this work and focus, our 2021 National Staff Survey results were disappointing. Nationally, there has been a decline in many key areas, which is not surprising given the operating environment and extended pandemic impacts. However, we must listen to our staff and act, and it's clear we need to take a different approach and look at depth as well as breadth in the year ahead if we are to make the improvements and impact we are striving for.

Feedback in our recent CQC inspection report and from the staff survey results demonstrate that we need to invest more in supporting our local leadership teams at QEH. In response, we are launching a new leadership programme as well as taking a bottom-up approach in developing action plans for each of our Divisions and corporate areas based on local results as well as launching a series of listening events, led by local leaders. As we make our case for a new hospital, we are also mindful of staff feedback about the impact our poor physical estate has on them and their morale and wellbeing.

This year our staff networks have gone from strength to strength ensuring our staff have a voice including for LGBTQ+ and Allies, Black, Asian and Minority Ethnic (BAME) and Allies, Armed Forces Network and Supporting International Nurses Group. We received the Bronze Rainbow Badge Award for our support in creating a safe and inclusive workspace for LGBTQ+ patients and colleagues.

We have appointed a new Equality, Diversity and Inclusion Lead and are the only Trust in the region with a full-time post in this important area to accelerate our work to create a culture with inclusion and fairness at its centre.

We have further strengthened our Freedom to Speak Up support and have invested to increase resilience and knowing we have much more to do in this area to truly create a Speak Up culture where staff feel comfortable speaking up without experiencing detriment. Our support for Speak Up has increased from 30 hours to 120 hours per month and we now have three Guardians in place; one Lead Guardian (staff), one Assistant Guardian (staff) and an Independent Guardian who are supported by a community of 22 Freedom to Speak Up Champions spanning staff, volunteers, and Governors. As detailed later in this report (see page 91) referrals decreased over the last year, we continue to see fewer direct to CQC referrals, and the CQC spoke positively about the Speak Up culture we are creating at QEH, while recognising we have more work to do with local managers in supporting this hugely important agenda.

We are a very active partner in Norfolk and Waveney and Lincolnshire and Cambridgeshire and contribute significantly to further improvements to both health and care and wider developments that matter to the local communities we serve, including the King's Lynn Town Deal Board which is all about improving the local area for those who live, work, and visit here.

QEH's Clinical Services Strategy is aligned to the Norfolk and Waveney Clinical Strategy and will form the basis of the Norfolk and Waveney Acute Clinical Strategy which will be developed in 2022. QEH continues to contribute fulsomely to ongoing discussions with Norfolk and Norwich and James Paget Hospitals regarding further opportunities for Norfolk and Waveney's three acute hospitals to work more closely together to improve access and outcomes for our patients, the experience of our staff and value of the Norfolk pound, including via the Committees in Common. We continue to work with both hospitals and wider system partners on the transformation of the Urology and Dermatology Services and we have implemented a number of aligned policies across our hospitals to ensure a consistent approach to our practice, which is a welcome step forward. As an anchor organisation in West Norfolk, we are

equally prioritising and driving the agenda on the delivery of Place-Based Care recognising the critical role we play in improving health outcomes and reducing health inequalities.

Healthy Lives

We have delivered over 120,000 COVID-19 vaccinations at our QEH and Downham Market vaccination centres. This has played a fundamental role in keeping our patients, their families, and each other safe.

QEH remains one of the most research-active Trusts in the country compared to similar-sized hospitals and punch well above our weight in this important area. Over 1,000 participants were recruited to National Institute for Health Research (NIHR) portfolio studies in 2021/22, a 33% increase compared to 2019/20. QEH has also been actively involved in COVID-related research and was first NHS Trust to start a UK-wide adaptive trial called Helping to Alleviate the Longer-term consequences of COVID-19 (HEAL) (see page 38 for more information).

We are delighted to have been recognised nationally for innovation and the leading work of our staff in winning the HSJ Patient Safety Innovation of the Year Award for the SAFer injection for regional anaesthesia, being shortlisted for a Nursing Times Workforce Awards for the programme and for the support we have in place for our international nurses. We were also highly commended for the best healthcare provider partnership in the HSJ Partnership Awards for stoma care.

We have a comprehensive health and wellbeing programme in place for staff which has expanded this year to include 20 Mental Health First Aiders, two Clinical Psychologists and a Post-traumatic Stress Disorder specialist to support staff.

We have a national reputation for the work we are doing to support staff going through the menopause. We have been awarded Independent Menopause Friendly Accreditation, recognising us as an inclusive employer who builds awareness and understanding around menopause and takes staff health and wellbeing seriously.

Looking to 2022/23

While it is important to recognise the progress we have made in so many areas, we know where we need to focus our efforts in the year to come as we start the next chapter of our improvement journey. It's about building on the strong foundations we have made, embedding, and sustaining our many improvements from the last three years, and tackling the areas where we know we must improve for patients and staff and where we are currently falling short.

At its April 2022 meeting, the Board approved our Year Three priorities for our Corporate Strategy (for 2022/23). Our strategy is our 'compass' and our focus this year remains very much on further improving Quality, Engagement and Healthy Lives (QEH). Every member of our staff, regardless of job, has a role to play in helping us deliver the strategy and priorities for our patients and local community.

Central to the delivery of the strategy is QEH playing a lead and fulsome role in the emerging Norfolk and Waveney Integrated Care System. With the Integrated Care Systems, Integrated Care Board and Integrated Care Partnership launching in 2022, we look forward to QEH being an active partner. How the Trust, working with system partners, will recover and move forward from the pandemic, is also key and as such the strategy has been developed

with the NHS's priorities and recently updated operational planning guidance in mind.

Among our top priorities for 2022/23 are:

- Ensuring our patients consistently receive timely care (urgent and emergency care, cancer, and elective care)
- Creating a Quality Improvement (QI) Team which will drive our continuous improvement, increase QI capabilities Trust-wide and further increasing capability across the organisation
- Further improving people's experience of working here by listening to and responding to staff feedback, with a specific focus on local and middle managers
- Embedding our new values of kindness, wellness, and fairness
- Reducing sickness absence (recognising we are an outlier for this important indicator)
- Further modernising our estate, including maximising the safety of our current hospital, and securing a new hospital
- Launching an integrated three-year Digital and Data Strategy
- Achieving delivery of the Trust's financial plan and capital programme for 2022/23 and the delivery of the £8million Cost Improvement Programme (CIP) savings
- In collaboration with all local partners, leading on the delivery of Place-Based Care for the benefit of our local population
- Implementing the agreed steps with the three acute trusts within Norfolk and Waveney to deliver Acute Provider Collaboration

Finally, we would like to thank our 4,000 plus team of staff, volunteers, Governors, members, local communities, and partners for their support throughout the year. Our work over the last year shows what we as Team QEH can achieve together. We look forward to working with you over the next 12-months as we continue our improvement journey. We are an organisation very much on the up and it's an exciting time to be part of Team QEH.



Professor Steve Barnett
Trust Chairman



Caroline Shaw CBE
Chief Executive

OUR YEAR IN NUMBERS



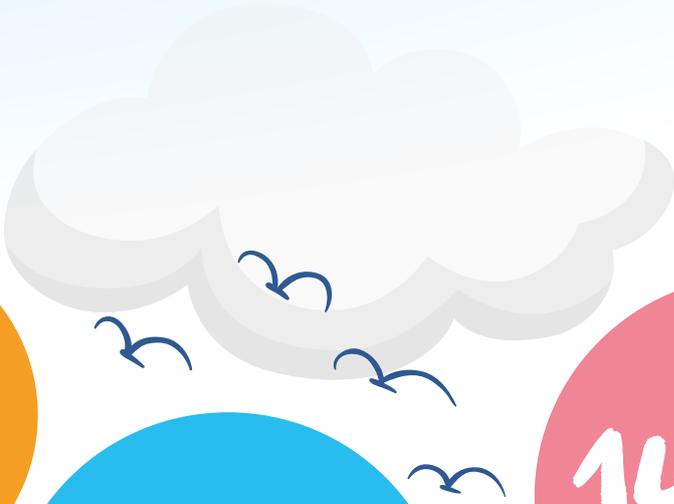
It's official! The CQC have rated us **'Good'** for Caring, **'Good'** for Well-Led and **'Good'** for Effective.



 3M impressions on Twitter (@TeamQEH)

 300K interactions on Facebook (@TeamQEH)





PURPOSE AND ACTIVITIES OF THE FOUNDATION TRUST

The Queen Elizabeth Hospital (QEH) provides acute services to the populations of King's Lynn and West Norfolk, and to parts of Cambridgeshire, Lincolnshire, North Norfolk and Breckland.

In view of its geographic position on the borders of Norfolk, Cambridgeshire and Lincolnshire, the Trust is commissioned by clinical commissioning groups from all three counties. Our lead commissioner is NHS Norfolk and Waveney Clinical Commissioning Group.

We work closely with the emerging Integrated Care Systems in Norfolk and Waveney, Cambridgeshire and Peterborough and Lincolnshire. In line with the aspirations articulated within our Clinical Strategy, we are exploring the development of integrated pathways of care to ensure the sustainability of our services for the benefit of our patients. This work will be underpinned by both the Norfolk and Waveney Clinical Strategy and the emerging Norfolk and Waveney Acute Clinical Strategy.

The QEH provides acute services at district general hospital level in the following specialist areas:

- Acute Medicine
- Emergency Medicine
- Cardiology
- Care of the Elderly
- Diabetes
- Endocrinology
- Gastroenterology
- Haematology
- Neurology
- Oncology
- Palliative Medicine
- Radiology
- Neurophysiology
- Nephrology
- Rheumatology
- Respiratory
- Stroke
- Anaesthetics
- Clinical Psychology
- Critical Care
- Dermatology
- General Surgery
- Ophthalmology
- Orthodontics
- Oral Surgery
- Pain Services
- Trauma & Orthopaedics
- Urology**
- Obstetrics & Gynaecology
- Paediatrics

In addition, the hospital has a renal dialysis unit, which is an outreach unit of the nephrology service in Cambridge.

* Our oncology service is supplemented by additional facilities in Cambridge and thoracic and plastic surgery services are provided by Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH).

** Urology transferred to NNUH on 1 March 2020. NNUH is the lead provider, subcontracting services to QEH. Services continue to be delivered from our site.

A BRIEF HISTORY OF THE FOUNDATION TRUST

We were authorised as a Foundation Trust in 2011 and have approximately 530 beds, 33 wards and serve a population of around 331,000 people across West and North Norfolk, in addition to parts of Breckland, Cambridgeshire and South Lincolnshire.

We employ more than 4,000 staff and volunteers who are committed to working with partners to deliver safe, high quality care.

We have seven main operating theatres including two fully integrated endoscopic theatres, the newly-acquired Sandringham Unit, a dedicated West Norfolk Breast Unit and the midwife-led Waterlily Unit, which provides expectant mothers with greater choice.

In 2021/22:

- 80,057 patients attended our Emergency Department (9,676 more than in 2020/21)
- We treated 47,244 elective and non-elective inpatients (6,431 than 2020/21)
- We carried out 28,518 day case procedures (8,679 more than 2020/21)
- 71,049 new outpatient appointments took place (8,262 less than 2020/21) and 180,661 follow-up appointments (26,659 less than 2020/21)
- 2,065 babies were born at our hospital (110 more than 2020/21)

The Trust was placed in 'special measures' in June 2015 after a Care Quality Commission (CQC) inspection in May 2015. QEH came out of 'special measures' following a further inspection in June 2015, but this improvement was not sustained, and we were rated 'Inadequate' following an inspection in September 2018.

In March 2019, the CQC returned to inspect the Trust's core services. This resulted in section 31 and section 29A warning notices placing conditions on our registration as a provider of healthcare, which required immediate action. In July 2019, the CQC rated us as 'Inadequate' overall with a recommendation that we be placed back in 'special measures'.

The significant progress that has been made at QEH between 2019 and 2022 was recognised by the CQC who rated the Trust as 'Good' in all of the core services they inspected in December 2021 and recommended the Trust moves out of the recovery support system (formerly 'special measures') in February 2022.

The CQC inspected three core services during their unannounced visit in December 2021 - Medicine, Urgent and Emergency Care (including the Emergency Department) and Critical Care. All three services were rated 'Good' overall.

The team returned in January 2022 to complete a Well-Led inspection, which also received a 'Good' rating. This means QEH is now CQC 'Good' in three domains - Caring, Well-Led and Effective, with a 'Requires Improvement' overall Trust rating.

Further information about our most recent CQC inspection, including highlights of the report, are included in the Integrated Quality Improvement Plan and the Care Quality Commission section on the following pages.

OUR INTEGRATED QUALITY IMPROVEMENT PLAN AND THE CARE QUALITY COMMISSION (CQC)

The Trust's Integrated Quality Improvement Plan (IQIP) reflects our pledge to deliver high quality, patient-centred, integrated care for the community we serve.

It has been produced with input from staff and stakeholders and responds to recommendations from our regulators and the CQC. The IQIP outlines our longer-term ambitions to be recognised for the care we provide and the way we help staff to continually develop throughout their careers so that they are proud to say they work for QEH.

The 2021/22 IQIP is aligned to year two of our 2020-2025 Corporate Strategy and has two main areas of focus. They are:

1. Ensuring the provision of safe, effective care for our patients and a positive working environment for our staff
2. Ensuring the care we provide is delivered in accordance with all regulatory requirements

We will achieve these aims by:

- Continuing to invest and improve leadership development at Board, senior management, and middle management level
- Continuing to focus on communications, culture change and improving staff engagement
- Embedding an overarching scheme of clinical and corporate governance and a risk management framework
- Focusing on recruitment, retention, and workforce utilisation
- Continuing to improve the environment and layout of our Emergency Department
- Working more closely with external partners and stakeholders
- Reviewing and improving our medical education programmes

The Trust's 2021/22 IQIP built on the sustained progress and improvements achieved through the 2020/21 IQIP and included a total of 83 actions. These actions were a combination of section and warning notice conditions and 'must do' and 'should do' actions. Of these, 57 (69%) were approved for closure by the end of March 2022, which demonstrates sustained progress throughout the year.

This progress was clearly recognised by the CQC through the removal of 18 of the 22 section 31 conditions from the Trust's Certificate of Registration and all 16 of the remaining 29A warning notice conditions spanning the services of Maternity, Diagnostic Imaging and Medicine.

In turn, the Trust underwent an unannounced core service and Well-Led CQC inspection in December 2021 and January 2022. The CQC published its inspection findings in February 2022 which detailed the significant improvement in the core services inspected (Medicine, Urgent and Emergency Care and Critical Care), all of which were rated 'Good' alongside the Trust's rating for 'Well-Led'. The Trust also secured its first rating of 'Outstanding' for Well-Led for Critical Care.

The Trust is now rated 'Good' for 'Effective', 'Caring' and 'Well-Led' and its overall rating has improved from 'Inadequate' to 'Requires Improvement'. The Trust's rating of 'Requires Improvement' recognises that only three core services were inspected during this

latest inspection due to the ongoing COVID-19 pandemic, and therefore reflects what was technically possible for this inspection.

This is a fantastic achievement and a reflection of everyone's hard work and dedication to improving care for our patients and the experience which patients, relatives and staff have of QEH. It also provides further external validation of our improvement programme and commitment to ensure patients consistently receive safe and compassionate care. In addition, it shows that QEH is well on the way to achieving its vision of becoming the best rural District General Hospital for patient and staff experience. Furthermore, the report also confirms the CQC's recommendation to remove the Trust from the recovery support programme (previously 'special measures'). The Trust has received a total of four 'must do' and nine 'should do' actions with no additional section or warning notice conditions. This is in stark contrast to the 2019 report, where the Trust was issued 206 'must' and 'should do' actions and 43 section and warning notice conditions.

In this latest inspection report of February 2022, the CQC also highlighted significant improvement in the culture of the organisation and the care of patients. Staff were described as engaged and keen to speak with the inspectors to share their stories of improvement.

Fiona Allison, the Deputy Chief Inspector of Hospitals for the CQC, paid tribute to the work of Team QEH and the impressive improvements that were observed by the inspectors during their visit.

She said: "I am pleased to see significant improvements have been made right across the Trust in the care given to patients resulting in a number of its services being rated 'Good'. More importantly, there's been a significant increase in the quality of care being given to people in Norfolk using these services. The COVID-19 pandemic brought a number of additional challenges to the NHS, so staff are to be commended for the progress made at this particularly difficult time.

"The leadership team clearly understood the priorities and issues facing the Trust and were focused on making continual and sustained improvements, which is why the rating for how 'Well-Led' the Trust is moves from 'Inadequate' to 'Good'."

The report also said:

- "Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs."
- "Staff felt respected, supported and valued" and "there was a strong focus on quality improvement to improve patients' care and outcomes."
- "The Trust is committed to improving services by learning when things went well and when they went wrong."
- "Communication, inclusion and partnership working were some of the biggest improvements within the Trust."

2019 CQC INSPECTION RATINGS FOR QEH

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Inadequate ↔ July 2019	Inadequate ↓ July 2019	Requires Improvement ↓ July 2019	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Inadequate ↔ July 2019
Medical Care (including Older People's Care)	Inadequate ↔ July 2019	Inadequate ↓ July 2019	Requires Improvement ↔ July 2019	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Inadequate ↔ July 2019
Surgery	Requires Improvement ↔ July 2019	Good ↑ July 2019	Good ↔ July 2019	Requires Improvement ↔ July 2019	Good ↑ July 2019	Requires Improvement ↔ July 2019
Critical Care	Good July 2015	Good July 2015	Good July 2015	Good July 2015	Good July 2015	Good July 2015
Maternity	Requires Improvement ↑ July 2019	Good ↑ July 2019	Good ↔ July 2019	Good ↑↑ July 2019	Requires Improvement ↑ July 2019	Requires Improvement ↑ July 2019
Gynaecology	Requires Improvement July 2019	Good July 2019	Good July 2019	Requires Improvement July 2019	Requires Improvement July 2019	Requires Improvement July 2019
Services for Children and Young People	Good ↔ July 2019	Good ↔ July 2019	Good ↔ July 2019	Good ↔ July 2019	Requires Improvement ↓ July 2019	Good ↔ July 2019
End of Life Care	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Good ↔ July 2019	Inadequate ↓ July 2019	Inadequate ↓ July 2019	Inadequate ↓ July 2019
Outpatients	Good ↑ July 2019	Not Rated	Good ↔ July 2019	Requires Improvement ↔ July 2019	Requires Improvement ↔ July 2019	Requires Improvement ↔ July 2019
Diagnostic Imaging	Inadequate ↓ July 2019	Not Rated	Good ↔ July 2019	Requires Improvement ↔ July 2019	Inadequate ↓ July 2019	Inadequate ↓ July 2019
Overall Trust 2019	Inadequate ↔ July 2019	Inadequate ↓ July 2019	Requires Improvement ↓ July 2019	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Inadequate ↔ July 2019

2022 CQC INSPECTION RATINGS FOR QEH

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Good ↑ February 2022	Good ↑ February 2022	Not Rated	Requires Improvement ↔ February 2022	Good ↑ February 2022	Good ↑ February 2022
Medical Care (including Older People's Care)	Requires Improvement ↓ February 2022	Good ↑ February 2022	Good ↔ February 2022	Good ↑ February 2022	Good ↑ February 2022	Good ↑ February 2022
Surgery	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care	Good ↔ February 2022	Good ↔ February 2022	Good ↔ February 2022	Good ↔ February 2022	Outstanding ↑ February 2022	Good ↔ February 2022
Maternity	Requires Improvement December 2020	Good July 2019	Good July 2019	Good July 2019	Requires Improvement December 2020	Requires Improvement December 2020
Gynaecology	Requires Improvement July 2019	Good July 2019	Good July 2019	Requires Improvement July 2019	Requires Improvement July 2019	Requires Improvement July 2019
Services for Children and Young People	Good July 2019	Good July 2019	Good July 2019	Good July 2019	Requires Improvement July 2019	Good July 2019
End of Life Care	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Good July 2019	Not Rated	Good July 2019	Requires Improvement July 2019	Requires Improvement July 2019	Requires Improvement July 2019
Diagnostic Imaging	Requires Improvement December 2020	Not Rated	Good July 2019	Requires Improvement July 2019	Requires Improvement December 2020	Requires Improvement December 2020
Overall Trust 2022	Requires Improvement ↑ February 2022	Good ↑↑ February 2022	Good ↑ February 2022	Requires Improvement ↔ July 2019	Good ↑↑ February 2022	Requires Improvement ↑ February 2022

2019 VERSUS 2022 TRUST RATING BREAKDOWN

	Inadequate	Requires Improvement	Good	Outstanding	Not Rated
2019 Report	19	22	23	Nil	2
2022 Report	Nil	27	35	1	3

The latest CQC report reflects how the organisation's leadership has strengthened and matured over the past two years in conjunction with robust governance and assurance processes, which in turn have supported long-term improvement. It is therefore important that the IQIP now evolves, moving 'must' and 'should do' actions into a single Compliance Plan aligned to the 2022/23 Trust priorities and key Quality Improvement Plans. This will allow the organisation to build on the improvements of the past two years and inform its own journey of improvement, underpinned by leadership and culture programmes, transformation, quality improvement and compliance.

In turn, the success of the IQIP governance framework has started to influence reporting arrangements for broader Trust Quality Improvement Plans. It is important therefore to now apply this

tested governance framework to key Trust Quality Improvement Plans to ensure a structured and standardised approach.

The IQIP will therefore evolve and become a Compliance Plan, incorporating the remaining open 'must' and 'should do' actions from the 2021/22 IQIP with the 13 new 'must' and 'should do' actions from the latest CQC report. The Compliance Plan will be aligned to all five Trust Quality Improvement Plans relating to Maternity, Ophthalmology, Elective Recovery, Radiology and Urgent and Emergency Care, with clear reporting through to the Trust Board.

This is the best news of the year. 'Good', 'Good', 'Good' and out of special measures - the CQC's new ratings for our hospital. 'Good' for Effective, 'Good' for Caring and 'Good' for Well-Led. All of West Norfolk pays tribute to the dedication, determination and compassion of the staff and management at QEH. Achieving these improvements in the face of the pandemic is a miracle.

We urge the Government now to waste no time and announce that QEH is up there on the list for the complete rebuild it so urgently needs.

Cllr Alexander Kemp

Clenchwarton and King's Lynn South Ward, Norfolk County Council

OUR CORPORATE OBJECTIVES

We launched our five-year Corporate Strategy in June 2020, which articulates our vision to be:

‘the best rural District General Hospital for **patient and staff experience.**’

Our mission is described as:

‘working with patients, staff and partners to **improve the health and clinical outcomes of our local communities.**’

The Trust’s three priorities are ‘quality’, ‘engagement’ and ‘healthy lives’, which are supported by six strategic objectives:



STRATEGIC OBJECTIVE 1

To consistently provide safe and compassionate care for our patients and their families.

Executive Lead:
Chief Nurse

STRATEGIC OBJECTIVE 2

Modernising our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care.

Executive Lead:
Director of Finance

STRATEGIC OBJECTIVE 3

Strengthening staff engagement to create an open culture with Trust at the centre.

Executive Lead:
Deputy CEO

STRATEGIC OBJECTIVE 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Executive Lead:
Director of Strategy

STRATEGIC OBJECTIVE 5

Supporting our patients to improve health and clinical outcomes.

Executive Lead:
Medical Director

STRATEGIC OBJECTIVE 6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

Executive Lead:
Director of People



Underpinning the six strategic objectives are clear key performance indicators which we have been monitoring throughout the year so that the areas where we are achieving are clear, along with those where we need to focus our efforts in order to resolve under-performance.

Strategic objective	2021/22 progress
Quality	
<p>1. To consistently provide safe and compassionate care for our patients and their families</p>	<ul style="list-style-type: none"> • Achieved 'Good' ratings from the CQC for all of the core services it inspected, which reflected the significant progress which has been made over the last three years • Received 'Good' ratings from the CQC in three domains - Caring, Well-Led and Effective - and an overall rating of 'Requires Improvement' • Sustained progress against the 2021/22 Integrated Quality Improvement Plan, with 66% of all actions approved for closure by Evidence Assurance Group • Saw all 16 remaining section 29A warning notice conditions spanning Maternity, Medicine and Diagnostic Imaging removed • Recommended the Quality, Service Improvement and Redesign (QSIR) training scheme and continued the Quality Improvement (QI) fundamentals courses, supported by lunch and learn sessions and a QI week • Saw fewer formal complaints raised compared with 2020/21. This was supported by an increase in the uptake of local resolution meetings • Successfully introduced Family Liaison Officers across the Trust and achieved regional and national recognition for the role • Maintained compliance of 100% for Duty of Candour phase one and phase two, with evidence of improved involvement of patients/relatives in the investigation process • Held patient safety learning events which were well attended by staff and external stakeholders • Fully rolled out the Clinical Prioritisation Programme and robust implementation of Clinical Harm Reviews • Successfully bid for Elective Recovery Plus Fund funding to support delivery of the elective programme throughout 2021/22 • Delivered primary care streaming within ED to support patient flow • Delivered the virtual ward model to support patient flow throughout the organisation • Continued to deliver the required improvements to maternity care in line with the independent review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust. This has included agreement to increase the midwifery establishment

Strategic objective	2021/22 progress
2. Modernising our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care	<ul style="list-style-type: none"> • Submitted two compelling expression of interest proposals for a new hospital to the Department of Health and Social Care (DHSC) in Sept 2021 before focusing on the completion of the Trust's strategic outline case • Continued proactive work to mitigate the risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) planks • Worked collaboratively with other RAAC plank hospitals in the region to make a strong case for emergency capital funding so that we can mitigate the risks associated with the structural integrity issue • Delivered our RAAC year one business case benefits, including completion of the Emerson Outpatient Unit and planned refurbishment works on Brancaster Ward (completion June 2022) and West Dereham Ward (completion May 2022) • Planned a new state-of-the-art Endoscopy Unit which is due for completion by June 2022 • Developed a new West Norfolk Eye Unit which is scheduled to be operational by May • Developed a clear plan for RAAC years two to four and engaged robustly with NHSE/I to agree next steps • Worked collaboratively with Norfolk and Norwich University Hospital (NNUH) and James Paget University Hospital (JPUH) to draw up a compelling case for the development of Diagnostic Assessment Centres, supported by £69m national capital funding. An Outline Business Case has been approved and we are aiming for completion of the full business case by July 2022, with construction beginning in January 2023 • Rolled-out Electronic Prescribing Medicines Administration to all inpatient ward areas and ED. We plan to complete the full roll out by summer 2022 • Implemented and rolled-out a new Radiology Information System (RIS)/Picture Archiving and Communication System (PACs) solution • Approved a business case for implantation of the Electronic-Observations patient outcome monitoring system • Continued engagement with the Integrated Care System in relation to development of a system-wide Electronic Patient Record • Continued progression with the Trust's Cyber Security Improvement Plan with a clear roadmap for delivery for 2022/23 • Began construction of the Maternity Bereavement Suite, which will open early Summer 2022

Strategic objective	2021/22 progress
Engagement	
<p>3. Strengthening staff engagement to create an open culture with trust at the centre</p>	<p>Our culture:</p> <ul style="list-style-type: none"> • Saw one third of our staff attend Values into Action workshops. Plans for the next phase of this Trust-wide work are underway • Introduced a new blended approach to Freedom to Speak Up, with Guardian support time increasing from 30 to 120 hours per month • Prepared to transition to the new Trust values of kindness, wellness and fairness in April 2022 • Launched our 'See Me First' campaign as part of the Trust's commitment to inclusion and diversity • Held our third Leadership Summit on 15 March 2022, which focused on teamwork, resilience and inclusion <p>Staff engagement:</p> <ul style="list-style-type: none"> • Improved our response rate (45.3%) to the National Staff Survey for the third consecutive year • Continued to take part in national quarterly staff pulse surveys • Celebrated our staff at a virtual awards ceremony in March 2022 • Held QEH's first celebration week in November 2021 which focused on wellness, staff networks, appreciation and recognition/ celebrating success
<p>4. Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability</p>	<ul style="list-style-type: none"> • Completed the QEH Clinical Strategy, which is aligned to the Norfolk and Waveney Clinical Strategy and will form the basis of the Norfolk and Waveney Acute Clinical Strategy which will be developed in 2022 • Contributed to ongoing discussions with NNUH and JPUH regarding further opportunities for Norfolk and Waveney's three acute hospitals to work more closely together to improve access and outcomes for patients • Continued to work with NNUH, JPUH and wider system partners on the transformation of Urology and Dermatology Services • Implemented aligned consent, mandatory training and procedural document policies in partnership with NNUH and JPUH • Delivered against our financial plan for 2021/22, which including delivering a >£6m Cost Improvement Programme in year

Strategic objective	2021/22 progress
Healthy Lives	
<p>5. Supporting our patients to improve health and clinical outcomes</p>	<ul style="list-style-type: none"> • Delivered 91,170 COVID vaccinations to our staff and local people • Administered flu vaccinations to 63% of eligible staff • Redesigned and relaunched our End of Life Service, leading to significant improvements to palliative care provision for our patients • Embedded significant developments within Care of Older People, including frailty in-reach into the Acute Medical Unit, the frailty phone and Cognitive Impairment Assessors • Recruited more than 1,100 participants to National Institute Health Research portfolio studies • Promoted healthy living advice to reduce people's risk of getting cancer through our Cancer Wellbeing and Support Centre, which opened in April 2021. We have also offered tailored advice to cancer patients to support their recovery and reduce the chance of their cancer returning
<p>6. Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care</p>	<p>Further strengthened our nationally-recognised health and wellbeing programme by:</p> <ul style="list-style-type: none"> • Continuing to support staff through dedicated posts including Clinical Psychology and Mental Health First Aiders • Ensuring a Board-level Wellbeing Guardian and Wellbeing Champions are in place • Implementing a Health and Wellbeing Passport for all staff • Continuing to drive organisational support in relation to menopause by: <ul style="list-style-type: none"> › introducing a staff Peri-Menopause and Menopause Policy › recruiting 10 Champions to offer support and advice to staff as well as training for managers. › becoming the first organisation in the UK to add support for the menopause into our job adverts › receiving accreditation as a Menopause-Friendly employer from 'Henpicked' in February 2022 › launching a Menopause Clinic in March 2022 to support our staff to keep well at work and ensure we have the right mechanisms in place to support reasonable adjustments • Developing our Staff Health and Wellbeing Service so that we can meet the needs of our workforce, improve staff retention, reduce sickness absence and provide an environment which actively promotes wellness at work. This will see a Service Level Agreement (SLA) developed with a neighbouring Trust for the transactional aspect of the Occupational Health Service, with wraparound support services to be provided directly by QEH. This recommended option will support the ICS's goal for greater collaboration

GOING CONCERN

The concept of 'Going Concern' is a basic assumption within accounting practice, where it is assumed that an entity will be able to continue to operate for a period of time sufficient to enable it to fulfil its commitments, obligations and objectives. In other words, the entity will not be forced to cease its business in the foreseeable future.

There is no presumption of 'Going Concern' status for NHS Foundation Trusts and Directors must decide each year whether it is appropriate to prepare the Trust's accounts on the 'Going Concern' basis.

In making this assessment, the Board has taken into account best estimates of future activity and cash flows and has been mindful of the Government Financial Reporting Manual, which states that "the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient as evidence of 'Going Concern'."

The Board considered its 'Going Concern' position at its meeting in June 2022 and after consideration of risks and uncertainties agreed that the use of 'Going Concern' basis is appropriate.

PERFORMANCE ANALYSIS: OUR FINANCES

Overview of 2021/22 financial performance

As in 2020/21, the financial regime was changed during the year in response to the management of the ongoing COVID-19 pandemic. NHSE/I provided the Trust with sufficient funding to develop a plan that set a break-even budget for the first six months of 2021/22. Although the additional inflation pressure of increased pay awards was also funded, the practice of providing a top-up to achieve a break-even position ceased. The Trust submitted a final plan to NHSE/I in November to cover months seven to 12, which set a £0.044m deficit.

We delivered an actual surplus of £0.26m, compared with £50k in 2020/21. This surplus position includes funding received to cover the costs of the pandemic and additional funding to cover the cost of carrying over annual leave commitments for staff. Within this financial position we achieved £6.3m savings, which was in line with the plan set.

During the year, the Trust spent £42.1m on capital projects, which was funded by our own internally-generated resources and from Public Dividend Capital. This spend was above our planned value of capital expenditure of £32.2m.

The key elements of our capital programme were:

- Addressing backlog maintenance and investment in critical infrastructure
- Facilitating the implementation of failsafes for RAAC (Reinforced Autoclaved Aerated Concrete)
- Endoscopy Unit
- Emerson Outpatient Unit
- Digital investment

Performance against our financial plan

We delivered a £0.26m surplus for the year. The indicative Integrated Care System position at the end of March 2022 was also a surplus position. The Trust position includes notional accounting adjustments of £6.8m for pension contributions, £0.53m apprentice levy and £0.15m donated PPE stock. In addition, we also received £13m from the Elective Recovery Fund Plus. These are included within income and expenditure and are in line with national guidance.

Our final year-end position includes the following (excluding the impact of donated assets):

- Total income £283.6m actual. This is a net positive movement from plan of £19.1m which includes additional notional funding referred to above of £7.3m, additional income to cover COVID-19 costs of £1.6m and additional funding of £13m from the Elective Recovery Plus Fund
- Total expenditure £288.6m actual, which was £26.6m over plan. This includes £7.3m of notional expenditure referred to above and £1.6m of COVID-19 costs. It also includes a £4.2m impairment charge which is removed when we report financial performance. The adjusted performance is £18.6m over plan. Agency staff spend was £1.9m above plan and non-pay was £14.1m above plan, primarily due to the costs incurred for the Elective Recovery Plus Fund
- The Cost Improvement Programme delivered £6.3m savings which was positive to the plan by £0.3m
- Capital expenditure was £42.1m against a capital plan of £32.2m
- Cash balance of £37.9m closing cash against a plan of £22.6m

Balance sheet

Cash: We ended the year with a cash balance of £37.9m which compares to £26.9m at March 2021. We received £28.2m of Public Dividend Capital and repaid £214k of interim support loans as a result of the change in the financial regime due to the pandemic.

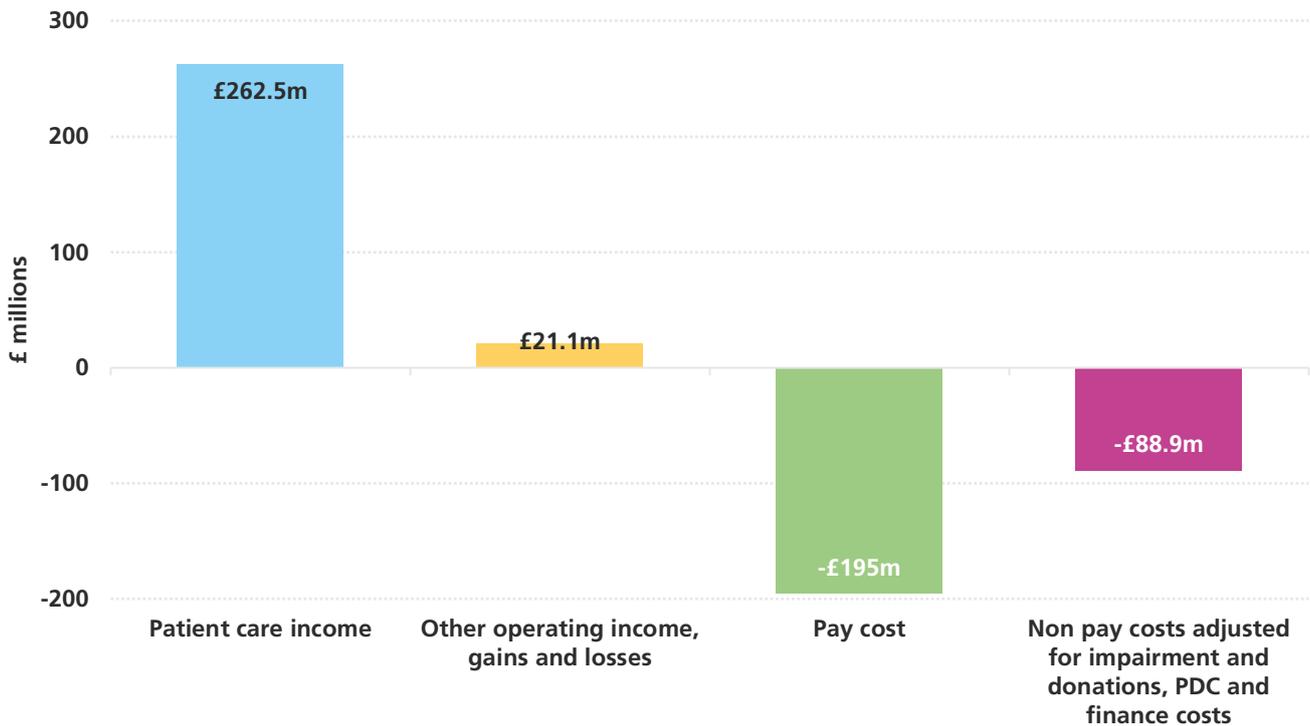
Non-current assets: The value of our non-current assets (including property, plant and equipment and intangible assets) increased by £27.1m as a result of significant capital expenditure across several key projects within the hospital.

Receivables: Our receivables (current and non-current) have decreased by £61K primarily due to improved collections from the stakeholder group.

Payables: Our payables (current and non-current) have increased by £17.1m, which is primarily due to the accrual of costs related to the hospital's Capital Investment Programme (CIP) and a £0.58m increase in the annual leave provision at 31 March 2022.

Taxpayers' equity: This represents the method of funding our assets and liabilities. Taxpayers equity improved by £20.6m. The main component of our taxpayers' equity is Public Dividend Capital which increased by £28.2m from the previous year. This is as a result of agreed funding received to support the roof project.

Analysis of Trust's income and expenditure 2021/22



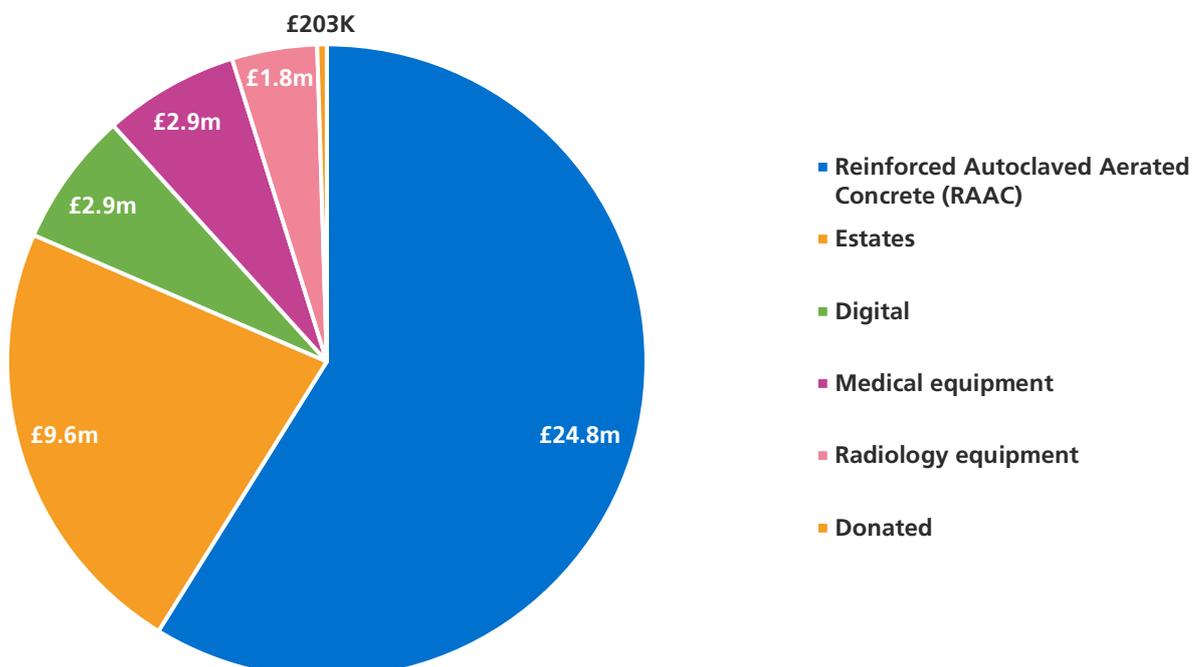
Income: We received £284m of income which is a £14m increase from the £269m we received in 2020/21.

Pay expenditure by staff group: We spent £195m on staff costs, which is a £9.4m increase compared with the 2020/21 total of £185.6m. £13.6m of this increase is due to substantive and bank staff costs, while £8.8m of the increased staff costs relate to COVID-19, vaccinations and elective recovery costs. A further £4.4m was due to the impact of pay awards. There was a £4.2m reduction in costs relating to agency spend.

Non-pay expenditure: We incurred £88.9m of non-pay expenditure, which was an £6.8m increase compared with the 2020/21 total of £82.1m. £5.7m of non-pay expenditure relates to elective recovery and increased provisions during 2021/22.

Capital expenditure: Our capital expenditure was £42.1m, a £27.7m increase on the 2020/21 total of £14.4m. A breakdown of that spend is shown in the chart below.

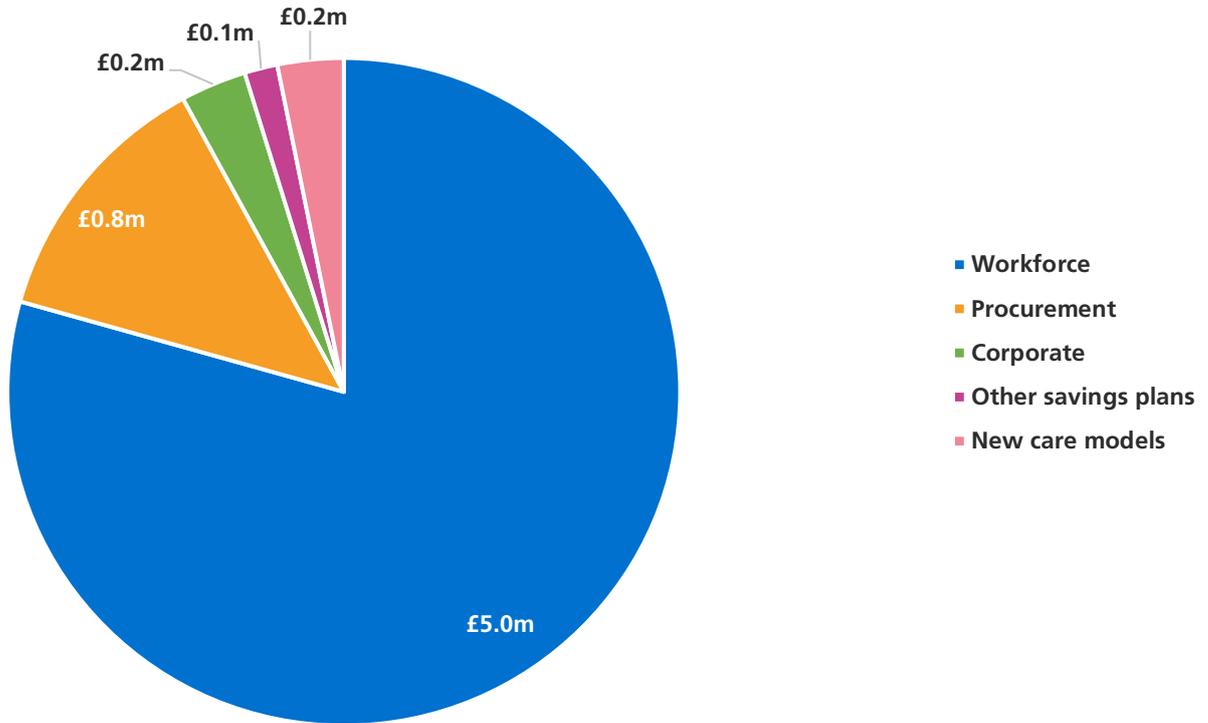
Capital expenditure



Our efficiency programme

We delivered £6.3m in 2021/22 as part of the Cost Improvement Programme (CIP). This compared with £4.4m delivered in 2020/21. During the year, the programme reduced costs by focusing on our workforce model while maintaining high quality patient services. A breakdown of the CIP achieved is shown in the chart below.

