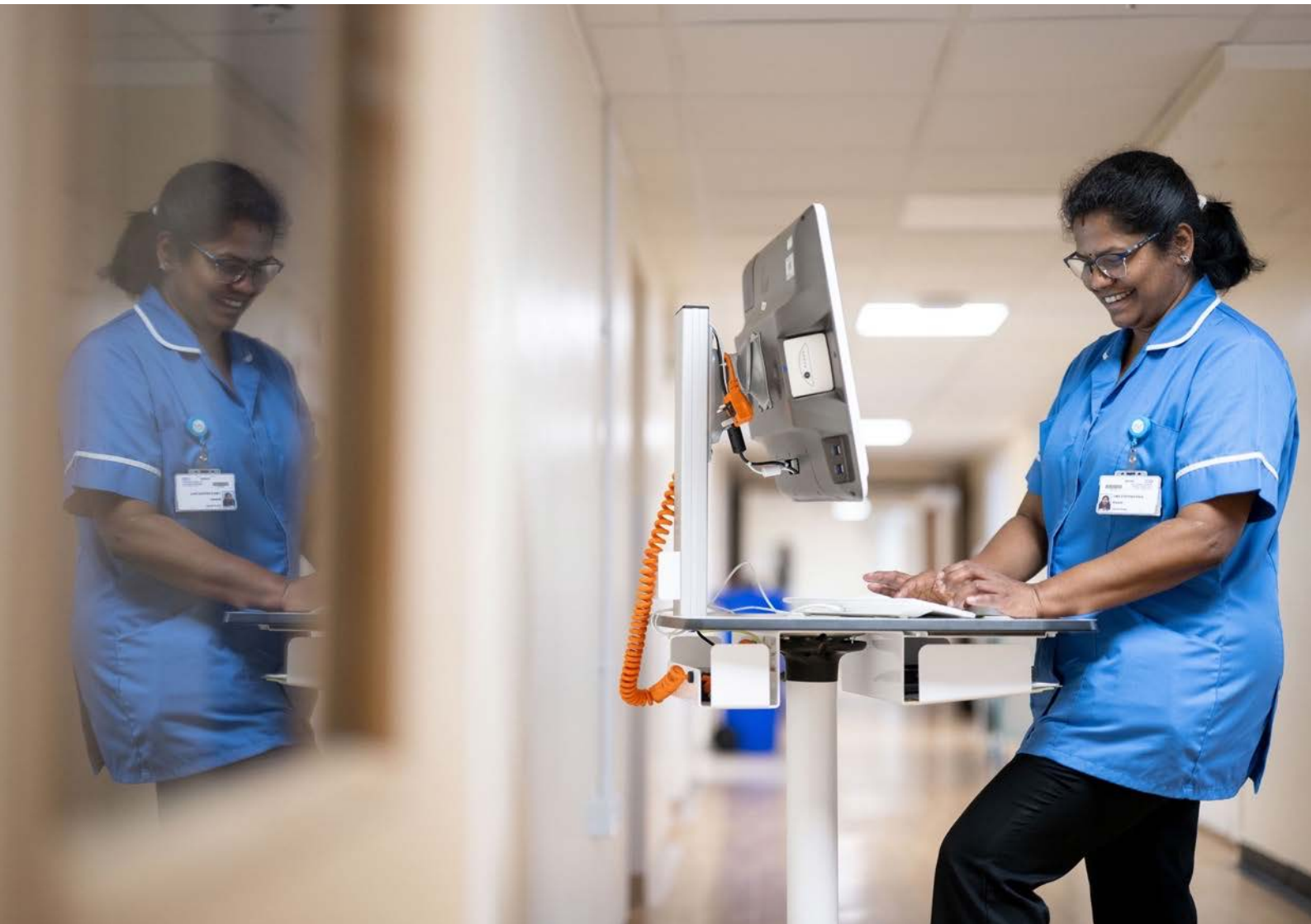
NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Annual Report and Accounts

2022/23



The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Annual Report and Accounts 2022/23

For the period 1 April 2022 to 31 March 2023

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

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This publication is available at www.qehkl.nhs.uk.