Analysis of the Trust's CIP 2021/22



Financial planning for 2022/23

The process which NHSE/I put in place in 2020/21 in response to the COVID-19 pandemic ended on 31 March 2022. As a result, detailed guidance was issued in January 2022 to assist with the completion of a system-wide financial plan by late April. A block payment arrangement with commissioners will continue in 2022/23, with an incentive element for delivery of elective recovery.

The Trust has developed and submitted a financial plan for 2022/23 working with partners across the Integrated Care System (ICS). The financial plan worked up by the Trust and shared with the ICS is at a break-even position.

The main assumptions within the model behind the current draft plan are:

Income - this is based on the latest Norfolk and Waveney ICS allocation and matching principles for other non-ICS commissioners.

Expenditure - the pay inflation assumption used is 3%. The non-pay inflation assumption used is 6% and an additional 55% for the increasing costs of energy has also been included. Non-pay inflationary pressures continue to be a risk to delivery of the plan.

CIP - a CIP of £8m is included. There is a risk that this CIP plan may need to be increased in order to meet the break-even target for the Trust if this is required.

Our Charity

The net assets of the QEH Charity were £3.84m in 2021/22 compared with £3.29m the previous year - an increase of 16.7%. This was a result of some significant legacies, which saw the total incoming resources increase from £757K in 2020/21 to £1.018m in 2021/22. At the same time, spending decreased from £1.241m in 2020/21 to £573K during 2021/22.

During the year, we spent £204K on new building projects and refurbishments to further improve the environment we provide for our patients and staff. Of this, we committed £142K to the ongoing development of the Maternity Bereavement Suite and made a final contribution of £28K towards the Cancer and Wellbeing Suite, which opened during the year.

In 2021/22, the Charitable Fund also spent £67K on medical and surgical equipment, including as vital signs monitors, a video laryngoscope and mammography equipment.

A further £131K has been used to support our staff to attend courses, conferences and symposiums, as well as funding welfare and engagement activities to help our teams to look after their own health and wellbeing during the COVID-19 pandemic.

During the year, £28K from the Charitable Fund was also spent supporting and improving patient welfare. This included buying Christmas presents for patients and offering free baby scans during the pandemic, as well as funding IT equipment to help patients stay in touch with their families and friends while visiting was restricted.

Over the last 12 months, staff at Queen Elizabeth Hospital have continued to go above and beyond, working in partnership to improve care and outcomes for patients and members of the public.

A huge amount of work has continued to take place in relation to positively changing and further enhancing the culture and engagement with staff, which is visible from all angles.

The last 12 months have continued to be extremely challenging across the Norfolk and Waveney health and care system as we continue to deal with the impact of the COVID-19 pandemic. Staff at QEH have and continue to support the COVID-19 vaccination programme and it goes with heartfelt thanks from everyone at the CCG, patients and the public for their continued commitment and determination to keep people safe across West Norfolk.

As we look to the 12 months ahead, there will inevitably be lots of change. But lots of good, positive change. As we leap forward, faster and further with our integrated approaches and partnership working arrangements, formalising the Norfolk and Waveney Integrated Care System, it is more important than ever that these positive relationships between organisations, patients and members of the public flourish.

We look forward to working with QEH in the months and years ahead, building on work we can all be proud of.

Tracey Bleakley

Chief Executive Officer-designate, NHS Norfolk and Waveney Integrated Care Board

PERFORMANCE ANALYSIS: OUR CARE

This section outlines the Trust's performance against several key performance indicators. Performance is reported to NHS Improvement/England and the Department of Health and Social Care on a regular basis.

At a glance

Operational performance	2020/21	2021/22	Increase/decrease	% change
Emergency Department attendances	61,726	80,057	18,331	29.70%
Emergency Department admissions	38,701	43,778	5,077	13.12%
Patients discharged, admitted or transferred within four-hours of arrival at the Emergency Department	81.92%	67.0%	-14.9%	-18.1%
Day cases	19,053	28,518	9,465	49.68%
Electives	2,112	3,466	1,354	64.11%
New outpatient attends	79,311	71,049	-8,262	-10.42%
Follow-up outpatient attends	207,320	180,661	-26,659	-12.86%

Operational performance summary

Quality measure (%)	2020/21	2021/22 (to February)	Increase/decrease	Target
Patients treated within 62 days of 2-week wait (2ww) referral for all cancers	73.3	72.9	-0.4	85%
Patients seen within 14-days of urgent referral for suspected cancer to first outpatient appointment	96.8	87.8	-9.0	93%
Patients seen within 14-days of referral with breast symptoms (where cancer is not suspected) to first hospital appointment	94.9	66.6	-28.3	93%
Patients receiving first definitive treatment within 31-days from decision to treat	98.1	97.9	-0.2	96%
Patients receiving subsequent treatment (surgery) within 31-days of decision to treat	97.8	93.1	-4.6	94%
Patients receiving subsequent treatment (drug treatment) within 31-days of decision to treat	100.0	98.7	-1.3	98%

The impact of COVID-19 on the Trust and wider NHS has been significant. During the winter there was an increase in the proportion of the hospital's core bed base occupied by patients with confirmed or suspected COVID-19. As a result of the identification of the new variant of COVID-19 (Omicron) in January 2022, we had to significantly change the way care was delivered, which included reconfiguring the site and reducing elective day surgery to meet emergency demand. Elective day surgery was also impacted in spring when the Day Surgery Unit had to be used as an Emergency Department to meet an increase in the number of patients with confirmed or suspected COVID-19. There has also been a significant rise in the number of patients attending and being admitted to the Trust as an emergency for reasons other than COVID-19.

The impact of COVID-19 and the rise in emergency attendances on all key performance metrics has been marked, specifically those relating to access for elective care. This is consistent with the impact seen across the wider NHS.

Four-hour emergency access standard

During the year, we have focussed on improving the experience of our emergency patients and flow in and through our Emergency Department (ED) and out of the hospital. We have made a number of proactive changes to the way in which patients move through the organisation. These include:

- Splitting ED to deliver a red (COVID-19) footprint within the Day Surgery Unit alongside and amber (non-COVID-19) footprint within the existing ED. This has allowed the ED team to work more flexibly
- Utilising the Sandringham Hospital and Day Surgery Units as surgical wards while increasing the medical ward footprint to provide an extra 45 medical beds
- Introducing primary care screening at the front door to ensure that patients who arrived at the ED for treatment but could be seen by a GP

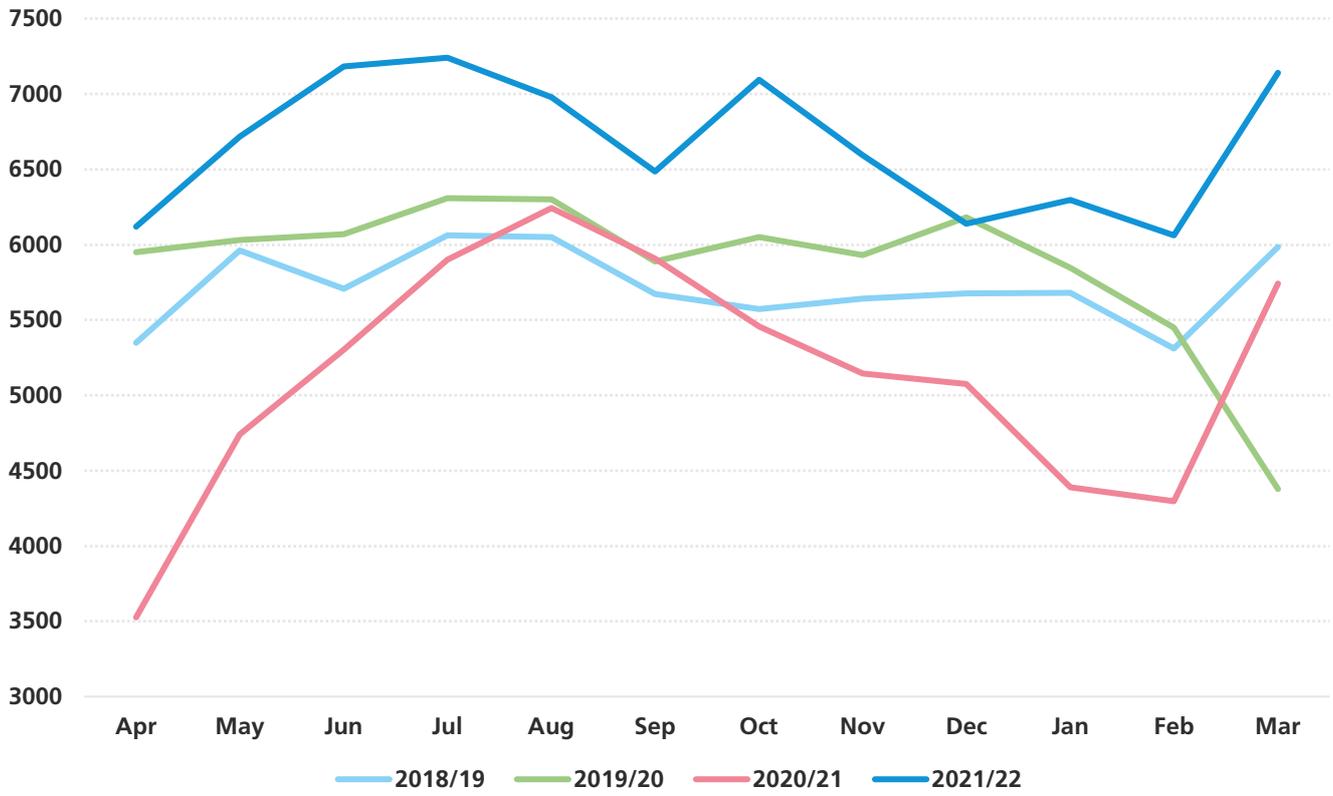
Despite this proactive work, we admitted, discharged or transferred just 67.9% of patients from our ED within four hours of their arrival against the national standard of 95%. This compares with 81.82% in 2020/21.

Year	Attendances	Breaches	Performance (%)	Variance to previous year	Growth
2018/19	68,672	12,028	82.5%	3,669	5.6%
2019/20	70,381	14,597	79.3%	1,708	2.5%
2020/21	61,726	11,220	81.8%	-8,655	-12.3%
2021/22	80,057	26,388	67.0%	18,331	29.7%

After my CT scan I was ready to return home by hospital transport but there was a considerable delay. One of the volunteers on the reception desk was very helpful, unfailingly patient with my all too frequent requests for information and went out their way to help me cope with the situation. They deserve a pat on the back.

Patient feedback about a QEH volunteer

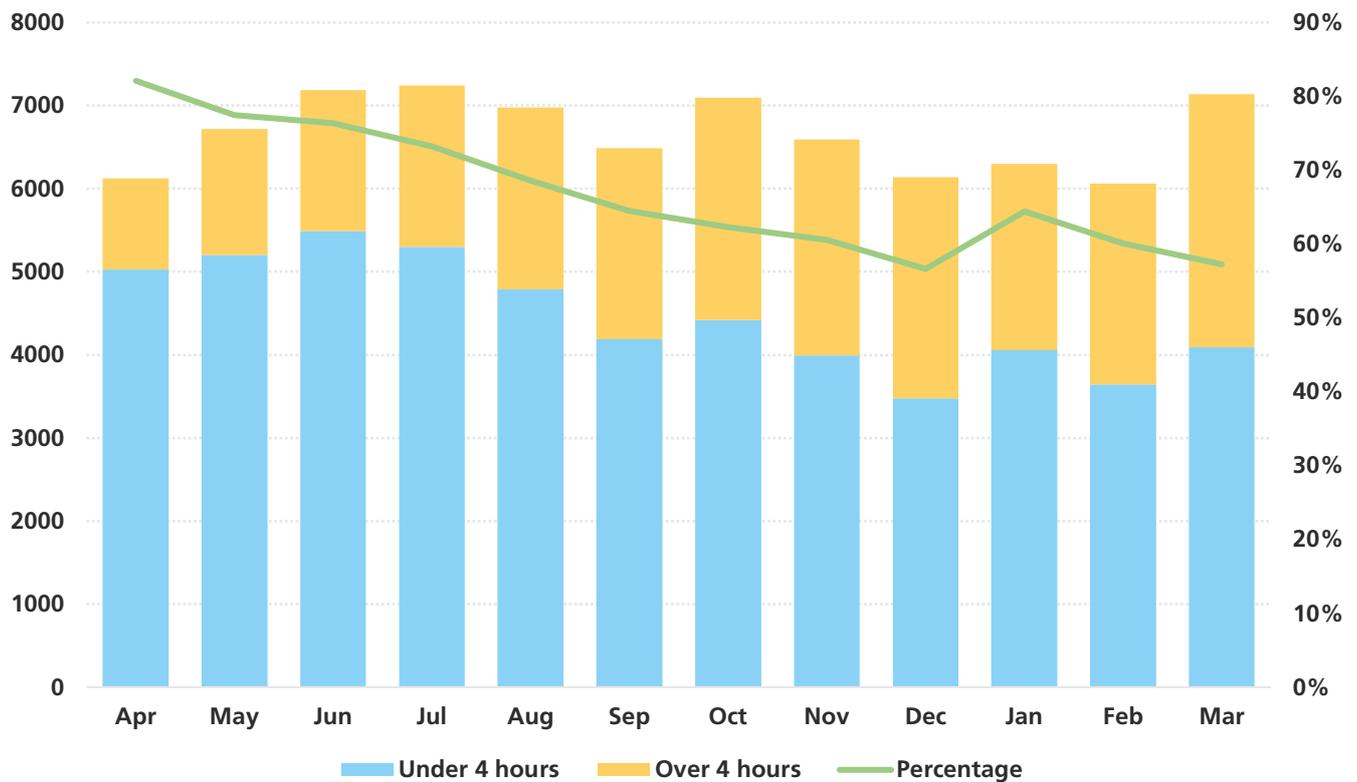
Emergency Department (ED attendances)



Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	5,351	5,963	5,707	6,063	6,051	5,672	5,572	5,640	5,678	5,681	5,311	5,984
2019/20	5,950	6,031	6,068	6,309	6,299	5,889	6,051	5,929	6,183	5,845	5,448	4,379
2020/21	3,527	4,741	5,304	5,901	6,242	5,906	5,457	5,145	5,076	4,389	4,296	5,742
2021/22	6,121	6,715	7,184	7,241	6,979	6,487	7,096	6,593	6,140	6,298	6,063	7,140

A number of factors have had a detrimental impact on our ED performance. These include ED not being designed to accommodate the increased volume of attendances we are now experiencing (11.2% increase from 2019/20), as well as high numbers of patients waiting in our ED for a hospital bed.

ED attendances with performance %



2021/22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total attendances	6,121	6,715	7,184	7,241	6,979	6,487	7,096	6,593	6,140	6,298	6,063	7,140
Under four-hours	5,024	5,204	5,488	5,302	4,791	4,186	4,418	3,995	3,477	4,055	3,641	4,088
Over four-hours	1,097	1,511	1,696	1,939	2,188	2,301	2,678	2,598	2,663	2,243	2,422	3,052
Performance	82.1%	77.5%	76.4%	73.2%	68.6%	64.5%	62.3%	60.6%	56.6%	64.4%	60.1%	57.3%

It is important to note that the emergency access performance improved following the separation of red and amber emergency areas, which demonstrates that when the hospital has the space and capacity it needs in ED, it can deliver timely care for patients. The red ED closed in May 2021 to allow the Day Surgery Unit to reopen to provide elective care.

Throughout the year, our Programme Management Office has built on the learning from COVID-19 and has delivered an internal programme of performance and improvement plans for urgent and emergency care. These have focused on three key areas:

- Front door and site management
- Ward processes
- Discharges

Primary care screening in ED was one of the initiatives introduced in January 2022 as part of this work, and helped to divert up to 25 patients away from the ED. The Programme Management Office will continue to provide support for a new, clinically-led programme of improvement work for urgent and emergency care during 2022/23, recognising this is a top priority.

In addition, we are continuing to work with our ICS partners on demand management and admission avoidance schemes. These will help us manage increasing pressure on our ED whilst minimising delays in discharging patients to appropriate care settings.



CASE STUDY

Helping patients to keep in touch

Recognising how important it is for our patients to keep in touch with loved ones, we introduced dedicated Family Liaison Officers (FLOs) during the first wave of the COVID-19 pandemic to help with communication while visiting was restricted.

The FLOs were rolled out following feedback from patients and their families, and helped facilitate video calls, passed on well wishes and deliver parcels to the wards while also supporting a wide range of non-clinical tasks.

The team has made a positive contribution to our culture while helping us to respond effectively to the needs of our patients and families. Their invaluable work has been well received by everyone who has benefitted from the service.

The innovative role celebrated its first anniversary in March 2022 and has continued to inspire beyond QEH, recently attracting interest from partners including Norfolk and Norwich University Hospitals and James Paget University Hospitals. Other trusts are now seeking to replicate the arrangements embedded at QEH, which are leading to an improved experience for patients and their relatives.

Winter planning

During the winter, the NHS forecasts a sustained increase in demand for urgent and emergency care, with increased acute presentations including respiratory, gastrointestinal and cardiovascular disease. Infectious diseases become more prevalent, and the impact of influenza, respiratory syncytial virus, norovirus and rotavirus can be considerable. Cold weather-related physiological changes can also trigger health problems such as myocardial infraction. This additional demand increases inpatient bed pressure and Emergency Department overcrowding, while poor patient flow due to high bed occupancy adversely affects both urgent and elective pathways across Medical and Surgical specialties. It is critical for the Trust to plan for these inevitable seasonal pressures so that we can mitigate any potentially detrimental impact on timely access to care and patient experience.

The overarching aim of the winter plan is to ensure there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter. For 2021/22, our plan was to achieve this by safely avoiding admissions, safely creating more capacity, safely reduce length of stay and supporting patient flow.

In order to safely avoid admissions and reduce demand for overnight stays, we maximised Same Day Emergency Care across Medicine and Surgery and implemented the primary care screening/GP at the front door scheme. We planned to open additional beds during peak winter periods to ensure sufficient inpatient capacity. The hours of our Discharge Lounge were extended to support patient flow in the early morning and later in the evening, when a second peak of ED attendances often occurs. We also recruited temporary Patient Flow Facilitators to provide administrative support to wards in capturing details to aid discharge.

COVID-19 and flu vaccinations are one of the most effective interventions the NHS has to reduce pressure on the health and social care system during the winter. We vaccinated 95% of our frontline staff for COVID-19 and 62% for flu during 2021/22 to help keep our patients and staff safe and reduce the impact of staff sickness on service delivery.

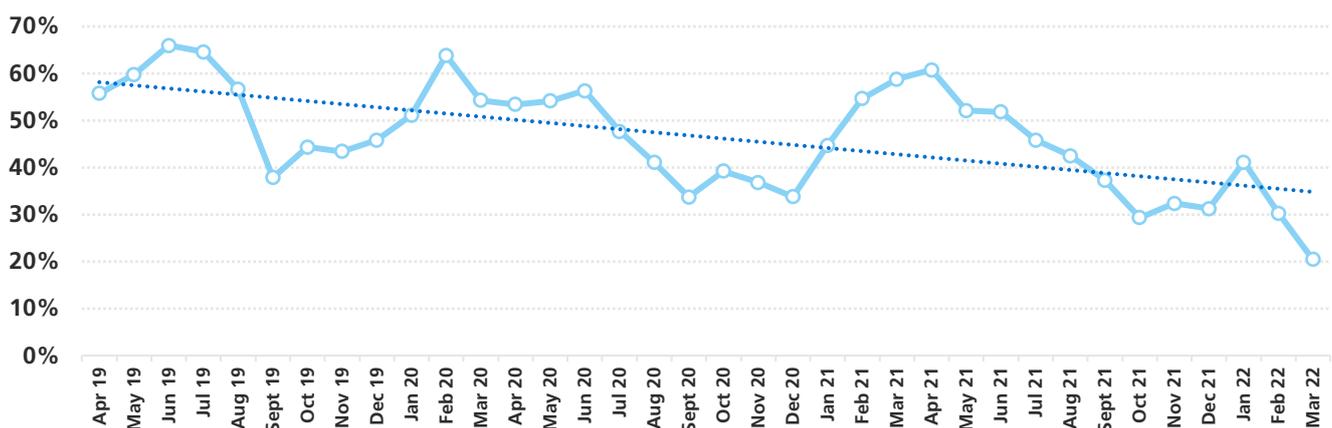
Ambulance handover

Fundamentally linked to the four-hour emergency access standard is our ability to receive patients from ambulances in a timely way. This target, known as the handover waiting time, shows the amount of time the ambulance crew have had to wait before the ED was able to accept their patient. The standard expected is that a patient is handed over within 15-minutes.

While there have been fluctuations in performance historically, we have seen an improvement in ambulance handovers of more than 15-minutes in recent years due to a range of actions which have been taken. However, during 2021/22 the increase in attendances and the limited flow and footprint of ED has stagnated this improvement.

We have worked with the East of England Ambulance Service to reduce the length and number of ambulance handover delays and remain committed to improving this position and delivering a better patient experience.

Ambulance performance (<15-minutes)



Cohorts	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0-15 minutes	1,263	1,091	1,064	898	760	597	509	537	506	715	472	287
15-30 minutes	573	542	590	528	512	469	473	458	457	553	495	329
30-60 minutes	155	253	226	272	219	229	296	241	215	230	263	174
60-120 minutes	83	147	131	183	190	169	272	222	211	151	162	217
120 minutes +	6	61	43	78	108	137	186	202	231	90	167	397
Grand total	2080	2094	2054	1959	1789	1601	1736	1660	1620	1739	1559	1404

Cancer access standards

Our cancer services received in excess of 886 two-week wait referrals per month prior to COVID-19 (excluding Urology). This has increased to 946 in recent months.

Our two-week-wait performance dropped below the national standard due to a significant increase in the number of referrals received coupled with workforce issues. A robust action plan was put in place to ensure recovery by March 2022.

Our 62-day performance has been impacted by the increasing number of patients on the waiting list for treatment. Significant work has been carried out throughout the year in partnership with the Cancer Intensive Support Team to recover the standard. This has included pathway work in both Gynaecology and Colorectal, which are our most challenged services.

Cancer Services have continued to focus on managing and reducing the 104-day backlog, and the newly formed cancer triumvirate is working collaboratively to drive improvements in our care pathways.

Cancer performance

2021/22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2-Week Wait	97.1%	97.2%	95.7%	93.2%	93.2%	92.1%	77.9%	77.4%	80.9%	75.4%	89.0%	TBA
31-Day	98.9%	98.8%	100%	100%	98.7%	96.3%	98.7%	94.6%	98.6%	93.6%	98.4%	TBA
62-Day	88.6%	81.9%	76.6%	79.4%	58.8%	70.1%	74.8%	76.2%	62.4%	74.0%	58.0%	TBA

CASE STUDY

Celebrating success on the national stage

In September, the Trust was privileged to receive the Patient Safety Innovation of the Year Award at the Health Service Journal Awards 2021. The accolade came in recognition of the work carried out by our clinicians, in partnership with Medovate Ltd, to develop a pioneering anaesthesia device called SAFIRA® (SAFER Injection for Regional Anaesthesia).

This was an incredible achievement for QEH and the teams involved. This fantastic invention is now allowing many more people access to safe regional anaesthesia, preventing the need for a general anaesthetic in many cases and having a positive impact on patient care.

We had further cause for celebration two months later when the Trust was awarded the Imprivata Return on Investment Award for its implementation of Electronic Prescribing and Medicines Administration (EPMA) and single sign-on at the hospital.

The digital solution provides a safer method of prescribing, along with ease of access and witnessing via a single sign-on, which reduces login and authentication delays for clinical teams and provides a better overall experience for both patients and staff.

During the last 12-months the Trust has also been shortlisted in the Nursing Times Workforce Awards for Best International Recruitment Experience, as well as for the Chartered Institute of Public Relations (CIPR) Employee Experience or Engagement Campaign Award.

18-week referral to treatment standard (RTT)

With regard to the performance against the 92% national standard for incomplete referral to treatment (RTT) pathways, we have achieved a total performance of:

March 2022 - 62.83%

March 2021 - 58.23%

March 2020 - 79.29%

March 2019 - 79.82%

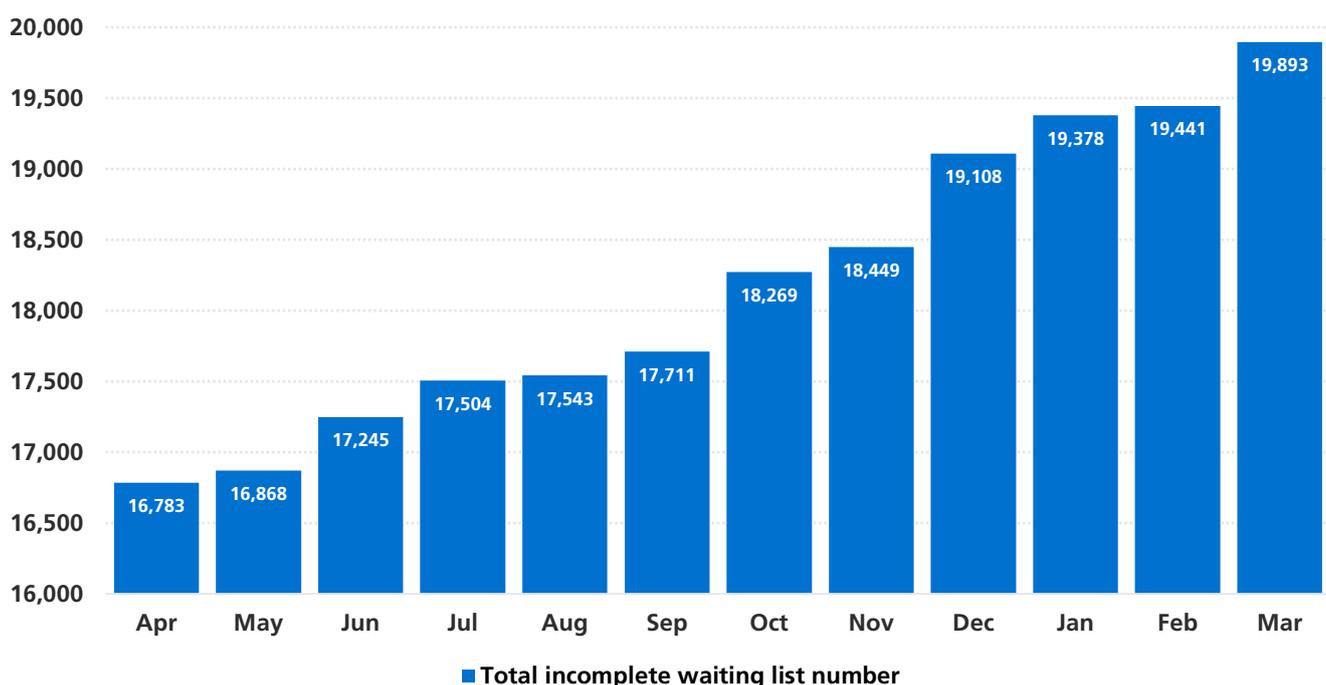
March 2018 - 81.05%

2021/22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total incomplete waiting list number	16,783	16,868	17,245	17,504	17,543	17,711	18,269	18,449	19,108	19,378	19,441	19,893
Patients waiting under 18-weeks	10,252	10,912	11,600	11,687	11,301	11,302	11,631	11,792	11,765	11,733	12,083	12,498
Patients waiting 18-weeks and over	6,531	5,956	5,645	5,817	6,242	6,409	6,638	6,657	7,343	7,645	7,358	7,395
Performance	61.1%	64.7%	67.3%	66.8%	64.4%	63.8%	63.7%	63.9%	61.6%	60.5%	62.2%	62.8%

Key performance indicators (KPIs) which relate to access to elective care were significantly impacted by the pandemic as all non-urgent elective care was suspended and face-to-face outpatients appointments were reduced in line with national guidance. The exception to this was patients referred on a suspected cancer or urgent pathway, who were still seen either virtually or face-to-face. This caused a backlog of patients who required treatment and meant some patients had to wait longer, in some cases up to two years.

The Sandringham Unit, which is ring-fenced for surgical capacity, was converted to amber surgical capacity at the height of the pandemic, and again from January to February 2022 to ensure sufficient beds were available for medical admissions. The Day Surgery Unit was used as a red ED and an amber surgical ward during 2021/22, which also impacted on the delivery of the elective programme.

We have taken various actions to increase capacity to ensure that all cancer patients, those that are clinically prioritised as urgent and those waiting over two years for treatment by 31 March 2022 have been treated, unless they wish to wait longer. We expect to continue to reduce the backlog of patients throughout 2022/23.



Research and innovation

QEH remains one of the most research active Trusts in the country compared to similar-sized hospitals.

In 2021/22, we included specific research and innovation milestones in our Corporate Objectives to broaden and diversify participation in research among QEH staff and patients, increase capacity to deliver research and increase visibility of research activities and output. We also published our Clinical Strategy, which includes the aim of becoming a centre of excellence while building research and education into every clinical encounter in our care. We are well on our way to delivering this.

Research activity

We recruited more than 1,000 participants to National Institute for Health Research (NIHR) portfolio studies in 2021/22. This represented a 33% rise in participation rate from 2019/20, which is used as a reference because of the unprecedented level and restricted scope of research activities during the pandemic in 2020/21.

Significant strides have been made over the past year towards recovering non-COVID-19 studies which were suspended during the pandemic. As a result, non-COVID-19 study activities increased from less than 10% in 2020/21 to 70% in 2021/22.

The research team carries a portfolio of 45 active and 38 'follow-up' only studies. In 2021/22, we successfully recruited to 37 of the 45 active studies which covered more than 14 specialties including Infectious Diseases, Cancer, Stroke, Renal, Reproductive Health, Anaesthesia and Pain Management, Neurology, Orthopaedics, Diabetes, Critical Care, Surgery, Dermatology, Radiology and Mental Health. During the year, we also added new specialties to our research portfolio, including Radiology, Psychology, Dietetics, Dementia and Speech and Language Therapy.

In 2021/22, 30 trainee doctors were involved in research in different capacities including identification, recruitment, consent of potential patients and acting as principal investigators. Eight new principal investigators and four associate principal investigators were enrolled and trained to lead clinical studies. In a bid to increase capacity to deliver research among QEH's staff, we also recruited and trained five bank research nurses from our existing staff. In addition, we supported a Specialist Physiotherapist in pain management by funding his protected time and obtaining regulatory approval to initiate a clinical study to investigate the feasibility of virtual reality in the management of chronic pain. This is the first time that QEH has supported a member of our Allied Health Professional team to become a principal investigator in line with our determination to expand the reach of research across the Trust. QEH also hosted three homegrown National Institute for Health Research (NIHR) adopted portfolio studies which included another first for the Trust - our first ever locally initiated drug trial: Efficacy of a Streamlined Heart Failure Optimisation Protocol for patients with severely impaired left ventricular systolic function (SHORT trial).

We are committed to engaging with our patients, participants and staff and held a survey to explore the perception of research at QEH. Highlights included:

Staff research engagement survey (sample of 115)

- 90% of staff were aware that research happens at QEH
- 45% had been involved in research at QEH
- 100% of involved staff reported a positive experience of research
- 100% of staff agreed that research was important for better patient outcomes

Participant in research experience survey (sample of 59)

- 98% of respondents said the information they received prepared them for their experience on the study
- 98% knew how to contact the research team if they had concerns or questions
- 100% reported that research staff always treated them with courtesy and respect
- 92% said that they would consider taking part in research again





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SECTION 2

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DIRECTOR'S REPORT

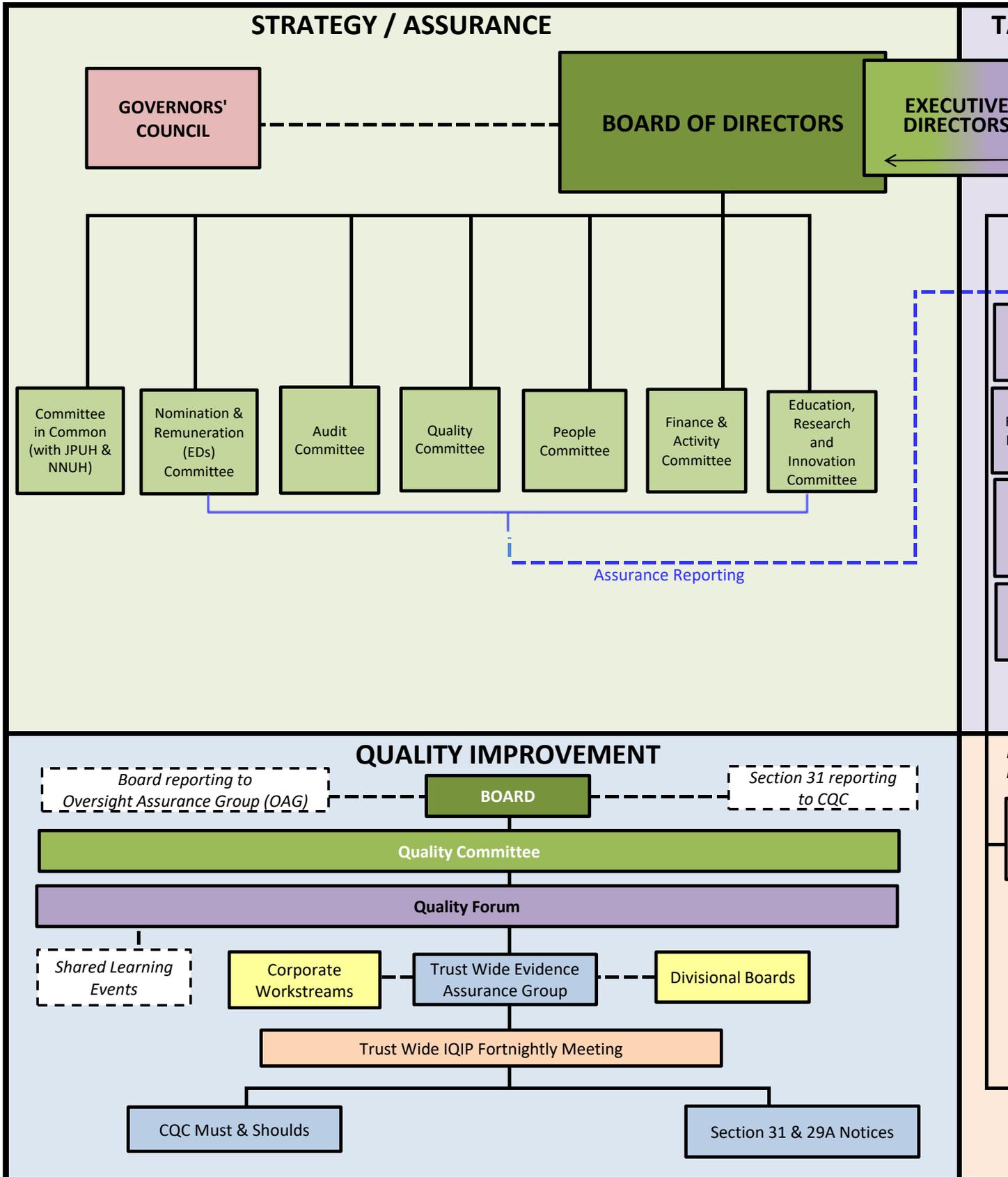
HOW OUR HOSPITAL IS GOVERNED

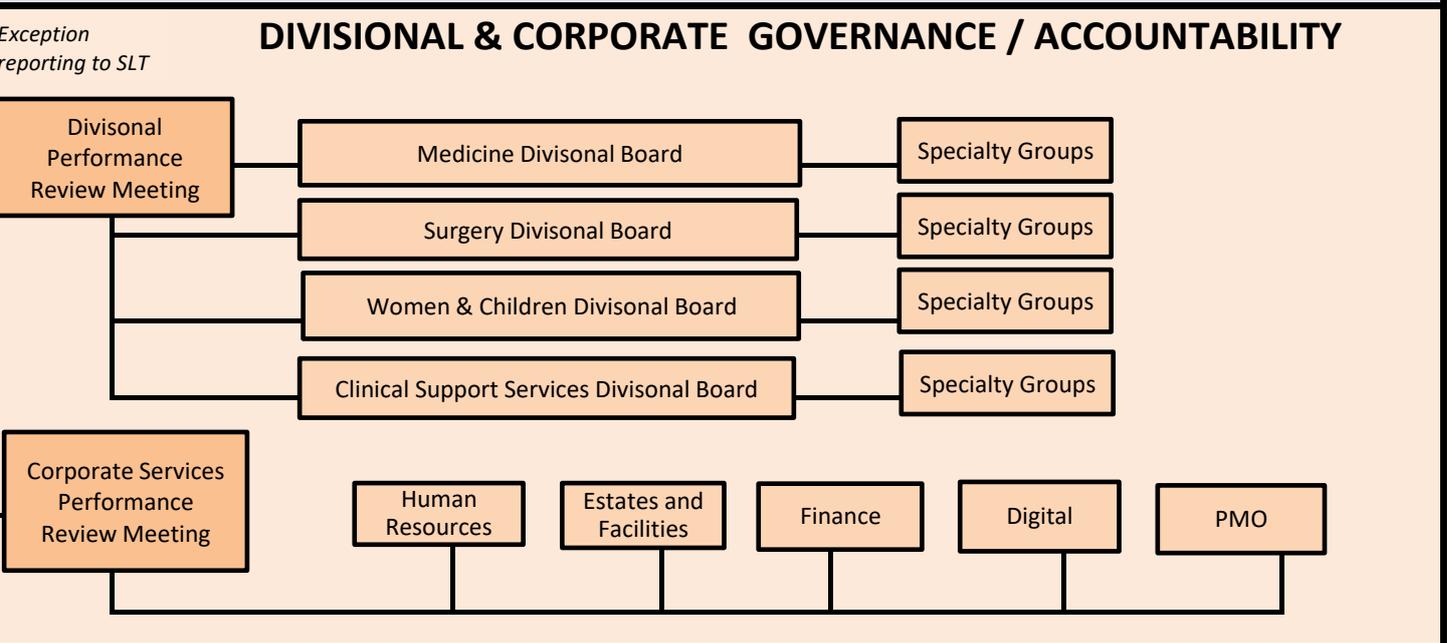
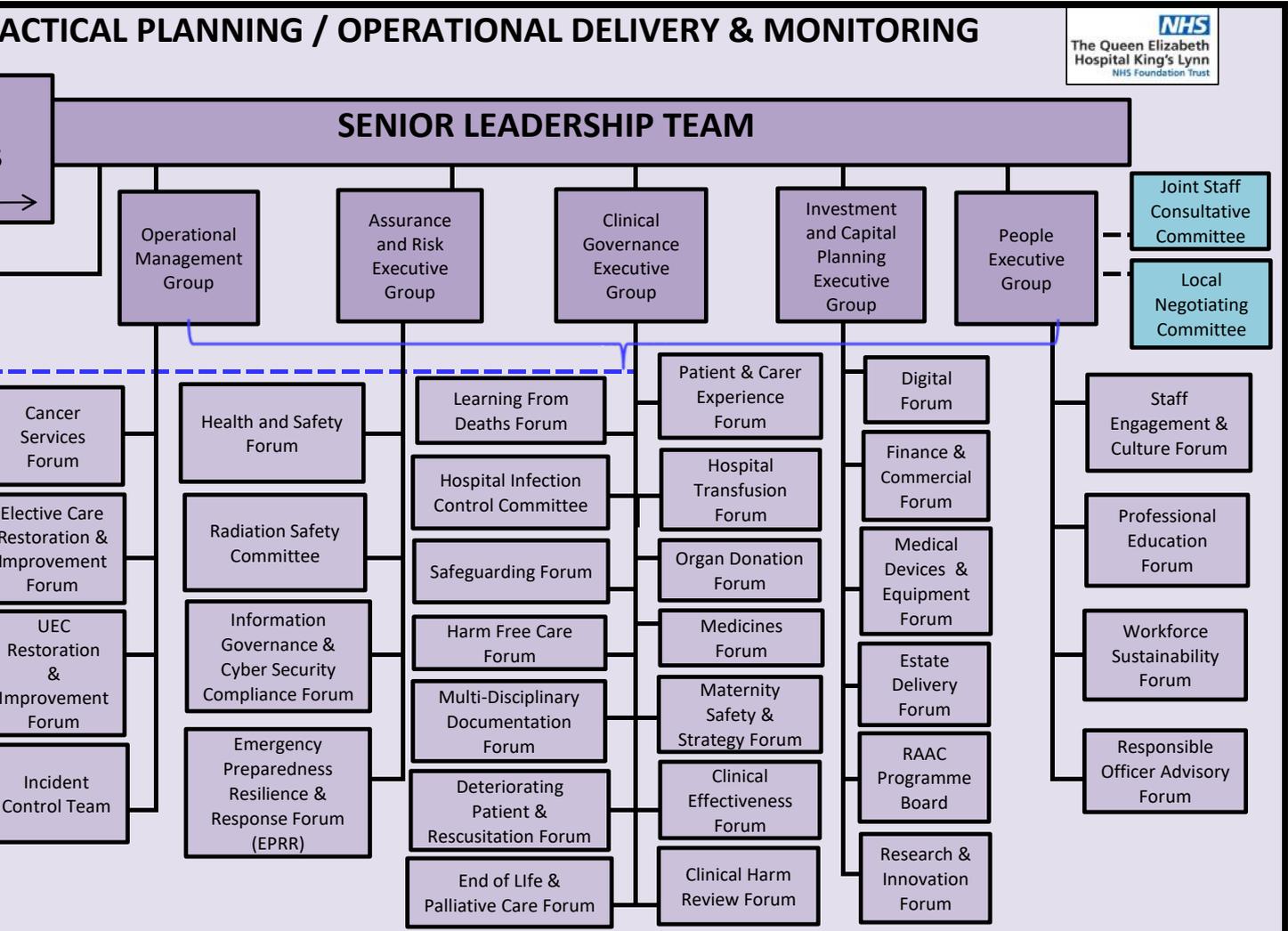
What is a Foundation Trust?

A Foundation Trust is a Public Benefit Corporation. This means:

- The Trust is accountable to the communities we serve through the Governors' Council and Foundation Trust members
- Members of the Foundation Trust elect public and staff representatives from the membership to serve on a Governors' Council
- The Trust is independent and accountable direct to Parliament
- The Trust remains part of the NHS
- Our key regulators are NHS England/Improvement (referred to here as 'the regulator') and the Care Quality Commission
- A Foundation Trust has both a Board of Directors and a body to represent the interests of its membership and the community it serves. At the Queen Elizabeth Hospital, this body is called the Governors' Council. The Governors' Council has a range of statutory, strategic and locally determined functions
- The Trust operates within a framework of corporate governance, which can be defined as 'the means by which boards lead and direct their organisations so that decision-making is effective and the right outcomes are delivered. In the NHS, this means delivering safe, effective services in a caring and compassionate environment in a way that is responsive to the changing needs of patients and service users.' - NHS Foundation Trust Code of Governance July 2014

GOVERNANCE STRUCTURE - OCTOBER 2021









What being an LGBTQ+ ally means



LGBTQ+ & ALLIES

Being an ally means supporting and standing up for the rights and dignity of LGBTQ+ people. It involves listening, learning, and taking action to create a more inclusive and equitable world for everyone.

...ity
...make a difference

OUR BOARD OF DIRECTORS

Non-Executive Directors



Professor Steve Barnett
Trust Chairman (to 31 March 2022)

Steve has more than three decades of experience working in senior NHS positions. Steve was previously Chair at West Hertfordshire Hospitals NHS Trust for three years, during which time the hospital was removed from 'special measures'. He is no stranger to our hospital, having previously supported the Trust's work on the Quality Improvement Programme, which saw the Trust exit 'special measures' in 2015.



Alan Brown
Non-Executive Director, Vice Chairman and Senior Independent Director

Alan worked in digital solutions for 40 years, the last 13 of which were in healthcare. He has been a Non-Executive Director for seven years, initially at Hinchingsbrooke Health and Care NHS Trust and, more recently, at North West Anglia NHS Foundation Trust, before joining the Board at QEH in May 2018.

Alan moved to Norfolk in 2016 and continued to work part-time as a partner in a consultancy company until July 2019. Alan is Vice Chairman of the Trust and Senior Independent Director. He is Chair of the Trust's Charitable Fund Committee and also sits on a number of collaboration committees and boards across the Norfolk health system.



Dr Ian Mack
Non-Executive Director

Ian spent most of his working life in the NHS as a doctor in West Norfolk. He came to the Queen Elizabeth Hospital as a house physician in 1985. He was a GP in West Norfolk between 1992 and 2017 and held a number of senior roles on NHS boards in Norfolk, leading clinical improvements particularly for services supporting older people. He served as a Borough Councillor for 10 years.

Ian was the Vice Chair of the Norfolk Health and Wellbeing Board and Chair of West Norfolk CCG for four and a half years until his retirement as a GP. Since retirement, he has been involved in charitable and church work. Ian is Chair of the Trust's Quality Committee.



Simon Roberts
Non-Executive Director

Simon is an experienced business leader and adviser having worked substantively and as a consultant/adviser in the NHS and private healthcare markets, holding executive leadership positions in both. He has worked extensively for, and across, NHS England on system and commissioning transformation, including leading major change and transition programmes providing strategic oversight and direct support, notably to evolving Integrated Care Systems. Simon is Chair of the Trust's People Committee.



Graham Ward
Non-Executive Director

Graham is a chartered accountant who has 40 years of experience in senior financial and commercial roles within the accountancy profession, industry, higher education and management consultancy. He has extensive Non-Executive Director experience, especially within the NHS, including at Sherwood Forest Hospitals NHS Foundation Trust, where he is also the Vice Chair. During the period, Graham has been Chair of the Trust's Finance and Activity Committee.

With effect from 1 April 2022, Graham will take on the position of Acting Chair for a period of up to 12 months, following the departure of Professor Steve Barnett.



David Dickinson
Non-Executive Director

David moved to West Norfolk after retiring from the post of Director of Resources at Newark and Sherwood District Council in Nottinghamshire. He is a qualified accountant and was a member of the Chartered Institute of Public Finance and Accountancy. David is Chair of the Audit Committee.



Dr Claire Fernandez
Non-Executive Director

Claire is a research manager with significant experience in project delivery and strategy working across universities, research organisations, industry and NHS provider and commissioner services. She has a background in academic science and spent 10 years carrying out fundamental research at Cambridge and Oxford research institutes. Claire is passionate about delivering evidence-based, high quality care to improve patients' outcomes and experience. Claire is Chair of the Education, Research and Innovation Committee, and the Board Maternity Safety Champion.



Sue Hayter
Non-Executive Director (from 1 May 2021)

Sue qualified as a general nurse in 1969, and has worked in Wales, Scotland and England in addition to working as a civilian registered nurse at a RAF hospital in Cyprus. She retired from full-time employment with the NHS in April 2010 as the Chief Nurse in Suffolk. Since retirement, she has maintained her passion for patient safety and effectiveness, contract working for the NHS and Suffolk County Council. In 2013, she was appointed as the nurse at West Suffolk CCG with responsibility for quality and patient safety working with contracted services. Sue is the Trust's Wellbeing Guardian.

OUR BOARD OF DIRECTORS

Executive Directors



Caroline Shaw CBE
Chief Executive

Caroline joined us as Interim Chief Executive at the start of 2019 and was appointed permanently in September 2019 after making a considerable positive impact. She started her NHS career as a nurse before moving into midwifery and then leadership roles at trusts around the country, including Leicester, Nottingham and Manchester. Caroline became a Commander of the Order of the British Empire (CBE) in 2013 for services to the NHS.



Laura Skaife-Knight
Deputy Chief Executive

Laura joined QEH and moved to Norfolk in October 2019, after spending 12 years at Nottingham University Hospitals NHS Trust where she was Director of Communications and External Relations. Laura brings 20 years of experience working at some of the largest acute teaching hospitals in the country, including in Nottingham and Leicester, and has over 10 years of Board-level experience.

In addition to deputising for the Chief Executive, Laura's portfolio at QEH includes Trust strategy, digital and information (including being Senior Information Risk Owner), strategic estates (including leading on the new hospital bid), transformation and improvement, Freedom to Speak Up, communications, engagement and external stakeholder relationships, Governors and fundraising.



Dr Frankie Swords
Medical Director

Frankie completed her medical training in Oxford and then London and had been a consultant physician specialising in endocrinology for more than 10 years prior to joining QEH. She held various leadership positions at the Norfolk and Norwich University Hospital before joining our team as Medical Director in September 2019. She has three children and a dog, and continues to practice as an Endocrinologist one day a week.



Carmel O'Brien
Interim Chief Nurse (from 17 March 2021 to 30 April 2021)

Carmel joined the Trust in November 2019 as Director of Patient Safety, taking on the role of Interim Chief Nurse in March 2021 before retiring at the end of April 2021. She is a registered nurse and midwife with more than 35 years of experience across acute, community and primary care settings in the UK and Australia, and spent nine years as a Chief Nurse for CCGs across the East and West Midlands. She has a wealth of experience in quality and safety assurance systems and is passionate about ensuring the provision of high-quality compassionate care for patients.



Alice Webster
Chief Nurse (from 1 May 2021)

Alice brings to the QEH 30 years of experience in nursing and interdisciplinary leadership. Integrated care and system leadership have been integral to programmes of work Alice has led in a number of posts across acute and community settings. Alice has a portfolio which includes patient experience, safeguarding, infection and prevention and professional leadership for nursing, midwifery and allied health professionals.



Denise Smith
Chief Operating Officer

Denise joined QEH on an interim basis in April 2019 from Sherwood Forest Hospitals NHS Foundation Trust, where she had been Deputy Chief Operating Officer since 2017. She became our substantive Chief Operating Officer in March 2020. Denise's portfolio includes the leadership of the clinical divisions and operational service delivery, including emergency planning resilience and response, patient flow and discharge, business support and cancer services.



Chris Benham
Director of Finance

Chris joined the team in January 2020 from University Hospitals of Leicester NHS Trust, where he was the Director of Operational Finance for four years having spent the previous three years working as the Deputy Director of Finance at Calderdale and Huddersfield NHS Foundation Trust. He began his NHS career as the Assistant Director of Finance at Shrewsbury and Telford Hospitals NHS Trust in April 2009.



Jo Humphries
Director of People (non-voting)

Jo joined the QEH as Director of People in March 2021 from Arriva Plc, where she held several pan-European People and Transformation Director roles. Her People Services portfolio includes workforce sustainability, resourcing, HR business partnering, talent, leadership development, culture, staff experience and wellbeing, Occupational Health, and Equality Diversity and Inclusion.

Jo brings to QEH significant commercial people management experience gained over three decades in manufacturing, retail and transportation industries before joining the NHS. A specialist in work psychology, she is passionate about people and ensuring the working environment and culture are conducive to happy, healthy and engaged members of Team QEH.

Advisors to the Board (non-voting)



Louise Notley
Director of Patient Safety (from 1 May 2021, acting from 17 March 2021)

Louise joined the Board as the Acting Director of Patient Safety in March 2021, being appointed to the position substantively in May 2021. Louise qualified as a nurse in 1991 and has over 30 years' experience in nursing and leadership, and was previously Divisional Director and Associate Director at the East Suffolk and North Essex NHS Foundation Trust. Louise's portfolio includes leading on the Integrated Quality Improvement Plan, CQC regulation and compliance and patient safety, including management of serious incidents, Duty of Candour, risk management, clinical audit and legal affairs, including claims and all coronial matters.



Carly West-Burnham
Director of Strategy and Integration

Carly began her NHS career in 2004 as a graduate management trainee and has extensive experience within the NHS having worked in operational, transformational and integration roles. Carly's portfolio includes annual and business planning, Integrated Care System engagement with a focus on the development of Acute Provider Collaboration, Place Based Care and health inequalities within West Norfolk, Cambridgeshire and Peterborough, and South Lincolnshire.

STATUTORY STATEMENTS

As part of the Directors' Report the Trust is required to make the following statutory statements:

- So far as the Directors are aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware
- The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information
- The Trust can confirm that it has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance
- The Trust has made no political donations to any individual, body or organisation in 2021/22
- The Trust works to the Better Payment Practice Code. We aim to pay at least 95% of invoices within the agreed terms, unless there is a dispute or for other reasons. For most of our partners, this would be within 30-days of the date of invoice or receipt of goods and services. Our Trust is committed to working with all of our supplier partners fairly, consistently and professionally, all suppliers are paid to these terms (unless they are very small local businesses). All suppliers receive a payment each week if there is one due under the extended payment days, subject to those in query/dispute

The Trust's performance for 2021/22 is shown in the following table:

Better payment practice code	Number	£'000
Non-NHS		
Total bills paid in the year	55,694	102,034
Total bills paid within target	53,366	96,640
Percentage of bills paid within target	95.8%	94.7%
NHS		
Total bills paid in the year	1,020	18,180
Total bills paid within target	905	16,859
Percentage of bills paid within target	88.7%	92.7%
Total		
Total bills paid in the year	56,714	120,215
Total bills paid within target	54,271	113,499
Percentage of bills paid within target	95.7%	94.4%

WELL-LED FRAMEWORK

The regulatory definition of a 'Well-Led' organisation is one where the leadership, management and governance of the organisation:

- Ensure the delivery of sustainable high-quality person-centred care
- Support learning and innovation
- Promote an open and fair culture

The 2019 CQC inspection found the Trust to be 'Inadequate' in the 'Well-Led' domain. Following an unannounced CQC inspection of three core services - Medicine, Urgent and Emergency Care (including the Emergency Department) and Critical Care in December 2021 which found all three services to be 'Good', the CQC returned in January 2022 to complete a Well-Led inspection, which resulted in a 'Good' rating for Well-Led. QEH is now CQC 'Good' in three domains - Caring, Well-Led and Effective.

The CQC report details significant improvement in the core services inspected and Well-Led ratings and confirms the CQC's recommendation to remove the Trust from the Recovery Support Programme, segment four of the NHS System Oversight Framework (previously 'special measures'). QEH is one of the first Trusts in the country to be recommended to be lifted out of segment four of the System Oversight Framework, meaning we no longer require 'mandated intensive support' from our regulator. This recommendation was formally approved by NHS England and Improvement in April 2022. (See section 'NHS System Oversight Framework').

The publication of our CQC report is a really important moment and milestone for the Trust. It is the result of a huge amount of hard work, focus and a determination to continuously improve care and services for our patients and their families.

The 2022 CQC report reflects how the organisation's leadership has strengthened and matured over the past two years in conjunction with robust governance and assurance processes, supporting long-term improvement. Key well-led findings included:

- Leaders had the skills and abilities to run the Trust. They understood the priorities and issues and were visible and approachable for patients and staff
- Clear vision for what the Trust wanted to achieve and a strategy to turn it into action, developed with stakeholders
- Staff felt respected, supported and valued and were focused on the needs of patients. Equality and diversity was promoted in daily work and provided opportunities for career development. There was an open culture where patients, their families and staff could raise concerns without fear
- Leaders operated effective governance processes throughout the Trust and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of services
- Leaders and teams effectively managed performance, risks and issues; identifying actions to reduce risk including unexpected events
- The Trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services to help improve them for patients
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research

Importantly, the report also points to the Well-Led areas in which we need to give even greater focus in the year to come. This includes leadership development across the organisation and continuing to do all we can to secure maximum capital investments so we can improve our decaying estate and the physical environment of our hospital. We know this is a key factor in delivering an outstanding experience for our patients, their families and staff.

The Trust has been issued with only four 'must' and nine 'should do' actions and no section or warning notice conditions following the 2021/22 inspection. This is in stark comparison to the 2019 report, where the Trust was issued 206 'must' and 'should do' actions and 43 section and warning notice conditions.

The Trust's Integrated Quality Improvement Plan (IQIP), which was developed in response to the CQC's 2019 inspection report, continued to provide significant assurance and accuracy of progress to the Trust Board, sub-committees and key external stakeholders. The IQIP is now evolving to become a Compliance Plan, incorporating the remaining open 'must' and 'should do' actions from the 2021/22 IQIP with the 13 new must and should do actions from the latest CQC report. The Compliance Plan will be aligned to all five Trust Quality Improvement Plans - Maternity, Ophthalmology, Radiology, Elective Recovery and Urgent and Emergency Care - with clear reporting through to the Trust Board. (See section on page 16 for further information)

Following publication of the CQC report in February 2022, a review of the Trust governance structure has been undertaken as the Board looks to build on the progress made to ensure proper and effective oversight by and assurance to the Board, as it continues its Well-Led improvement journey from 'Good' to 'Outstanding'. Adjustments to the governance structure and the meeting frequency for the Board and its sub-committees will come into effect from April 2022.

The Board maintained oversight of the Trust's performance, reviewing the Integrated Performance Report at each of its monthly meetings held in public and overseeing progress to deliver year two Strategic Objectives of the Trust's five-year Corporate Strategy, scrutinising quarterly progress reports against key performance indicators.

The Annual Governance Statement outlines the Trust's systems of internal control, including the approach to risk management and the Board Assurance Framework.

The Trust maintained revised governance arrangements in response to the COVID-19 pandemic. The measures continued to maintain effective corporate governance arrangements, while adhering to national guidance and recognising the exceptional operational pressures being experienced by the Trust's Executive, clinical and operational teams. In line with our adjustments to conduct meetings virtually, the Trust's Non-Executive Director-led Board level committees continued to be operational throughout the year, providing scrutiny and assurance to the Trust Board. Chair's Assurance Reports from these committees to Board are received in public to increase openness and transparency.

During the year we continued to receive 'Well-Led' support from NHS Improvement (NHSI). We continued to implement our independently facilitated Board Development Programme recognising the importance of Board-level relationships and communication for a cohesive, high-performing unitary board.

The Trust commissioned an NHS Improvement Well-Led assessment in September 2021 to gain external assurance of the Trust's progress and to support preparations for the Well-Led inspection. The positive observations and helpful feedback informed our ongoing Well-Led improvement journey and key actions from the review were taken forward, including further refinement of the Trust's Integrated Performance Report. An Information Services Improvement Plan was also put in place and work is underway to develop a digital strategy.

The Trust has had a substantive Board in place during the course of the year, maintaining the Non-Executive Director contingent at the maximum allowed by the constitution, and substantive appointments to all Executive Director positions following the commencement of the Chief Nurse and the Director of Patient Safety in their roles in May 2021. (See page 108 for more information).

The Trust held its second and third leadership summits on 8 September 2021 and 15 March 2022, with nationally-renowned speakers from inside and outside the NHS.

As part of the Trust's work to develop and sustain a culture of continual quality improvement to ensure we consistently deliver safe, high-quality care for our patients, we have adopted Quality Service Improvement and Redesign (QSIR) as the Trust's Quality Improvement (QI) methodology.

Both local and national training was paused in early 2020 as a result of the COVID-19 pandemic. The Quality Improvement training programme recommenced in 2021 and included the introduction of a Quality Improvement Fundamentals session, teaching QI methodology to a wider group of staff. A total of 141 staff have attended QI Fundamentals and two further QSIR cohorts have now been undertaken, training a total of 74 staff members between 2019 and 2021. This surpassed the Trust's own internal target of 60.

During 2022/23, the Trust's aim is for 15% of staff to have undertaken QI training, with an agreed training plan having been developed. Three further QSIR cohorts have been scheduled for July 2022, October 2022 and March 2023, with the target of 90 staff members having attended QSIR and 535 having attended the QI Fundamentals course required. Three staff members also commenced the QSIR Facilitator Training Programme with the QSIR College at the beginning of 2022, with the aim of delivering QEH in-house QSIR staff training in October 2022.

Quality Improvement projects have been promoted across the organisation and supported by 'Room for Improvement' funding and the launch of a new monthly Quality Improvement newsletter to share staff-led improvements across the Trust.



REMUNERATION REPORT

Details of each Board member and their term of office can be found within 'The Directors' Report.'

Trust remuneration report

The remuneration report has been audited.

Annual statement on remuneration

In accordance with the regulator's code of governance, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust has two Nomination and Remuneration Committees dealing with the remuneration of the Non-Executive Directors (NEDs) and Executive Directors (EDs) respectively. Director membership and meeting attendance in respect of the Nomination and Remuneration Committee is set out in the 'Board of Directors' table in the Governance section of the Annual Report.

The Nomination and Remuneration Committee of the Governors' Council is a Governor committee and makes recommendations in respect of Non-Executive Director remuneration to the Governors' Council (the Governors' Council is not permitted to delegate any of its powers to a committee). The committee is chaired by the Trust Chair (unless the committee is considering the remuneration of the Trust Chair).

Non-Executive Director remuneration is benchmarked using NHS Providers' annual survey analysis, and, as a reflection of spending restraint in the NHS and the very low pay awards made to staff subject to Agenda for Change in the organisation in recent years, there have been no changes to the remuneration of the Non-Executive Directors in 2021/22.

The Nomination and Remuneration Committee (Executive Director appointments) is a committee of the Board, with delegated authority to approve the terms and conditions, including the remuneration of the Executive Directors and very senior managers. The members of the committee are the Non-Executive Directors and the Chief Executive (unless the committee is considering the remuneration of the CEO), and the committee is chaired by the Trust Chair.

Executive remuneration is benchmarked using NHS Providers' annual survey analysis, on appointment and annually. As a reflection of spending restraint in the NHS and the very low pay awards made to staff subject to Agenda for Change in the organisation in recent years, there have been no changes to the remuneration of the Non-Executive Directors in 2021/22.

The terms of reference of the Nomination and Remuneration Committee include provisions to secure oversight in the matter of compliance with the Department of Health, Her Majesty's Treasury and regulatory guidance in respect of remuneration arrangements for very senior managers (VSM).



Graham Ward
Acting Chair

16 June 2022

Senior managers' remuneration policy

The Trust has an Executive Director pay policy in place.

The CEO undertakes the appraisals of the Executive Directors and the Chair undertakes the CEO's appraisal, making an assessment of overall performance against annually agreed objectives. The Trust had no 'performance-related pay' incentives in place in 2021/22 for Executive Directors or other very senior managers.

The checklist used by the Nomination and Remuneration Committee (Executive Director appointments) facilitates the committee's consideration of, and compliance with, guidance issued since 2015 by the Department for Health, Her Majesty's Treasury and the regulator in respect of the terms and conditions for Executive Directors, often very senior managers, interim appointments and consultants.

- Proposed VSM remuneration of more than £150K
- Board members, including interims, should be 'on-payroll', except in exceptional, short-term cases
- In exceptional, short-term cases, interim daily rates paid should not normally exceed what would be paid to substantive appointees
- 'Retire and return' – VSMs, particularly those leading organisations which are receiving additional taxpayer support, should not be better off by taking their pension and returning almost immediately to work for the NHS
- The new redundancy terms for NHS staff in England (within section 16 of Agenda for Change) should apply to all newly-appointed VSMs (unless they are on statutory redundancy terms)
- Senior staff should not be leaving on significantly better compensation packages than more junior colleagues
- The approval process for management consultancy costs
- All Board-level appointments to be subject to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 - 'Fit and Proper Person' test
- Revised tax guidance responsibilities from April 2017
- Employment or engagement following NHS redundancy

Very senior managers (VSM)

The Trust's definition of very senior managers (VSMs) relates to Executive Directors operating at Board-level.

Non-Executive and Governor expenses

Expenses are reimbursed to both Directors and Governors in accordance with the Trust's policies. Aggregate Non-Executive Director expenses for 2021/22 were £3,816. Aggregate Governor expenses were £662.

Service contract obligations

The Trust has historically engaged a number of contractors who have all signed an agreement to a notice period, usually of one month. There are no additional or specific obligations on the Trust should there be a need for early termination of any such contracts.

Remuneration committees

Details of the membership and attendance:

- of the Nomination and Remuneration Committee (Executive Appointments) can be found in the 'Board of Directors' table on page 111 of the Annual Report
- of the Nomination and Remuneration Committee of the Governors' Council can be found in the 'Governors' Council Composition 2020/21' table on page 117 of the Annual Report

Details of remuneration and audited information

Details of Directors' remuneration for the period ended 31 March 2022 is set out in the remuneration tables.

Reporting bodies are required to disclose the relationship between the total remuneration of the highest paid Director in the organisation against the 25th percentile, median and 75th percentile of the organisation's workforce. Total remuneration of the employee at the 25th, median and 75th percentile has not been broken down to disclose the salary component as total remuneration and salary are the same.

The calculation uses the basic salary of each employee, part-time staff have had their salary grossed up to their full-time equivalent salary.

The banded remuneration of the highest paid Director, calculated for comparison purposes on a full-time basis at The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust in the financial year 2021/22 was £205,000-£210,000 (2020/21 £200,000-£205,000). The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

In 2021/22, 17 members of the workforce received remuneration in excess of the highest paid Director. Remuneration ranged from £38 to £279K.

	Percentage change for highest paid director	Percentage change for employees as a whole
Salary and allowances	3.2%	3.0%
Performance pay and bonuses	N/A	N/A

This information is presented in this way to:

- Ensure transparency in executive remuneration
- Provide the Trust with an opportunity to monitor its own remuneration and note any adverse or anomalous trends

Fair pay multiple	2021/22		
	25th percentile	Median	75th percentile
Mid-point of banded remuneration of highest paid Director	£207,500	£207,500	£207,500
Total remuneration	19,918	24,882	32,306
Ratio	10.47	8.38	6.45

Fair pay multiple	2020/21		
	25th percentile	Median	75th percentile
Mid-point of banded remuneration of highest paid Director	£202,500	£202,500	£202,500
Total remuneration	19,337	24,157	31,365
Ratio	10.45	8.37	6.44

The median and lowest salary cost for the Trust is low compared to some other trusts. This is as a result of the Trust not having outsourced non-clinical services, for example domestic and catering staff remain the employees of the Trust.

The year on year increases in the 25th percentile, median, and 75th percentile of pay are in line with the 3% pay rise awarded to all NHS staff for the 2021/22 financial year.

Other than the 3% pay increase there are no other significant variances in the year on year ratios reported above. The ratios are consistent with the pay, reward and progression policies for our employees taken as a whole.

The median and 25th and 75th percentile full time equivalent remuneration of the workforce has been calculated based on those receiving remuneration in March 2022. The remuneration received in March has been annualised and excludes the highest paid director. In calculating the additional pay made to staff such as overtime, the Trust have allocated such payments through additional bank staffing personnel, however this does not have a material impact on the accuracy of the calculation. Included within the figures to calculate the median full time equivalent remuneration is the annualised remuneration of agency staff working at the Trust at 31 March 2022.

Total remuneration includes salary, non-consolidated performance related bonuses, benefits in kind as well as severance payments. It does not include employer pension contributions, the cash equivalent transfer value of pensions, overtime or shift allowances.

The highest paid director of the Trust in 2021/22 and 2020/21 was the Chief Executive.



Foundation Trust Directors' Remuneration Report

Salaries and allowances

1 April 2021 to 31 March 2022						
	(a) Salary	(b) Expense payments (taxable)	(c) Performance pay and bonuses	(d) Long-term performance pay and bonuses	(e) All pension related benefits	(f) Total (a to e)
	Bands of £5,000	To nearest £100	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £5,000
Non-Executives						
Professor Steve Barnett (Chair)	50-55	600	0	0	0	50-55
Alan Brown	10-15	0	0	0	0	10-15
David Dickinson	10-15	0	0	0	0	10-15
Simon Roberts	10-15	0	0	0	0	10-15
Dr Ian Mack	15-20	0	0	0	0	15-20
Graham Ward	10-15	0	0	0	0	10-15
Dr Claire Fernandez	10-15	100	0	0	0	10-15
Jackie Schneider ¹	0	0	0	0	0	0
Sue Hayter ²	10-15	0	0	0	0	10-15
Executives						
Caroline Shaw , Chief Executive	205-210	0	0	0	60-62.5	270-275
Laura Skaife-Knight , Deputy Chief Executive	150-155	0	0	0	55-57.5	210-215
Dr Frankie Swords , Medical Director	180-185	0	0	0	55-57.5	240-245
Elizabeth McManus ³ , Chief Nurse	0	0	0	0	0	0
Dr April Brown ⁴ , Chief Nurse	0	0	0	0	0	0
Carmel O'Brien ⁵ , Chief Nurse	15-20	0	0	0	0	15-20
Emma Hardwick ⁶ , Director of Nursing	0	0	0	0	0	0
Chris Benham , Director of Finance	135-140	0	0	0	35-37.5	175-180
Denise Smith , Chief Operating Officer	130-135	0	0	0	62.5-65	195-200
Alice Webster ⁷ , Chief Nurse	130-135	0	0	0	147.5-150	280-285
Jo Humphries ⁸ , Director of People	125-130	0	0	0	27.5-30	155-160

1 April 2020 to 31 March 2021					
(a) Salary	(b) Expense payments (taxable)	(c) Performance pay and bonuses	(d) Long-term performance pay and bonuses	(e) All pension related benefits	(f) Total (a to e)
Bands of £5,000	To nearest £100	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £5,000
Non-Executives					
50-55	600	0	0	0	50-55
10-15	0	0	0	0	10-15
10-15	0	0	0	0	10-15
10-15	0	0	0	0	10-15
10-15	0	0	0	0	10-15
10-15	0	0	0	0	10-15
5-10	0	0	0	0	5-10
5-10	100	0	0	0	5-10
0	0	0	0	0	0
Executives					
200-205	0	0	0	112.5-115	315-320
140-145	0	0	0	105-107.5	245-250
175-180	0	0	0	235-237.5	410-415
60-65	0	0	0	17.5-20	75-80
0-5	0	0	0	0	0-5
0-5	0	0	0	0	0-5
0-5	0	0	0	0	0-5
130-135	0	0	0	55-57.5	185-190
120-125	0	0	0	80-82.5	200-205
0	0	0	0	0	0
0	0	0	0	0	0

 Prior year only

 Left in-year

 Secondment

Notes

The taxable expenses relate to business mileage sums paid in excess of HMRC rates - tax is payable on the excess so only the excess value paid to the director is disclosed.

The Chair and Non-Executive Directors do not receive pensionable remuneration, therefore there are no entries in respect of pensions for Non-Executive Directors.

Dr April Brown - The disclosure relates to the uplift in salary for acting-up as Chief Nurse. Her substantive salary has been absorbed by her substantive employer.

1 Jackie Schneider (to 29 January 2021)

2 Sue Hayter (from 1 May 2021)

3 Elizabeth McManus (to 31 August 2020)

4 Dr April Brown (from 1 August 2020 to 13 March 2021)

5 Carmel O'Brien (from 16 March 2021 to 9 May 2021)

6 Emma Hardwick (to 25 May 2019)

7 Alice Webster (from 1 May 2021)

8 Jo Humphries (from 1 March 2021)

Foundation Trust Directors' Remuneration Report

Pension benefits

1 April 2021 to 31 March 2022								
(a) Real increase in pension at pension age	(b) Real increase in pension lump sum at pension age	(c) Total accrued pension at pension age as at 31 March 2022	(d) Lump sum at pension age related to accrued pension at 31 March 2022	(e) Cash equivalent transfer value at 1 April 2021	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2022	(h) Employer's contribution to stakeholder pension	
Bands of £2,500	Bands of £2,500	Bands of £5,000	Bands of £5,000	£000	£000	£000	£000	
Caroline Shaw, Chief Executive	2.5-5	0-2.5	95-100	215-220	1,846	103	1,958	0
Denise Smith, Chief Operating Officer	2.5-5	2.5-5	40-45	80-85	667	65	749	0
Chris Benham, Finance Director	2.5-5	0	25-30	0	345	34	388	0
Laura Skaife-Knight, Deputy Chief Executive	2.5-5	0-2.5	30-35	55-60	399	42	451	0
Dr Frankie Swords, Medical Director	2.5-5	0	60-65	130-135	1,047	56	1,130	0
Alice Webster, Chief Nurse	7.5-10	10-12.5	60-65	170-175	1,126	143	1,310	0
Jo Humphries, Director of People	0-2.5	0	0-5	0	2	31	33	0



Caroline Shaw CBE
Chief Executive



PATIENT SAFETY

Incident reporting and Never Events

The total patient safety incident reporting rate for 2021/22 was 7,549, excluding the numbers of tissue viability incidents reported on admission. This is a 1.09% decrease in reporting from 2020/21.

The Trust continues to develop an open safety culture where staff can raise their safety concerns. Safety incidents resulting in severe harm or death (catastrophic) increased by 50% from 22 incidents in 2020/21 to 33 in 2021/22. The increase is in part attributable to the use of escalation areas to increase inpatient bed numbers to address capacity issues. All patient safety incidents that meet the threshold of a moderate harm incident are reviewed by the Trust's Serious Incident Review Panel to ensure any immediate safety actions are carried out, Duty of Candour is initiated, and investigations are undertaken in line with the National Serious Incident Framework where applicable.

A variation in monthly patient safety incident reporting occurred within the financial year with incident reporting rates per month ranging from 533 in April 2021 to 740 in March 2022. The monthly average was 631 patient safety incidents. The variation is reflective of the Trust's response to the second wave of the COVID-19 pandemic.

NHSE/I recommends that safety incidents are reported via the National Reporting and Learning System (NRLS) at least monthly, which we continue to do. We are also continuing our focus on promoting incident reporting practices as part of our ongoing safety culture work, with a range of training and support provided by the Patient Safety Team.

Total reported incidents

Year	Total reported patient safety incidents, excluding all tissue viability incidents reported on admission	Safety incidents that resulted in severe harm or death, excluding all tissue viability incidents reported on admission
2021/22	7,549	33
2020/21	7,631	22
2019/20	7,007	29
2018/19	7,710	32

Patient safety incident reporting harm outcome

2021/22	Minor	Moderate	Major	Catastrophic	Total
Quarter one	343	68	5	1	417
Quarter two	335	47	5	1	388
Quarter three	312	62	5	2	381
Quarter four	295	57	13	1	366
Total	1,285	234	28	5	1,552

A number of work programmes and new functions were identified and implemented during 2021/22. Key areas of achievement include:

- Sustained improvement in completing Duty of Candour phase one and phase two. The CQC 'must do' (M.03) which states 'The Trust must ensure that Duty of Candour is carried out as soon as reasonably practicable, in line with national guidance' was approved for closure at Evidence Assurance Group in August 2021
- Establishing a Trust Evidence Assurance Group to provide additional internal oversight, challenge, accountability, and assurance for completed Serious Incident (SI) Action Plan sign offs
- Improved working across boundaries between clinical divisions and the Patient Safety Team to ensure SI investigations are on track
- Giving divisions autonomy to review and ratify all moderate investigation reports and action plans, increasing their capacity to deploy the right resource to SI investigations
- Piloting a new process for identifying, reporting and investigating hospital-acquired thrombosis via the Trust's Datix system. This has been developed by the Anticoagulation and Patient Safety Teams
- Recruiting a substantive 1.0 WTE Patient Safety Manager
- Developing and rolling-out new investigation templates to support staff with investigations relating to falls and thematic reviews
- Holding successful virtual patient safety learning events with the content made available for all staff via the intranet. Each event began with a patient story and included presentations on key patient safety learning topics, including:
 - › Learning from serious harm falls
 - › Nutrition and hydration - learning from SIs
 - › Mouth care - improving care for our patients
 - › Getting It Right First Time (GIRFT) - claims review
 - › Learning from hospital discharges - a family's experience
 - › Documentation - the importance of capturing the essence of care
 - › Learning from deaths

Serious Incidents (SIs) reported in year

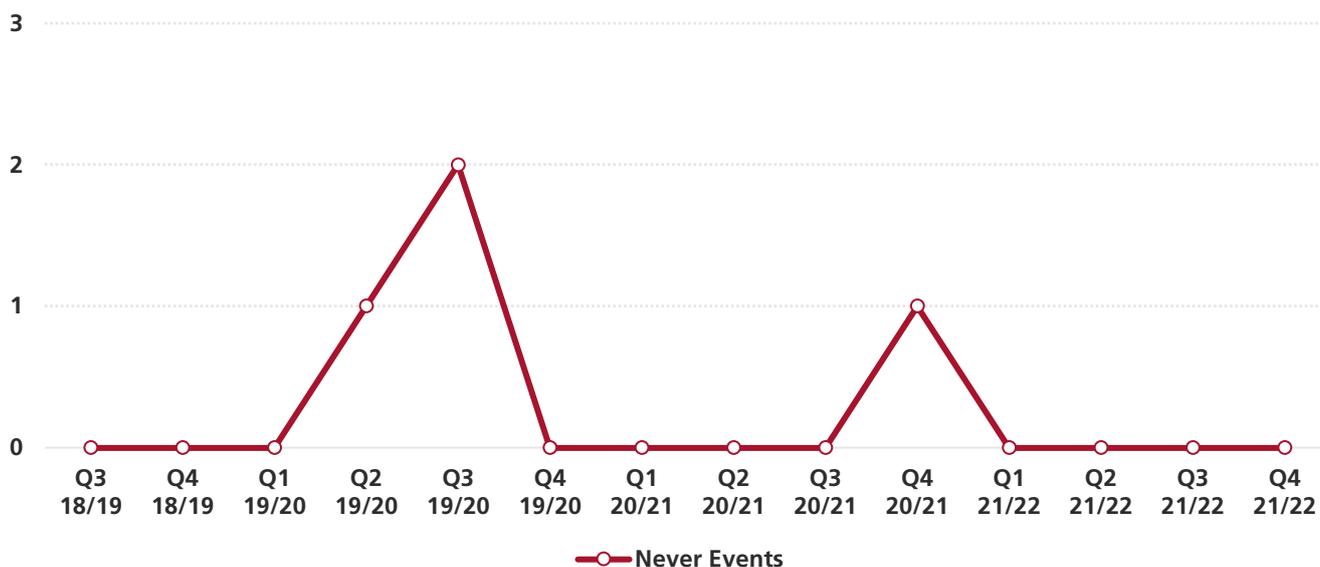
2021/22	Clinical Support Services	Medicine	Surgery	Women and Children	Trust-wide	Total
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	0	0	1	0	0	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	0	1	0	0	1	2
Commissioning incident meeting SI criteria	0	3	0	0	0	3
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	3	2	0	1	0	6
Maternity/Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)	0	0	0	7	0	7
Maternity/Obstetric incident meeting SI criteria: mother and baby (this includes foetus, neonate and infant)	0	0	0	1	0	1
Medication incident meeting SI criteria	0	1	1	0	0	2
Pending review (a category must be select before incident is closed)	0	0	1	0	0	1
Slips/trips/falls meeting SI criteria	0	12	1	0	0	13
Sub-optimal care of the deteriorating patient meeting SI criteria	0	0	1	0	0	1
Treatment delay meeting SI criteria	1	17	5	1	0	24
Total	4	36	10	10	1	61

Serious Incident investigations identify key safety themes and areas of focus for patient safety improvement. During 2021/22, themes included:

- Communication between clinicians, wards and teams and patients and their families, such as ensuring contemporaneous records are kept in line with good medical practice, adherence to Duty of Candour and implementing personalised care plans. Meaningful conversations with families should include all of the information that they require to make an informed decision about their care
- Awareness or adherence to the Trust’s policies, processes and pathways, such as the falls policy, NEWS2 escalation and maternal medicine care pathway for high-risk mothers with pre-existing medical conditions and high levels of medical complexity
- Safety systems for patients waiting for physical health and mental health beds

Never Events

The Trust declared zero Never Events during 2021/22



Duty of Candour

The Trust has a responsibility to ensure that the statutory Duty of Candour is undertaken for all notifiable safety incidents in line with the Health and Social Care Act 2008 (regulated activities regulations: Regulation 20). This applies to any reported patient safety incident that has resulted in, or potentially resulted in, catastrophic, severe, or moderate harm or prolonged psychological harm caused by the incident.

As soon as practicable, and within 10 working days following the identification of a notifiable safety incident, a lead clinician for the service involved must undertake a Duty of Candour conversation with the patient, next of kin, carer or a relevant legal patient representative. This is known as the initial discussion (phase one).

This initial discussion must be face-to-face, where possible. It must include the facts known at the time of the incident and a sincere verbal apology that the incident occurred while receiving care at the Trust. The conversation must also include an opportunity to receive a written notification (phase two) of the discussion and give clear information on how patients and families will be kept informed during any subsequent investigation or inquiry.

The Trust has made sustained improvements to ensure that Duty of Candour conversations occur within 10 working days of the identification of an incident. Compliance has increased from 95% (174/183) in 2020/21 to 98% (205/209) in 2021/22. In 2022/23, we will review and develop our reporting process for timely completion of phase three Duty of Candour compliance in line with Regulation 20 of the Health and Social Care Act 2008. This will ensure the outcome of incident investigation is fed back to the patient, next of kin, carer or a relevant legal patient representative in a timely manner.

Duty of Candour is a metric monitored within clinical divisions through divisional board reports and centrally through the Executive Clinical Governance Group and integrated performance review processes

2021/22	+/- incidents in month	Phase one completed	Phase one count (completed with 10 working days)	Phase one % (completed with 10 working days)
Quarter one	47	47	44	94%
Quarter two	53	53	53	100%
Quarter three	49	49	48	98%
Quarter four	60	60	60	100%
Overall compliance	209	209	205	98%

Duty of Candour COVID-19 project

In response to the pandemic, a COVID-19 Duty of Candour Task and Finish Group was established to undertake Duty of Candour with patients who had either:

- hospital-onset probable healthcare-associated COVID-19 (a positive specimen date eight to 14 days after hospital admission) or
- hospital-onset definite healthcare-associated COVID-19 (a positive specimen date 15 or more days after hospital admission)

while receiving care at QEH during waves one and two of the pandemic.

The group was led by the Deputy Chief Nurse and made contact with 389 patients or their next of kin or a relevant legal patient representative to undertake a Duty of Candour conversation, send a Duty of Candour letter and share the next steps for the Trust to learn from this event.

The project received national media coverage because of the significance of its objectives. QEH was also the first Trust in the country to undertake Duty of Candour for all hospital-onset probable healthcare-associated and hospital-onset definite healthcare-associated COVID-19 patients

PATIENT AND CARER EXPERIENCE

At QEH, we are committed to engaging with our patients, their carers, and the public so that they can contribute fully to further improving the quality of services that we provide. This helps us to make sure that everyone who receives care at our hospital, together with their loved ones, have the best possible experience of our services and hospital environment.

2021/22 has been an exciting year of change for the Patient Experience Team. New roles have been introduced and the structure of the team has been reviewed as our role continues to grow. We have reviewed our policy and processes for managing the feedback we receive from patients and relatives and fully engaged with the Divisions at QEH so that we can work collaboratively to share feedback and learning. We also fully revised the patient experience work plan to align it with the Trust's year two corporate priorities while making it more meaningful to the patient experience.

In addition, the team has been developing our Patient Experience Strategy, which will enhance the experience of everyone who uses or visits our hospital by ensuring that we engage fully with patients and relatives and learn from their feedback. During its development, we have worked with Healthwatch Norfolk to gather feedback from the public and healthcare professionals to ensure it remains inclusive of the patient's voice and reflects what they want and need from their care.

Five core objectives emerged during the development of the plan. They are:

- Complaints
- Compliments
- Reducing noise at night
- Improving the discharge experience
- Increasing the patients' voice

The identification of these core objectives has led to the proposal of a new governance structure for the Trust's Patient and Carers Forum and the resultant workstreams which were developed by the Chief Nurse and Deputy Chief Nurse. These workstreams each produce a Chair's Assurance Report which is then shared at the bi-monthly meeting of the Governors' Patient Experience Committee.

Healthwatch welcomes the opportunity to contribute to this year's Annual Report. The Trust continues to go from strength to strength, with improvements in Care Quality Commission (CQC) ratings and the lifting of imposed sanctions from the CQC to name just a couple of examples.

Healthwatch has been actively involved in Clinical Reviews along with general engagement activities across the Trust. We have had the opportunity and privilege to speak to a range of patients and their families. One patient who had just received some devastating news said the medical team that was looking after them had: "Picked me up, put their arms around me and enveloped me with compassion and dignity. They coaxed my partner and I into discussing our fears and understand some of the trials that we were probably going to have to face in the coming months. It left us both with an overwhelming feeling of safety and contentment."

General patient reviews left on the Healthwatch website consistently achieve 4.5 stars out of five. The icing on the cake will be the funding to build a new hospital for West Norfolk, North Cambridgeshire and South Lincolnshire.

We look forward to continuing our links with the Queen Elizabeth moving forwards

Alex Stewart
CEO, Healthwatch Norfolk

Patients' voice

The patients' voice has been integral to many of the positive changes in patient experience. We have worked with patients and their families to share organisational learning, while several patients and relatives have made suggestions about how their experiences could be improved.

Working in partnership with the University of East Anglia, we have created a bespoke leadership programme for Ward/ Unit Managers using an audio recording of a patient's story taken during a local resolution meeting. With the family's agreement, we have also shared the recording with other healthcare professionals to help them understand how loved ones feel when care is not delivered to the standard which we expect as a Trust. As this recording carries a powerful message, we have also used it in our 'Caring with Kindness' programme.

Following feedback from patients and relatives with a sensory impairment, we have begun working with West Norfolk Deaf Association (WNDA) and Vision Norfolk. WNDA has provided training for our Family Liaison Officers, Housekeepers and Ward Clerks to raise awareness of the care which needed by this group of patients. As well as joining our sensory impairment workstream, they are continuing to provide ongoing support.

Family Liaison Officers

QEH appointed its Family Liaison Officers (FLOs) in March 2021, initially for a period of one year. During this time they have become an invaluable resource to support patients and their relatives. The FLOs manage our Patient Advice Line and facilitate virtual visiting and telephone communication. Their role is extremely varied, but their sole purpose is to maintain communication between patients and their families. The FLOs have proved such a success that several other Trusts have contacted us for information about the way their role was introduced. We have also shared the model across the Norfolk and Waveney Integrated Care System, which led to six NHS Trusts across the region introducing the role in the latter part of the year.

A second business case has now been approved to make the FLO role substantive and increase the establishment to 10.3 WTE. This will increase the number of FLOs to six on each shift in 2022/23.

FLO contacts - top themes	
Update on patient condition/wellbeing	2,320
Concern - resolved via helpline	1,572
General information	1,569
Messages to loved ones, passed to ward	263
Discharge information	206
Concern - referred to PALS	18
Inpatient enquiry	12
COVID-19 swab query - public	9
COVID-19 test results	7
Poor communication	7

Caring with Kindness

The Chief Nurse and Deputy Chief Nurse designed an experiential learning event to put patients and relatives at the centre of patient experience, highlighting the importance of fundamental care with kindness. Various patient stories were shared by families regarding the impact of poor patient care, which acted as a reminder to healthcare professionals of the importance of ensuring individual patient care. Caring with Kindness has developed as a movement to ensure that standards of care are improved and patients are kept at the centre of each healthcare provider's focus.

The original programme was developed for bands two, three and four based on themes identified by patients and relatives, and was run over six-weeks. Feedback from the first cohort recommended that Caring with Kindness should be delivered to everyone directly involved with patient care. In March, a new programme aimed at registered and unregistered healthcare professionals was launched.

Improving information for people with disabilities

During the year, QEH commissioned AccessAble to survey the Trust to provide disability information for patients, relatives and visitors who have a disability. This ongoing project began at the start of 2022. The Chief Nurse has also commissioned an audit to review our provision of accessible information to ensure it is consistent and of a high quality. The results of this audit will be available in early 2022/23.

Patient stories at Board

We support patients and their families and carers so that they can tell their stories in person at public Board meetings. This allows the Board to hear about their experiences first-hand and learn about the aspects of care which patients value the most. It also provides an opportunity for patients and carers to talk about where care could be improved so that we can act on their feedback, and share our learning and good practice.