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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 2022/23 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

This year, the Trust has continued to make strong progress and can evidence significant improvements in many areas. This report summarises how QEH has:

- Successfully lobbied for the Trust to be added to the national New Hospital Programme. The announcement was made in May 2023 and follows an investment of over £80m in national capital to progress the rolling three-year failsafe programme to install Reinforced Autoclaved Aerated Concrete (RAAC) failsafes across the hospital to maximise the safety of the current buildings
- Opened many outstanding new facilities which are already making a difference to the experience of our patients and staff, and also made significant improvements with our digital maturity
- Supported staff with a comprehensive health and wellbeing programme and committed to listening, valuing, and acting on staff feedback
- Maintained a relentless focus on providing timely access to urgent and emergency care, as well as addressing waiting lists that have built up for elective care

These priorities followed extensive engagement with our patients, Governors, partners, and staff.

Quality

Over the last year we have seen significant pressures and increased demand for our services, mirroring the wider system and NHS. However, we have continued to make steady progress, and can evidence many further positive improvements to the experience of our patients, their families, and staff.

Keeping patients safe is our top priority and earlier this year we committed to implementing the Patient Safety Incident Response Framework which replaces the Serious Incident Framework.

The framework supports the key principles of a patient safety culture and represents a significant shift in the way the entire NHS responds to patient safety incidents. This is a major step towards improving safety management and will ensure we focus on understanding how incidents happen, rather than apportioning blame, allowing for

more effective learning and improvement, and ultimately make care safer for patients.

We have made significant improvements to the timeliness of responding to complaints and learning from them. However, we have more to do, including improving the quality of complaint responses and ensuring local resolution of complaints wherever possible.

Our digital maturity has also significantly improved over the last year as we launched our new three-year Digital and Data Strategy and invested into a new Patient Observation Management System. This includes an electronic-patient observation system, digital ward smartboards, and improved clinical communications, all of which bring improvements in patient care.

The Trust Board has also approved an outline business case for a new system-wide Electronic Patient Record, which will be implemented across the three acute trusts in Norfolk and Waveney later this year.

These are both important digital developments for the Trust and are key to building on the progress we've made to support our staff to deliver safe and compassionate care, bringing us another step closer to achieving our vision of becoming 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 Rt Hon Stephen Barclay, Secretary of State for Health and Social Care, and also the Rt Hon Liz Truss, our former Prime Minister and local MP for South West Norfolk, to QEH and see first-hand some of the many challenges we face from our Reinforced Autoclaved Aerated Concrete (RAAC) roof and ageing estate.

Throughout 2022/23 we continued lobbying, campaigning and pushing our case on every front for QEH to be added to the national New Hospital Programme – this campaign received fantastic engagement and support from our local community, and we were delighted to welcome to news in May 2023 that QEH would be added to the programme.

As we prepare for the next phase of our new hospital programme, we continue our rolling three-year programme to install failsafes across our hospital to maximise safety of our current buildings with over £80m national capital awarded to QEH over this time period to do so.

We have opened many outstanding new facilities which are already making such a difference to the experience of our patients and staff, including a new state-of-the-art £12.5m Endoscopy Unit, a £3m West Norfolk Eye Centre, the Emerson Unit – a dedicated outpatient unit - as well as a new second dementia-friendly ward (West Dereham) and a purpose-built maternity ward (Brancaster).

Last year we also opened The Butterfly Suite, a new £250,000 maternity bereavement unit which provides dedicated space for bereaved parents and families who have experienced the unimaginable loss of their baby either during pregnancy or shortly after birth.

Engagement

Four years ago, we introduced our Staff Engagement Programme to demonstrate our absolute commitment to listening, valuing, and acting on staff feedback, and it is key to our vision to be the best rural district general hospital for patient and staff experience.

We continue to listen to staff and in 2022/23, we chose to invest in all the significant areas raised by them. This included 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.

To support our staff with the ongoing cost-of-living pressures, recognising how stressful this can be, we also introduced a number of initiatives to help look after our staff and their wellbeing. This included providing discounted hot meals and free tea and coffee, as well as gifting them with a wellbeing day – an additional leave day to take in 2023 to rest and recover.

Last year we also launched our new QEH values – Kindness, Wellness, and Fairness – which set the tone for how we care for our patients and each other and underpin everything we do. This was a really important move for us, reflecting the next part of our improvement journey.

These words were already used widely across QEH and resonated with Team QEH, which was reinforced during the culture work we did in 2021 when our staff told us that Kindness, Wellness and Fairness reflected the organisation they wanted to work for and how they wanted to treat our patients and each other.

Last year QEH was named among the very best of the NHS at the annual Health Service Journal (HSJ) awards as one of nine Trusts in the running for the coveted Trust of the Year Award. We also won the national CIPR Excellence Award for Employee Experience and Engagement.