During the past year, the Board has heard the following stories that have led to action within the Trust:

- A staff member spoke of the poor bereavement experience which their family had at the Trust
- A patient who came to QEH with a leg problem praised the efficiency of our urgent and emergency care services and described all of the staff he interacted with as kind and professional
- A lady who was visiting the Trust as a guest speaker described the positive experience she had when she became unwell and had to access acute care. She praised the teams involved in her care and the diversity of our workforce
- The Board heard about improvements in our Critical Care Unit, where a ceiling light display has been installed in the quiet room to make the environment better for relatives
- A story was also shared of how a bespoke clinical pathway was developed for a patient using an elastomeric pump so that he could return home for Christmas and continue his intravenous antimicrobial therapy at home rather than at the Trust

Improvements to the patient estate

The Associate Director of Patient Experience and Patient Engagement Lead is working with some of the Project Managers on our major estates developments. In addition, we are also developing a patient panel to support and improve patient experience across the Integrated Care System.

Next steps

We have been working with students from the College of West Anglia (COWA) as we have developed our Patient Experience Strategy and would like to build on this partnership during 2022/23. We are also keen to further strengthen our working relationship with the newly-opened School of Nursing (Anglia Ruskin University/COWA).

The volunteers are so supportive to our team, helping during refreshment and mealtimes. They also provide extra support to our housekeeper in maintaining stock levels and keeping the environment clean and tidy. Most importantly, they offer a smiling face to our ladies and the time to have general conversations during what is often an anxiety-provoking period into parenthood.

Feedback from QEH staff

National patient surveys

Five patient experience surveys were published between April 2021 and March 2022:

- National Urgent and Emergency Care Survey (2020)
- National Children and Young Person's Survey (2020)
- Cancer Patient Experience Survey (2020)
- National Inpatient Survey (2020)
- National Maternity Survey (2021)

	Month sampled	Month published	Response rate	Average national response rate
National Urgent and Emergency Care (2020)	September 2020	September 2021	38%	29%
National Children and Young Person's Survey (2020)	November to December 2020 and January 2021	December 2021	27%	24%
Cancer Patient Experience Survey (2020)	April to June 2020	November 2021	64%	59%
National Inpatient Survey (2020)	November 2020	October 2021	43%	46%
National Maternity Survey (2021)	January to February 2021	February 2022	49%	54%

National Urgent and Emergency Care Survey

The results of the National Urgent and Emergency Care Survey 2020 were published in September 2021. It highlighted ambulance handover times as a key area for improvement when compared with other organisations. As a result, a new role is being introduced to help the team review patients so that we can achieve the 15-minute handover key performance indicator. The Trust's Deputy Medical Director is also leading an Urgent and Emergency Care Improvement Programme which will begin in April 2022.

The survey highlighted a number of areas where the Trust outperformed others, including being kept informed about waiting times for treatment, providing access to suitable food and drink and discussing transport arrangements before leaving hospital.

Comparisons made over time show that the Trust has significantly improved in 11 areas and has not shown any significant deterioration. The Emergency Department Team will continue to use feedback from complaints, PALS and the Friends and Family Test to maintain this performance and continue to improve the experience of patients.

National Children and Young Person's Survey

The results of the National Children and Young Person's Survey 2020 were published in December 2021 and showed areas of improvement and deterioration over time and between Trusts.

When compared with other organisations, QEH was poorer in relation to children and young people understanding what was said to them by hospital staff. To improve this, we will regularly share treatment plans with patients and their families and check that they understand what those plans mean.

The survey results also highlighted some positives, such as staff members introducing themselves and giving parents and carers better access to hot drinks facilities in the hospital.

The areas of change over time relate mainly to patient entertainment. Although parents said the Wi-Fi was good and helped patients to entertain themselves, there were not enough things to do in hospital. A survey of patients will take place in 2022/23 to find out what changes they would like to see. This could include increasing the availability of play specialists, encouraging nursing staff to engage more fully with patients or requesting support from our volunteers.

Cancer Patient Experience Survey

The Cancer Patient Experience Survey 2020 differs from all previous years in that the survey was run on a voluntary basis due to unprecedented pressures on cancer services. As not all NHS Trusts took part in the survey, comparisons to national scores are unavailable.

The Trust showed significant improvement in two areas:

- Patients had all the information they needed before their operation

- Patients felt the length of time given for attending clinics and appointments was about right

There was one area where the Trust's results were significantly poorer:

- General practice staff definitely did everything they could to support patient during treatment

To address this, we are taking steps to increase communication with GPs and hold virtual education events to improve the experience of our patients.

National Inpatient Survey

The results of the National Inpatient Survey 2020 were published in October 2021 and highlighted two areas for improvement when compared with other organisations – not enough nurses on duty and who to contact if worried following discharge.

An action plan has been put in place to address these concerns, and includes an extensive overseas recruitment programme as well as growing local talent through the newly established School of Nursing at the College of West Anglia. We will also offer schemes to train and support current staff into nursing careers. In the meantime, bank and agency nurses are placed into vacant shifts.

We now provide elective patients with information about their care and discharge before their admission and before they return home, while condition-specific information leaflets are available on our wards. We also give discharge letters to all patients to complement their discussions about medication with staff on our wards or in the Discharge Lounge.

The Trust's results over time show a number of areas requiring further improvement, including reducing disturbance at night and the need to continue listening to staff suggestions and patient feedback.

National Maternity Survey

The results of the National Maternity Survey 2021 were published in February 2022 and highlighted a number of improvements across the service both over time and in comparison to other Trusts. These included people feeling listened to and being given the chance to ask questions during antenatal check-ups, as well as staff knowing their medical history. During labour, birth partners were as involved as much as they wished, while patients were signposted to information to support changes in mental health and their physical recovery postnatally. Improvements in the experience of care were also found in relation to discharge delays and the cleanliness of the hospital.

When reviewed over time, areas for improvement primarily relate to staff introducing themselves and a choice of locations being offered for where to have their baby and postnatal care. The availability of advice about feeding and a baby's progress six weeks after birth during evenings, nights and weekends could also be enhanced.

An action plan has been drawn up to address these concerns, and includes using digital as well as traditional methods of communication to raise awareness of choice and provide links to baby feeding advice. We will also use learning from COVID-19 to improve the access which patients have to support.

Working across the Integrated Care System

During the COVID-19 pandemic there has been closer working across the Integrated Care System (ICS) to improve the experience of patients and ensure a consistent approach to supporting patients and their families. This included implementing national guidance to manage visiting during the pandemic as consistently as possible across the three acute hospitals in Norfolk and Waveney.

In June 2021, the acute trusts held a virtual Carers Conference which was co-produced with and by carers across Norfolk and Waveney and supported by carers representative organisations. The conference included carers' stories, a presentation on Carers Passports from NHS England and training from local organisations Caring Together and Restitute. As carers were keen to continue this work, funding awarded from the ICS will be used to introduce carer awareness training and co-produce a carers passport which will be recognised at the three acute Trusts.

Working with the Governors' Council

The Governors' Council and Patient Experience Team host events in conjunction with local statutory, community, voluntary sector partners and the cancer services user group. These events are open to the whole community and provide information and advice on long-term conditions.

As a result of the COVID-19 pandemic, only one event took place during 2021, which was held at East Winch Village Hall and gave people the chance to feed into the Trust's Patient Experience Strategy.

Patient groups

During the year we have established a number of new forums to support the development of patient experience focussing on sensory impairment, carers and disability. These came in addition to our established groups which support end-of-life, learning disabilities and autism, dementia and mental health. The groups meet virtually on a monthly basis, and are open to patients, carers, Governors and representative organisations. Each group provides a Chair's Assurance Report to the Patient and Carer Experience Forum.

Compliments, complaints, concerns and comments

Our Patient Advice and Liaison Service (PALS) is a confidential point of contact for patients, relatives or members of the public who may have concerns about their current or previous treatment or service provision. The team also receive general feedback, suggestions and compliments which are shared across the Trust. The Complaints Team and Patient Advice and Liaison Service (PALS) work alongside one another, with the Associate Director of Customer Feedback overseeing both departments alongside the Friends and Family Test.

PALS continues to promote the services it provides by featuring on the home page of the Trust's website and occupying an accessible location near the main entrance. It is also advertised on television screens which are positioned outside the PALS department and in other public areas around the hospital.

All PALS contacts are recorded electronically for case management and reporting purposes. The department continues to review and amend the subject codes it uses to ensure that information is logged to the most appropriate category. This has included developing additional categories so that more helpful information can be drawn from the data.

Significant changes have been made so that the PALS Team can provide a breakdown of the type of contact recorded to ensure appropriate escalation. This has included increasing the types of contact to include informal concerns and concerns which are received via the Executive Team or MPs. The process has also been streamlined to improve the experience of those using the service.

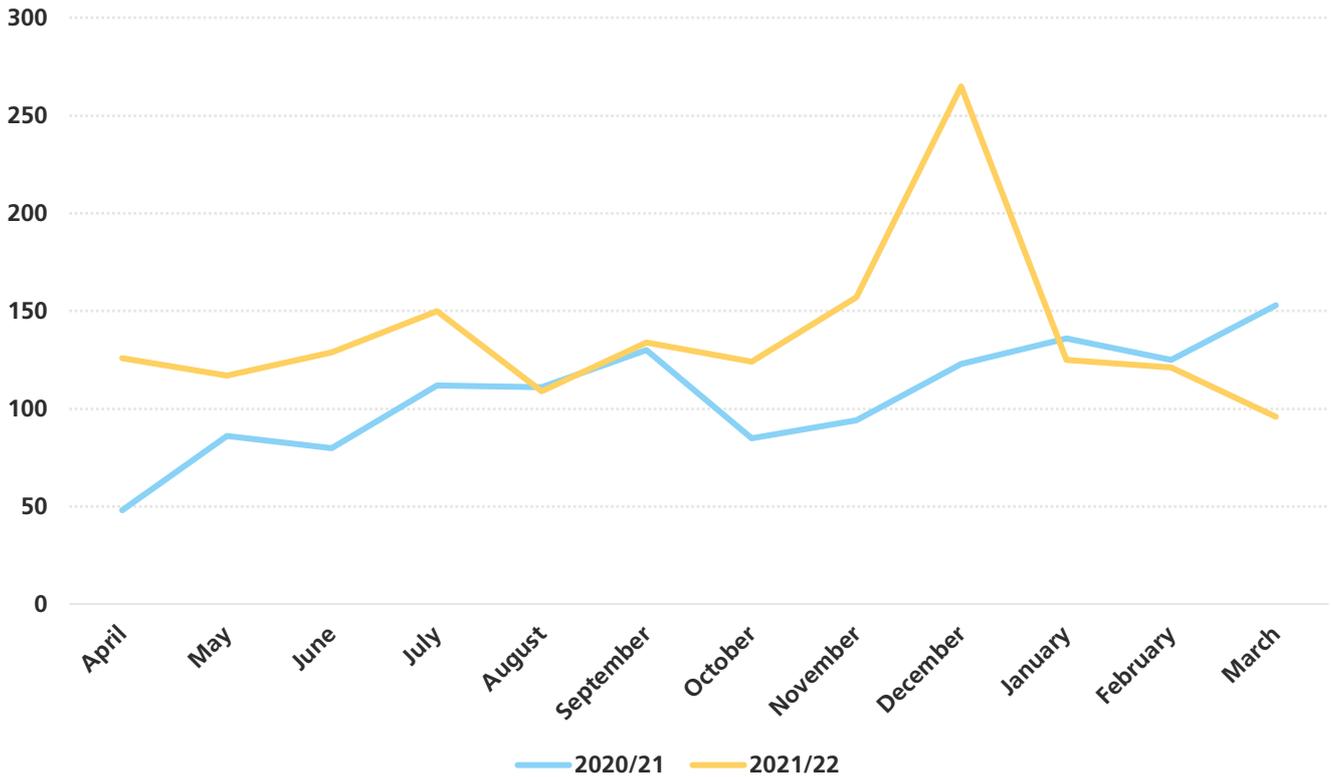
During the year, the department logged 5,404 PALS contacts, excluding compliments. The top themes and actions taken were:

PALS by sub-subject (primary)	Number
General information	1,024
Poor communication	414
Clinical care	346
Enquiry	227
Access to health records	203
Lack of information	197
Staff attitude	196
Update on patient condition/wellbeing	186
Discharge arrangements	181
Travel expenses	150

Compliments

The PALS team also logs compliments received either in person, by email or when a card is sent directly to a ward. When a compliment holds identifiable information such as an address, the Chief Executive sends a personal 'thank you'.

In 2021/22, we recorded 1,709 compliments in comparison to 1,286 in 2020/21. The PALS Team has recently begun collecting compliments from inpatient areas every week so that positive experiences can be shared. During 2022/23, we are planning a review to explore how the recorded compliments can be used to further extrapolate evidence of good practice and service provision across the Trust. This is in addition to making sure that all staff have sight of the appreciation that is received from patients and their families.



Formal complaints

The Complaints Team ensure that formal complaints are appropriately investigated and that a response is provided in a timely manner.

The Trust received 90 formal complaints during the year, which was a 59% reduction on the 220 received in 2020/21. This reduction is a result of the revised process which has been put in place to manage complaints and the reducing impact of COVID-19, as during the height of the pandemic the suspension of some services, visiting restrictions and increased virtual clinics led to an increase in complaints.

Complaints by method	Number
Email	63
Letter	19
Telephone	8

In 2020/21, a significant backlog of formal complaints were awaiting response and the Trust was consistently failing to respond to 90% of cases within 30 working days. During 2021/22, we successfully completed a recovery trajectory to manage the backlog of complaints and improve the process for complainants. In addition, we consistently achieved 100% compliance with the 30-working day response target for eight months out of 12.

Complaints received are now managed on an informal basis whenever it is possible and when the complainant agrees with this approach. The Trust aims to resolve issues that are raised quickly and effectively to avoid the need for formal escalation. There has been an increase in the uptake of both face-to-face and virtual local resolution meetings, which provide complainants an opportunity to have their concerns listened to and addressed by senior staff.

The main themes from the complaints we receive from patients and their families were:

Complaints by sub-subject (primary)	Number
Delay or failure in treatment or procedure	9
Communication with relatives/carers	8
Attitude of medical staff	6
Communication with patient	4
Attitude of nursing staff/midwives	4
Delay or failure to undertake scan/x-ray etc	4
Delay or failure in treatment for infection	4
Inappropriate treatment	3
Acquired infection (i.e. not present on admission)	2
Failure to adopt infection control measures	2

Our average response rate to complaints has significantly improved this financial year, achieving a rate percentage of 82% complaints responded to within the set timeframe.

Written complaints rate

2021/22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical complaints	15	16	10	9	4	3	5	7	1	6	2	8
Response rates (%)	58	41	95	100	100	100	100	100	100	100	67	100
Non-clinical complaints	1	1	0	0	0	0	0	0	2	0	0	0

Further improvements for 2022/23

During the coming year, we will:

- Launch a Customer Feedback Service to incorporate all types of feedback and complaints in a unified approach to improve patient experience
- Implement the outcome of a service review of changes to ways of working within the PALS Department to improve accessibility and responsiveness
- Continue to schedule masterclasses for staff to improve our focus on customer service and raise awareness about the complaints process, as well as how to investigate and respond to complaints
- Introduce a revised approach to learning from concerns and complaints
- Continue to work with the Patient Safety Team to ensure learning from complaints linked with incidents is shared effectively
- Aim to maintain responding to 90% of complaints within 30 working days

Parliamentary and Health Service Ombudsman (PHSO)

There are times when, despite our best efforts, we are unable to resolve a complaint at a local level and the complainant remains dissatisfied. When this happens, the complainant may seek guidance from the PHSO to ask for an independent investigation into their complaint and financial redress.

During this financial year, six complaints were referred to the PHSO. There are also two cases from previous financial years that the Trust is awaiting an outcome for:

- Three cases are currently under PHSO investigation and awaiting an outcome
- Five cases are at preliminary referral stage and we are awaiting a decision on whether the PHSO will proceed to investigate
- In addition, one complaint from 2020/21 was partially upheld by the PHSO and has been finalised

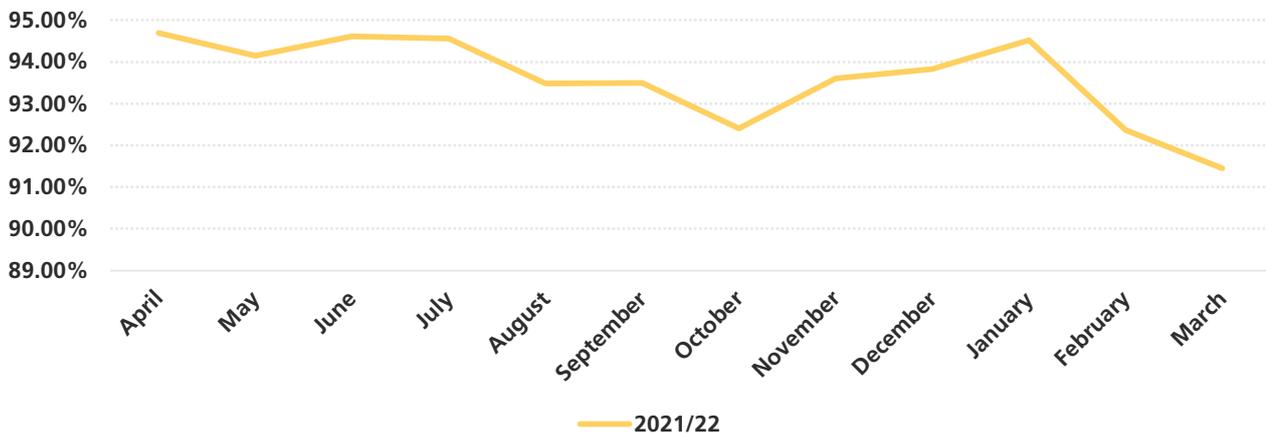
'Friends and Family' Test

In partnership with Norfolk and Norwich University Hospital, we commissioned a new provider for the 'Friends and Family' Test (FFT) in March 2021. This new contract collects feedback in a variety of ways using feedback cards, QR codes and our website, as well as SMS texting (specifically in outpatients and patients discharge from ED).

We continued to report on the indicative participation rates in 2021/22 as this gives an understanding of the representative nature of the themes that have been identified considering the total number of patients receiving the service. Patients should also be given the opportunity to provide feedback at any point during their period of care (and could provide feedback multiple times if they wish).

During the year, free-text comments submitted with the FFT responses continued to provide a valuable insight into issues and concerns that are important to patients as well as their positive experiences. This helps staff to understand the aspects of care that are important to patients. The FFT allows us to make changes more quickly than other types of feedback, and is shared with patients, staff and visitors and used in training courses to focus staff on the experiences that our patients have had and how we can improve things further. Positive feedback regarding specific wards or named individuals is shared on a regular basis to ensure that good practice is recognised and celebrated.

As a snapshot guide, our FFT satisfaction score from April 2021 to March 2022 was as follows:



We are taking the following actions to further improve these scores by:

- Ensuring feedback is available monthly to all senior staff to cascade to colleagues across the Trust
- Regularly collecting and sharing time-sensitive information with wards/areas to ensure an immediate response to rectify issues that require this approach
- Reintroducing feedback with patients and the public through ward noticeboards
- Arranging meetings between each ward manager and the Associate Director of Customer Feedback to review and evaluate processes and readdress current obstacles
- Reviewing the negative feedback received in conjunction with other sources of patient feedback (concerns, complaints, patient surveys) to monitor trends and identify actions required

Chaplaincy

Chaplaincy offers spiritual and pastoral care to all patients, staff and visitors. The team is made up of three staff (2.4 Full-Time Equivalent) who, along with slowly returning volunteers, offer patients a listening ear.

During 2021/22, the team:

- Visited 2,043 patients
- Supported 149 relatives
- Completed 318 bedside Holy Communions
- Conducted 10 adult funerals
- Conducted 42 baby funerals
- Conducted 21 naming and blessing services, or baby baptisms
- Had 649 end-of-life encounters
- Blessed one wedding

Chaplaincy also hold a Bereavement Support Group three times a year which is open to the community. During 2021/22, 15 people attended for support through the grieving process.

Special services

As Chaplaincy was unable to gather together patients and staff in the normal way due to COVID-19, the team recorded weekly services which were broadcast on the Trust's hospital radio station, as well as additional virtual services for YouTube. These included the annual baby loss memorial service, an Easter Sunday service, Christmas carol service, which was supported by staff who sang carols, and a Remembrance Sunday service. For the first time, the team also recorded a service for all those who had lost a loved one in the last year.

On Remembrance Day itself, one of the chaplains led a small service outside the main entrance at 11am, and was joined by many members of staff. The feedback received from patients who overlooked the main entrance was that it was extremely moving to see so many members of staff recognising the importance of the day.

The future

During 2022/23, the Trust will open a second Multi-Faith Prayer Room in response to patient and staff feedback. This will open up space within the sacred space and allow us to accommodate any patient who (subject to ward approval) want to come to somewhere in the hospital that is peaceful and quiet.

TIME
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PPA





STAFF REPORT

The NHS has launched its people plan which sets out the NHS 2030 vision for Human Resources and Organisational Development. Called 'We are the NHS: People Plan', it includes information about what staff and volunteers can expect from their leaders and each other and builds on the creativity and drive shown by NHS people in their response to the COVID-19 pandemic. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce and train together differently to deliver patient care.

The plan sets out four key themes, which are:

- **Looking after our people** - with quality health and wellbeing support for everyone
- **Belonging in the NHS** - with a particular focus on tackling the discrimination that some staff face
- **Growing for the future** - how we recruit and keep our people, and welcome back colleagues who want to return
- **New ways of working and delivering care** - making effective use of the full range of our people's skills and experience



Norfolk and Waveney - #WeCareTogether

In response to the national NHS People Plan, Norfolk and Waveney has developed a local plan called #WeCareTogether, which mirrors the ambitions of the national plan. It has a system-wide workforce focus across health, social care and voluntary and community social enterprises, and sets a goal to be the best place to work, with a vision to have happy, healthy staff providing excellent compassionate care within five years.

#WeCareTogether has four main objectives, which are:

- Creating new opportunities for our people
- Promoting good health and wellbeing for our people
- Maximising the skills of our people
- Creating a positive and inclusive culture for our people

QEH People Plan

The QEH People Plan was developed in response to both the national and regional plans and focuses on delivering:

- Our Trust's strategic objectives
- COVID-19 phase three recovery and restoration
- The four key themes from the NHS People Plan

In addition, the Trust developed a 'Staying Well at Work' programme which will be further enhanced in 2022/23. The composition of our recruitment panels has also been revised to de-bias recruitment processes and ensure balanced selection for roles at band seven and above.

QEH continues to work with ICS partners to consolidate HR policies and processes, including workforce planning, e-rostering and job planning capacity and capability across all areas. Workforce analytics are also used to inform recruitment activity and system-wide workforce planning so that we can develop population-based health improvement programmes in the future.

As a Trust, we aim to create a culture where we always put patients first, where kindness is the norm and staff feel valued and comfortable speaking up and know they will be listened to. Our focus for 2022/23 will be to continue supporting kindness, fairness and wellness, which is reflected in our commitment to our staff.

We will continue to use a triangulated approach to continue to make informed, safe and sustainable workforce decisions to ensure we have the right staff, with the right skills, in the right place at the right time. This will be measured by improvements to patient and staff outcomes, people productivity and financial sustainability. In addition, we will continue to report, investigate and act on incidents and use patient, carer and staff feedback.

Staff numbers (Whole-Time Equivalents)

The table below shows the staff numbers as at 31 March 2022 and 31 March 2021

	31 March 2022			31 March 2021		
	Permanent	Other (agency and bank)	Total	Permanent	Other (agency and bank)	Total
WTE (Whole-Time Equivalents)						
Medical and dental	425	25	450	379	31	410
Ambulance staff	3	0	4	5	0	5
Administration and estates	652	32	684	611	23	634
Healthcare assistants and other support staff	877	151	1,028	855	132	987
Nursing, midwifery and health visiting staff	1,013	105	1,118	964	116	1,080
Nursing, midwifery and health visiting learners	3	0	3	3	0	3
Scientific, therapeutic and technical staff	341	13	353	337	14	351
Healthcare science staff	56	6	62	52	5	57
Social care staff	0	0	0	0	0	0
Total average numbers	3,369	332	3,701	3,206	322	3,528

Breakdown of staff by gender (31 March 2022)

	Female	Male	Total
Executive Directors	7	1	8
Non-Executive Directors	2	6	8
Senior managers	33	26	59
Other	2,882	915	3,797
Total	2,924	948	3,872

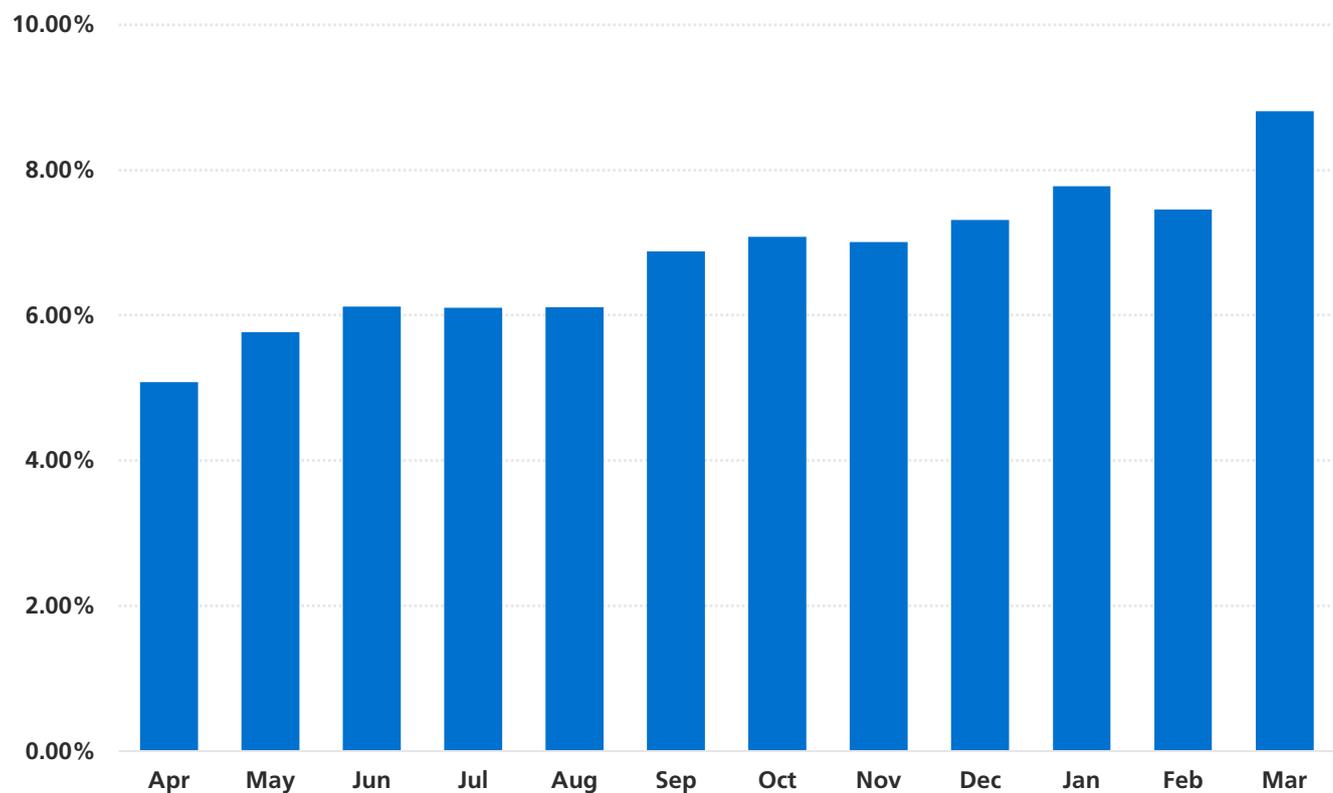
Staff sickness

Our sickness rate was 8.8% (inclusive of sickness attributed to the COVID-19 pandemic) at the end of March 2022, against a target of 4.5%. This was from a starting position of 5% at the end of March 2021.

During the year, we have focused on:

- Responding to COVID-19 by vaccinating our staff and patients, ensuring risk assessments are in place and providing staff with enhanced wellbeing support
- Balancing our approach to managing absences and supporting staff when they are unwell. Looking after our people is a key focus for both the NHS People Plan and our Trust's local plan, and includes ensuring that frontline staff receive an annual flu vaccination to protect themselves, their patients and families
- Increasing the pastoral, wellbeing and mental health support which is offered to all staff

QEH sickness % absence rates (April 2021 to March 2022)



Cumulative sickness absence from April 2021 to March 2022 is 6.8% against a target of 4.5%. The monthly sickness absence rate for March 2022 was 8.8%. The Trust continues to support our divisions to proactively manage staff who are on sick leave, especially those on long-term sick, by ensuring a plan is in place to support them to come back to work safely.

As part of our Corporate Strategy, we made a commitment to reduce the overall sickness absence relating to stress, anxiety and depression by 50% (to 9.7%) through the introduction of a new health and wellbeing programme. Actions which have taken place as part of this work include:

- Recruiting a specialist in Post-Traumatic Stress Disorder (PTSD), who focuses on emotional wellness and other issues related to trauma and stress
- Offering staff support from a Clinical Psychologist.
- Giving staff direct access to a Mental Health First Aider or Clinical Psychologist
- Strengthening our Occupational Health service by employing additional staff to support COVID-19 testing. The Trust is also developing a tender to deliver a Health and Wellbeing service for staff
- Recruiting and training 20 Mental Health First Aiders. Plans for further recruitment are in place so that staff in all areas have access to a Mental Health First Aider at all times of the day
- Providing wellbeing support around the clock for staff
- Offering COVID-19 vaccinations to patients and staff



STAFF COMMUNICATIONS AND ENGAGEMENT

The Trust's Staff Engagement Programme was refreshed for 2021/22 to deliver a step change in staff engagement and the way people felt about working at QEH. Learning from the 2021/22 programme was used to embed and further strengthen this work, while the impact of initiatives which have taken place has also been measured.

The programme remains front and centre of the Trust's Corporate Strategy, and has been supported by our Staff Engagement and Culture Forum and our BAME (Black, Asian and Minority Ethnic) and Allies, LGBTQ+ and Allies, Armed Forces and Disability Staff Networks.



After listening to feedback from colleagues, we identified three main areas of focus for 2021/22, which were:

1. Kindness
2. Wellness
3. Fairness

A variety of initiatives have taken place during the year to support this work.

Kindness: Work which has taken place to create a culture of kindness includes:

- Providing practical tools to help staff role model, manage, coach, appraise and lead their teams through our Leading with Values masterclasses and Values into Action workshops
- Continuing to embed the behavioural standards detailed in 'The QEH Way'
- Promoting a culture of saying 'thank you'

Wellness: The Trust has built on the support services available to staff, which includes dedicated Clinical Psychology support. In addition, we have placed a continued focus on wellbeing by:

- Making improvements to staff rest and break areas

- Expanding the emotional and psychological support available to staff by recruiting additional Mental Health First Aiders and providing access to Change Grow Live services on-site
- Receiving accreditation as a 'Menopause Friendly' employer and introducing a new Peri-Menopause and Menopause Policy, Menopause Champions and education and training sessions for managers and staff. A Menopause Clinic for staff was also launched in March 2022
- Offering health MOT sessions for staff
- Recruiting the Trust's first Wellbeing Guardian
- Introducing a new app to keep our staff informed
- Being a member of the Cavell Nurse' Trust
- Introducing of a financial support and advice service for staff
- Offering gym memberships and our Employee Assistance Programme to staff

Fairness: During the year, we recruited an Equality and Diversity Lead and carried out a programme of work to promote equality.

This included:

- Making changes to interview panels to ensure gender balance and BAME representation on panels for jobs at band seven or above
- Developing our Anti-Racism Strategy

- Launching our “See Me First” campaign, which invites colleagues to sign a personalised pledge to uphold the Trust’s values, promote inclusivity and celebrate diversity
- Further strengthening our staff networks
- Running our Diversity Café
- Celebrating the diversity of our workforce by displaying the 65 nationalities which make up Team QEH on our lift doors
- Introducing an Equality, Diversity and Inclusion calendar for 2022
- Launching ‘My Reality’, which provides guest speakers with a safe space to share stories and challenge stereotypes
- Providing reverse mentoring

Staff reward and recognition

At QEH, we recognise the importance of valuing and rewarding our staff and the impact this has on overall morale and staff experience.

During 2021/22, we celebrated the achievements of our colleagues at the annual Team QEH Staff Awards. This year, the awards were aligned to the Trust Strategy, with new categories introduced to reflect our diversity.

In addition, the Trust strives to ensure staff feel valued by offering:

- Long Service Awards for staff marking 15, 20, 25, 30, 35 and 40 years of service
- Long Service Awards for volunteers
- Monthly ‘living our values’ awards
- ‘Team of the Week’ recognition
- Recognition for retirees
- Appreciation vouchers for food and drink on special days and holidays
- Benefits through The Work Perks
- Staff recognition boards and walls at staff entrances
- Staff appreciation cards

NHS Staff Survey 2021

The NHS Staff Survey is carried out at the same time each year and offers a snapshot in time of how people feel about their working lives. The results are aggregated and provide a rich source of data which helps us to understand the experience of staff across the NHS.

The survey underwent some significant changes in 2021, with 32 new questions added and 24 removed. It was also aligned to the NHS People Promise, with reporting based around the seven People Promise elements.

In 2021, QEH recorded an increase in the number of staff completing the survey for the third consecutive year, and now sits just 1% below the national median. This is a positive reflection of the improved engagement which is taking place at the Trust.

Each Division or corporate area has a single point of contact who is responsible for progressing actions and encouraging staff to complete the national survey, as well as quarterly Pulse surveys, so that we can continue to make improvements.

This is supported by a communications and engagement plan which keeps staff updated on actions which have been taken as a result of their feedback using a “you said, we did” format.

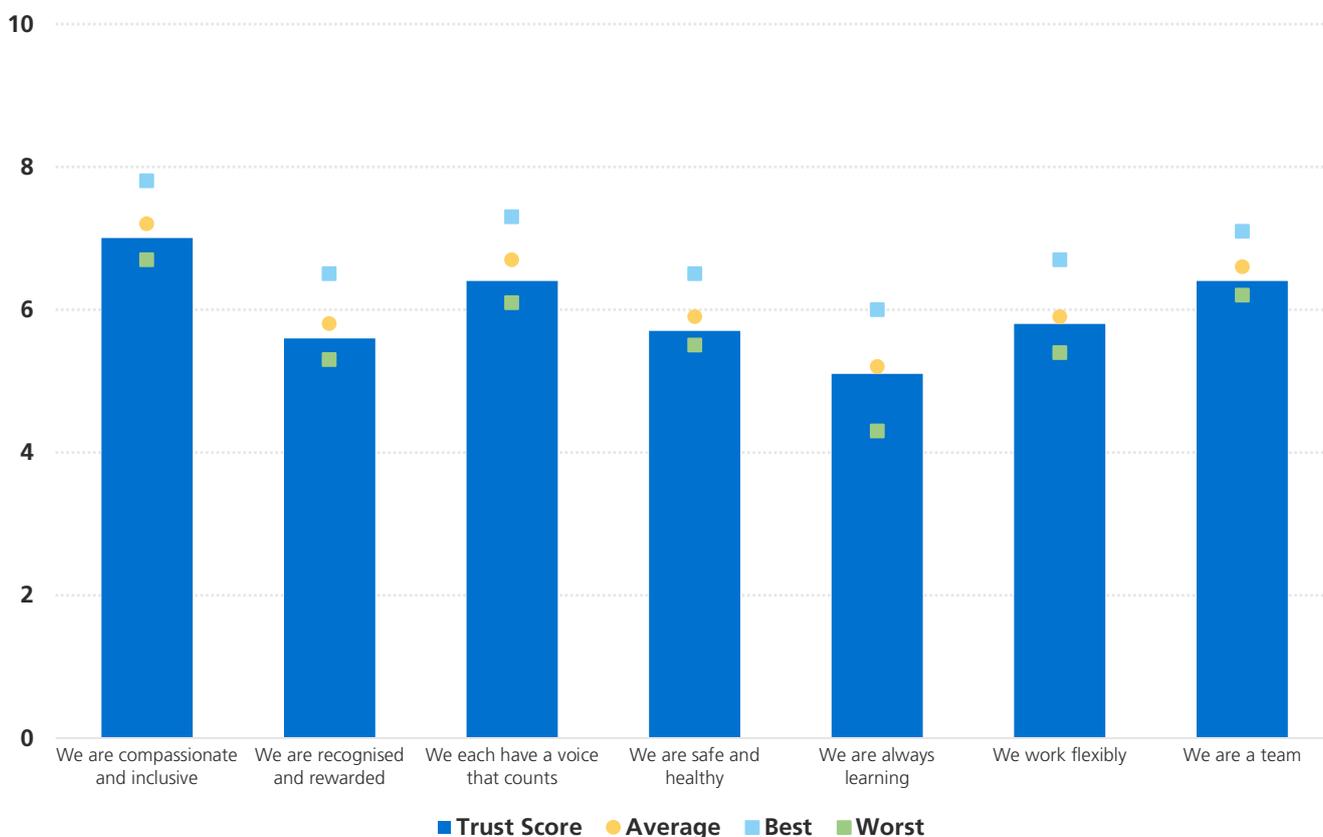
Looking to 2022/23 we will aim to build upon these results by placing a greater focus on:

- Relationships and team development
- Keeping staff well at work
- Developing a new staff engagement programme for 2022/23
- Continuing to encourage people to speak up without fear of reprisal
- Creating a culture of kindness, fairness and wellness

NHS Staff Survey 2021 *[continued]*

Theme	2021 Trust score	Average score	Best score	Worst score	RAG rating
We are compassionate and inclusive	7.0	7.2	7.8	6.7	▼
We are a team	6.4	6.6	7.1	6.2	▼
We each have a voice that counts	6.4	6.7	7.3	6.1	▼
We work flexibly	5.8	5.9	6.7	5.4	▼
We are safe and healthy	5.7	5.9	6.5	5.5	▼
We are recognised and rewarded	5.6	5.8	6.5	5.3	▼
We are always learning	5.1	5.2	6.0	4.3	▼

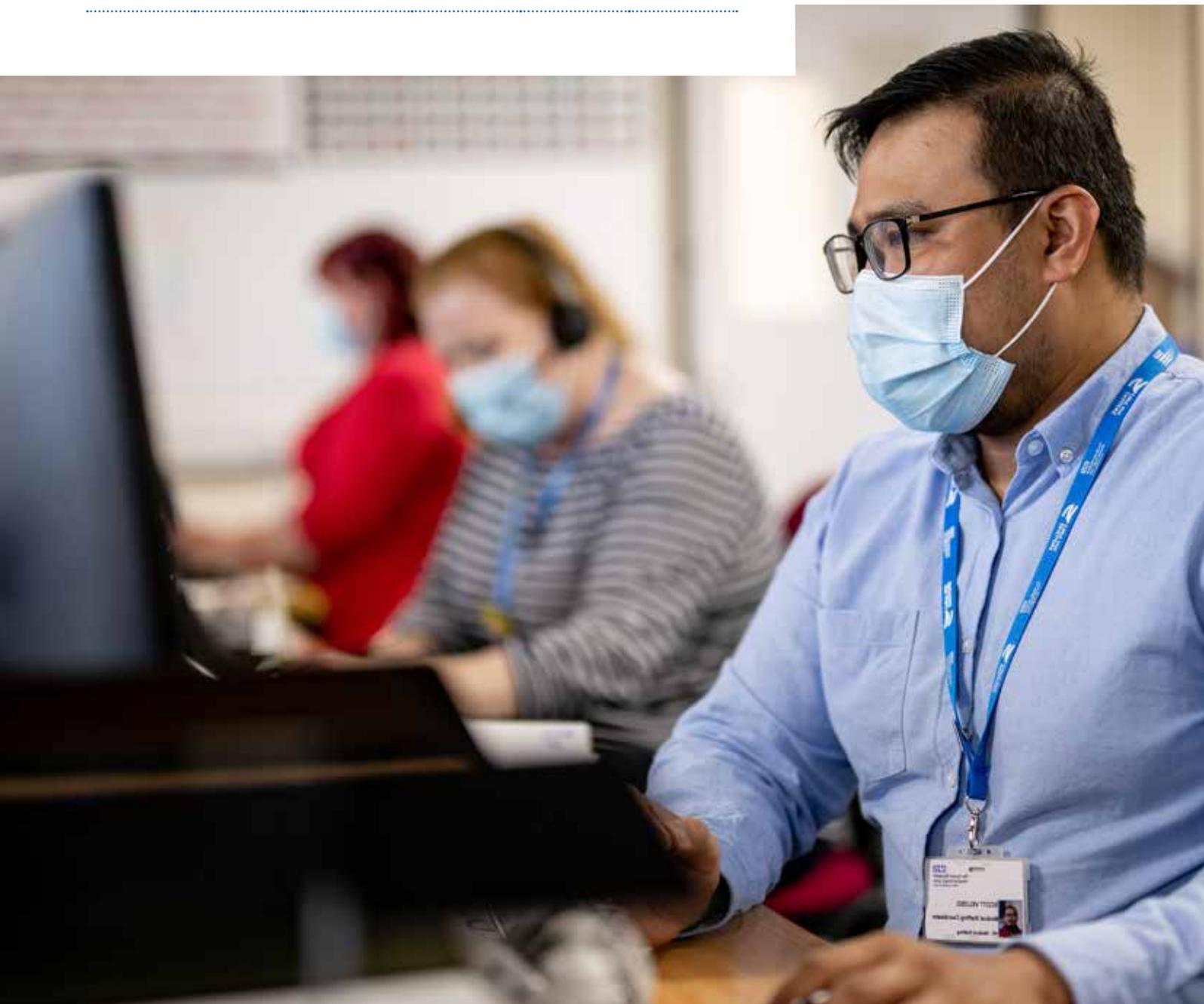
NHS Staff Survey 2021 - score by theme



Measure	2021 Trust score	Average score	Best score	Worst score	RAG rating
Morale	5.5	5.7	6.5	5.3	▼
Staff engagement	6.6	6.8	7.4	6.3	▼

NHS Staff Survey response rate

2016	2017	2018	2019	2020	2021
44.90%	45.90%	44.10%	42.40%	44.60%	45.33%



Investing in staff development

We provide a substantial range of learning routes leading to careers at the Trust, including pre-employment, apprenticeships and student placements. We continually develop our staff by offering them learning and professional development opportunities, as well as supporting our students and volunteers to move into employment with the Trust.

In 2021/22, we made a commitment to offer more apprenticeships into a variety of NHS careers, ranging from entry-level jobs through to senior clinical, scientific and managerial roles. We will continue to inspire the next generation over the coming 12-months by identifying 'access to training' options to ensure we can develop local people into professional roles, as well as offering work experience to school pupils and job seekers.

We work with Health Education England, the Postgraduate Deanery, Norwich Medical School and the University of East Anglia to ensure high quality medical education at every level, which has led to positive feedback. Our Education and Practice Development Team also work closely across all disciplines to increase inter-professional learning and development opportunities.

We are currently reviewing our inductions as part of our broader cultural transformation programme and are rolling our mandatory training programme in line with the following principles:

- Any recommendations to reduce mandatory training must not jeopardise patient and staff safety
- Our mandatory training refresh periods will be aligned with the Core Skills Training Framework
- We will use e-learning wherever possible, unless physical face-to-face learning is necessary to successfully deliver the training
- We will develop a flexible workforce where staff can readily share their knowledge and skills
- We will invest in digital passports so training can be recognised across organisational boundaries

Over the coming year, we will continue to explore new ways of working and how new roles, such as Physician Associates, Nurse Specialists and Assistant Practitioners, will support the delivery of our Corporate Strategy and ensure safe staffing levels. This will help us to recruit to hard-to-fill vacancies, while also preparing the Trust for any future shortages.

We will also continue to develop electronic systems to support streamlined working and reduce paper processes, as well as equipping managers with strong transformational leadership skills so that they can positively engage staff in service changes, development and delivery.

Leadership development programmes

Although some of our leadership development programmes were paused in 2021/22 due to the pandemic, a number still went ahead, recognising their importance. These included:

- Board and Divisional Leadership Team development
- The Clinical Director development programme, which was set up by our Medical Director
- Quality, Service Improvement and Redesign (QSIR) training to develop quality and efficiency improvement capability within the Trust and to ensure continuous quality improvement is at the heart of all that we do

- The middle managers (band seven) leadership development programme, which focuses on self-awareness, leading yourself and others, quality improvement, leading change and applying learning to practice
- The band five and band six leadership development programme, which was introduced after the Trust was chosen as the regional hub for the Institute of Healthcare Management, enabling us to expand development opportunities to help our staff to achieve their true potential while delivering outstanding care

Our plans for the coming year include embarking on a new High Performing Teams development programme, in partnership with the King's Fund.

West Norfolk School of Nursing

During the year, the Trust has continued to work in partnership with the College of West Anglia (CoWA) and Borough Council of King's Lynn and West Norfolk to develop a School of Nursing on the CoWA campus. Through the school, CoWA will deliver the Level 5 (foundation degree equivalent) Associate Nurse Apprenticeship, which will support the future workforce needs of QEH.

The project presents a significant opportunity for the Trust and the wider community in terms of local career and skills development, which will enable talent to stay local while improving the quality and stability of our nursing workforce. This will also have a wider positive impact on the local economy, as well as the health and wellbeing of people in West Norfolk.

The development of the School of Nursing has been supported by £597,000 from the Government's Towns Fund, which has helped provide two high quality teaching spaces on the CoWA site. These include a hospital ward with two beds and equipment, which will give students near real-world experience of working in a clinical setting, and a simulator suite with two beds and clinical simulator dummies to present students with challenging situations. Scenarios from the simulator suite will be broadcast into larger classrooms so that a larger body of students can learn from the experience.

Building work on the training facilities was completed in late 2021 and the building became operational in February 2022, while the first cohort of students has been recruited and begun their training. This is initially taking place at Anglia Ruskin University, with the students due to transfer to the School of Nursing following completion of the process of Nursing and Midwifery Council and Anglia Ruskin University validation for programme delivery, which took place in March.

The next cohort of trainee nurse associates is being actively recruited and will begin their course in September 2022.

Equality, Diversity and Inclusion

We are committed to Equality, Diversity and Inclusion (EDI) and continue to promote diversity and equality of opportunity in all forms. To help us achieve this, we are striving to create a culture where staff can be themselves and feel valued because of the differences they bring to the Trust. We believe our staff deserve an environment in which they feel respected and empowered and are committed to a continued focus on kindness, wellness and fairness. During 2021/22, we appointed an EDI Lead to provide strategic leadership in this important area.

The NHS People Plan sets out clearly that the NHS must welcome all, with a culture of belonging and trust. It explains that we must understand, encourage and celebrate diversity in all its forms, and that discrimination, violence and bullying have no place. Its aim is to help ensure that all of our patients are treated equitably, and as individuals.

Staff networks

We have developed strong relationships with our staff-side colleagues and work closely in partnership. Four staff networks are also in place to champion and lead positive change for our minority groups, each of which has a Board-level sponsor.

We actively encourage our staff to engage in reviewing our services and the Trust's performance as individuals, teams and through our EDI networks.

BAME

Our BAME and Allies Network gives Black and minority ethnic colleagues the opportunity to share their experiences in a safe space while allowing them to act as critical friends to the Trust. The network has been instrumental in delivering our See Me First campaign, which launched in October during Black History Month and invited staff to make a personal pledge to drive our inclusive culture forward. The event also helped to raise awareness of the role of allies, as well as issues such as micro-aggressions and bias.

During the year:

- The BAME and Allies network also began supporting Freedom to Speak Up sessions for BAME staff
- We ensured appropriate BAME representation on every interview panel for band seven and all medical staff appointments
- We made it possible for all staff to add their phonetics to their email signatures and name badges

In November, the Trust held its first dedicated QEH Diversity Day, during which new artwork was unveiled on our lift doors. This highlighted the impressive 65 nationalities which are represented among our workforce while helping to make sure everyone working at QEH feels valued, recognised and part of a team.

LGBTQ+

Our established Lesbian, Gay, Bisexual, Trans, Queer (LGBTQ+) and Allies Network is open to all staff and allies and meets monthly to discuss issues of concern, highlight good practice, share information and offer support.

During the year, the network continued to strengthen its links with other LGBTQ+ staff groups in the wider NHS and local community

- QEH gained a bronze award for ensuring services are inclusive to staff and patients

- We became one of the first trusts nationally to be involved in the Rainbow Badge scheme
- The Trust offered staff a safe space to speak up, hear the voices of the LGBTQ+ community and provides a sense of belonging at our Rainbow Café

The network also created educational documents and raised awareness by recognising key dates:

- LGBTQ+ History booklet
- Celebrating PRIDE glossary
- What being an LGBTQ+ ally means (including pronouns)
- PRIDE
- LGBTQ+ History Month
- Trans Day of Visibility

In addition, the network worked collaboratively with service users to update our Transgender Policy and ensure the Trust remains inclusive to the LGBTQ+ community.

Armed Forces

Our Armed Forces Network brings together both former and current members of the Armed Forces and those who want to show their support. It also coordinates activities to help staff meet each other and build positive relationships.

In April 2021, the Trust was awarded Veteran Aware status, which we celebrated with a socially distanced tea party alongside local organisations which have provided support. During Armed Forces Week in June, we shone the spotlight on a different part of the Armed Forces family each day, starting with veterans on Monday, cadet force volunteers on Tuesday, reserves on Wednesday, spouses and families on Thursday and service leavers on Friday. During the year, the network also worked collaboratively with a variety of other organisations, including Norfolk & Norwich University Hospitals NHS Foundation Trust, North West Ambulance Service NHS Trust and the Colchester Barracks, to offer support to staff and patients with an Armed Forces background.

During 2021/22, a 'Lest We Forget' soldier silhouette was donated to the hospital, which is sited opposite the main entrance. The soldier was the focus of a short remembrance service, which was recorded for staff who were unable to attend in person. Young people from local scout and guide groups also made poppies for our patients, while our Chief Nurse and one of our volunteers laid a wreath at a service held by the Borough Council of King's Lynn and West Norfolk.

Other achievements during the year include:

- Setting up a guaranteed interview scheme to help members of the Armed Forces apply to work at the hospital
- Adopting an Integrated Care System-wide approach to Equality Impact Assessments which incorporates the new 'due regard' element of the Armed Forces Covenant to replicate the approach taken by Norfolk County Council
- Continuing to offer bespoke placements across the hospital to support members of the Armed Forces and their families to gain employment in the NHS through the national Step Into Health Programme

Disability

We launched the Disability staff network in February 2022 to provide support for disabled staff and inform, champion and influence policy development within the Trust and beyond in meeting the diverse needs of disabled staff.

We are committed to meeting and exceeding the requirements of being a Disability Confident Employer. We guarantee to interview all disabled applicants who meet the minimum criteria for any post advertised, providing they have indicated on their application that they have a disability in accordance with the Equality Act 2010.

Other EDI work

QEH launched 'My Reality' in February 2022, which is a safe space where stories can be shared by guests to educate others, raise awareness and challenge stereotypes.

Our storytellers are volunteers who speak for an under-represented group, and can answer questions based on their own personal experiences to help challenge what is being said, told and understood about a given topic. During the sessions, staff reflected on areas such as talking about difficult issues, challenging stereotypes and how to 'unjudge' someone.

In January 2022, the Trust launched an EDI calendar which recognised dates which are important to our staff and patients. A spotlight event has been chosen for each month, with activities taking place to recognise and celebrate diversity and help everyone to understand their colleagues better.

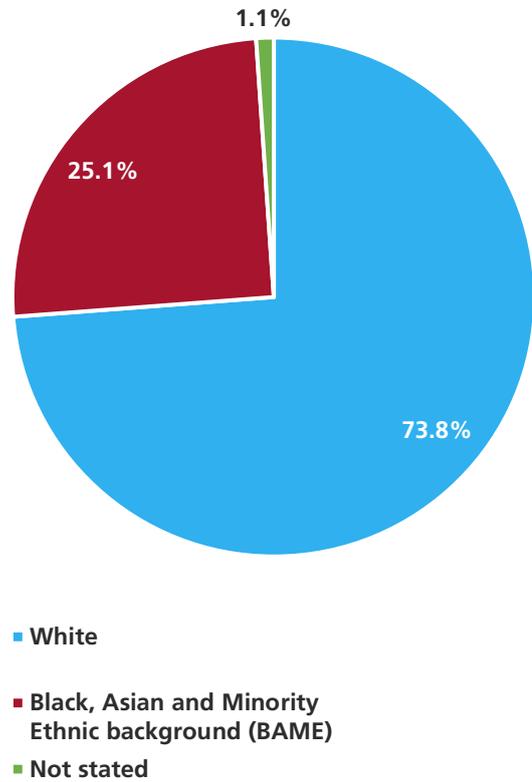
Other achievements during the year include:

- Launching a zero tolerance campaign to protect staff from violence, abuse, harassment and aggression
- Creating an EDI dashboard to monitor progress following our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions
- Adopting the region's anti-racism strategy and incorporated its actions into our EDI Strategy
- Signing Unison's Anti-Racism Charter on International Day for Elimination of Racial Discrimination, which took place during March 2022

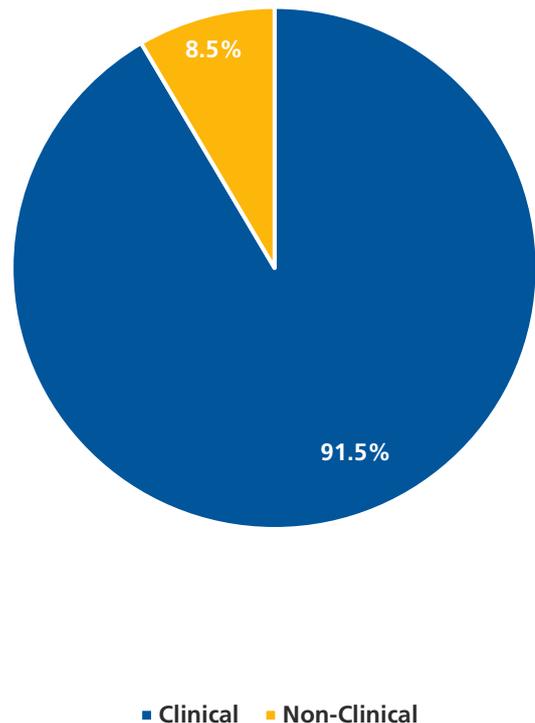
During 2022/23, the Trust will:

- Introduce reverse mentoring for up to 20 applicants Trust-wide
- Publish progress against the 'model employer' goals to ensure that our workforce is representative at every level
- Launch a Carers Network to provide another forum for staff to share their lived experience and support change
- Sign a Memorandum of Understanding with the British Association of Physicians of Indian Origin (BAPIO) to showcase our strengthened commitment to EDI and develop working relationships that will assist with early resolution of issues of concern, in particular staff from ethnic minorities

Total staff by ethnicity - March 2022



Breakdown of staff with Black, Asian and Minority Ethnic (BAME) background



Raising concerns

Our staff are often best placed to identify where care may be falling below the standards our patients deserve. To ensure our high standards continue to be met, we want every member of our staff to feel able to raise concerns with their line manager, or another member of the management team. We want everyone in the organisation to feel able to speak up, whether they are providing general feedback or highlighting safety concerns. We want them to be confident that their concerns will be addressed in a constructive and timely way.

We support the Nursing Times Speak Out Safely campaign. This means we encourage any staff member with a genuine patient safety concern to raise this within the organisation at the earliest opportunity.

Freedom to Speak Up

We remain committed to developing a culture where staff with safety concerns feel empowered to speak up, have confidence that they will be listened to and thanked, and will receive timely feedback throughout the process. We regularly remind our staff that speaking up is a gift which belongs to us all.

During 2020/21, 71 staff raised concerns via our Speak Up routes, which include our Freedom to Speak Up Guardian, Champions and Executive Lead. This compares to 75 in 2020/21, 25 in 2019/20 and an initial 15 in 2018/19.

Throughout the year, lots of positive work has taken place to strengthen Freedom to Speak Up across the Trust. This includes:

- Increasing the number of dedicated hours provided by our blended model Freedom to Speak Up Guardians from 30 to more than 120 from September 2021. The positive impact which this has already had was reflected in feedback from the Care Quality Commission, which recognised that staff knew concerns raised would have Executive scrutiny and felt assured that action would be taken
- Sharing monthly performance data with each Division. Our Guardian also continues to report to the People Committee and Board, as well as quarterly to the National Guardian's Office
- Continuing to hold quarterly meetings to discuss themes and trends arising from Freedom to Speak Up referrals and to triangulate this data with other staff experience measures. The Chief Executive, Deputy Chief Executive, Freedom to Speak Up Guardian, Non-Executive Director lead, Chief Nurse and People Director attend these meetings
- Recruiting a total of 22 Freedom to Speak Up Champions across the Trust, who meet monthly to discuss themes and gain support from our Guardians. Our Champions include staff, volunteers and Governors
- Proactively learning from the best practice in place at award-winning organisations to strengthen our Freedom to Speak Up function while supporting staff at a middle management level to recognise and respond to concerns. This work will remain a priority for 2022/23, while a managers' handbook to support learning and development will launch early in the new financial year
- Completing a self-assessment gap analysis following learning from the Blackpool and West Suffolk case reviews. This has been valuable in directing our next steps for developing our services to ensure we provide a consistently robust and fair response to Speak Up concerns which is supported by organisational policy and practice

Whistleblowing

The Trust has taken the decision to have one dedicated contact number for staff who wish to raise whistleblowing or Speak Up concerns. This will make it as easy as possible for staff to share concerns, and gives them the opportunity to leave a voicemail message and remain anonymous if they would prefer.

Local Counter Fraud Service (LCFS)

We work 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. It gives 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 or advice issued by NHS Protect. This process is detailed in the Trust's Anti-Fraud and Bribery Policy.

Our volunteers

Volunteers began returning to the Trust at the start of the year, initially to help at the COVID-19 Vaccination Hub before slowly being reintroduced into their previous roles. Our volunteers were missed during the pandemic, and their return has been greatly appreciated by staff, patients and visitors.

We now have 145 volunteers supporting our patients, and plan to grow the number with new roles as we continue to recover from COVID-19. During 2021/22, our volunteers contributed 14,500 hours to QEH, working across the Trust in the pharmacy, wards and front of house, as well as with our Chaplaincy, Macmillan and League of Friends teams.

2021/22 volunteer developments

Over the past year, Voluntary Services has modernised the way it works through the use of digital technology, in turn placing the team in a better position to grow in the coming years. This work has included introducing dedicated volunteer software to improve the retention of records provide a consistently robust and fair response to Speak Up concerns which is supported by organisational policy and practice.

Looking ahead

- Recruit a Volunteer Co-ordinator on a short-term basis to further aid the recovery of the service and help establish stronger foundations for 2022/23. Funding for this role has been secured from NHSE/I
- Increase awareness of Voluntary Services both internally and externally by publicising case studies showcasing the valuable work carried out by our volunteers
- Establish new roles to support the hospital as it continues to evolve
- Continue to work within Norfolk and Waveney Integrated Care System to share best practice and develop training modules for volunteers
- Celebrate the significant contribution our volunteers have made during Volunteers Week 2022, including celebrating our long-serving volunteers and recognising these important contributions

The Executive Team were faced with many difficult decisions at the start of the pandemic, not least that it was necessary to pause all Voluntary Services activities at QEH. At the time I was understandably disappointed, although the Trust promised that volunteers could return to QEH in the future, and that regular updates would be issued to keep volunteers informed and provide a contact point for any concerns and questions.

I have now been back at QEH as a Pharmacy Runner since August 2021. It is so rewarding to be back after such a long absence and be able to support the staff who have endured so much over the last two years. It is great to see so many volunteers returning to QEH and to once again be a proud member of Team QEH.

Andrew Bailey
Pharmacy Runner

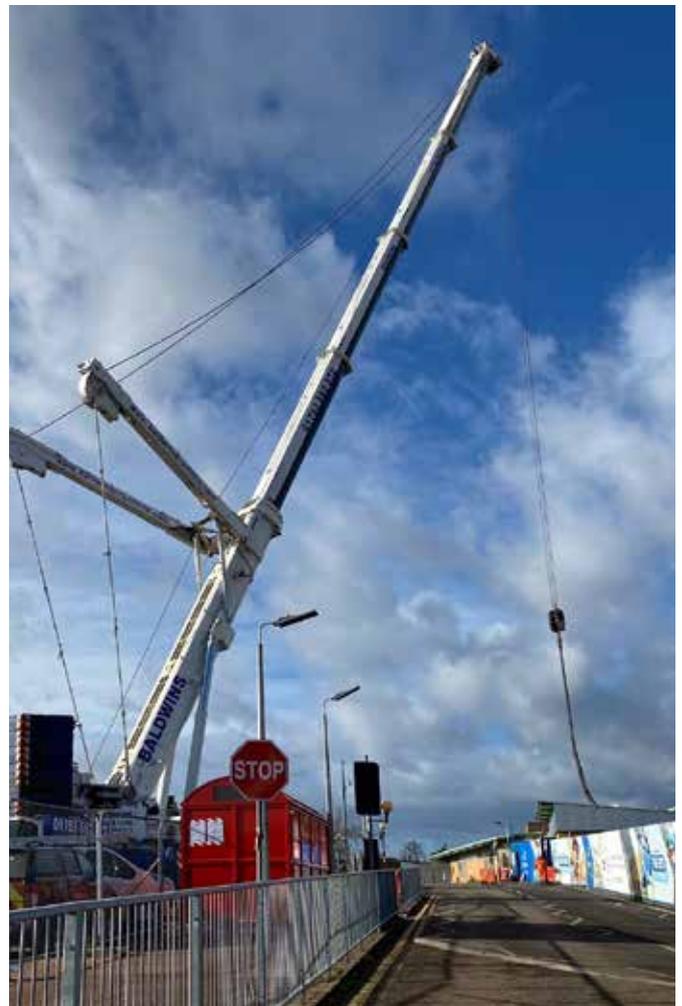
ESTATES, FACILITIES, HEALTH & SAFETY AND FIRE

Estates

Our hospital is now more than 40-years-old and investment is required to build a new hospital to replace the building by 2030. While the QEH New Hospital Programme Board is striving to ensure that the Trust is included on the Government's new hospital list, the Estates Team are responsible for maintaining and modernising the estate in line with the Estates Strategy.

During 2021/22, significant capital investment of £30m was awarded to the Trust to improve facilities and services for our patients and staff. This funding has been used to:

- Maintain safety and support to the structure of the roof and wall panel deflections as the surveyors report the results of their surveying
- Create a decant theatre space by constructing a new Endoscopy Unit
- Refurbish the Churchill Ward into the Emerson Unit to provide a new Outpatients Unit
- Convert the West Dereham Outpatient Area into a care of the elderly ward. This has released the Windsor Ward as decant ward for the RAAC programme
- Move the Brancaster Outpatient Department into the Emerson Unit and convert the Brancaster Ward into a maternity ward, in turn releasing Castle Acre Ward as a second decant ward
- Refurbish the Neonatal Ward, which is due for completion by June 2022
- Create a new Ophthalmology Unit in the rear of the Emerson Unit
- Create the Butterfly Suite (Maternity Bereavement Suite) within the delivery ward, which is due for completion by May 2022
- Create an additional Multi-Faith Room
- Create additional car parking spaces around the Fermoy Unit
- Address backlog maintenance
- Maintain the exterior paintwork to prevent erosion to wall panels
- Create a new Health and Wellbeing Centre
- Refurbish the seated area at the Hub restaurant to improve the environment for staff and visitors



Alongside this capital work, the Estates team has also:

- Modified the main heating pipework to significantly reduce heating costs and the Trust's carbon footprint
- Continued the RAAC plank project in conjunction with NHSE/I and regional Trusts and installed steel and wood failsafe structures to the first-floor emergency exit ramp, the gym and the Necton/ Oxborough approach corridor
- Upgraded to highly efficient LED lighting
- Supported departments to respond to the COVID-19 pandemic
- Repainted the main hospital building
- Upgraded and improved fire detection and compartmentation in refurbished areas
- Upgraded external footpaths
- Refurbished the Estates Workshops to provide an improved working environment for staff
- Established a leadership programme for the Estates and Facilities management teams
- Produced an Estates Strategy which was approved by the Trust Board in March and defines the requirements for a new hospital and how the estate will be configured
- Published the Trust's Green Plan in February 2022

Looking ahead to 2022/23

Over the coming 12-months, the Estates team will:

- Work alongside the RAAC Programme Director to achieve year two of the project, which will see failsafes provided to ward areas and theatres across the first floor
- Upgrade the theatre ventilation systems and lights as the areas are decanted to complete the failsafe work
- Continue the project to fully repaint the remaining elevations of the main hospital building
- Review the equipment needed to support the Sterile Services Department
- Replace the chillers in the Critical Care Complex
- Upgrade the electrical infrastructure to the main kitchen
- Work with the Estates Integrated Care System group to secure the sustainability resources required to deliver the Green Plan agenda
- Improve the facilities on offer in the main entrance
- Upgrade the staff changing facilities
- Enhance the environment in the Emergency Department to create the operational space required

Facilities

The Facilities Team have worked closely with Domestic Services and porters throughout the pandemic to ensure our wards and departments were kept clean and hygienic, in turn supporting the flow of patients through the hospital. In addition, the team also celebrated several significant achievements:

- Two of our hospital chefs came second in the national NHS Chef 2021 competition
- The Catering Team achieved 'exemplar' status from the Better Hospital Food Team

- All Facilities supervisors began a leadership programme
- The Catering Team achieved five stars for food hygiene from local environmental health inspectors
- Domestic Services maintained its British Institute of Cleaning Science (BICSc) accreditation

Various improvements have also taken place during 2021/22. They include:

- Introducing new patient meal trollies to better maintain the temperature of meals. This came following feedback from patients, who told us that their food sometimes was not hot enough
- Installing a new waste disposal unit in the main kitchen to help us dispose of food waste in an environmentally acceptable way
- Refurbishing the seated area at the Hub restaurant to make it more welcoming and comfortable for our visitors and staff
- Preparing for the opening of a night time café for staff from 1 April 2022

Health and Safety

The Health and Safety (H&S) Team advises on staff safety in relation to the main risks present in a healthcare environment. They support risk assessment and incident investigation, and are also responsible for proactively auditing and monitoring standards and compliance across our premises.

The H&S team expanded during 2021/22, with the addition of a Training Manager and an Auditor. These new staff have added their knowledge and skills to the H&S function, strengthening the resilience of the team and the ability to provide a comprehensive service.

The main projects for 2021/22 were:

- Working as part of the Trust's team of fit testers to support clinical areas as the pandemic continued by making sure staff were wearing the correct type of FFP3 face mask to protect them
- Supporting the Trust with risk assessments and COVID-19 workplace assessments, as well as advising on safe occupancy levels for offices, rooms, and education and training spaces
- Continuing to develop the Trust's electronic web-based system for the safe management of Control of Substances Hazardous to Health (COSHH)
- Introducing digital auditing system for H&S and fire safety, with a view to expanding the system in future to include contractors and contractor work area
- Monitoring incidents reported on the Datix system and investigating those rated as moderate or above before formally reporting to the Serious Incident Review Panel (SIRP)
- Completing the Premises Assurance Model (PAM) 2021, which has now become a mandatory return along with the Estates Return Information Collection (ERIC)
- Supporting the development of the network of staff who are confident and competent in health and safety staff at all levels of the Trust, from senior managers to local risk champions
- Continuing to manage water safety in conjunction with the wider Estates and Infection Prevention and Control (IP&C) Team

- Contributing to groups and committees such as the Estates Delivery and RAAC Forum, Assurance and Risk Executive Group, Hospital Infection Control Committee and the Clinical Governance Executive Committee, while working closely with the Patient Safety, Patient Experience, IP&C and Occupational Health Teams
- Managing and updating the combined Estates and Facilities Risk Register and providing monthly assurance and/or escalation updates to the Assurance and Risk Executive Group
- Supporting the work carried out by the Space Utilisation Group and assisting with the coordination of department and staff moves when required.
- Working closely with the Estates Capital Team to support capital projects and advise on health and safety matters

Training

The pandemic continues to have an impact on the way training is delivered across the Trust, with H&S training now taking place as an e-learning package via the Employee Staff Record (ESR) system. It covers the mandatory training needs of the organisation, including risk assessment, COSHH, waste and sharps awareness and the prevention and management of aggression. In addition to the ESR e-learning package, a local H&S information pack is also available to all staff on the intranet.

Moving and handling training level one is delivered via e-learning, while levels two and three are face-to-face due to their practical nature, as using moving and handling equipment is a key component. Social distancing has had a significant impact of the number of staff who can attend these sessions, and wherever possible additional sessions have been arranged. We are currently evaluating whether some elements of level two and three training could be delivered via e-learning in 2022/23, and are also reviewing the competency packs which support moving and handling training for wards and clinical departments.

We regularly evaluate the training we provide to make sure it is effective.

Incidents

Five categories of health and safety-related incidents are reported most frequently by staff. These are:

- Slips, trips and falls
- Needle-stick and sharps injuries
- Environmental matters
- Accidents caused by some other means
- Exposure to a hazardous substance/ electricity/ infection

There were 374 staff safety incidents reported during 2021/22 compared with 379 during 2020/21. This represents a very slight decrease of five incidents between the two years.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents

During 2021/22, 15 staff injuries were reported to the Health and Safety Executive. These were due to the employee sustaining injuries during work-related activities or being absent for or requiring a change of duties for more than seven-days.

This is a very slight increase of one incident from 2020/21, when there were 14 RIDDOR reports made.

Looking ahead to 2022/23

The Health and Safety Team will:

- Lead on the Premises Assurance Model (PAM) and Estates Return Information Collection (ERIC) returns for the Trust
- Review our moving and handling training to take advantage of new technology and new competency-based training packages
- Ensure that the available space on site is used effectively
- Review the risk register monthly to continue to provide assurance around risk management and escalation if required
- Contribute to Capital Estates projects across the Trust

Fire safety

The (Regulatory Reform) Fire Safety Order 2005 requires the Trust to effectively plan, organise, control, monitor and review our preventive and protective measures and general fire precautions.

The main projects for 2021/22 were:

- Continue the category L1 (life protection) fire alarm upgrade. This is a legal requirement to ensure we have a fully compliant site-wide alarm in place. This extensive project has been underway since 2017
- Carrying out compartmentation upgrades following the L1 installation
- Establishing robust fire safety arrangements for the Sandringham Unit. Work is ongoing to upgrade fire alarms and compartmentation
- Carrying out upgrades to the discharge lounge
- Sharing information with the fire service, particularly regarding the roof planks
- Updating the site-wide risk assessment
- Reviewing and updating the fire strategy for QEH and the Sandringham Unit
- Reviewing and amending departmental fire risk assessments as required
- Providing advice and guidance around department moves due to the pandemic
- Purchasing mobile fire suppression units for key areas within the Trust and providing training for staff

Fire safety training

Fire training is reviewed and updated regularly. An annual training needs analysis also takes place so that we can make sure we are delivering appropriate training which meets our legal requirements to ensure oversight control of fire risks at a local level. We also offer bespoke training to wards, which includes the use of evacuation equipment.

We are continuing to deliver face-to-face training, while a video has been created for staff who are unable to attend a training session. During the year, we delivered:

- 96 face-to-face mandatory and ward-based training sessions (this includes sessions held via Microsoft Teams)
- 12 face-to-face fire warden training sessions
- 13 evacuation and ski pad training sessions

Fire incidents

During 2021/22, there were 54 fire-related incidents recorded onto Datix for investigation and management. This compares with 49 incidents during 2020/21. Learning from these incidents is incorporated into mandatory fire safety training and fire warden training and communicated across the Trust.

Looking ahead to 2022/23

We will:

- Continue with the L1 project for whole site
- Continue with compartmentation and sub compartmentation works
- Continue to contribute to projects such as the Wellbeing Centre
- Continue to upgrade fire doors across the site and provide certification



CASE STUDY

Celebrating success on the national stage

QEH was one of the first Trusts in the country to carry out a Duty of Candour exercise with patients and their families, recognising the importance of openness and transparency with those who were likely to have contracted COVID-19 in our care.

We received widespread praise for the way in which we approached this important exercise from colleagues at NHS England and Improvement, the Department of Health and Social Care and the Secretary of State for Health and Social Care. Trusts from across the country have also contacted QEH to learn from our approach.

The Trust made contact with 389 patients who contracted or were likely to have contracted COVID-19 while in our care, as well as the next-of-kin of those who sadly died after contracting COVID-19, to apologise. Staff also met in person with many patients and their families to discuss what happened in more detail and answer any questions.

In October 2021, we published a report which captured the learning we continue to take from the COVID-19 pandemic to further improve care and the experience which our patients and their families have when accessing our services.

Called 'Learning from the COVID-19 Pandemic', the report was shared with the patients and families most affected, as well as more widely with commissioners, stakeholders and the public. The main learning points summarised in the report included:

- Communication between patients, their loved ones and those delivering care should be strengthened.
- Managing infection control should be everybody's business, with PPE, social distancing and other safety requirements still necessary to prevent the spread of the virus.
- The Trust must continue to make sure patients receive care on the ward that best meets their individual needs the first time. This will help to prevent unnecessary ward moves which leads to a poor patient experience and potential breakdown in communication between the hospital, patients and their families.
- Digital technology, including smartphones and tablets, should continue to be used to facilitate virtual visiting for patients to help them stay in touch with loved ones, particularly where the family lives some distance away.
- COVID-19 continues to bring unprecedented pressures to QEH and the wider NHS. Despite this, staff remain responsive and are adapting admirably to fresh challenges on a daily basis, in turn demonstrating their commitment to kindness, wellness and fairness and to having honest and transparent conversations

TRADE UNION TIME

The Trade Union (Facility Time Publication Requirements) Regulations 2017 requires the Trust to publish information regarding Trade Union facility time in accordance with schedule two of the regulations.

Relevant union officials

Number of employees who were relevant union officials during the period	Whole-Time Equivalent employee number
20	19

Percentage of time spent on facility time

Percentage of time spent on facility time	Number of employees
0%	17
1%-50%	3
51%-99%	0
100%	0

Percentage of pay bill spent on facility time

Total cost of facility time	£2,673.14
Total pay bill	£156,764,000.00
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.00%

Paid Trade Union activities

Time spent on paid trade union activities as a percentage of total paid facility time, calculated as: (total hours spent on paid trade union activities by relevant union officials during the period ÷ total paid facility time hours) x 100	0.00%
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EXPENDITURE ON CONSULTANCY

The Trust has spent £1.163m on consultancy in 2021/22; the level of expenditure on consultants has increased from £57K in 2020/21. This increase reflects a higher level of support required by the Trust during 2021/22.

Off-payroll engagements

We can confirm that all existing off-payroll engagements outlined below have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

All off-payroll engagements as of 31 March 2022, for more than £245 per day	Number of engagements
Number of existing engagements as of 31 March 2022	-
Of which:	
Number that have existed for less than one year at the time of reporting	-
Number that have existed for between one and two years at the time of reporting	-
Number that have existed for between three and four years at the time of reporting	-
Number that have existed for four years or more at the time of reporting	-
All new off-payroll engagements, or those that reached six-months in duration between 1 April 2021 and 31 March 2022, for more than £245 per day and last longer than six-months of which:	
Number assessed as within scope of IR35	-
Number assessed as not within scope of IR35	-
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	-
Number of engagements reassessed for consistency/ assurance purposes during the year	-
Number of engagements that saw a change to UR35 status following the consistency review	-
For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022	-
Number of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year	-
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	-

Exit packages: other (non-compulsory) departure payment

	Expected sign	Number of payments agreed 2021/22	Total value of agreements in 2021/22	Number of payments agreed 2020/21	Total value of agreements in 2020/21	Sub code
Voluntary redundancies including early retirement contractual costs	+					STA0720
Mutually agreed resignation (MARS) contractual costs	+					STA0730
Early retirement in the efficiency of the service contractual costs	+					STA0740
Contractual payments in lieu of notice	+	22	86	15	54	STA0750
Exit payments following employment tribunals or court orders	+					STA0760
Non-contractual payments requiring HMT approval (special severance payments)	+					STA0770
Total	+	22	86	15	54	
Of which non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12-months of their salary	+					STA0790

DISCLOSURES SET OUT IN THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

Compliance with the NHS Foundation Trust Code of Governance

The regulator has in place a Code of Governance, which sets out expectations concerning the Trust's corporate governance arrangements. Schedule A to the code sets out the detail of required corporate governance disclosures, including those that are reported in this Annual Report:

- Schedule A1 - Statutory requirements
- Schedule A2 - Provisions requiring a supporting explanation (see table below)
- Schedule A3 - Supporting information to be made publicly available (see table below)
- Schedule A4 - Supporting Information to be made available to Governors
- Schedule A5 - Supporting information to be made available to Members
- Schedule A6 - Provisions requiring a compliance statement or explanation where the Trust has departed from the code

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Trust is required to report against the provisions of the code in a variety of ways, as set out below.

At 31 March 2022, the Board of Directors declares compliance with the provisions of **The Code of Governance, Schedule A1 (Statutory Requirements)**.

The Trust's compliance status in respect of **The Code of Governance, Schedule A2 (Provisions requiring a supporting explanation)** is set out in the following table:

Provision	Provision summary	Supporting explanation
A.1.1	This statement should also describe how any disagreements between the Governors' Council 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 Governors' Council operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the Board of Directors.	<p>The Trust has in place a 'Policy for engagement between the Governors' Council and the Board of Directors', which describes how Governors engage with the Board of Directors when they have concerns about the performance of the Board of Directors, compliance with the licence conditions or the welfare of the Trust.</p> <p>The Trust also has in place a 'Procedure for Dispute Resolution', to deal with disputes relating to the Trust's constitution.</p> <p>The 'Working Together Strategy' sets out how the Board of Directors and Governors' Council will work together to enable their key respective statutory duties to be delivered effectively.</p> <p>Summary statements outlining how the Board and Governors' Council operate, including a summary of the types of decisions taken, are set out in the Annual Report, in 'The role of the Board of Directors' and 'The role of the Governors' Council' respectively.</p>
A.1.2	The Annual Report should identify the Chairperson, the Deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the Chairperson and members of the Nominations, Audit and Remuneration Committees. It should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	See table in 'The Board of Directors'.
A.5.3	The Annual Report should identify the members of the Governors' Council, 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 table in 'The Governors' Council composition 2021/22'.
Additional requirement of FT Annual Reporting Manual	The Annual Report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors.	See table in 'The Governors' Council composition 2021/22' and table in 'The Board of Directors'.
B.1.1	The Board of Directors should identify in the Annual Report each Non-Executive Director it considers to be independent, with reasons where necessary.	<p>In respect of the criteria set out in The Code of Governance, all Non-Executive Directors are judged to be independent in character and judgement.</p> <p>No relationships or circumstances have been identified that are likely to affect, or could appear to affect, Directors' judgement.</p> <p>The Register of Directors' Interests is available on the Trust's website and is published at least quarterly as part of the Board of Directors public meeting papers.</p>
B.1.4	The Board of Directors should include in its Annual Report a description of each Director's skills, expertise and experience. Alongside this, in the Annual Report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	See 'Our Board of Directors' and 'Nomination and Remuneration Committee (Executive Appointments)' in 'The Board of Directors' section.

Provision	Provision summary	Supporting explanation
Additional requirement of FT Annual Reporting Manual	The Annual Report should include a brief description of the length of appointments of the Non-Executive Directors, and how they may be terminated	<p>See table in 'The Board of Directors'.</p> <p>Non-Executive Terms and Conditions of Appointment outline that a person may be disqualified following a finding that he or she is not a 'fit and proper person' on the grounds of serious misconduct or incompetence, and the conditions set out in the Trust's Constitution.</p> <p>Removal of the Chairman, the Vice-Chairman or another Non-Executive Director requires the approval of three-quarters of the members of the Governors' Council. This action would only be taken in extreme circumstances once all other opportunities had been utilised to resolve issues.</p>
B.2.10	A separate section of the Annual Report should describe the work of the nominations committee(s), including the process it has used in relation to Board appointments.	See 'Meetings of the Governors' Council' - 'The Nomination and Remuneration Committee (Non-Executive Director appointments)' and the 'Board of Directors' - the 'Nomination and Remuneration Committee (Executive Appointments)'.
B.3.1	A Chairperson's other significant commitments should be disclosed to the Governors' Council before appointment and included in the Annual Report. Changes to such commitments should be reported to the Governors' Council as they arise and included in the next Annual Report.	<p>The Trust Chairman had no commitments likely to impact on his work with the Trust.</p> <p>Through the appointment process for the Acting Chair, undertaken January/February 2022, the individual's other significant commitments were disclosed before appointment and are included in the Register of Directors' Interests.</p>
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed Governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The Annual Report should contain a statement as to how this requirement has been undertaken and satisfied.	<p>COVID-19 has continued to impact on how this requirement would normally be fulfilled. However, in the absence of face-to-face meetings, Governors canvassed the opinion of the Trust's members and the public in a variety of ways, including virtually through engagement with Healthwatch Norfolk and Healthwatch Cambridgeshire and Peterborough and via other virtual means with the local community in 2021/22.</p> <p>Very regular communications are issued to keep members updated and to ensure they have a voice and say in Trust developments. This includes a Governors' newsletter, members' e-bulletin and routine Trust email communications.</p> <p>The Working Together Strategy reflects the ways in which Governors will be properly engaged and consulted on key developments and this included in-year, the development of the case for a new hospital (expressions of interest which were submitted to the Department of Health and Social Care in September 2021) and the development of the Strategic Outline Case, the strategic priorities as the Trust developed year three milestones for its Corporate Strategy, the Trust's five-year Clinical Strategy and Acute Provider Collaborative developments.</p> <p>There are Governor leads for a range of topics and subject matters, including: new hospital, multi-storey car park development, digital, dementia, charitable funds, Freedom to Speak Up, cancer, Integrated Care System, Acute Provider Collaboration and staff awards.</p> <p>The Trust's appointed Governors represent the views of a range of local strategic partners.</p>

Provision	Provision summary	Supporting explanation
Additional requirement of FT Annual Reporting Manual	<p>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.</p> <p>This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p><i>* 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).</i></p> <p><i>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</i></p>	Not applicable. Governors have not exercised this power.
B.6.1	The Board of Directors should state in the Annual Report how performance evaluation of the Board, its committees, and its Directors, including the Chairperson, has been conducted.	See 'Evaluating the Board's Performance' in 'The Board of Directors' section.
B.6.2	Where there has been external evaluation of the Board and/or governance of the Trust, the external facilitator should be identified in the Annual Report and a statement made as to whether they have any other connection with the Trust.	<p>Governance-related reviews were undertaken by Grant Thornton as part of the Trust's Internal Audit programme during 2021/22.</p> <p>In 2021, the Trust commissioned a Well-Led review of its Board and committees undertaken by a team of senior NHS Improvement colleagues. One member of the team had previously been seconded to the QEH Board from NHS Improvement whilst the Trust carried out the recruitment process for the Chief Nurse position.</p> <p>The CQC undertook a Well-Led inspection in January 2022.</p>
C.1.1	The Directors should explain in the Annual Report their responsibility for preparing the Annual Report and Accounts, and state that they consider the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the Annual Report).	<p>See sections on:</p> <ul style="list-style-type: none"> • 'Statement of the Chief Executive's Responsibilities as the Accounting Officer of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust' • 'The Annual Governance Statement' • 'The Board of Directors' - 'The Audit Committee and Audit'
C.2.1	The Annual Report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	See: 'The Annual Governance Statement'.

Provision	Provision summary	Supporting explanation
C.2.2	<p>A Trust should disclose in the Annual Report:</p> <ul style="list-style-type: none"> a) if it has an internal audit function, how the function is structured and what role it performs; or b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes 	See 'The Audit Committee and Audit'
C.3.5	<p>If the Governors' Council does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the Annual Report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Governors' Council has taken a different position.</p>	Open tender process undertaken for external auditor in 2021/22, with the recommendation approved by the Governors' Council. See 'The Audit Committee and Audit'.
C.3.9	<p>A separate section of the Annual Report should describe the work of the committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> • The significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed • An explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted, and • If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded 	See 'The Audit Committee and Audit'; 'The Independent Auditor's Report to the Governors' Council' and the 'Annual Governance Statement' and 'Disclosures' within the Annual Accounts
D.1.3	<p>Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the Annual Report should include a statement of whether or not the Director will retain such earnings.</p>	Not applicable in 2021/22.
E.1.5	<p>The Board of Directors should state in the Annual Report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Governors' Council, direct face-to-face contact, surveys of members' opinions and consultations.</p>	See 'The Role of the Board of Directors'.
E.1.6	<p>The Board of Directors should monitor how representative the NHS Foundation Trust's membership is, and the level and effectiveness of member engagement and report on this in the Annual Report.</p>	<p>See 'Meetings of the Governors' Council' and 'Current Foundation Trust Public Membership'.</p> <p>The membership profile is shared on a monthly basis via the Governors' Membership and Communication Committee.</p>

Provision	Provision summary	Supporting explanation
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the Foundation Trust's website and in the Annual Report	See 'Contacting the Governors'
Additional requirement of FT Annual Reporting Manual	The Annual Report should disclose details of company directorships or other material interests in companies held by Governors and/or Directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS Foundation Trust.	See 'Register of Directors' Interests' for Board of Directors and 'Governors' Council Composition'. The Register of Interests for the Board of Directors and the Governors' Council are available on the Trust's website as part of their public meeting papers.

In respect of **The Code of Governance, Schedule A3**, the following information is available as indicated:

Provision	Provision summary	Supporting explanation
A.1.3	The Board of Directors should make available a statement of the objectives of the NHS Foundation Trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	Annual Report and website.
B.1.4	A description of each Director's expertise and experience, with a clear statement about the Board of Director's balance, completeness and appropriateness.	Annual Report and website.
B.2.10	The main role and responsibilities of the Nominations Committee should be set out in publicly available, written terms of reference.	On request and in Annual Report - 'Meetings of the Governors' Council' and 'The Board of Directors' sections
B.3.2	The terms and conditions of appointment of Non-Executive Directors.	On request from the Trust Secretary.
C.3.2	The main role and responsibilities of the Audit Committee should be set out in publicly available, written terms of reference.	On request and in Annual Report - 'The Audit Committee and Audit'.
D.2.1	The Remuneration Committee should make available its terms of reference, explaining its role and the authority delegated to it by the Board of Directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS Foundation Trust.	On request and in the Annual Report - 'Committees of the Governors' Council' and 'The Board of Directors' sections. Alumni Harvey Nash has, during the period, been used to support recruitment and provide benchmarking information, taking into account NHS guidance, in relation to salaries for Executive Directors. There is no other connection with the Trust.

Provision	Provision summary	Supporting explanation
E.1.1	The Board of Directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	<p>The Trust has a Members and Governors' annual workplan which is approved by the Governors' Membership and Communications Committee and the Governors' Council, which set out this detail.</p> <p>Details of how the Trust listens to patient, Governor and member feedback and involves members, Governors and the local community is also included in the Trust's Corporate Strategy and patient experience workplan and are discussed regularly at the Governors' Patient Experience Committee as well as via engagement meetings with key stakeholders, including those with Healthwatch and local authority partners.</p> <p>Our Governors attend various Patient Partnership Forums in the areas they represent to share information and ensure feedback is sought and brought back into the Trust to inform improvements.</p>
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the NHS Foundation Trust's website	Website and Annual Report - 'Contacting the Governors'.

In respect of **The Code of Governance, A4 (Supporting Information to be made available to Governors) and A5 (Supporting information to be made available to Members)**, the Board of Directors confirms that the following information is made available

Schedule	Provision	Information
A4	B.7.1	In the case of re-appointment of Non-Executive Directors, the Chairperson should confirm to the governors that after formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.
A5	B.7.2	The names of Governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.

In respect of **The Code of Governance, Schedule A6 (Provisions requiring a compliance statement or explanation where the Trust has departed from the Code)**, the Board declares compliance with all provisions as at 31 March 2022.

THE BOARD OF DIRECTORS

The Board of Directors has, during 2021/22, met in public on 10 occasions. The Board has also met in private on 10 occasions where its debate has considered commercially sensitive and/or involved confidential issues. The Board meets in less formal workshop settings to undertake strategic planning and development activities.

As at 31 March 2022, the Board of Directors was made up of the Chairman, seven Non-Executive Directors and six voting Executive Directors. The six voting Executive Board positions at 31 March 2022 were: the Chief Executive, the Deputy Chief Executive, the Director of Finance, the Medical Director, the Chief Nurse and the Chief Operating Officer. There were substantive appointments to all Executive Director positions following the commencement of the Chief Nurse and the Director of Patient Safety in their roles in May 2021. As at 31 March 2022, the Trust was compliant with the Code of Governance provision B.1.2, requiring at least half the Board of Directors, excluding the Chairperson, to be Non-Executive Directors determined by the Board to be independent.

During 2021/22, the Trust Chairman led the Governors' Council in undertaking Non-Executive Director recruitment and selection, and Non-Executive Director reappointment processes, to maintain the full Non-Executive complement on the Board, in line with the Trust's constitutional provisions. This has enabled continuation of improved Non-Executive Director oversight and scrutiny, as the Trust continued to further develop its quality and financial recovery plans, undertake its comprehensive organisational engagement and development work and develop recovery and restoration plans for elective care and urgent and emergency care in response to the impact of the COVID-19 pandemic.

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

Following the announcement in January 2022 that the Trust Chairman would be leaving the Trust on 31 March 2022 to take on a new role, the Governors led a competitive process to appoint an Acting Chair for a period of up to 12 months from amongst the current Non-Executive Directors, to ensure the Trust maintains continuity of leadership whilst open recruitment processes are undertaken to appoint a substantive Chair. Graham Ward was appointed by the Governors' Council as Acting Chair with effect from 1 April 2022, resulting in a short term Non-Executive Director vacancy. The Trust Chairman led work with the Governors to appoint into this short term Non-Executive Director vacancy, to ensure capacity and capability is maintained over this interim period. Jackie Schneider, a former QEH Non-Executive Director, commenced with the Board in this short term position on 1 April 2022.

The role of the Board of Directors

The Board of Directors has a dual role: leadership and control. As a unitary Board it has collective responsibility for setting the strategic direction of the organisation and for overseeing and ensuring the delivery of its strategy and the performance of the organisation.

Some of the responsibilities of the Board of Directors

- To ensure that the Trust meets its statutory duties and complies with the provisions of its Provider Licence and its constitution
- To ensure that the organisation's policy framework is developed in accordance with the rights, pledges and responsibilities contained in the NHS Constitution
- To provide leadership for the organisation in respect of agreed organisational values and standards of conduct, in accordance with accepted standards of behaviour in public life, which include the principles of selflessness, integrity, objectivity, openness, honesty and leadership (Nolan)
- To establish a robust performance management framework and support the Executive Team in meeting the organisation's performance targets; monitoring the performance of the Trust and ensuring that the Executive Directors manage the Trust within the resources available, in such a way as to:
 - › ensure the quality and safety of healthcare services
 - › plan for continuous improvement
 - › protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care
 - › use Trust resources efficiently and effectively
 - › promote the prevention and control of healthcare-associated infection
 - › comply with all relevant regulatory, legal and code of conduct requirements
 - › maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust
 - › maintain the high reputation of the Trust both with reference to local stakeholders and the wider community
- To engage, as appropriate, with the Governors' Council, in accordance with the statutory and regulatory framework

The Board of Directors, and in particular the Non-Executive Directors, have developed an understanding of the views of Governors and members about the NHS Foundation Trust, for example through:

- Attendance at meetings of the Governors' Council
- Governor attendance at Board of Director meetings
- Attendance at Governor Committee meetings
- Attendance at Board sub committees (Governors began observing sub committees in 2020/21)
- Attendance at informal Governor briefings and seminars on specific topics/subjects
- Governor representation at some key meetings and working groups
- Regular Lead Governor meetings with the Trust Chairman
- Question session at Annual Members Meeting (held virtually in 2021 due to continued COVID-19 restrictions, with over 50 online attendees)
- Joint Governor/Board briefing/update sessions

The Chair, the Vice Chair and the Senior Independent Director

In a Foundation Trust, the Trust Chair chairs both the Board of Directors and the Governors' Council. In 2021/22, the Trust Chair has had no other significant commitments that have had an adverse impact on his role as Chair of the Foundation Trust.

The Trust's constitution makes provision for the Board's appointment of a Senior Independent Director, who has particular duties regarding working with the Governors' Council and the Board of Directors to address any issues where it is inappropriate for the Chair to do so. The Trust's current Senior Independent Director, Alan Brown, was appointed by the Board in June 2019. The appointment was supported by the Governors' Council. The roles of Vice Chair (appointed by the Governors' Council in January 2019) and Senior Independent Director are currently held by the same Non-Executive Director, and were reconfirmed by the Governors' Council in April 2021, on their reappointment of Alan Brown as Non-Executive Director for a second term of office.

Register of Director's Interests

All directors are required to complete and keep up to date their declarations of interest, which are recorded in the Register of Directors' Interests. A copy of the register is presented regularly at the Board's public meetings and is available within public Board papers on the website or by contacting the Trust Secretary on 01553 613614.

Delegation and the committees of the Board of Directors

The Board of Directors' Terms of Reference and Scheme of Delegation set out those matters reserved for the Board. The Board delegates powers to formally constituted committees, in accordance with its scheme of reservation and delegation.

Committees reporting and accountable to the Board of Directors during 2021/22:

- The Quality Committee
- The Finance and Activity Committee
- The People Committee
- The Education, Research and Innovation Committee
- The Audit Committee
- The Nomination and Remuneration Committee (Executive Director Appointments)
- The Senior Leadership Team

The Trust's Charitable Fund Committee reports to 'The Board acting as Agent of the Corporate Trustee'.

The Audit Committee and audit

The Audit Committee met six times during 2021/22. Its purpose is to provide independent assurance of the adequacy of the Board Assurance Framework and associated control environment, independent scrutiny of the Trust's financial, non-financial and quality performance to the extent that it affects the Trust's exposure to risk and weakens the control environment, and to oversee the financial reporting process.

The work of the Audit Committee supports the completion of the Annual Governance Statement by the Accounting Officer. The Audit Committee approves strategies and plans for countering fraud and receives reports from the Trust's Local Counter Fraud Specialist at each meeting. The Chair of the Audit Committee is a qualified accountant. The Audit Committee approves the Internal Audit work programme and monitors the effectiveness of the Internal Audit function. The committee also receives and considers reports and opinion from both internal and external auditors.

Grant Thornton provided the Trust's Internal Audit function in 2021/22. The Internal Auditors audit a range of both financial and quality controls at the Trust and provide levels of assurance accordingly.

During 2021/22 Grant Thornton came to the end of the last year of their contract with the Trust for Internal Audit services. The Trust undertook an open tender process for the Internal Audit function. PWC was appointed as the Trust's Internal Auditors from 1 April 2022 for a period of three years.

The Trust's external auditor for the period covered by this Annual Report was KPMG. During this period, KPMG undertook an additional non-audit service. A review of the Trust's Sit Rep reporting processes was undertaken by a separate team from KPMG, enabling independence to be maintained.

During 2021/22 KPMG came to the end of the last year of their contract with the Trust for External Audit services. The Trust ran an open tender process for external audit services. Following a recommendation from the Audit Committee, approved by the Governors' Council, KPMG was re-appointed as the Trust's external auditors for a minimum three-year contract, with the potential to extend annually for up to a maximum of a further two years. The Governors' Council was represented in the detailed tender discussions.

The Audit Committee is satisfied concerning the ongoing independence of the External Audit function.

Nomination and Remuneration Committee (Executive appointments)

The committee reviews and makes recommendations to the Board on the composition, balance, skill mix and succession planning of the Board. It oversees recruitment and appointment of the Chief Executive Officer (for the approval of the Governors' Council), recruitment and appointment of other Executive Directors and approves the remuneration of the Chief Executive Officer, Executive Directors and other Directors reporting to the Chief Executive.

During the year the committee approved the substantive appointment to the position of the Director of Patient Safety.

The Nomination and Remuneration Committee (Executive Appointments) receives advice from the Director of People and/or the Deputy Director of People. Independent external advice on Executive Director remuneration was received from Alumni Harvey Nash, appointed through a tender process for executive search and recruitment services undertaken in 2020/21, with services concluding early in 2021/22.

The committee reviewed the balance, completeness and appropriateness of the Board and considered that the Board had in place the necessary balance of skills, knowledge, experience and independence to discharge the Board's respective duties and responsibilities effectively in accordance with the statutory requirements of an NHS Foundation Trust.

Evaluating the Board's performance

The Board of Directors uses a number of methods to evaluate the performance of the Board and its committees. In 2021/22, performance evaluation methodologies employed include:

- Board self-assessment (after each Board meeting)
- CEO and Executive Director appraisal
- Trust Chairman and Non-Executive Director appraisal
- Externally facilitated Board Development Programme
- Effectiveness review of the Audit Committee - using the model checklist of the NHS Audit Committee Handbook
- Committee self-assessment (after each committee meeting)
- Review of the effectiveness of Board and committee governance arrangements which includes an annual review of committee terms of reference and production of committee annual reports which will be reported to Board in April and June 2022

In 2021/22, the Board completed the self-certification requirements in relation to General Condition Six of the NHS Provider Licence. In 2021/22 the Board also made its Corporate Governance Statement and declarations in relation to current and future compliance with the NHS Provider Licence Condition FT4.

In 2021/22, the Trust commissioned a Well-Led assessment of its Board and committees, undertaken by a senior team from NHS Improvement, to gain external assurance of the Trust's Well-Led progress.

In December 2021, the CQC carried out an unannounced inspection of three core services - Medicine, Critical Care, and Urgent and Emergency Care, followed by a Well-Led inspection in January 2022. The Trust received a very positive CQC report. All three core services were rated 'Good' overall, and the CQC Well-Led inspection carried out in January 2022 resulted in a 'Good' rating. QEH is now CQC 'Good' in three domains - Caring, Effective and Well-Led.

The Constitution

The Trust's Constitution sets out the governance arrangements for the organisation. It is published on the Trust's website in the Corporate Governance section. The Trust's Constitution Working Group reviews the provisions of the constitution periodically. Proposed changes are approved by the Board of Directors, the Governors' Council and the members (at the Annual Members' Meeting) where the proposed revisions pertain to the powers or duties of the Governors. The Trust's Constitution was last reviewed in 2019/20 and changes relating to terms of office for Governors were approved at the Trust's Annual Members' Meeting in 2019.

Directors (voting Board members) 1 April 2021 to 31 March 2022	Date of end of NED terms of office	Audit Committee (six meetings)		Nomination and Remuneration Committee (five meetings)		Meetings attended out of 10 Board of Director (ordinary) meetings held in public	Meetings attended out of 10 Board of Director (ordinary) meetings held in private	Meetings attended out of five Governors' Council (ordinary) meetings in public	Meetings attended out of five Governors' Council (ordinary) meetings in private
Professor Stephen Barnett - NED Trust Chairman From 5 November 2018 Reappointed for three years from 27 November 2021	Left the Trust 31 March 2022			✓	3/3	10/10	10/10	4/5	4/5
Alan Brown - NED, Vice Chair and Senior Independent Director Chair of Charitable Funds Committee From 1 May 2018 Reappointed from 1 May 2021	30 April 2024			✓	3/3	10/10	10/10	4/5	4/5
David Dickinson - NED Chair of Audit Committee From 2 July 2018 Reappointed from 1 July 2021, initially for a period of one year and reappointment extended in March 2022 for a further two year period	30 June 2024	Chair	6/6	✓	3/3	9/10	9/10	1/5	1/5
Dr Ian Mack - NED Chair of the Quality Committee From 1 April 2019 Reappointed from 1 April 2022	31 March 2025	✓	2/2	✓	3/3	9/10	9/10	3/5	3/5
Graham Ward - NED Chair of the Finance and Activity Committee From 26 August 2019 (Appointed as Acting Chair for a period of 12 months, with effect from 1 April 2022)	31 March 2023	✓	6/6	✓	3/3	10/10	10/10	3/5	3/5
Simon Roberts - NED Chair of the People Committee From 20 May 2019 Reappointment from 20 May 2022	19 May 2025			✓	3/3	10/10	10/10	4/5	4/5
Dr Claire Fernandez - NED Chair of Education, Research and Innovation Committee From 1 July 2020	30 June 2023			✓	3/3	9/10	9/10	5/5	5/5
Sue Hayter - NED From 1 May 2021	30 April 2024	✓	4/4		1/2	8/9	8/9	4/4	4/4

Directors (voting Board members) 1 April 2021 to 31 March 2022	Date of end of NED terms of office	Audit Committee (six meetings)	Nomination and Remuneration Committee (five meetings)	Meetings attended out of 10 Board of Director (ordinary) meetings held in public	Meetings attended out of 10 Board of Director (ordinary) meetings held in private	Meetings attended out of five Governors' Council (ordinary) meetings in public	Meetings attended out of five Governors' Council (ordinary) meetings in private
Caroline Shaw CBE Chief Executive Officer From 14 January 2019		6/6	✓ 4/4	10/10	10/10	4/5	4/5
Laura Skaife-Knight Deputy CEO From 21 October 2019				10/10	10/10	5/5	5/5
Chris Benham Director of Finance From 1 January 2020		6/6		10/10	10/10	3/5	4/5
Dr Frankie Swords Medical Director From 3 June 2019				10/10 (2 sub)	10/10 (2 sub)	1/5	
Denise Smith Chief Operating Officer From 29 April 2019				10/10 (1 sub)	10/10 (1 sub)	5/5	
Carmel O'Brien Acting Chief Nurse From 16 March 2021 to 30 April 2021				1/1	1/1		
Alice Webster Chief Nurse From 1 May 2021				9/9	9/9	3/4	3/4
Key: ✓ = Committee member				No longer serving on the Board of Directors			

THE ROLE OF THE GOVERNORS' COUNCIL

The Governors' Council

- Appoints the Chair and Non-Executive Directors to the Board of Directors
- Sets the remuneration of the Chair and Non-Executive Directors
- Approves the appointment of the Chief Executive officer
- Appoints the auditor
- Influences decisions about developing services

Statutory duties for Governors

- To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors
- To represent the interests of the Queen Elizabeth Hospital Foundation Trust members as a whole and the interests of the public served by the Trust

Governors

- Have the right to receive Board agendas and minutes
- Can require Directors to attend a meeting to obtain information about Foundation Trust performance or Director performance
- Vote to approve:
 - › Constitutional changes
 - › A merger, acquisition, dissolution or separation
 - › An increase by more than 5% of the Foundation Trust's non-NHS income

Advice and training for Governors

- Foundation Trusts are required to ensure their Governors have the skills and knowledge needed to carry out their roles

The composition of the Governors' Council

16 elected Public Governors

- 9 from West Norfolk
- 2 from Breckland, North Norfolk and the rest of England
- 3 from Cambridgeshire/Fenland
- 2 from South East Lincolnshire

6 elected Staff Governors

- 3 clinical
- 3 non-clinical

7 appointed (partner) Governors

- Norfolk County Council (statutory)
- Borough Council of King's Lynn and West Norfolk
- Breckland District Council
- The University of East Anglia
- The College of West Anglia
- West Norfolk Carers
- Freebridge Community Housing

LEAD GOVERNOR'S STATEMENT

For the Queen Elizabeth Hospital, King's Lynn Foundation Trust this has been a year like no other.

While challenges posed by the COVID-19 pandemic continue, additional demands to reduce the ever increasing backlog of elective patients awaiting treatment and the increased numbers of patients presenting at our emergency department have added to the pressures.

It is a tribute to all our staff that in a time of such demand the Care Quality Commission (CQC), having undertaken an unannounced inspection, in December 2021 and January 2022, has released the hospital from the special measures regime and identified good practise in all the areas inspected.

The Governors, on behalf of our patients and the communities the hospital serves, congratulate and thank each and every member of staff for their hard work and dedication and are immensely proud of the progress the Trust has made in the last three years.

The Governors are pleased that, in a challenging year, the Trust has been able to achieve its financial plans for the second year running and deliver its Cost Improvement Plan (CIP).

Governors continue to be concerned about the deterioration of the estate. As Lead Governor and a member of the New Hospital Development Board, the community can be assured that everything possible is being done to ensure that Queen Elizabeth Hospital is included on the Government's further list of eight new hospitals.

In the meantime, the Governors are pleased that the Trust has attracted more capital investment this year, than ever before.

A £12.5 million state of the art Endoscopy Unit will be opening in the spring of 2022 which will enable endoscopies to take place in one location. The new Emerson Unit now provides an enhanced environment and a better experience for patients and staff for many of our outpatient clinics. Work is underway to refurbish the West Dereham Ward into a dementia friendly ward that will bring together the care of the elderly team. The Trust continues to monitor the buildings and carry out emergency repairs to identify where failsafes are needed to reduce the risk of roof failures and to maximise safety.

These investments demonstrate the high regard NHS England has for the present management team and their faith in the quality of their leadership, which was also reflected in the recent CQC report.

The Cancer Patient Experience Survey has highlighted significant improvements since the last survey in 2019 and demonstrates the quality improvement that has been achieved even during a pandemic. Going forward this improvement is expected to continue, with the introduction of Cancer Care Patient Navigators and all cancer patients being offered a Holistic Needs Assessment, a Care Plan and signposting to the Cancer Wellbeing and Support Centre.

The hospital has embraced the need to learn how sensory impairment and disability impacts on both patients and visitors. Training has been provided for staff, Family Liaison Officers, Ward Managers and Housekeeping staff to enable understanding of the difficulties faced when using hearing aids and face masks.

Throughout this difficult year Governors have continued to work with Board members. Although meetings of the Governors' Council and Committees have continued to be via Microsoft Teams there has been a high level of communication and the Governors have received appropriate reports and information.

The Governors look forward to the time when we can again work closely with the many organisations across the communities and being available to meet face-to-face with patients and our members.

I would like to thank my colleagues for their continuing support. To those who have served for several years, your knowledge and experience is invaluable. To those who have recently joined the Governors' Council I hope that you will find your service to be interesting and rewarding.

Sincere thanks to CEO Caroline Shaw. She has inspired the Board, the Council and the whole staff in our ambition to become the best rural, District General Hospital for patients and staff.

My special thanks to our Chairman Steve Barnett who leaves us on 31 March 2022 after three and a half years in post. His knowledge, experience and talented leadership have been inspirational. All colleagues join me in wishing him well in his new post as Chairman of the West Anglian Foundation Trust.

Whilst not without its challenges, it has been an impressive year for the Queen Elizabeth hospital and the best is yet to come.

Esmé Corner OBE
Lead Governor

2021/22 ELECTION REPORT

The Trust held a by-election in August 2021 in the public and staff non-clinical constituencies, with the successful candidates starting their term of office on 1 August 2021. In January 2022, full elections were held in public and staff constituencies and candidates started their term of office on 1 February 2022.

Governor elections enable members to elect candidates to the Governors' Council in accordance with the election rules set out in the Trust's Constitution and the Model Election Rules 2014. The Returning Officer for both elections was Civica Election Services.

Governors serve a three-year term of office. They complete the remainder of a three-year term if the three-year term is incomplete at the time of election.

Constituency/area	Vacancies	Contested?	Turnout	Name	Three-year term (unless stated)
Bi-election results: 1 August 2021					
Public: West Norfolk	1	Yes	9.5%	Sara Shaw	3 years to 31 Jan 2025
Public: Cambridgeshire/Fenland	1	No	n/a	Barry Hunt	1 year to 31 Jan 2023
Staff: Non-clinical	1	Yes	12.9%	Leanne Kendrick	3 years to 31 Jan 2025
Election results: 1 February 2022					
Public: West Norfolk	3	Yes	9%	Gilli Galloway Julian Litten Kenneth Wicks	3 years to 31 Jan 2025
Public: Breckland, North Norfolk, Rest of England	2	Yes	9%	David Chittenden Antonia Hardcastle	3 years to 31 Jan 2025 1 year to 31 Jan 2023
Public: Cambridgeshire/Fenland	1	No	n/a	Garry Monger	3 years to 31 Jan 2025
Public: South East Lincolnshire	1	No	n/a	Chris Brewis	3 years to 31 Jan 2025
Staff: Clinical	3	Yes	16.6%	Paul Cullen Linda Purdy James Richardson	3 years to 31 Jan 2025 1 year to 31 Jan 2023
Staff: Non-clinical	2	Yes	11.7%	Stewart Nimmo Sheena Johnson-Banks	3 years to 31 Jan 2025 1 year to 31 Jan 2023

A vacancy arose in the public West Norfolk and staff Non-clinical constituencies at the close of the 2022 elections. The Returning Officer advised that the Trust could approach the next placed candidates. Kenneth Wicks and Sheena Johnson-Banks were duly appointed with immediate effect, following Governors' Council approval at its meeting on 10 February 2022.

MEETINGS OF THE GOVERNORS' COUNCIL

The Governors' Council has met formally in public six times during 2021/22, including the Annual Members' Meeting. It has held four private extraordinary meetings.

The dates and venues for the Governors' Council meetings in 2022 are published on QEH's website in the Governors' Council section. Alternatively, members can contact the Foundation Trust Office on 01553 613142 or email FTMembership@qehkl.nhs.uk for details.

Esmé Corner OBE, Lead Governor, attends all the Governor's Council committee meetings and sits on Trust Board committee meetings as an observer. Esmé Corner attends Lead Governor meetings and represents the Trust on the Governor Tri-Hospital Forum with Paul Cullen, Sue Madden and Andy Walder.

Committees of the Governors' Council

The Governors' Council may not delegate its powers but it has four committees to assist in the delivery of some of its statutory functions. These committees have met throughout the year and have made progress with their designated work programmes.

The Membership and Communications Committee supports engagement and communication with the members and wider public, in line with the Membership and Communications Strategy. Nominated members contribute to the production of the Governors' newsletter 'Trust Matters,' which is an important tool for communicating with members, staff and the wider public. Following a review and as a result of feedback from members, future editions will aim to contain 80% original material.

The committee was unable to maintain the public membership numbers and address areas of underrepresentation in the public membership profile due to the pandemic. During 2022, plans are in place to work with the College of West Anglia to help improve engagement from younger people. Healthcare events and briefings will also be reinstated during the year, which will also have a positive impact on membership levels.

Work is continuing to verify member status on our database, while the General Data Protection Regulation (GDPR) continues to give members the opportunity to stop receiving emails via an 'unsubscribe' link.

The Nomination and Remuneration Committee (Non-Executive Director appointments) makes recommendations to the Governors' Council regarding the appointment and remuneration of Non-Executive Directors using the 'Structure to align remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts Implementation document: November 2019'. The terms of reference for this committee have been drawn up in alignment with Non-Executive Directors, using the Code of Governance and Monitor's 'Your Statutory Duties - A Reference Guide for NHS Foundation Trust Governors'.

In the period 2021/22 the committee has considered and made recommendations to the Governors' Council on the reappointment of the Trust Chairman and four Non-Executive Directors. The reappointment process relies on the latest performance assessment of an individual and an overview of their achievements in their term of office. The table in 'The Board of Directors' section details Non-Executive Director terms of office.

During quarter four, the committee led a competitive process to appoint an Acting Chair for a period of up to 12 months from amongst the current Non-Executive Directors, to ensure the Trust maintains continuity of leadership whilst open recruitment processes are undertaken to appoint a substantive Chair. Graham Ward was appointed by the Governors' Council as Acting Chair with effect from 1 April 2022, resulting in a short term Non-Executive Director vacancy. The committee led an appointment

process to recommend to the Governors' Council a short term appointment to this Non-Executive Director vacancy, to ensure Non-Executive capacity and capability is maintained over this interim period. Jackie Schneider, a former QEH Non-Executive Director, commenced with the Board in this short term vacancy on 1 April 2022, for a period of up to 12 months.

The Patient Experience Committee makes recommendations through the Governors' Council to help make sure that the patient experience is understood and considered when the Trust's services are being planned and reviewed. During 2021/22, the committee has engaged with Healthwatch Norfolk, liaised with lead medical staff and reviewed patient experience information from a variety of sources, including patient surveys and patient experience reports and workplans.

As representatives of patients and the public, Governors are also involved in a variety of other areas of the Trust's work, including:

- Building relationships and formally liaising with West Norfolk Patient Partnership and affiliated GP patient participation groups across all constituencies.
- Taking part in Clinical Reviews, which are part of the Trust's programme of assurance and are used to share learning and measure care quality

The Business Committee seeks assurance from Directors and Non-Executive Directors and makes recommendations to the Governors' Council where there is assurance. Where appropriate, it also escalates matters where assurance cannot be provided. The committee has a forward-looking agenda and has become more engaged with external matters such as the Provider Collaborative and finances at system level.

The Business Committee also discusses QEH's engagement with its regulator with Executive and Non-Executive Directors and carries out detailed work in respect of finance, strategic planning and business decisions which require approval from the Governors' Council.

Trust Board committees - The Chairs of the Governors' committees and the Lead Governor observe at the associated Trust Board committees: Quality, Finance and Activity and People Committees.

The Constitution Working Group undertakes work and makes recommendations, as necessary, regarding proposed amendments to the Trust's Constitution.

Contacting the Governors - Members and the public are welcome to contact the Governors at FTGovernor@qehkl.nhs.uk or by post to: **The Foundation Trust Office, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, Gayton Road, King's Lynn PE30 4ET**

GOVERNORS' COUNCIL COMPOSITION 2021/22

Governors' Council meeting attendance includes the Annual Members' Meeting and excludes extraordinary Governors' Council meetings. Meetings were held remotely during the year due to the COVID-19 pandemic.

All Governors have made declarations of interest and have signed copies of the Trust's 'Code of Conduct for Governors'. The Register of Interests is taken to every Governor's Council meeting.

Constituency	Governor name, terms of office and committee membership	Current term/period remaining (years)	Governors' Council meetings attendance	Nomination and remuneration	Membership and communications Committee member	Patient experience Committee member	Business Committee member
West Norfolk (9)	Tracy Corbett (elected February 2020) 1st term	1/3	6/6			✓	
	Esme Corner OBE (Lead Governor) (re-elected February 2020) 4th term	1/3	6/6	✓	✓	✓	✓
	Jonathan Dossetor (re-elected February 2020) 4th term	1/3	6/6	✓	Chair	✓	
	Gilli Galloway (elected February 2022) 1st term	3/3	1/1				
	Penny Hipkin (re-elected February 2017) 4th term	1/3	6/6	✓	✓	✓	
	Julian Litten (elected February 2022) 1st term	3/3	1/1				✓
	Mike Press (elected February 2020) 1st term	1/3	6/6			✓	✓
	Sara Shaw (elected February 2022) 1st term	3/3	1/1				✓
	Kenneth Wicks (elected February 2019) 1st term	3/3	4/6				✓

Constituency	Governor name, terms of office and committee membership	Current term/period remaining (years)	Governors' Council meetings attendance	Nomination and remuneration	Membership and communications Committee member	Patient experience Committee member	Business Committee member
Cambridgeshire/Fenland (3)	Barry Hunt (elected September 2021) 1st term	3/3	1/3			✓	
	Betty Lewis (elected February 2020) 4th term	1/3	6/6		✓	✓	
	Garry Monger (elected February 2022) 1st term	3/3	0/1		✓		
Breckland, North Norfolk and rest of England (2)	David Chittenden (elected February 2022) 1st term	3/3	1/1				✓
	Antonia Hardcastle (elected February 2022) 1st term	1/3	1/1			✓	
South East Lincolnshire (2)	Chris Brewis (elected February 2022) 1st term	3/3	1/1				
	Alan Maltby (elected October 2020) 2nd term	1/3	6/6				Chair
Staff Clinical (3)	Paul Cullen (re-elected February 2022) 2nd term	3/3	4/6				
	Linda Purdy (elected February 2022) 1st term	1/3	1/1		✓		
	James Richardson (elected February 2022) 1st term	1/3	1/1				
Staff non-clinical (3)	Sheena Johnson-Banks (elected February 2022) 1st term	3/3	1/1			✓	
	Leanne Kendrick (elected February 2022) 1st term	1/3	2/3			✓	
	Stewart Nimmo (elected February 2022) 1st term	1/3	1/1	✓			

Constituency	Governor name, terms of office and committee membership	Current term/period remaining (years)	Governors' Council meetings attendance	Nomination and remuneration	Membership and communications Committee member	Patient experience Committee member	Business Committee member
Appointed Governors (7)							
Borough Council of King's Lynn and West Norfolk	Paul Kunes (from June 2015)		5/7	✓			✓
Breckland Council	Peter Wilkinson (from June 2019)		2/7			✓	
College of West Anglia	Ann Compton (from February 2017)		3/7		✓	✓	
Freebridge Community Housing	Andy Walder (from March 2017)		6/7	✓			Chair
Norfolk County Council	Lesley Bambridge (from August 2021)				✓		
West Norfolk Carers	Jane Evans (from February 2017)		6/7		✓	✓	
University of East Anglia	Sue Madden (from November 2019)		3/7	✓			✓

✓ = Committee member

Constituency	Governor name, terms of office and committee membership	Current term/period remaining (years)	Governors' Council meetings attendance	Nomination and remuneration	Membership and communications Committee member	Patient experience Committee member	Business Committee member
Governors no longer serving on the Governors' Council as at 31 March 2022							
West Norfolk	Simon Clarke (elected February 2019) 3rd term	-	5/6	-	-	-	-
	Ann Easton (elected February 2019) 3rd term	-	0/6	-	-	-	-
	Patrick Kavanagh (elected February 2017) 1st term	-	0/1	-	-	-	-
Cambridgeshire/Fenland	Jenny Brodie (elected February 2019) 3rd term	-	5/6	-	-	-	-
South East Lincolnshire	Colin Dobbins (elected February 2020) 1st term	-	1/1	-	-	-	-
Breckland, North Norfolk and Rest of England	Dale Welch (elected February 2019) 1st term	-	4/5	-	-	-	-
Staff Non-clinical	Emma Carlton (elected November 2020) 1st term	-	1/6	-	-	-	-
	Chaz Scholefield (elected February 2019) 1st term	-	0/0	-	-	-	-
	Dan Todd (elected February 2019) 1st term	-	1/6	-	-	-	-
Staff clinical	Prudence Fox (elected November 2020) 1st term	-	2/2	-	-	-	-
	Rebecca Perris (elected November 2020) 1st term	-	1/2	-	-	-	-
Norfolk County Council	Thomas Smith (elected June 2019)	-	1/1	-	-	-	-

Who can become a Member of the Foundation Trust?

Membership of the Foundation Trust is open to patients, the public, NHS staff, most people over 16 years of age and people who live outside the area but have an interest in the Trust.

The Trust's catchment area consists of four constituencies:

- West Norfolk
- Breckland and North Norfolk (and Rest of England)
- Northern Cambridgeshire/Fenland
- South East Lincolnshire

Membership for staff and volunteers

The Trust appreciates and values its staff and its many volunteers who automatically become members on joining and do not need to apply for membership. Anyone who does not wish to be a member can choose to opt out.

Members receive around two emails a month about important Trust matters and developments, are invited to attend members' meetings and focus groups, vote in Governor elections and stand for election to sit on the Governors' Council. Their level of engagement is entirely their choice and can include volunteering, fundraising and work placements.

How to apply for membership

There are several ways to apply for Foundation Trust membership:

- Visit the Trust's website and complete the application form in the Foundation Trust section
- Email FT.membership@qehkl.nhs.uk and an application form will be posted to you
- Write to The Foundation Trust Office, The Queen Elizabeth Hospital King's Lynn, Gayton Road, King's Lynn, PE30 4ET
- Call the Foundation Trust Office on 01553 613142

CURRENT FOUNDATION TRUST PUBLIC MEMBERSHIP

Public constituency for QEH	Members 31 March 2021	Members 31 March 2022
Gender		
Male	2,660	2,384
Female	4,413	4,042
Not stated	1	3
Constituency		
Breckland, North Norfolk and rest of England	1,218	1,091
Cambridgeshire	664	601
South East Lincolnshire	521	444
West Norfolk	4,671	4,228
Age		
16-21	534	394
22-29	1,012	999
30-39	504	452
40-49	568	494
50-59	716	661
60-74	1,605	1,406
75+	1,616	1,575
Not stated	519	448
Ethnicity		
White	6,665	5,992
Mixed	34	30
Asian or Asian British	68	61
Black or Black British	36	30
Other	17	15
Not stated	254	301
Total	7,074	6,429

NHS SYSTEM OVERSIGHT FRAMEWORK

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

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

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

Segmentation

In 2021/22 NHS England and NHS Improvement placed the Trust in segment 'four'. This segmentation information was the Trust's position as at 31 March 2022.

The Trust has been in breach of its NHS Provider Licence and agreed Section 106 undertakings with NHS Improvement accordingly, in January 2019. Enforcement undertakings were reviewed by and agreed with NHS Improvement in May 2021 and included requirements for the Trust to work with its partners in the Norfolk and Waveney Integrated Care System to:

- Prepare a financial strategy and medium term financial improvement plan
- Agree a revised Integrated Quality Improvement Plan, before being agreed by NHS England and Improvement
- Develop an Urgent and Emergency Care Improvement Plan to be agreed with NHS England and Improvement by 30 June 2021

There have been monthly performance review meetings with NHS England and Improvement throughout the year.

Given the positive outcome of the CQC inspection of core services in December 2021 and the CQC Well-Led inspection in January 2022, the CQC recommended the Trust is lifted from segment four to segment three. NHS England and Improvement approved this recommendation in April 2022.

Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS England and NHS Improvement website. (<https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>)

Statement of the Chief Executive's responsibilities as the accounting officer of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Queen Elizabeth Hospital King's Lynn 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 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

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

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's 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.



Caroline Shaw CBE
Chief Executive

16 June 2022

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Queen Elizabeth Hospital King's Lynn 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 Queen Elizabeth Hospital King's Lynn NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a Risk Management Strategy in place which makes it clear that the CEO as Accountable Officer has overall accountability and responsibility for risk management. The Director of Patient Safety is the lead Executive Director with responsibility for risk management and the implementation of the Trust's Risk Management Strategy and Risk Management Policy and procedures. The Director of Patient Safety has line management responsibility for the patient safety function which includes the Patient Safety and Legal Teams. The Risk Manager oversees and supports the maintenance of the Trust's Risk Register at all levels of the organisation and undertakes risk management training throughout the Trust.

The Trust's Risk Management Strategy outlines the role, responsibility and accountability of the CEO, Executive Directors, Director of Patient Safety, divisional leads, department risk handlers and all staff in relation to risk management. The strategy also outlines the role, responsibility and accountability of the:

- Trust Board
- Audit Committee
- Quality Committee
- Finance and Activity Committee
- People Committee
- Senior Leadership Team (renamed Hospital Management Board from April 2022)

- Assurance and Risk Executive Group (AREG) (renamed Assurance and Risk Forum from April 2022)

The Assurance and Risk Executive Group (AREG), chaired by the Director of Patient Safety, has lead responsibility for the implementation of the Trust's Risk Management Strategy under the leadership of the Director of Patient Safety. The AREG meets monthly and reported to the Senior Leadership Team, which reports to the Trust Board.

The Board is responsible for establishing strategic objectives and driving the Trust forward to achieve these, identifying associated principal risks. It is responsible for ensuring that there are effective systems in place to identify and manage the risks associated with the achievement of these objectives through the Board Assurance Framework and through the Significant Risk Register.

The Board of Directors agrees and monitors the Board Assurance Framework and all significant risks (those graded at 15 or above) included on the Trust's Risk Register. The Board Assurance Framework sets out the principal risk to the delivery of each of the Trust's strategic objectives and also aligns all significant risks to the most appropriate strategic objective and principal risk. Each significant risk has a lead Executive Director and a responsible board level committee assigned to it.

On behalf of the Board, the Audit Committee reviews the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust's activities, that supports the achievement of the Trust's objectives.

Risk management training is provided to relevant staff, and policies and related templates are available on the Trust's intranet site.

Staff are expected to provide safe clinical practice, report incidents and potential hazards, be familiar with the Trust's Risk Management protocols and departmental risk issues, comply with all Trust policies and procedures and take reasonable care of their own safety and the safety of others. The Trust uses a Datix-web system for the reporting of incidents. All reported incidents are reviewed regularly. Learning from incidents and complaints is regularly shared across the organisation via a patient safety newsletter and other bulletins, such as the Medical Directors' bulletin and Patient Safety Learning Events.

The risk and control framework

The Risk Management Strategy 2019-22 sets out the Trust's approach to managing risk within the organisation.

The Assurance and Risk Executive Group (AREG) responsible for the implementation of the Trust's Risk Management Strategy, receives a Significant Risk Report at every monthly meeting, which includes all risks graded at 15 or above. The AREG also scrutinises Divisional and Departmental risks by means of risk reports and confirm and challenge of controls, assurance and further actions required. The AREG provides assurance to the Board and its sub-committees, via the Senior Leadership Team, regarding the management of risk in accordance with Trust policy and escalates concerns by means of a Chair's Assurance report. In April 2020, a new Risk Management Policy and Procedure was ratified by the AREG to ensure alignment with the Trust's new five-year Corporate Strategy, the Board Assurance Framework and associated governance arrangements. This has been updated and reviewed in the financial year 2021/22.

Divisional Leadership Teams (DLTs) are responsible for reviewing moderate risks (those graded at 8-12). DLTs also review any significant risks relevant to their Division prior to review by the Executive Lead Director and further reviewed at the Trust's AREG. All significant risks have nominated Executive leads who approve the risk review each month. Significant risks are aligned to the Trust's Key Strategic Objectives and principal risks as included in the Board Assurance Framework (BAF).

The Trust's risk management process is to score or 'grade' risks in accordance with Trust policy, requiring the application of a National Patient Safety Agency 5x5 matrix system, which takes account of the likelihood and impact of the risk, if it were to be realised.

Each Division and Department articulates its risks on the risk recording module within Datix. Low risks (those graded below six) are managed at department or local level and updated at least once a year. Moderate risks (those graded between 8-12) are managed at Divisional level and are updated at least once every three months. Each Division and Department presents a monthly report to AREG showing the current risk position within the Division/Department, and highlighting any changes in risk grading, as well as any closed or opened risks. Significant risks (those graded at 15 or above) are managed at Divisional level, with a nominated Executive Lead and are included in Significant Risk reports to the AREG on a monthly basis. The Significant Risk report is also received by the Trust Board and the relevant Board Committee (in accordance with the alignment of a responsible Committee for each significant risk). An annual audit is undertaken to review all moderate and all low-graded risks at the Trust, with findings presented at AREG, with any issues encountered highlighted to the Senior Leadership Team via the Chair's Assurance Report.

Monthly significant risk reports to the Trust Board and the responsible Board level committees detail controls in place to mitigate against significant risks. Any gaps in controls are highlighted through this process, allowing appropriate management action to be agreed and taken.

The Board agrees target risk ratings for principal risks which could affect the achievement of the Trust's strategic objectives annually, and reviews significant risks aligned to each objective at each Board meeting. The Board assesses residual risk and examines its risk profile by means of alignment of significant risks to the most relevant strategic objective. The Board seeks assurance that effective internal controls and mitigations are in place through reports to each meeting of the responsible Board level committee.

The Board has reviewed and articulated its risk appetite associated with each of its strategic objectives and principal risks and this is included in the Board Assurance Framework (BAF).

The BAF forms part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to the delivery of the Trust's strategic objectives. The BAF includes 'assurances' or evidence that risks are being managed effectively and identifies 'gaps' in assurance which may indicate that a risk is not being effectively managed.

The BAF was re-formatted and updated to reflect the six strategic objectives identified as part of the Corporate strategy implemented in 2020. This reformatting was done in consultation with the NHSI/E Risk Lead and reviewing best practice from Trusts rated Good or Outstanding by the CQC. Each of the new strategic objectives have a 'principal risk' and significant risks (those scoring 15 or above) are aligned to the most relevant strategic objective. The new approach was approved by the Board in June 2020 (at the same time as the new Corporate Strategy) and has remained in place throughout 2021/22.

The Internal Audit review of the Board Assurance Framework, undertaken in 2020 and reported in January 2021, gave a 'green - significant assurance with some improvement rating' providing substantial assurance that the controls upon which the organisation relies to manage the identified risk(s) are suitably designed, consistently applied and operating effectively. One medium and one low priority action were recommended to update the format of the BAF and to assess the effectiveness of controls documented on risk registers. The format of the BAF has now been actioned, with an assessment of the effectiveness of the controls (via RAG-rating) to be taken forward in the first quarter of the financial year 2022/23.

Quality Governance

Non-Executive Director-led Board committees have been operational throughout the year, all reporting to the Trust Board:

- Quality Committee
- Finance and Activity Committee
- People Committee
- Education, Research and Innovation Committee

These have operated alongside the:

- Audit Committee
- Nomination and Remuneration Committee (Executive Director Appointments)

The Senior Leadership Team, (renamed the Hospital Management Board in April 2022), reports into the Board and oversees the day-to-day operational management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical, to support the achievement of the organisation's vision, mission and objectives. A number of Executive-led operational groups reported into the Senior Leadership Team, these being:

- Assurance and Risk Executive Group
- Clinical Governance Executive Group
- Operational Management Executive Group
- Investment and Capital Planning Executive Group
- People Executive Group

The Quality Forum, (renamed the Quality Improvement Board in April 2022), reports into the Quality Committee. The Quality Forum meets monthly and provides assurance on progress against the Trust's Integrated Quality Improvement Plan (IQIP) which incorporates the Strategic Objectives, Regulators' Conditions Notices, the Care Quality Commission (CQC) 'Must' and 'Should' Do Actions and the Trust's Quality Improvement Programme and plans.

The Trust's Quality Forum, Senior Leadership Team, Board and key Non-Executive Director-led Board level Committees met on a regular, programmed basis to scrutinise and oversee our work, with additional oversight arrangements commissioned where required.

During the year, the Trust has embedded a range of systems to provide assurance to the Board in respect of our compliance with quality standards. This includes systems to support the Board's assurance and decision-making with comprehensive information.

- The Integrated Performance Report is a key report using plot the dots (Statistical Control Process) methodology. This has been further reviewed and strengthened during the year, with a new

format being introduced from April 2022 for the public Board following feedback on recognised best practice and a Board development session with NHS England/Improvement. A revised and improved version of the Integrated Performance Report will be in place at the Board Committees from May 2022

- The Trust had an Integrated Quality Improvement Plan (IQIP) (as described on page 16) in place, covering strategic priorities, Licence Conditions reporting and CQC 'must do'/'should do' actions – reporting internally into the Trust's quality governance structure, to the Quality Forum, and onto the Non-Executive Director-led Quality Committee, the Trust Board and externally to the Oversight and Assurance Group and the CQC. Following the 2021 and 2022 CQC inspection, the IQIP has been further developed into a Compliance Plan, incorporating the remaining open 'Must' and 'Should Do' actions from the 2021/22 IQIP with the 13 new 'Must' and 'Should Do' actions from the latest CQC Report. The Compliance Plan will be aligned to all five Trust Quality Improvement Plans - Maternity, Ophthalmology, Radiology, Elective Recovery and Urgent and Emergency Care - with clear reporting through the Trust's Quality Improvement governance mechanisms to the Trust Board

The quality governance structure includes an Evidence Assurance Group which has received external recognition, set up to oversee and provide assurance to the Trust Board that sustainable improvements have been introduced and sustained to support delivery of the IQIP. This key internal assurance mechanism will continue as the Trust moves forward to deliver the Compliance Plan.

Strategic Objectives and Principal Risks

The Trust's BAF reflects the six Key Strategic Objectives identified as part of the Corporate Strategy. Each of the Key Strategic Objectives (KSO) has a 'Principal Risk' and all Significant Risks (those scoring 15 or above) are aligned to the most relevant Key Strategic Objective.

The Assurance and Risk Executive Group (AREG), the Senior Leadership Team, the Board sub-committees (People, Quality and the Finance and Activity Committees) and the Board have considered the Significant Risks aligned with the BAF and their associated mitigations on a monthly basis as described in the sections above. This has ensured that the Board has monitored its position and mitigations in respect of the Principal risks throughout 2021/22.

The Audit Committee has reviewed the adequacy and effectiveness of:

- Risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion statement, external audit opinion or other appropriate independent assurances.
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the risk and control related disclosure statements (Board Assurance Framework).

A Risk Management and Board Assurance Framework internal audit has been undertaken in April 2022, reviewing the Trust's 2021/22 systems and processes. Internal Auditors found there was 'significant assurance with some improvement required', making one recommendation in relation to training which has been incorporated into our action plans. The auditors also identified some areas of best practice.

Key Strategic Objective	Principal Risk
<p>KSO1 - Quality:</p> <p>To consistently provide safe and compassionate care for our patients and their families</p>	<p>There is a risk that patients may receive sub-optimal care/treatment, with failures associated with:</p> <ul style="list-style-type: none"> • Outcomes • Safety • Experience
<p>KSO2 - Quality:</p> <p>To modernise our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care</p>	<p>There is a risk that patients may receive sub-optimal care/treatment, with failures associated with:</p> <ul style="list-style-type: none"> • Estate • Digital infrastructure • Medical equipment
<p>KSO3 - Engagement:</p> <p>To strengthen staff engagement to create an open culture with trust at its centre</p>	<p>There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust</p> <p>There is a risk that the underlying organisational culture impacts on the improvements that are necessary to patient and staff experience which will prevent QEH moving forward at the required pace. Specifically, there is a requirement for urgent and significant improvement in relation to staff attitudes and behaviours</p>
<p>KSO4 - Engagement:</p> <p>To work with patients and system partners to improve patient pathways and ensure clinical and financial sustainability</p>	<p>There is a risk that the Trust is unable to work effectively with patients and system partners to improve patient pathways. This could impact the Trust's ability to ensure clinical and financial sustainability</p>
<p>KSO5 - Healthy Lives:</p> <p>To support our patients to improve their health and clinical outcomes</p>	<p>There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes</p>
<p>KSO6 - Healthy Lives:</p> <p>To maximise opportunities for our staff to achieve their full potential so that the Trust can deliver outstanding care</p>	<p>There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care</p>

Significant Risk reports include identification of the Trust's top three risks, which at 22 March 2022 were:

- Roof risk and the reduction in funding for the RAAC programme (aligned with KSO2)
- Cyber risks (aligned with KSO2)
- Risk of patient harm due to delays in accessing treatment (aligned with KSO1)

The Trust's Significant Risk Register describes the risk associated with the structural integrity of the roof and walls of the main hospital site due to the RAAC (reinforced autoclaved aerated concrete) plank construction of the hospital. Risk (number 2757) describes the associated risk with the hospital infrastructure of the estate and digital maturity. The risk highlights the conditions that patients experience in a clinical area surrounded by acrow props and wooden struts, acting as a temporary structure to support the roof planks.

The Trust is following the best practice strategy for managing the structure of the roof and walls of the hospital. This strategy has been developed in collaboration with other RAAC affected hospitals and has been reviewed by the Trust's specialist engineers and endorsed by NHSE/I. The Trust has an Estate Delivery and RAAC Forum to oversee the series of measures and actions that are in place to monitor and manage the risk around the roof and walls. These measures include ongoing surveying of the roof and the immediate installation of temporary solutions to ensure any defective planks are given additional support through temporary propping or through the installation of temporary steel works. The Trust has participated in RAAC emergency preparedness exercises with regional system partners to ensure plans are in place, understood and tested.

Whilst the above measures are temporary in nature, the Trust secured £20.6m capital funding in 2021/22 to implement year one of a rolling failsafe system installation across the site. Following discussions and engagement with regional NHSE/I regarding the funding required over the next three years to keep the current QEH 'safe and compliant', the Trust approved a business case (years two to four) in April 2022 which has been submitted to NHSE/I for approval. The business case describes the preferred option to receive £130m to achieve the failsafe structure across the first floor and the completion of the statutory backlog maintenance required in the areas whilst the RAAC work is completed and the area empty. It is expected that the allocation from NHSE/I will be £80m over three years, year two £30m, year three £25m and year four £25m. Timescales of receipt of this money have yet to be released.

Due to the difference in funding, (£130m to £80m), three moderate risks have been entered on the Trust risk register, detailing the impact on the backlog of maintenance not being completed.

The Board of Directors have received monthly updates on the status of the risk and on the status of the survey and the temporary measures that are in place to monitor, manage and mitigate the risk, with monthly monitoring and oversight through the Board's Finance and Activity Committee. These reports will continue to be received at each Finance and Activity Committee and Board meeting for 2022/23.

Alongside this work, the Trust has continued to develop a Strategic Outline Case (SOC) for a new hospital for the QEH site and has submitted two Expressions of Interest to the Department of Health and Social Care on 9 September 2021 in a bid to become one of the eight further new hospital schemes – one for a single-phase full new build and another for a multi-phase development – to maximise the chances of success. A long-term Estate Strategy was

approved by the Board in March 2022, creating a clear 'masterplan' for the QEH and the SOC is on track to be completed and approved in June 2022.

Well-Led

Following our positive CQC Well-Led inspection in January 2022, the CQC has rated the Trust 'Good' for Well-Led. Key findings from the inspection included:

- Leaders had the capacity and capability to deliver care. They were visible and approachable and there was a clear focus on embedding improvements that are sustainable
- Leaders used measurable outcomes and there was evidence of impact being monitored and cascaded throughout the organisation
- Open and honest culture whereby people were encouraged to be brave and speak out against inappropriate behaviours. The inspection team noted good progress had been made regarding organisational culture, although recognised there were some pockets where culture still needed to be developed and improvement plans were in place. The inspection team also heard how some staff felt middle management did not always take concerns seriously
- Staff knew if concerns were raised through the Freedom to Speak Up function, it would have executive scrutiny and were assured action would be taken. This level of confidence was not consistent at middle management level
- The inspection team heard and saw clear governance and reporting arrangements in place
- Risk management arrangements were fit for purpose and the executive team were responsive to any risk escalated with action taken
- Good use of statistical process control charts to review information
- Clear plan in place regarding both internal and external engagement. Systems and processes were in place to gauge how people felt in real time
- Quality improvement had been embedded throughout the organisation and research was encouraged
- All those our CQC colleagues spoke with were very clear of the risks of the Trust moving to a group model within the (Norfolk and Waveney) system and had given thought how to mitigate risk therefore demonstrating a living strategy

In May 2021 the Board completed its Corporate Governance Statement in accordance with Licence Condition 4, and given NHS Improvement Enforcement Undertakings that continued to be in place in 2021/22, were able to confirm four of the seven statements. The Trust has been in breach of its NHS Provider Licence since being placed in quality special measures following a 2018 CQC inspection, and in January 2019 agreed Section 106 undertakings with NHS Improvement accordingly, which included the Trust's position against Licence Condition 4. Whilst work was undertaken with NHS Improvement at the start of 2021/22 to update the Enforcement Undertakings, those in relation to Condition 4 would not be adjusted until a full CQC Well-Led Inspection had been undertaken.

Since 2019 the Trust has taken significant action to strengthen the systems and processes for good governance outlined in Licence Condition 4, and has continued to work with NHS Improvement throughout the year to demonstrate progress in these areas.

As a result of the outcomes of the January 2022 CQC Well-Led inspection the Trust was recommended by the CQC to be lifted from the Recovery Support Programme (formerly referred to as Special Measures) and this recommendation was approved in April 2022 by NHS England and Improvement. As at the time of writing, the Trust is in discussion with NHS Improvement on the revision and/or removal of the Undertakings to reflect the Trust's improved position.

During the year the Trust provided assurance to the Board in respect of the Trust's compliance with a range of healthcare standards and compliance with its NHS Foundation Trust license condition 4 by several means, including:

- The Board received detailed reports at monthly public Board meetings which include key national performance measures on quality, operational performance, finance and workforce. There is the opportunity for robust challenge and debate about these reports, the work underway to meet the Trust's key strategic objectives and to provide leadership and oversight of the systems in place for care provision and service delivery
- The non-executive Chairs of board sub-committees provide assurance reports to the Board in public on the level of assurance and key items for escalation or approval from their respective committee meetings. All actions are monitored through the Board's action log
- The Quality, People and the Finance and Activity committees of the Board received detailed reports on quality, people, finance and operational performance for scrutiny and challenge by committee members. All actions are monitored through each committee's action log
- The Audit Committee seeks additional assurance on risk management by commissioning internal and external audits as part of the audit work programme or in response to specific issues and requires evidence that effective systems and processes are in place to mitigate and manage risk
- The Board Assurance Framework and Significant Risk Register are received at People, Quality and Finance and Activity committee meetings, and Board meetings in public
- Timely responses to NHS Improvement information and monitoring requests and Executive Team attendance at the Overview and Support Meetings with NHS Improvement and the Oversight and Assurance Group meetings with wider system Partners including the CQC
- Systems to provide comprehensive information to inform the Board's and sub-committee's assurance and decision-making:
 - › The Integrated Performance Report is a key report which has been further reviewed in-year. The report enables greater visibility and oversight of areas which require clear focus due to ongoing issues in relation to performance rather than those which are delivering within the parameters of agreed statistical variation. This report has improved the information provided to inform Board, Committees and Divisional business. The Board requested an expert assessment of the Trust's use of this reporting format in-year to ensure we are maximising the insight this reporting approach can provide. Refinements have been made to enable a further strengthened format for use from April 2022
 - › The Trust's Integrated Quality Improvement Plan (IQIP) covering strategic priorities, Licence Conditions and Care Quality Commission (CQC) 'Must'/'Should' actions is reported internally monthly to the Quality Forum, the Quality

Committee and Board and externally to the Oversight and Assurance Group and the CQC.

- › The quarterly Corporate Strategy Key Performance Indicator (KPI) reports providing the Board and its Committees with an overview of progress against the KPIs for the Trust's six Strategic Objectives outlined in the Trust's Corporate Strategy. Work has been undertaken to develop clear priorities for year 3 of the Corporate Strategy which will continue to be monitored on a quarterly basis.
- The Board approved revisions to the Trust's Governance Structure in May 2021 and November 2021 to further strengthen and clarify reporting lines and accountabilities between the Board, its subcommittees and the operational and quality improvement structures
- Following publication of the CQC report in February 2022, a review of the Trust Governance Structure has been undertaken as the Board looks to build on the progress made to ensure effective oversight by and assurance to the Board, as it continues its well-led improvement journey from 'good' to 'outstanding'. Adjustments to the governance structure and the meeting frequency for the Board and its sub-committees come into effect from April 2022 and will be reviewed after six months

Ways risk management is embedded

All committees, Executive groups and fora within the Trust's governance structure have responsibilities for risk identification and management. The governance structure has clear lines of accountability and reporting through Chairs' Assurance Reports to ensure risks are escalated as appropriate. The Board is alerted to risks identified at committees, via the Chairs' Assurance reports.

The Significant Risk report received by the AREG is also received by the Trust Board on a monthly basis. Significant Risk reports are received by the relevant Board Committees in accordance with the alignment of a responsible Committee for each significant risk. For example, the Quality Committee is responsible for all significant risks aligned to the Trust's strategic objectives relating to quality.

The Trust has a Quality Impact Assessment (QIA) process in place to ensure that any new change project is rigorously assessed for the impact on the quality of patient services before a project is authorised to proceed. All proposed cost and quality improvement schemes require a formal Quality Impact Assessment (QIA) to be evaluated by the relevant Division, against seven domains prior to a review by the Medical Director and Chief Nurse. The Quality Committee received reports on QIAs for current programmes and projects in 2021/22.

How incident reporting is encouraged

NHSI/E recommends that Trusts report safety incidents via the National Reporting and Learning System (NRLS) monthly as a minimum, which we continue to do.

The Trust continued its focus to promote incident reporting practices as part of the ongoing development of the safety culture with a range of training and support provided by the corporate Patient Safety Team. The following developments were implemented within 2021/22:

- The Trust's Incident Reporting Policy which staff can access on the Trust intranet has been updated and will continue to be reviewed as new processes are introduced
- Development and implementation of a Trust Datix incident reporting form to support incident reporters

- Root Cause Analysis (RCA) training provided to support staff undertaking serious incident investigations with a focus on Human Factors
- Management of incident action plans via the Datix Learning and Improvement module and approval of incident action plans by the Evidence Assurance Group (EAG)
- Implementation of patient safety culture SCORE measurements within the Trust
- A robust and transparent process for approval of serious incident investigations at Executive level is well established and attended regularly by Investigating Officers and Divisional Risk and Governance Leads
- The Trust held three successful virtual patient safety learning events with the content made available for all staff via the patient safety intranet page
- Improvements in data quality and oversight of patient safety information via the monthly Patient Safety Activity Report and Quarterly Safety Trends Report which are presented at the Quality Committee.
- Patient Safety Directorate has been established to provide the necessary support across the Trust
- Development and implementation of new processes to support incident investigations and learning across the local health system
- Regular meetings with Divisional Governance Leads and Patient Safety Team to discuss barriers to reporting, investigation of incidents and learning from incidents
- Members of the Patient Safety Team regularly attend Divisional Leadership Team meetings to discuss Serious Incident and Moderate Investigations. This provides assurance regarding consistency of approach, disseminating learning and identification of themes and trends across the Trust
- Continued monitoring of Duty of Candour to ensure compliance with standards
- The Trust's Patient Safety Specialists continue to attend regular national, regional, and local system patient safety specialist meetings developing key patient safety networks and partnerships and exploring a system approach to implementing key aspects of the NHS Patient Safety Strategy recommendations such as the roll out of Patient Safety Partners within the ICS design framework. The Trust also continues to work with system partners and NHS England and Improvement (NHSE/I) to develop plans for the new national NHS patient safety incident management system (PSIMS) and a Patient Safety Incident Response Framework (PSIRF)

The 3 recommendations from the 2020 Serious Incident Internal Audit, which reported significant assurance, were incorporated and addressed in the 2021/22 Integrated Quality Improvement Plan.

Involvement of Stakeholders in Risk

The public and local community, including public Foundation Trust members, Healthwatch representatives and key partners from across Norfolk and Waveney and Lincolnshire and Cambridgeshire are involved in the risk management process within the Trust through their involvement in the Patient Experience Committee of the Governors' Council (PEC), ward visits and clinical reviews. The Trust has a valued and constructive working relationship with Healthwatch Norfolk and Healthwatch Cambridgeshire and Peterborough, the latter through the Fenland Health and Care

Forum. The Healthwatch CEO and QEH CEO have undertaken joint walkabouts across the Trust during the year as has the CEO and Lead Governor. Service users are also involved through a number of active service user groups and via their responses to patient satisfaction surveys.

The Trust has strong relationships with the full spectrum of partners and external stakeholders and invests time developing these, as evidenced by the positive 2020 stakeholder perception survey results, which will be repeated in 2022. This includes working closely not only with our health and care partners, but wider partners, including education (College of West Anglia and University of East Anglia) and local authorities, including Norfolk County Council, the Borough Council of King's Lynn and West Norfolk, Fenland District Council and South Holland District Council as well as MPs and local councillors across the local communities we serve.

The public is represented by elected Governors' participation in projects and Governors are aligned to key priorities for the Trust so that colleagues have input and involvement. This includes areas such as: the new hospital, our charity, dementia care, cancer care, digital developments, Freedom to Speak Up and staff awards.

Public Governors attend and secure feedback on the Trust's services from the GP Patient Participation Groups in the area served by the Trust, though COVID-19 has impacted on such activity in-year.

The Governors' Council reviews quality, operational performance, workforce and financial information and risk as part of its statutory duty to hold the Non-Executive Directors to account for the performance of the Board. The Governors' Council meets six times a year and Governors continue to attend the Board sub Committees (Quality Committee, Finance and Activity Committee and People Committee) as observers.

The views of Governors and public members have been taken into account and have informed the development of the Trust's Year Three Corporate Strategy milestones and other strategic developments, including the Strategic Outline Case for the new hospital and the Trust's new Clinical Strategy and Digital and Data Strategy, as well as a range of wider projects, including the Trust's main charity appeal for the year – the Dementia Care Appeal – and patient experience priorities – including the HUSH project (reducing noise at night).

The Patient Experience Committee, Business Committee and Membership and Communications Committees of the Governors' Council review detailed quality, performance and financial risk respectively. These Committees report back to the Governors' Council at every meeting and meet bi-monthly.

Annual workplans are in place for members and Governors, so that priorities and areas of focus and development for the year are clear. This includes, for 2022/23, a formal training programme for Governors.

Following a productive Board development session, attended by the Chairman, CEO, Executive Team, Non-Executive Directors and Governors, in 2020, a further development session is organised for early Summer 2022 to further strengthen relationships and determine the priorities for the year ahead.

Communications with Governors remains strong with weekly updates to Governors and informal briefing sessions continuing in between formal meetings to keep Governors briefed and provide an opportunity to seek views on certain issues and topics including, but not limited to: new hospital and estate strategy, Integrated Care System developments and the Acute Provider Collaboration and the Clinical Strategy.

Workforce strategies and staffing systems

Our aim is to deliver high quality patient care which is supported by a workforce who are engaged, highly skilled and competent.

The QEH People Plan 2020/21, agreed by the Trust Board in October 2020, has been updated for 2022/23 to reflect the changing focus with the NHS National and Regional People Plan and 2030 vision with key areas of focus to deliver the QEH Strategic objectives and continue COVID Recovery. The four key pillars of the national People Plan remain the same as in 2020/21:

1. Looking after our people - with quality health and wellbeing support for everyone
2. Belonging in the NHS - with a particular focus on tackling the discrimination that some staff face
3. New ways of working and delivering care - making effective use of the full range of our peoples' skills and experience
4. Growing for the future - how we recruit and keep our people, and welcome back colleagues who want to return

Delivery of the People Plan is monitored by the People Committee, a non-executive director led committee of the Board which reviews, monitors and reports to the Board on workforce KPIs, human resources management, key risks and medical and non-clinical staffing via the Chair's Assurance Report. The Committee also monitors performance against the aligned Corporate Strategy Key Performance Indicators (KPIs) on a quarterly basis. The People Committee is also responsible for monitoring workforce metrics which are reported to Board through the Integrated Performance Report. The report also details Trust performance against workforce KPIs and actions being taken to address underperformance.

'Developing Workforce Safeguards' guidance (NHSI 2018), sets out a clear accountability framework for NHS organisations in relation to expectations for the delivery of best practice standards for workforce deployment and planning. As part of the workforce metrics the People Committee and Board also receive information in relation to recruitment activity, establishment and staffing level reviews. The Trust also works with external stakeholders and partners across the Integrated Care System to review workforce plans on a system wide basis.

It is important that we listen to and respond to feedback from patients and staff and learn when we get things wrong. We have made significant progress in this area however we have more work to do to strengthen staff and external stakeholder communications and engagement in 2022/23 remains a priority as described in our year three Corporate Strategy milestones. A new, bespoke leadership development programme planned for 2022/23 delivery will support this activity.

The Trust has in place an independent Freedom to Speak Up Guardian and has now recruited 22 new Freedom to Speak Up Champions from across the organisation spanning staff from across QEH, Governors and volunteers. A monthly meeting takes place with Freedom to Speak Up Champions, Chaired by the Lead Freedom to Speak Up Guardian, to discuss themes, speak up culture and the workplan to support improvements in this important area.

The Freedom to Speak Up Guardian post is supported by a Non-Executive Director. The Freedom to Speak Up Guardian has reported to the People Committee and the Board in 2021/22, and reports quarterly to the National Guardian's Office. All Whistleblowing and Freedom to Speak Up cases are reported to the Board on a bi-annual basis. Quarterly meetings continue to be attended by the CEO, Deputy CEO, Lead Freedom to

Speak Up Guardian, Non-Executive Director Lead, and Director of People, to discuss themes and trends arising from Speak Up referrals and to triangulate this data with other important staff experience measures.

The Trust further strengthened Freedom to Speak Up arrangements in 2021/22, moving from 30 hours to 120 hours of support. There is now a Lead Freedom to Speak Up Guardian, who is supported by a second part-time staff Guardian and an independent Guardian which is enabling a more responsive, visible and resilient service.

The Trust has held a Board development session in 2021/22, attended and led by the NHSE/I FTSU Lead, and a session to share learning from the West Suffolk whistleblowing case, which was led by the Deputy CEO (Executive Lead for FTSU) on learning for the Board following the publication of this external review.

Action plans, reflecting learning for QEH and areas we need to further strengthen the work we do, have been developed in response to the Blackpool external review and West Suffolk review (as above), with progress against these monitored via the People Executive Group and People Committee.

The newly-appointed national Freedom to Speak Up Guardian attended and spoke at the Trust's third successful Leadership Summit in March 2022.

There was very positive reference to the work in relation to FTSU in the Trust's February 2022 CQC inspection report, however, acknowledgment that further work is needed with middle managers and line managers to inspire the same level of confidence in how we respond to FTSU cases as the Executive Team do.

The FTSU Guardians support the Trust's staff networks and provide a safe space for colleagues to raise concerns.

Priorities for 2022/23 include:

- Regular communication across the organisation about the importance of Speaking Up and creating a culture where staff feel comfortable raising concerns and confident that they will be listened to when they do so and we promote the Champions and new Guardians and their contact details and examples of responding to feedback/cases wherever possible to inspire more confidence in the process among staff
- Responding to our 2021 National Staff Survey results, which show that the Trust continues to have more work to do to truly create a Speak Up culture (the Lead FTSU Guardian will be a member of the Rapid Action Support Team in place to respond to the survey results so we can see the required improvements)
- Ensuring progress against the Blackpool and West Suffolk review action plans

The Care Quality Commission (CQC) and Quality Risk

We are required to register with the Care Quality Commission (CQC) with the current overall registration status as 'Requires Improvement' following an unannounced core service inspection in December 2021 and Well-Led Inspection in January 2022. The CQC published its inspection findings in February 2022, highlighting the significant improvement the Trust had made and recommending its removal from the Recovery Support Programme (previously Special Measures).

In 2022 the Trust was formally rated:

Overall	Requires Improvement
Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-led	Good

The latest inspection report details the actions we ‘Must’ take to comply with our legal obligations and actions we ‘Should’ take to comply with a minor breach that did not justify regulatory action, to prevent us failing to comply with our legal requirements in the future.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

QEH has four conditions on its registration:

- Section 31 Urgent and Emergency (18 March 2019) - 1 condition
- Section 31 Diagnostic and Screening Procedures (21 May 2019) - 2 conditions
- Section 31 Maternity and Midwifery Services (19 July 2018) - 1 condition

2022 CQC inspection highlights for QEH:

- None of the Trust’s core services inspected are now rated ‘inadequate’ compared to 19 areas in the same services rated ‘inadequate’ in the Trust’s 2019 inspection
- 28 Core Services are now rated as ‘Good’ compared to 21 areas in the Trust’s 2019 inspection
- Significant improvement in the core services inspected (Medicine, Urgent and Emergency Care and Critical Care), all of which were rated ‘Good’ alongside the Trust’s rating for ‘Well-Led’
- The Trust also secured its first rating of ‘Outstanding’ for Well-Led for Critical Care
- The Trust has received a total of four ‘must do’ and nine ‘should do’ actions, the majority of which already feature in the Trust’s Integrated Quality Improvement Plan, compared to 206 in total in 2019 and marking a 93.7% reduction in ‘must’ and ‘should do’ actions
- No additional Section or Warning Notice Conditions

In addition to the positive findings and re-rating by the CQC in February 2022, the CQC has in turn removed 18 of the 22, Section 31 conditions from the Trust’s Certificate of Registration and all 16 of the remaining 29A Warning Notice conditions spanning the services of Maternity, Diagnostic Imaging and Medicine.

The Trust engages openly and transparently with the CQC and concerns or queries are responded to promptly. Productive and routine ‘CQC and Provider Relationship meetings’ are held, where quality improvement updates are discussed and progress against the Integrated Quality Improvement Plan shared.

Integrated Quality Improvement Plan

The 2021/2022 IQIP was aligned to Year 2 of our 2020-2025 Corporate Strategy and had two main areas of focus.

1. Ensuring the provision of safe, effective care for our patients and a positive working environment for our staff
2. Ensuring the care we provide is delivered in accordance with all regulatory requirements

The IQIP was managed through key workstreams covering six key strategic objectives and includes the findings and recommendations within the 2018, 2019 and 2022 CQC reports.

The Trust has established a robust governance structure which supports the delivery and monitoring of the IQIP and includes a monthly Oversight and Assurance Group comprising key stakeholders and regulatory bodies. Compliance and progress against our Section 31 Notices are reported to the CQC on a monthly basis.

To provide assurance of progress and evidence that improvements have been effectively completed, the Trust has an established Evidence Assurance Group chaired by the Medical Director. This group, which includes a patient representative, undertakes a review of action evidence and, where there is sufficient evidence and assurance of improvement, the action is closed and moved to business as usual.

Following the 2021 and 2022 CQC inspection, the IQIP has been further developed into a Compliance Plan, aligned to all five Trust Quality Improvement Plans - Maternity, Ophthalmology, Radiology, Elective Recovery and Urgent and Emergency Care - with clear reporting through the Trust’s Quality Improvement governance mechanisms to the Trust Board.

As part of the Trust’s work to develop and sustain a culture of continual quality improvement to ensure it consistently delivers safe, high quality care for our patients, it has adopted Quality Service Improvement and Redesign (QSIR) as its preferred Quality Improvement methodology. It is acknowledged that improving and well performing Trusts have introduced a level of improvement capability into their organisations, helping generate a culture of quality improvement.

Conflicts of Interest

The Foundation Trust has published on its website an up to date register of interests for Board members which has been received at regular intervals throughout the year at public Board meetings. The Trust has a Management of Conflicts of Interest (including Gifts, Hospitality and Sponsorship) Policy. Work has been underway to collect declarations of interest through the Electronic Staff Record with interests required by the end of March 2022 so that a register for 2021/22 can be published in the new financial year to fulfil the following responsibility: The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

Membership of NHS Pension Scheme

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.

Equality, Diversity and Inclusion

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

The Trust has agreed its Workforce Race Equality and Disability Equality Standard Action Plans and delivery is being monitored by the People Committee.

We continue the development of staff network groups for BAME and LGBT, and have introduced a new disability network, improved communication channels and a new reverse mentoring programme. The Trust has also made a substantive appointment to the role of Head of Equality, Diversity and Inclusion, at the time, the first Trust in the East of England to have such a role.

As part of the Trust's People Plan the Trust has made a commitment to become a leader and NHS exemplar for equality, diversity and inclusion and a number of key performance indicators have been developed as part of the year 3 Corporate Strategy. These include ensuring our workforce is representative across all bands, review of training and development opportunities to ensure equality of access, identification of make-up of staff entering the disciplinary process and a review of employment practices including BAME representation on interview panels for band 7 and above.

QEH Green Plan

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

The Trust has an approved Green Plan as part of the commitment to Delivering a Net Zero National Health Service. The Green Plan is closely linked to the Trust's Corporate Strategy and covers the following areas:

- Workforce and leadership
- Sustainable models of care
- Digital transformation
- Travel and transport
- Estates and facilities
- Medicines
- Supply chain and procurement
- Food and nutrition
- Adaptation

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

The Board of Directors has specified within the Trust's Standing Financial Instructions and the Scheme of Delegation, appropriate delegated authority levels throughout the Trust. Executive Directors and managers have responsibility for the effective management and deployment of their staff and other resources to optimise the efficiency of each Division.

Each year, the Board agrees budgets and annual plan targets that incorporate significant efficiency improvement requirements. All efficiency, cost improvement and transformation plans are quality impact-assessed by the Medical Director and Chief Nurse, and the delivery of those improvements is monitored at divisional level. Regular meetings take place with Executive Directors and Divisional Leadership Teams to review performance in delivering plans.

The Trust is in breach of its Provider Licence and at the time of writing, is working with NHS Improvement to review the Trust's undertakings position for 2022/23 following the lifting of the Trust from NHS System Oversight Framework (SOF) segment four (previously Special Measures) to SOF segment three, given the CQC 'Good' rating for Well-Led. The Trust is working to address the issues relating to the undertakings agreed with NHSI accordingly, including governance, quality, operational improvements and improved financial performance. The Trust is expecting the opinion of the external auditor to reflect concerns of the Trust's financial sustainability in respect of the Trust's economic, efficient and effective use of resources.

The Board has considered its Going Concern position at its meeting on 16 June 2022 as part of the 2021/22 annual report approval process. After consideration of risks and uncertainties the Board agreed that the use of the going concern basis is appropriate. There are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

For 2022/23, the Trust has followed the national guidance for financial planning and contracting. The Directors of the Licensee consider that the Trust will have adequate resources made available to it to deliver commissioner requested services during 2022/23.

The Trust reports on the delivery of its financial plans to the regulator through the national reporting mechanisms.

The Trust has delivered its financial plans and Cost Improvement Plans for 2021/22. It is clear however, that the financial challenge for 2022/23 and beyond will be significant for the Trust, the Integrated Care System (ICS) and the region.

Agreement and delivery of the Trust's plans will require considerable levels of Cost Improvement Programme (CIP) delivery, robust controls and transformational ways of working.

The Trust is working strategically with NHS Norfolk and Waveney ICS and other partners to secure the sustainability of the regional and local healthcare system.

The Trust has a range of systems and processes in place to provide assurance that resources are used economically, efficiently and effectively. These include:

- Standing Financial Instructions and Scheme of Delegation
- Financial Management Policy Suite
- Anti-Fraud and Anti-Bribery Policy
- Management of Conflicts of Interest (including Gifts, Hospitality and Sponsorship) Policy

- Executive management of Trust finance and activity plans
- Regulatory reviews of Reference Costs
- Cost Improvement Programme (Quality Impact Assessed)
- Service Line Reporting
- Procurement Strategy
- 'Getting it Right First Time' (GIRFT) reviews

Assurance on financial controls is provided by Internal and External Audit and by independent and peer reviews.

Through the Internal Audit programme for 2021/22 the Trust commissioned a range of audits to provide assurance that resources are used economically, efficiently and effectively:

- Temporary Staffing
- Recruitment and Selection
- Radiology
- Infection, Prevention and Control
- Core Financial Systems
- Data Security and Protection Toolkit
- Risk Management and Board Assurance
- Delivering Sustainable Cost Improvement Programmes
- Business Continuity

All internal audit recommendations are being addressed and delivery progress is monitored by the Audit Committee

Information Governance

Data Security and Information risk was managed through the Information Governance and Cyber Security Compliance Forum. This reported to the Assurance and Risk Executive Group which, in turn, reported to the Senior Leadership Team and through to Board. The Forum was chaired by an Executive Director nominated to fulfil the role of Senior Information Risk Owner (SIRO) and has assessed compliance with the requirements of the NHS Digital Data Security and Protection Toolkit. Internal Audit also undertook a review of the systems and processes supporting the Trust's submission.

Moving forward, from April 2022, our Information Governance and Cyber compliance will be reported through the newly constituted Digital and Information Forum (DIF) which reports via the Use of Resources Executive Group.

In line with national requirements, the Trust will comply with the requirements to submit the Data Security and Protection Toolkit for 2021/22 in June 2022.

The key data security risk to the Trust continues to be Cyber Security. There are very clear plans in place to mitigate the risks identified through the cyber security review undertaken by Internal Audit. This included a bi-weekly Task and Finish Group, attended by the Head of Digital, the Head of Cyber Security and the Head of Information Governance. Chaired by the Trust's Vice Chairman, it aimed to closely monitor and scrutinise progress to ensure the Trust remains on track to implement the recommendations and action plan generated from the audit. Progress was also monitored by the Finance and Activity Committee and reported through to the Audit Committee and Board.

As of November 2021, the Trust's Audit Committee was 'assured' regarding our cyber security position and the significant improvements made to our previously weak position.

Going forward, cyber actions and improvements will form part of an annual cyber programme with monitoring via the Digital and Information Forum.

During the year, there have been two serious incidents that required disclosure to the Information Commissioner's Office (ICO) in relation to personal data. Following internal investigations and the mitigating measures already in place, alongside existing policies and procedures, the ICO stated that no further action was required for either incidents.

The Trust continues to take a range of steps to reduce Information Governance / data security incidents. These actions include regular Trust-wide communications (including real-time communications to share learning), incident reports and data security audits across the Trust to identify and mitigate areas of risk.

Data Quality and Governance

The Trust has processes in place to ensure the accuracy of all quality and performance data, recognising that this is an area on which we need to continue to focus in order to ensure the delivery of robust data quality mechanisms and outputs.

The recent Care Quality Commission (CQC) inspection, published February 2022, commented of our Information and Performance Management practices; 'The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.'

Recognising that Data Quality is the responsibility of all Trust employees, a Data Quality Strategy is in place to provide clarity around the process of data capture/validation and sign off.

Alongside this, the Trust has data quality guidance and support which is available to all employees. This is in line with good practice and comparable NHS Trusts. Data quality training is embedded in the Trust's induction process.

Regular discussions are held between data quality stakeholders to identify data quality issues and how to address them. Moving forward, the newly constituted Digital and Information Forum (DIF) will provide a formal setting to review identified data quality issues.

To support delivery and improvement of robust data quality across the organisation, several key actions have been undertaken:

- Following on from a proactive validation of COVID-19 Deaths during December 2020, a KPMG Audit was undertaken. The findings, reported during the summer of 2021, identified several recommendations which formed the basis of an action plan. This continues to be delivered against and monitored via the Digital Forum and the Audit Committee
- External insight and recommendations were provided by means of our Integrated Care System (ICS) colleagues, through an external review by their Head of Performance and Analytics. This, along with additional feedback from a reporting subject matter expert from NHS Improvement, underpinned the creation of an Information Improvement Plan. This plan, which was subject to amendments and monitoring via both the Digital Forum and the Audit Committee, continues to be the basis of a continuous improvement plan that is owned by the Head of Planning and Performance

- The Information team has been strengthened through additional senior management support by means of an Information Services Manager and appointment of a new Head of Service. The Information function is now aligned with traditional Information Technology (Digital), through the newly created post of Chief Digital and Information Officer. This appointment ensured closer and continued working between teams; ensuring that data management, by means of Digital, supports the work of Information reporting.
- As part of the improvements being undertaken to improve reporting and visibility, the Trust's Integrated Performance Report (IPR) has been subject to significant redesign during Quarter Four of 2021/22 and is now aligned to the new Trust Board and Committee processes planned for 2022/23.

The Trust continues to employ a dedicated 18-week validation team in support of the Patient Tracking List (PTL) and will continue to do so until at least the end of Quarter Two 2022/23. Building on the need to support our Elective Recovery Programme, our Information Team have, and continue to be, fully supportive of the information improvements required to support this crucial work from both a planning and operational reporting perspective.

During the year, plans have been discussed in terms of the future of the Electronic Patient Record (EPR) across the region. Information have been included in such discussions; ensuring the Trust is ready to support implementation from a reporting and data quality position. This includes work to ready our data and existing clinical systems for migration.

Our ongoing response to COVID-19

The Trust built on learning from the previous year in continuing and sustaining its response to the management of the ongoing COVID-19 pandemic.

- The Incident Control Team, led by our Chief Operating Officer, and supported by our Medical Director, Chief Nurse and Divisional Directors, continued to operate flexibly through the year, to respond to the peaks of infection and national incident levels throughout the year, providing a single forum for strategic decision-making, supported by the Trust's Incident Control Room. The Trust Board was kept briefed and involved in the Trust's response.
- Restoration plans for elective care and urgent and emergency care were developed and implemented, which include close working with system partners. These plans included creating plans to respond to a potential and sudden increase in COVID-19 demand.
- The availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation was maximised.
- The COVID-19 vaccination programme was successfully implemented to respond to Government guidance.
- Key governance meetings continued to be held through the use of virtual meeting technology.
- Extensive internal and external communications were shared to keep staff, Governors, patients, partners, and external stakeholders well-informed

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, and my Executive Directors, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal controls includes:

- Review of the Board Assurance Framework and Significant Risk Registers at every Board and Board sub-committee meeting, as well as regular assurance reports from the chairs of the Board's assurance sub committees (Audit, Finance and Activity, Quality, People and up to April 2022 the Education, Research and Innovation Committee). Key risks are fully debated and the Board ensures actions are in place where necessary
- Board review of the Integrated Performance Report at each meeting, covering all key performance indicators for the Trust against the safe, effective, caring, responsive and well led (finance and people) domains. Key metrics are also reviewed by the Board's assurance sub committees (People, Quality and Finance and Activity)
- The Board and Quality Committee monthly review of progress to deliver the Trust's Integrated Quality Improvement Plan
- The Audit Committee provides the Board with independent assurance on the adequacy of the Board Assurance Framework and associated control environment, the Trust's financial, non-financial and quality performance and oversees the financial reporting process. The Committee has received reports from external and internal audit. Internal audit has reviewed and reported on control, governance and risk management processes based on an audit plan approved by the Committee. The Committee reviews findings from internal and external audit work and where recommendations are made the Committee monitors completion of action plans through the Trust's audit recommendation tracker process. Management action plans and follow up audits have been agreed to address any risks, control weaknesses and ongoing compliance issues identified in Internal Audits. The delivery of these actions is monitored by the Audit Committee. Particular focus is given to the partial assurance opinions
- The Trust participates in a number of clinical audits including National, regional and local clinical audits. Compliance with national audits was prioritised for 2020/21 as part of the Trust's clinical audit recovery plan and progress continued to be monitored closely during 2021/22. Clinical audit performance reports are presented quarterly to the Audit Committee which oversees progress to embed improved and sustainable clinical audit processes within the Trust, and the Quality Committee
- The Head of Internal Audit, through the Audit Committee, provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the Internal Audit work

programme. The Head of Internal Audit opinion for the period 1 April 2021 to 31 March 2022 is that based on the scope of reviews undertaken and the sample tests completed during the period, Significant Assurance with some improvement required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control

- The Quality Committee reviews feedback from external assessments of the quality of services including the Care Quality Commission, NHS Improvement, Healthwatch, and reviews commissioned by the Trust from independent external experts as well as ensuring internal quality metrics and improvement plans are scrutinised and monitored closely

As detailed above, the Board and its committees have a key role in maintaining and reviewing the effectiveness of the systems of internal control. The terms of reference for all committees reporting to the Board require them to monitor risk within their scope and to review the relevant sections of the Board Assurance Framework to ensure that the Trust's principal risks are properly articulated and that there are adequate sources of assurance on effective controls.

I also gain assurance from the Senior Leadership Team (renamed the Hospital Management Board in April 2022) and Executive Directors within the organisation, who have responsibility for the development and maintenance of the system of internal control.

The Board has received regular reports on risk, performance and clinical/quality governance.

The Trust seeks to learn and improve from the results and recommendations made in internal audit and external audit reports, clinical audits, the Information Governance Toolkit assessment, Serious Incident reporting and through external benchmarking.

I take additional assurance from programmed, ad-hoc and commissioned external reviews, inspections and accreditation visits. These external reviews provide me with an independent view and recommendations. In 2021/22 independent reviews have included:

- Accreditation schemes awarded in April 2021 for Haematology (ISO15189), Biochemistry (ISO15189), Blood Transfusion (ISO15189), Blood Sciences (ISO15189)
- Endoscopy JAG accreditation renewed in June 2021
- NHSE/I Maternity visit in April 2021
- NHSE/I and Norfolk and Waveney Clinical Commissioning Group Infection Control Peer Review in May 2021
- The Trust commissioned an NHS Improvement well-led assessment in September 2021 to gain external assurance of the Trust's well-led progress and support preparations for a CQC inspection
- Trauma Peer Review in November 2021
- Paediatric Diabetes Network Peer Review December 2021
- The Care Quality Commission's unannounced core service inspection December 2021 and Well-Led inspection in January 2022
- National Digital Team visit in February 2022
- Neonatal Peer Review in April 2022

The Trust has responded to concerns raised as a result of these reviews and progress to deliver resulting action plans is monitored by the appropriate Board sub-committees.

Conclusion

During 2021/22 the Board, its sub-committees and the Executive Team have reflected on the internal control issues facing the Trust as identified through our internal governance mechanisms. My annual governance review and my broader observations lead me to conclude that while much progress has been made in many areas in 2021/22, the Trust is aware of its internal control issues and has responded to all the final reports issued during the year and developed action plans with clear ownership of the issues. No significant internal control issues have been identified

I will continue to work with my team in 2022/23 to further strengthen the Trust's internal controls and sources of assurance for the Board, in order to ensure that the Trust can deliver its strategic objectives.



Caroline Shaw CBE
Chief Executive

Date: 16 June 2022

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Financial Report 2021/22

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Annual Accounts for the year ended 31 March 2022

These accounts for the year ended 31 March 2022, have been prepared by the Board of Directors of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust in accordance with paragraphs 24 and 25 of schedule 7 to the National Health Service Act 2006.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust ("the Trust") for the year ended 31 March 2022 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

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

Basis for opinion

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

Going concern

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

In our evaluation of the Directors' conclusions, we considered the inherent risks to Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust’s accounting policies.

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

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls, and the risk that Trust management may be in a position to make inappropriate accounting entries.

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

We did not identify any additional fraud risks.

The majority of the Trusts income relates to monthly block income funding where there is a low risk of misstatement. We have assessed the Trust’s remaining income streams and note that due to their size and nature there is a low risk of misstatement. As a result we have rebutted the significant risk over fraudulent revenue recognition.

In determining the audit procedures we took into account the results of our evaluation and testing of the operating effectiveness of Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected postings to cash and expense codes.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing the appropriateness of expenditure recognised with specific emphasis placed on the period around year end. This included:

o Sample testing of year-end accruals and provisions including consideration of year on year movements;

- o Review of year-end journals posted to increase or decrease expenditure accounts;
- o Sample testing of invoices and bank payments post year-end;

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

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

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

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

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

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

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

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

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

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

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

- we have not identified material misstatements in the other information; and

- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion that report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

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

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

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

We have nothing to report in this respect.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the relevant NHS regulatory body under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure, or is about to take, or has taken, a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Emma Larcombe
for and on behalf of KPMG LLP
Chartered Accountants
Botanic House
100, Hills Road
Cambridge
CB2 1AR

20 June 2022

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Statement of Comprehensive Income for the year ended 31 March 2022

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	3	262,512	223,788
Other operating income	3.4	21,120	45,232
Operating expenses	4.1	(288,606)	(274,499)
Operating deficit from continuing operations		(4,974)	(5,479)
Finance income	8	17	2
Finance expenses	9	(1)	(9)
PDC dividends payable		(2,901)	(1,148)
Net finance costs		(2,885)	(1,155)
Other gains / (losses)	10	262	(17)
Deficit for the year from continuing operations		(7,597)	(6,651)
Deficit for the year		(7,597)	(6,651)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	12.1	7,973	-
Gains on transfer by absorption	10	(250)	-
Revaluations	23	-	4,747
Total comprehensive income/(expense) for the year		126	(1,904)
Adjusted financial performance (control total basis):			
Deficit for the period		(7,597)	(6,651)
Remove impact of gains on transfer by absorption		(250)	-
Remove I&E impact of capital grants and donations		(20)	(1,006)
Remove net impact of inventories received from DHSC group bodies for COVID response		151	(179)
Remove expenditure impact of impairment		7,973	7,886
Adjusted financial performance surplus		257	50

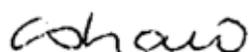
All income and expenditure is derived from continuing operations.

Statement of Financial Position as at 31 March 2022

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	11	631	504
Property, plant and equipment	12	126,349	99,584
Receivables	14	518	330
Total non-current assets		127,498	100,418
Current assets			
Inventories	13	2,459	2,594
Receivables	14	13,004	13,253
Cash and cash equivalents	15	37,902	26,914
Total current assets		53,365	42,761
Current liabilities			
Trade and other payables	16	(51,358)	(37,104)
Borrowings	18	-	(214)
Provisions	19	(51)	(101)
Other liabilities	17	(4,569)	(1,652)
Total current liabilities		(55,978)	(39,071)
Total assets less current liabilities		124,885	104,108
Non-current liabilities			
Provisions	19	(360)	(189)
Other liabilities	17	(513)	(518)
Total non-current liabilities		(873)	(707)
Total assets employed		124,012	103,401
Financed by			
Public dividend capital		226,410	198,202
Revaluation reserve	23	1,856	9,325
Income and expenditure reserve		(104,254)	(104,126)
Total taxpayers' equity		124,012	103,401

The notes on pages 153 to 183 form part of these accounts.

The financial statements on pages 148 to 152 were approved by the Board on 16 June 2022 and signed on its behalf by:



Caroline Shaw - Chief Executive

Date: 16 June 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	198,202	9,325	(104,126)	103,401
Transfer to I+E reserve for impairments	-	(7,469)	7,469	-
Deficit for the year	-	-	(7,597)	(7,597)
Public dividend capital received	28,208	-	-	28,208
	<hr/>	<hr/>	<hr/>	<hr/>
Taxpayers' and others' equity at 31 March 2022	226,410	1,856	(104,254)	124,012

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	57,474	12,464	(105,361)	(35,423)
Revaluations	-	4,747	-	4,747
Transfers	-	(7,886)	7,886	-
Deficit for the year	-	-	(6,651)	(6,651)
Public dividend capital received	140,728	-	-	140,728
	<hr/>	<hr/>	<hr/>	<hr/>
Taxpayers' and others' equity at 31 March 2021	198,202	9,325	(104,126)	103,401

Information on reserves

Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based upon the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the Trust, is payable to DHSC as the public dividend capital dividend.

Revaluation Reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in assets valuations are charged to the revaluation reserve to the extent of the previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows for the year ended 31 March 2022

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating deficit		(4,974)	(5,479)
Non-cash income and expense:			
Depreciation and amortisation	4.1	7,498	6,811
Net impairments	12.1	7,973	7,886
Income recognised in respect of capital donations	3.4	(413)	(1,377)
(Increase) / decrease in receivables and other assets		103	8,927
(Increase) / decrease in inventories		135	(438)
Increase / (decrease) in payables and other liabilities		8,103	3,728
Increase / (decrease) in provisions		121	(203)
		<hr/>	<hr/>
Net cash flows from / (used in) operating activities		18,546	19,855
Cash flows from investing activities			
Interest received	8	17	2
Purchase of intangible assets	11	(250)	(201)
Purchase of PPE		(32,795)	(12,480)
Sales of PPE and investment property		-	65
Receipt of cash donations to purchase assets		421	854
		<hr/>	<hr/>
Net cash flows from / (used in) investing activities		(32,607)	(11,760)
Cash flows from financing activities			
Public dividend capital received		28,208	140,728
Movement on loans from DHSC		(214)	(134,732)
Interest on loans	9	(1)	(245)
PDC dividend (paid) / refunded		(2,944)	(1,148)
		<hr/>	<hr/>
Net cash flows from / (used in) financing activities		25,049	4,603
Increase / (decrease) in cash and cash equivalents		10,988	12,698
Cash and cash equivalents at 1 April - brought forward		26,914	14,216
Cash and cash equivalents at 31 March 2022	15.1	37,902	26,914

Notes to the Accounts

1 Accounting policies and other information

1.1 Basis of preparation

NHS improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the DHSC Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care (DHSC). 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.

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.

1.3 Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered relevant. Actual results may differ from those estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The Trust's management has made the following critical judgments in applying the Trust's accounting policies:

Valuation of Land and Buildings

The most significant estimate within the accounts is the value of land and buildings. A full site valuation for 2021/22 was performed by professional Chartered Surveyors Montagu Evans as at 31 March 2022.

The hospital roof is affected by issues with failing roof planks which will require substantial expenditure over the next 1-5 years in order to make repairs, support the roof and provide protection for patients and staff. Survey work is ongoing to understand the full extent of future costs required.

It is expected that the hospital will continue to operate in its current form for the next 8 years with remedial work being undertaken as necessary. The hospital has therefore been valued under the depreciated replacement cost basis. This has resulted in an impairment of £7.97m to the carrying value of the land and buildings which has been taken to SOCIE.

Untaken annual leave

Under Trust policy with respect to annual leave, staff are allowed to carry over a maximum of five holiday days into the following financial year. The Trust has a financial liability for any annual leave earned by staff but not taken as at 31 March 2022 in respect of those staff who are on maternity leave, long-term sickness leave or suspended. The estimated costs of untaken annual leave as at 31 March 2022 is £3.29m (31st March 2021 £3.05m).

Non-Consolidation of Charitable Funds

IFRS10 requires production of consolidated accounts where there is a parent/subsidiary relationship. IFRS10 defines a subsidiary as "an entity...that is controlled by another entity. Control is the power to govern the financial and operating policies of an entity so as to obtain benefits from its activities." The Trust is the Corporate Trustee of the Charitable Fund and meets the definition of control.

Materiality is an overriding consideration in preparation of the accounts. The International Accounting Standards Board (IASB) states that "Information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements".

The net assets of the Charitable Fund amount to approximately 2.8% of the Trust net assets. Charitable fund income is approximately 0.3% of Trust income. The Directors therefore consider that the consolidation of the accounts of the Charitable Fund with those of the Trust is not justified on the grounds of materiality.

1.4.1 Key sources of estimation and uncertainty

The preparation of the financial information in conformity with IFRS requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of assets and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from these estimates. The estimates and assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

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:

1.4.2 Income estimates

Following national guidance, no income estimates for incomplete patient spells have been made at 31 March 2022.

1.4.3 Expense accruals

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

1.4.4 Provisions

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

1.4.5 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.

1.4.6 Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred. and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income was accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund (ERF) enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system was distributed between individual entities by local agreement. Income earned from ERF was accounted for as variable consideration in FY21/22.

1.5 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

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

1.6 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 grant 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.

1.7 Expenditure on employee benefits

1.7.1 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.

1.7.2 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 employer, 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 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.

1.8 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.

1.9 Property, plant and equipment

1.9.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential 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 a cost of at least £5,000
- or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;
- or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

1.9.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of valuation less any subsequent accumulated depreciation and impairment losses.

Revaluations are performed every five years and reviewed with sufficient regularity in between to ensure carrying amounts are not materially different from those that would be determined at the end of the reporting period.

Fair values are determined as follows:

Land and non-specialised buildings – market value for existing use

Specialised buildings – depreciated replacement cost on a modern equivalent asset basis

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

The Trust conducted a valuation of land and buildings as at 31 March 2022. For 31 March 2021, an indexation was carried out. The indexation was performed by Montagu Evans LLP.

Properties in the course of construction for service administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

1.9.4 Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic 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' ceases to be depreciated upon the reclassification. Assets in the course of construction contract are not depreciated until the asset is brought into use or reverts to the Trust.

1.9.5 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'.

1.9.6 Transferring revaluation surplus to retained earnings

The depreciable amount of a revalued asset is based upon its revalued amount, not its cost. The depreciation charge for each period is recognised as an expense in the profit and loss.

However, the revaluation surplus may be transferred directly to retained earnings as the surplus is realised. Realisation of the surplus may occur through the use (and depreciation) of the asset or upon its disposal.

Where the Trust disposes of the asset, the whole of the revaluation reserve is transferred. Other than this no transfer of any part of the revaluation reserve will take place.

1.9.7 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 income 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.

Montagu Evans were appointed as new valuers to the Trust in 2021. In line with the Trust's quinquennial valuation cycle, Montagu Evans conducted a full valuation of the land and buildings at 31 March 2022. The valuation has resulted in an impairment of £7.97m being recognised in the accounts at 31 March 2022.

1.9.8 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 economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.9.9 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 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.

Gifts

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

1.9.10 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	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	8	80
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	7
Furniture & fittings	5	15

The hospital roof is affected by issues with failing roof planks which will require substantial expenditure over the next 1-5 years in order to make repairs, support the roof and provide protection for patients and staff. Survey work is ongoing to understand the full extent of future costs required. It is expected that the hospital will continue to operate in its current form for the next 8 years with remedial work being undertaken as necessary.

1.10 Intangible assets

1.10.1 Recognition

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

1.10.2 Software

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

1.10.3 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

1.10.4 Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.10.5 Useful lives of intangible assets

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

	Min life Years	Max life Years
Software licences	5	7

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.12 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Financial instruments and financial liabilities

1.13.1 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, i.e., when receipt or delivery of the goods or services is made.

1.13.2 De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.13.3 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.

1.13.4 Financial assets and financial liabilities at fair value through income and expenditure

Financial assets and financial liabilities at fair value through income and expenditure are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

1.13.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

1.13.6 Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

1.13.7 Determination of fair value

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.13.8 Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as Lessee

1.14.1 Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

1.14.2 Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

The Trust as lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.14.3 Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	Exceeding 10 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

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 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

1.15.1 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 19 but is not recognised in the Trust's accounts.

1.15.2 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the 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.

1.15.3 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 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, 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.

1.16 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 Trust. 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 in the PDC dividend policy issued 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.

1.17 Value Added Tax

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

1.18 Corporation Tax

The Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly in relation to specified activities of a Foundation Trust (s519 (3) to (8) ICTA 1988). None of the Trust's activities in the period are subject to corporation tax liability.

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.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual (FreM).

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.

1.22 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Future Standards

IFRS14

IFRS14 Regulatory Deferral Accounts is not yet EU endorsed. It applies to first time adopters of IFRS after 1 January 2016, therefore it is not applicable to DHSC group bodies.

IFRS 17

The application of IFRS17 Insurance Contracts is required for accounting periods beginning on or after 1 January 2021, but it is not yet adopted by the HM Treasury Financial Reporting Manual (FreM). The early adoption of this standard is not therefore permitted.

1.23 Accounting standards that have been issued but have not yet been adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

Estimated impact on 1 April 2022 statement of financial position	£000
Additional right of use assets recognised for existing operating leases	681
Net impact on net assets on 1 April 2022	681
Estimated in-year impact in 2022/23	£000
Additional depreciation on right of use assets	(330)
Additional finance costs on lease liabilities	(5)
Lease rentals no longer charged to operating expenditure	282
Estimated impact on surplus /(deficit) in 2022/23	(53)

2. Segmental Reporting

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

The products and services provided to external customers are identified in notes 3.1 and 3.2 below under the headings "Income from activities patient care" and "Other operating income".

All revenues from external customers are derived from within the UK, and all non-current assets are located in the UK. Revenues from transactions with entities under the control of the UK Government amount to £262.5m (2020/21 £223.8m) and are reported within the single healthcare segment.

3. Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5

3.1 Income from patient care activities (by nature)	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income*	231,86	203,53
High cost drugs income from commissioners (excluding pass-through costs)	1	1
Other NHS clinical income	9,918	8,012
	1,782	905
All services		
Private patient income	211	45
Elective Recovery Fund (Plus)	11,449	-
Additional pension contribution central funding**	6,780	6,318
Other clinical income	511	4,977
	<u>262,51</u>	<u>223,78</u>
Total income from activities	<u><u>2</u></u>	<u><u>8</u></u>

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the prior year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. There has been no significant change in this policy in 2021/22.

**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.

3.2 Income from patient care activities (by source)

3.2 Income from patient care activities (by source)	2021/22	2020/21
Income from patient care activities received from:	£000	£000
NHS England	25,241	24,961
Clinical commissioning groups	236,549	198,725
Other NHS providers	1	10
Non-NHS: private patients	63	43
Non-NHS: overseas patients (chargeable to patient)	147	49
Injury cost recovery scheme	511	-
	<u>262,512</u>	<u>223,788</u>
Total income from activities	<u><u>262,512</u></u>	<u><u>223,788</u></u>
Of which:		
Related to continuing operations	262,512	223,788

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

	2021/22	2020/21
	£000	£000
Income recognised this year	147	49
Cash payments received in-year	98	37
Amounts added to provision for impairment of receivables	94	33
Amounts written off in-year	36	39

3.4 Other operating income

	2021/22			2020/21		
	Contract	Non-		Contract	Non-	
	income	contract	Total	income	contract	Total
	£000	income	£000	£000	income	£000
		£000			£000	
Research and development	500	-	500	480	-	480
Non-patient care services to other bodies	2,640	-	2,640	3,099	-	3,099
Education and training	7,757	531	8,288	6,930	530	7,460
Reimbursement and top up funding	1,494	-	1,494	24,140	-	24,140
Receipt of capital grants and donations	-	413	413	-	1,377	1,377
Charitable and other contributions to expenditure	-	792	792	-	3,806	3,806
Other income**	6,993	-	6,993	4,870	-	4,870
Total other operating income	19,384	1,736	21,120	39,519	5,713	45,232
Of which:						
Related to continuing operations			21,120			45,232

****Analysis of other operating income: Other**

	2021/22	2020/21
	£000	£000
Car Parking income	580	149
Catering	455	383
Pharmacy sales	-	54
Property rental (not lease income)	215	205
Staff accommodation rental	13	13
Estates recharges (external)	88	33
IT recharges (external)	-	-
Staff contribution to employee benefit schemes	-	-
Clinical tests	2,449	2,402
Clinical excellence awards	164	77
Other income generation schemes	582	161
Other income not already covered	2,447	1,393
	6,993	4,870

4. Operating Expenses

4.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	8,551	8,407
Purchase of healthcare from non-NHS and non-DHSC bodies	2,618	1,502
Staff and executive directors costs	194,953	185,618
Remuneration of non-executive directors	159	144
Supplies and services – clinical (excluding drugs costs)	15,902	20,667
Supplies and services – general	4,039	2,783
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	21,659	18,333
Consultancy costs	1,163	56
Establishment	2,005	2,089
Premises	8,471	7,488
Transport (including patient travel)	714	747
Depreciation on property, plant and equipment	7,374	6,690
Amortisation on intangible assets	124	121
Movement in credit loss allowance: contract receivables / contract assets	510	166
Increase/(decrease) in other provisions	238	(81)
Change in provisions discount rate(s)	8	(26)
Audit fees payable to the external auditor		
audit services- statutory audit	153	68
other auditor remuneration (external auditor only)	22	6
Internal audit costs	57	98
Clinical negligence	4,974	5,160
Legal fees	-	119
Insurance	25	149
Education and training	749	925
Rentals under operating leases	378	470
Car parking & security	26	82
Hospitality	14	44
Losses, ex gratia & special payments	600	319
Loss on impairment of tangible fixed assets	7,973	7,886
Other	5,147	4,469
Total	288,606	274,499
Of which:		
Related to continuing operations	288,606	274,499

In addition, the external auditor audits the Queen Elizabeth Hospital Charitable Fund and the fee excluding VAT is £12,000 (2020/21 £6,500), the charity is responsible for the payment of this fee.

4.2 Other auditor remuneration

	2021/22	2020/21
	£000	£000
Other auditor remuneration paid to the external auditor:		
Other non-audit services	22	-
Audit-related assurance services	-	6
Total	22	6

4.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2020/21: £1 million).

5. Employee benefits

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	142,045	131,317
Social security costs	14,398	13,041
Apprenticeship levy	691	530
Employer's contributions to NHS pensions	22,756	20,864
Temporary staff (including agency)	16,252	20,480
	<hr/>	<hr/>
Total gross staff costs	196,142	186,232
Recoveries in respect of seconded staff	-	-
Total staff costs	196,142	186,232
Of which		
Costs capitalised as part of assets	1,188	614
	<hr/>	<hr/>

6. Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme. Which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation>- reports.

7. Operating Leases

This note discloses costs and commitments incurred in operating lease arrangements where the Queen Elizabeth Hospital is the lessee

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	378	470
Total	<u>378</u>	<u>470</u>
	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	131	376
- later than one year and not later than five years;	256	387
Total	<u>387</u>	<u>763</u>
Future minimum sublease payments to be received	-	-

8. Finance Income

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

	2021/22 £000	2020/21 £000
Interest on bank accounts	17	2
Total finance income	<u>17</u>	<u>2</u>

9. Finance Expenditure

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

	2021/22 £000	2020/21 £000
Interest expense:		
Loans from the Department of Health and Social Care	1	9
Total interest expense	1	9
Total finance costs	<u>1</u>	<u>9</u>

The Trust paid no amounts out for late payments of commercial debt (2020/21 nil)

10. Other gains and (losses)

	2021/22	2020/21
	£000	£000
Profits on disposal of assets	16	-
Losses on disposal of assets	(4)	(17)
Gains on transfer by absorption	250	-
Total gains/(losses on disposal of assets)	262	(17)
Total other gains/(losses)	262	(17)

11 Intangible Assets**11.1 Intangible assets – 2021/22**

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 – brought forward	1,001	194	1,195
Additions	2	249	251
Transfer by absorption	8	-	8
Valuation / gross cost at 31 March 2022	1,011	443	1,454
Amortisation at 1 April 2021 – brought forward	691	-	691
Provided during the year	124	-	124
Transfer by absorption	8	-	8
Amortisation at 31 March 2022	823	-	823
Net book value at 31 March 2022	188	443	631
Net book value at 1 April 2021	310	194	504

11.2 Intangible assets – 2020/21

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 – as previously stated	995	-	995
Additions	6	194	200
Valuation / gross cost at 31 March 2021	1,001	194	1,195
Amortisation at 1 April 2020 – as previously stated	570	-	570
Provided during the year	121	-	121
Amortisation at 31 March 2021	691	-	691
Net book value at 31 March 2021	310	194	504
Net book value at 1 April 2020	425	-	425

Note 12 Property, plant and equipment

12.1 Property, plant and equipment – 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2021 – brought forward	4,610	80,594	18,584	35,045	158	21,227	683	160,901
Transfer by absorption	-	1,479	-	84	-	38	253	1,854
Additions	-	9,848	28,362	2,679	-	878	99	41,866
Impairments	(420)	(7,383)	-	(32)	-	-	(138)	(7,973)
Disposals/de-recognition	-	-	-	(527)	(29)	-	-	(556)
Valuation/gross cost at 31 March 2022	4,190	84,538	46,946	37,249	129	22,143	897	196,092
Accumulated depreciation at 1 April 2021 – brought forward	-	21,131	-	23,015	155	16,443	573	61,317
Transfers by absorption	-	1,399	-	52	-	38	115	1,604
Provided during the year	-	3,290	-	2,638	2	1,418	26	7,374
Disposals/de-recognition	-	-	-	(523)	(29)	-	-	(552)
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2022	-	25,820	-	25,182	128	17,899	714	69,743
Net book value at 31 March 2022	4,190	58,718	46,946	12,067	1	4,244	183	126,349
Net book value at 1 April 2021	4,610	59,463	18,584	12,030	3	4,784	110	99,584

12.2 Property, plant and equipment – 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2020 – as previously stated	4,610	77,846	15,096	32,063	158	20,193	679	150,645
Additions	-	-	13,740	523	-	-	-	14,263
Impairments	-	(3,139)	-	-	-	-	-	(3,139)
Reclassifications	-	5,887	(10,252)	3,210	-	1,151	4	-
Disposals / derecognition	-	-	-	(751)	-	(117)	-	(868)
Valuation/gross cost at 31 March 2021	4,610	80,594	18,584	35,045	158	21,227	683	160,901
Accumulated depreciation at 1 April 2020 – as previously stated	-	18,095	-	21,459	153	15,149	557	55,413
Provided during the year	-	3,036	-	2,225	2	1,411	16	6,690
Disposals / derecognition	-	-	-	(669)	-	(117)	-	(786)
Accumulated depreciation at 31 March 2021	-	21,131	-	23,015	155	16,443	573	61,317
Net book value at 31 March 2021	4,610	59,463	18,584	12,030	3	4,784	110	99,584
Net book value at 1 April 2020	4,610	59,751	15,096	10,604	5	5,044	122	95,232

12.3 Property, plant and equipment financing – 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021								
Owned – purchased	4,190	54,524	46,121	11,360	1	4,221	161	120,578
Owned – donated/granted	-	4,194	825	707	-	23	22	5,771
NBV total at 31 March 2022	4,190	58,718	46,946	12,067	1	4,244	183	126,349

12.4 Property, plant and equipment financing – 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned – purchased	4,610	55,699	17,924	11,158	3	4,766	100	94,260
Owned – donated/granted	-	3,764	660	872	-	18	10	5,324
NBV total at 31 March 2021	4,610	59,463	18,584	12,030	3	4,784	110	99,584

12.5 Buildings excluding dwellings

The hospital roof is affected by issues with failing roof planks which will require substantial expenditure over the next 3-5 years in order to make repairs, support the roof and provide protection for patients and staff. Survey work is ongoing to understand the full extent of future costs required.

The Trust has commissioned a full valuation of the estate this year from its new valuers Montagu Evans. This valuation considered the life of the hospital estate and the Trusts estate strategy. This has resulted in an impairment of £7.97m to the carrying value of the land and buildings which has been taken to I&E.

12.6 Donations of property, plant and equipment

	2021/22
	£000
Land and Buildings	48
Medical equipment	7
	<hr/>
	55 <hr/>

13. Inventories

	31 March 2022	31 March 2021
	£000	£000
Drugs	937	946
Consumables	1,454	1,632
Energy	68	16
	<hr/>	<hr/>
Total inventories	2,459 <hr/>	2,594 <hr/>
of which:		
Held at fair value less costs to sell	-	-

14 Trade Receivables**14.1 Receivables**

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	9,237	9,598
Allowance for impaired contract receivables	(1,276)	(765)
Prepayments (non-PFI)	2,083	2,736
VAT receivable	468	847
Other receivables	2,492	837
Total current receivables	13,004	13,253
Non-current		
Contract receivables	518	330
Total non-current receivables	518	330
Of which receivable from NHS and DHSC group bodies:		
Current	7,943	8,735
Non-current	-	-
14.2 Allowances for credit losses		
	2021/22 Contract receivables and contract assets £000	2020/21 Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	766	653
New allowances arising	870	265
Reversals of allowance	(360)	(99)
Utilisation of allowances (write offs)	-	(53)
Allowances as at 31 Mar 2022	1,276	766

15. Cash and cash equivalents

15.1 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.

	2021/22	2020/21
	£000	£000
At 1 April 2021	26,914	14,216
Net change in year	10,988	12,698
At 31 March 2022	37,902	26,914
Broken down into:		
Cash at commercial banks and in hand	129	94
Cash with the Government Banking Service	37,773	26,820
Total cash and cash equivalents as in SoFP	37,902	26,914
Total cash and cash equivalents as in SoCF	37,902	26,914

15.2 Third party assets held by the Trust

The 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 2022 £000	31 March 2021 £000
Bank balances	2	1
Total third party assets	2	1

16. Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	8,520	4,543
Capital payables	17,771	9,816
Accruals	17,893	17,417
Social security costs	2,065	2,087
Other taxes payable	1,788	1,680
Other payables	3,321	1,561
Total current trade and other payables	51,358	37,104

17. Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income: contract liabilities	4,569	1,652
Total other current liabilities	4,569	1,652
Non-current		
Deferred income: contract liabilities	513	518
Total other non-current liabilities	513	518

18. Borrowings

Note 18.1 Borrowings

	31 March 2022 £000	31 March 2021 £000
Current		
Loans from DHSC	-	214
Total current borrowings	<u>-</u>	<u>214</u>
Non-current		
Loans from DHSC	-	214
Total non-current borrowings	<u>-</u>	<u>214</u>

Note 18.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2021	214	214
Cash movements:		
Financing cash flows - payments and receipts of principal	(214)	(214)
Financing cash flows - payments of interest	-	-
Non-cash movements:		
Application of effective interest rate	-	-
Carrying value at 31 March 2022	<u>-</u>	<u>-</u>

Note 18.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2020	135,182	135,182
Cash movements:		
Financing cash flows - payments and receipts of principal	134,732	134,732
Financing cash flows - payments of interest	(245)	(245)
Non-cash movements:		
Application of effective interest rate	9	9
Carrying value at 31 March 2021	<u>214</u>	<u>214</u>

19. Provisions for liabilities and charges

Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	injury benefits £000	Other £000	Total £000
At 1 April 2021	78	142	70	290
Change in the discount rate	8	-	-	8
Arising during the year	-	131	105	236
Utilised during the year	(28)	(25)	-	(53)
Reversed unused	-	-	(70)	(70)
At 31 March 2022	58	248	105	411
Expected timing of cash flows:				
- not later than one year;	12	23	16	51
- later than one year and not later than five years;	46	225	89	360
- later than five years.				
Total	58	248	105	411

Provisions relate to claims for staff injury and early-retirement.

Clinical negligence liabilities

At 31 March 2022, £140.3m was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (31 March 2021: £128.2m).

20. Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	-	1,165
Intangible assets	-	-
Total	-	1,165

21 Financial instruments

21.1 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non-financial assets	9,328	9,328
Cash and cash equivalents	37,902	37,902
Total at 31 March 2022	47,230	47,230

Carrying values of financial assets as at 31 March 2021	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non-financial assets	9,160	9,160
Cash and cash equivalents	26,914	26,914
Total at 31 March 2021	36,074	36,074

21.2 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Total book value £000
Loans from the Department of Health and Social Care	-
Trade and other payables excluding non-financial liabilities	36,748
Total at 31 March 2022	36,748

Carrying values of financial liabilities as at 31 March 2021	Total book value £000
Loans from the Department of Health and Social Care	214
Trade and other payables excluding non-financial liabilities	28,756
Total at 31 March 2021	28,970

21.3 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022 £000	31 March 2021 £000
In one year or less	36,748	28,970
In more than one year but not more than five years	-	-
Total	36,748	28,970

22. Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	133	123	12	4
Fruitless payments and constructive losses	33	73	29	114
Bad debts and claims abandoned	42	37	60	50
Total losses	208	233	101	168
Special payments				
Compensation under court order or legally binding arbitration award	100	337	2	9
Ex-gratia payments	28	30	33	143
Total special payments	128	367	35	152
Total losses and special payments	336	600	136	320
Compensation payments received		-		-

23. Revaluation Reserve

	31-Mar-22			31-Mar-21
	Land £000	Buildings £000	Total £000	Total £000
Balance at April 1 2021	1,259	8,066	9,325	12,464
Impairments	(420)	(7,049)	(7,469)	(7,886)
Revaluations	-	-	-	4,747
Balance at 31 March 2022	839	1017	1,856	9,325

24. Related Parties

	Receivables		Payables	
	31-Mar-22	31-Mar-21	31-Mar-22	31-Mar-21
	£000	£000	£000	£000
Other NHS Bodies	7,944	8,735	1,477	3,492
Other Government Bodies including Local Authorities	484	848	3,896	5,855
Charitable Funds	847	724	-	-
	9,275	10,307	5,373	9,347

	Income		Expenditure	
	2021-22	2020-21	2021-22	2020-21
	£000	£000	£000	£000
Other NHS Bodies	271,335	254,915	16,008	15,836
Other Government Bodies including Local Authorities	163	130	39,214	35,834
Charitable Funds	217	876	-	-
	271,715	255,921	55,222	51,670

List of Related Parties:

Department of Health and Social Care
 HM Revenue & Customs
 NHS Business Service Authority
 NHS Pension Scheme
 NHS England
 NHS Commissioning Board
 NHS Blood & Transplant
 NHS Norfolk and Waveney CCG
 NHS Cambridgeshire CCG
 NHS Lincolnshire CCG
 NHS Suffolk CCG
 NHS Resolution
 Health Education England
 Cambridgeshire University Hospitals NHS Foundation Trust
 Cambridgeshire Community Services NHS Trust
 Cambridge & Peterborough NHS Foundation Trust
 Norfolk and Norwich University Hospital NHS Foundation Trust
 North-West Anglia NHS Foundation Trust
 East of England Ambulance Service NHS Trust
 Kings Lynn and West Norfolk Borough Council
 Royal Papworth NHS Foundation Trust
 Norfolk Community Health and Care NHS Trust

The Trust received revenue and capital payments amounting to £876k (£159K 2020/21), as disclosed above, from The Queen Elizabeth Hospital King's Lynn Trust Charitable Fund, the Trustees for which make up the Trust Board. A copy of The Queen Elizabeth King's Lynn NHS Trust Charitable Fund accounts can be obtained on request (01553 613981).

The Trust conducted transactions with other Health Authorities and NHS bodies, which individually are not regarded as material, during the normal course of the Trust's activities.

25. Financial risk management

International Financial Reporting Standard 7 and International Accounting Standard 32 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trusts 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

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

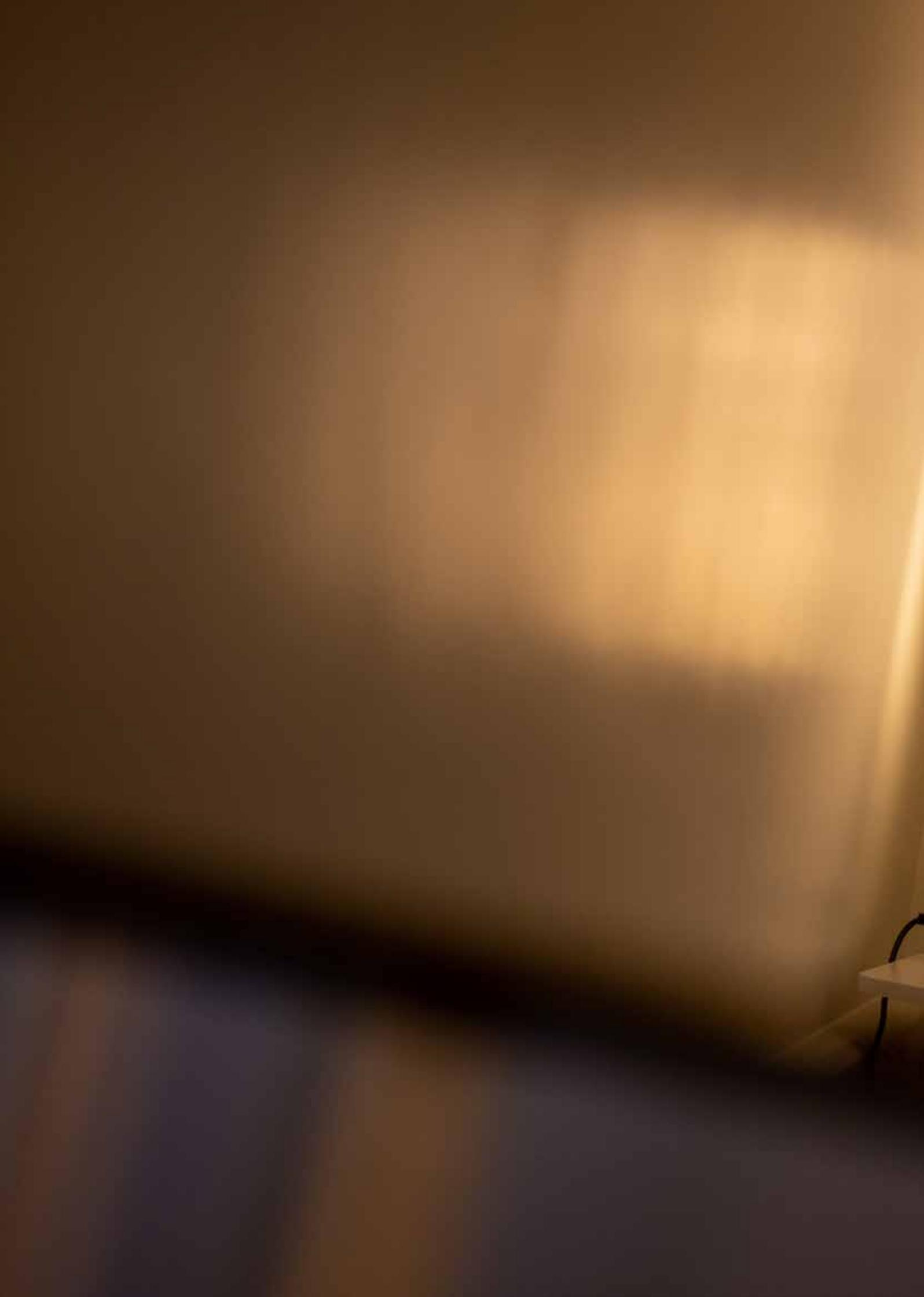
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risk.

26. Contingent assets/Liabilities

The Trust has no contingent liabilities nor contingent assets.

27. Events after balance sheet date

There have been no material post balance sheet events.





SECTION 4

Glossary 186

GLOSSARY

A

Accountability - the requirement for organisations to report and explain their performance.

Acute - describes a disease of rapid onset, severe symptoms and brief duration. The majority of hospital services provided by QEH are for acute illnesses.

Admission - the point at which a person enters hospital as a patient.

Agency staff - staff working at QEH but employed by a private recruitment agency.

B

Bank staff - staff who are available for short-term or flexible work to help manage vacancies more effectively.

Best practice - a way of working that is officially accepted as being the best to use.

C

Caldicott Guardian - a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian.

Capital expenditure - the money allocated for buildings, equipment or land, also known as fixed assets.

Care Quality Commission (CQC) - the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.

Clinical Commissioning Groups (CCGs) - the NHS organisations responsible for planning and funding the majority of healthcare.

Clinical outcomes - the end result of a medical intervention, such as survival or improved health.

Clostridium difficile (C. diff) - a healthcare-associated intestinal infection that mostly affects elderly patients with other underlying diseases.

Commissioning - the process of identifying the needs of local people and funding services to meet those needs. Commissioning is carried out at a number of different levels in the NHS, but the majority of services patients receive are commissioned by the Clinical Commissioning Group for their local area.

Community care - long-term care for people who are mentally ill, elderly, or disabled which is provided in the patient's own home, in a residential or care home rather than in hospitals.

Commissioning for Quality and Innovation (CQUIN) - a system of reward payments made by commissioners to hospitals to encourage better experience, involvement and outcomes for patients.

COVID-19 (Coronavirus) - an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus experience mild to moderate respiratory illness and recover without special treatment. However, others – and especially older people or those with underlying conditions - can become seriously ill and require medical attention. Anyone can get sick with COVID-19 and become seriously ill or die at any age.

D

Dementia - describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's Disease or a series of strokes.

Discharge to Assess - enabling patients to be assessed for their longer-term health and social care needs at home or in the community, rather than waiting for this to happen in hospital.

E

Early Warning Score (EWS) - a categorisation that uses data taken from routine patient observation to calculate a score indicating potential severity of illness and to act as a prompt to nursing staff to request a medical review at specific trigger points. (PEWS is a specific type of early warning score designed to assess children.)

Elective care - care that is planned. This is usually where the patient is referred by their GP or other healthcare professional. Appointments, treatments and admissions to hospital will be confirmed in advance.

Elective surgery - an operation that is planned in advance and for which the patient will be given a date to be admitted to hospital.

Emergency Department (ED) (also known as Accident and Emergency) - the department specialising in the care of patients with life-threatening or life-changing needs, which require immediate, specialist care.

Equality, Diversity and Inclusion (EDI) - equality is about creating a fairer society where everyone can fully take part. It means giving people an equal opportunity to have their individual needs considered and met, in recognition that society comprises different people with different needs at different times. Diversity is the positive recognition of difference.

End of Life care - ensuring that the care people receive at the end of life is compassionate, appropriate, and gives people choices regarding where they die and how they are cared for. This care is co-ordinated across health and social care services.

Electronic-Observations (E-Obs) - a digital system for recording the vital signs of a patient (such as blood pressure, temperature and heart rate). Often using a mobile device to collect and store patient observations, creating a set of information that can assist in making clinical judgments. This can help indicate signs of deterioration, for example sepsis and acute kidney injury.

F

Financial control total - the maximum amount of deficit or surplus that an NHS organisation is required to achieve. This amount is set by NHS Improvement and agreed with each organisation, or as part of the wider health and care community.

First attendance - the first or only time a patient attends hospital after being referred by their GP or health professional.

Follow-up attendances - the second and subsequent times patients attend hospital for assessment, diagnosis or treatment as an outpatient.

Foundation Trust - see 'NHS Foundation Trust'.

'Friends and Family' Test (FFT) - the national patient satisfaction programme which gives every patient the opportunity to feedback on the quality of their care.

Full-Time Equivalent (FTE) - the measurement and calculation of total staff numbers, using a standard working day. Also known as Whole Time Equivalent (WTE).

G

Getting It Right First Time (GIRFT) - a programme which aims to improve care in hospitals and reduce cost by reducing unwanted variations in services and practices

Gram-negative bloodstream infections (GNBSIs) - infections which are caused by bacteria into the bloodstream and can cause serious complications or death. They include Escherichia coli (E. Coli), Klebsiella and Pseudomonas aeruginosa.

H

Health Scrutiny Committee/Overview and Scrutiny Committee - a function of local councils in England. The committee has the responsibility to review policies, decisions and services in their own council and in other organisations, including the NHS, which may impact on local residents.

Healthcare Assistant (HCA) - staff who work under the guidance of a qualified healthcare professional, usually a nurse. Sometimes staff working in HCA roles are known as nursing assistants, nursing auxiliaries or auxiliary nurses.

Healthwatch Norfolk/Peterborough/Lincolnshire - the local service affiliated to Healthwatch England, the national consumer champion in health and care. It has statutory powers to ensure the voices of patients and service users are heard by those who commission, deliver and regulate health and care services.

Hospital Standardised Mortality Rates (HSMR) - an indicator of healthcare quality that measures if the death rate at a hospital is higher or lower than you would expect. The HSMR compares the expected rate of death in a hospital with the actual rate of death. Factors such as age and severity of illness are taken into account.

I

Information Governance - the set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information to ensure an organisation's regulatory, legal, risk, environmental and operational requirements.

Inpatient - a patient who is admitted to hospital for a period of treatment or to undergo an operation. Inpatients are those that stay in hospital for 24 hours or more.

Integrated Care System (ICS) - new developments in NHS care which bring together commissioners and healthcare providers to plan and deliver care without organisational and financial boundaries. QEH is part of the Norfolk and Waveney Integrated Care System. ICSs were previously known as Sustainability and Transformation Partnerships.

Integrated discharge - planning and managing a patient's discharge from hospital across all services and all part of the hospital.

Intervention - any measure to improve health or alter the course of disease.

L

Locum staff - nurses and doctors employed by the NHS on a temporary, fixed-term basis.

M

Methicillin Resistant Staphylococcus Aureus (MRSA) - is a type of bacteria that is resistant to a number of commonly used antibiotics. It lives on the skin and is mostly harmless unless it gets deeper into the body, for example, if it gets into a wound or where the skin is broken.

Model Hospital - a digital information service designed to help NHS providers improve their productivity and efficiency by comparing and benchmarking performance against peers/other centres.

National emergency access standard - a national standard for all Emergency Departments/Accident and Emergency Departments. The standard measures the number of patients seen, admitted or discharged within four-hours; hospitals are expected to achieve 95%. It is often known as the 'four-hour' standard.

National Patient Survey - ensures patients and the public have a real say in how NHS services are planned and developed. Getting feedback from patients and listening to their views and priorities is vital for improving services. All NHS Trusts in England are legally required to carry out local surveys asking patients their views on their recent health care experiences. There are inpatient, maternity and outpatient surveys.

Never Events - serious, but largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

NHS England/Improvement - the organisation responsible for overseeing NHS Trusts, as well as independent providers that provide NHS-funded care. It has recently merged with NHS England and is often referred to as NHS England/Improvement (NHSE/I).

NHS Trust - a statutory, self-governing NHS organisation providing healthcare services. NHS Trusts - and NHS Foundation Trusts - provide the majority of hospital, mental health and ambulance services. Their income is derived from service agreements and contracts with clinical commissioning groups or, for some highly specialist services, NHS England. They have freedom to decide staff numbers and rates of pay and some powers to invest and borrow money.

Non-elective care - is provided when the patient is assessed as needing treatment or hospital admission urgently or in an emergency.

Non-Executive Director - a member of the Trust's Board of Directors who is not part of the Executive Team. A Non-Executive Director typically does not engage in the day-to-day management, but is involved in policy making and planning exercises. In the NHS Non-Executive Director appointments in the NHS are managed by NHS Improvement. Non-Executive Directors have voting rights on the Board.

O

On-the-day cancellation - refers to a planned operation that is cancelled on the day the patient was due to arrive (at hospital), after the patient has arrived in hospital or on the day of the operation if the patient is already in hospital.

Overview and Scrutiny Committee - see Health Scrutiny Committee.

P

Palliative care - services for people living with a terminal illness where a cure is no longer possible. Palliative care aims to treat or manage pain and other physical symptoms. It will also help with any psychological, social or spiritual needs.

Parliamentary Health Service Ombudsman (PHSO) - the Ombudsman makes final decisions on complaints that have not been resolved by the NHS in England, UK government departments and other public organisations.

Pathway of care - the planned and most efficient way to provide care from referral to diagnosis, treatment and follow-up. Pathways are in place for most common diseases and conditions and use evidence-based practice to determine the best way for patients to be seen and treated.

Patient Administration System (PAS) - computerised system to record non-medical patient details such as name and address as well as appointments/visits to the hospital.

Patient Advice and Liaison Service (PALS) - provides information, advice and support to help patients, families and their carers. Patient experience - the experience a patient has in our hospitals, whether as an inpatient or an outpatient. This includes not only the care received

Patient experience - the planned and most efficient way to provide care from referral to diagnosis, treatment and follow-up. Pathways are in place for most common diseases and conditions and use evidence-based practice to determine the best way for patients to be seen and treated.

Patient flow - the different elements that make up a patient's progress through the hospital system from referral through to diagnosis, treatment and discharge. This includes all of the staff, departments and organisations who are involved in providing the end-to-end care.

Provider Sustainability Fund (PSF) - national bonus monies allocated to Trusts by quarter based on performance versus plan, including financial plan and emergency access performance. Previously called Sustainability and Transformation Fund.

Public Sector Equality Duty - the public sector's legal duty to eliminate discrimination, advance equal opportunities, foster good relations, and publish data on progress.

Q

Quality Account - every NHS Trust is required to publish a Quality Account, setting out how it continues to improve the quality of services it provides. It covers three key areas: patient safety, clinical effectiveness and patient experience.

Quality assurance - the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production.

Quality Governance Framework - a set of standards for Trusts to continuously monitor themselves against.

R

RAAC (Reinforced Autoclaved Aerated Concrete) - a form of lightweight concrete sometimes referred to as panels. It was used primarily in roof planks of some public buildings built between the mid-1960s and mid-1990s, including QEH.

Radiology - a science that uses images to diagnose and in some cases treat diseases. It is a general term which covers X-ray, CT and MRI scans.

Re-admissions - the number of patients re-admitted as an emergency within either seven or 28 days of being discharged following previous treatment.

Resilience - the ability of an organisation to adapt and respond to disruptions, whether internal or external, to deliver organisationally agreed critical activities.

Respiratory - the specialty which deals with illnesses and conditions affecting breathing.

Referral to Treatment (RTT) - national maximum waiting times set out in the NHS Constitution from the point a patient is referred to hospital by their GP.

S

Safety culture - the attitude, beliefs, perceptions and values that employees share in relation to safety in the workplace. Safety culture is part of organisational culture; a positive safety culture is a key part of improving the quality of care.

Staff engagement - encouraging staff to be committed to their organisation's goals and values, motivated to contribute to organisational success, and enhance their own sense of job satisfaction.

Single Oversight Framework (SOF) - sets out how our regulator NHS Improvement oversee NHS Trusts and NHS Foundation Trusts, helping to determine the level of support they need based on a range of performance measures.

T

Tertiary care - there are three levels of healthcare in the NHS: primary care (the first point of contact for patients including GPs, dentists, pharmacists and opticians); secondary care (specialist services, often provided by a hospital, that patients are referred to from primary care); and tertiary care which is further specialised treatment and care provided by professionals with specific expertise in a given field, for example neurosurgery, cardiac surgery and cancer management.

Tertiary referrals - referrals for specialist care from consultant to consultant. These can be within the same hospital/service or between different hospitals and services.

V

VTE - Venous Thromboembolism is a condition in which a blood clot forms, most often in the deep veins of the leg, groin or arm (known as deep vein thrombosis or DVT) and travels in the circulation, lodging in the lungs (known as pulmonary embolism).

W

Waiting times - the period that a patient may wait before being seen at a routine appointment or for admission to hospital. The standards and maximum waiting periods are set nationally under the NHS Constitution.

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