However, despite all this work and focus, our 2022 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 extreme pressure the NHS has experienced. However, we must listen to our staff and act, and it is 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.

It is clear from feedback in our staff survey results that we need to invest more in supporting our staff and local leadership teams at QEH.

In response, we have launched our High Performing Teams Programme in partnership with the King's Fund for 120 leaders across our organisation to invest in their leadership development. We have also appointed a Head of Talent and Organisational Development to drive our culture, education and learning strategy, as well as opening an innovative new Learning and Education Centre and Health and Wellbeing Centre.

We have also continued to develop our apprenticeship and work experience programmes to support our 'grow our own' strategy.

Showcasing our commitment to accelerate work to create a culture with inclusion and fairness at its centre, this year we proudly signed a Memorandum of Understanding with the British Association of Physicians of Indian Origin (BAPIO), which recognises the diversity of Team QEH.

Our staff networks – which include LGBTQ+ and Allies, REACH (Race, Ethnicity and Culture Heritage) and allies, Armed Forces Network, and the Disability Network - have gone from strength to strength, ensuring our staff have a voice. In addition, we

are looking forward to also introducing two new networks later this year – the Carers Network and Spiritual Network.

We have relaunched and further strengthened the Freedom to Speak Up support on offer and have invested to increase resilience, 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.

In response to staff feedback, we also have now invested in a full-time Freedom to Speak Up Guardian, which is currently out to advert, and is supported by 22 Freedom to Speak Up Champions consisting of staff, volunteers, and Governors.

We are a very active partner in Norfolk and Waveney, 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.

We continue to forge closer links with primary care and are exploring collaborative approaches to improving urgent and emergency care with Norfolk Community Health and Care NHS Trust and wider system partners, in addition to working on the areas internally where we know we can make improvements for our patients.

We're playing an active and key role in the Norfolk and Waveney Integrated Care System with robust representation and engagement and a clear focus on building strong relationships with all key partners and stakeholders. We are working more closely with our neighbouring acute hospitals to make improvements for our patients, with areas of focus including urgent and emergency care and elective recovery.

We are also leading the development of the Acute Clinical Strategy for QEH, James Paget University Hospitals (JPUH), and Norfolk and Norwich University Hospitals (NNUH), and are continuing to focus on developing our links with primary care via the West Place Board and Health and Wellbeing Partnership, while exploring collaborative approaches to improving pathways of care where we know we can make improvements for our patients.

Healthy Lives

We have delivered over 152,000 COVID-19 vaccinations at our vaccination centre, having recently completed our spring booster programme, administering over 12,000 booster vaccines – the second highest in the East of England region. This has played a fundamental role in keeping our patients, their families, and our staff safe.

QEH remains one of the most research-active trusts in the country compared to similar-sized hospitals. We are committed to embedding research and innovation capacity and capability across the Trust. QEH has also been actively involved in COVID-19-related research and was the first NHS trust to start a UK-wide adaptive trial called Helping to Alleviate the Longer-term consequences of COVID-19 (HEAL).

We have transitioned from a focus on compliance to creating a culture of continuous improvement, and under the Directorate of Patient Safety and Improvement, our Quality Improvement (QI) structure is now in place which will support us as we continue with our improvement journey.

Over the past year, three of our colleagues have successfully qualified as Quality, Service Improvement and Redesign (QSIR) Facilitators which means we can launch our own QSIR training programme for the first time to build QEH's QI capacity and capability.

We have a comprehensive health and wellbeing programme in place for staff, which includes 20 Mental Health First Aiders, two Clinical Psychologists and a Post-Traumatic Stress Disorder Specialist to support staff. Supporting Team QEH is really important to us and as well as providing emotional support, we also provide a range of physical and financial support for our colleagues.

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 that builds awareness and understanding around menopause and takes staff health and wellbeing seriously.

We have made significant progress with our elective recovery programme and minimising long waits in line with national requirements. At the end of March 2022, we achieved the national standard of having zero patients waiting 104-weeks for surgery and have again at the end of March 2023 achieved the national standard of having zero patients waiting 78-weeks for surgery.

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 coming months. It is about building on the strong foundations we have made and tackling the areas where we know we must improve for patients and staff.

Our year four priorities for 2023/24's Corporate Strategy remain focussed on further improving quality, engagement, and healthy lives. Every member of our staff, regardless of their job or band, has a role to play in helping us deliver the strategy and priorities for our patients and local community.

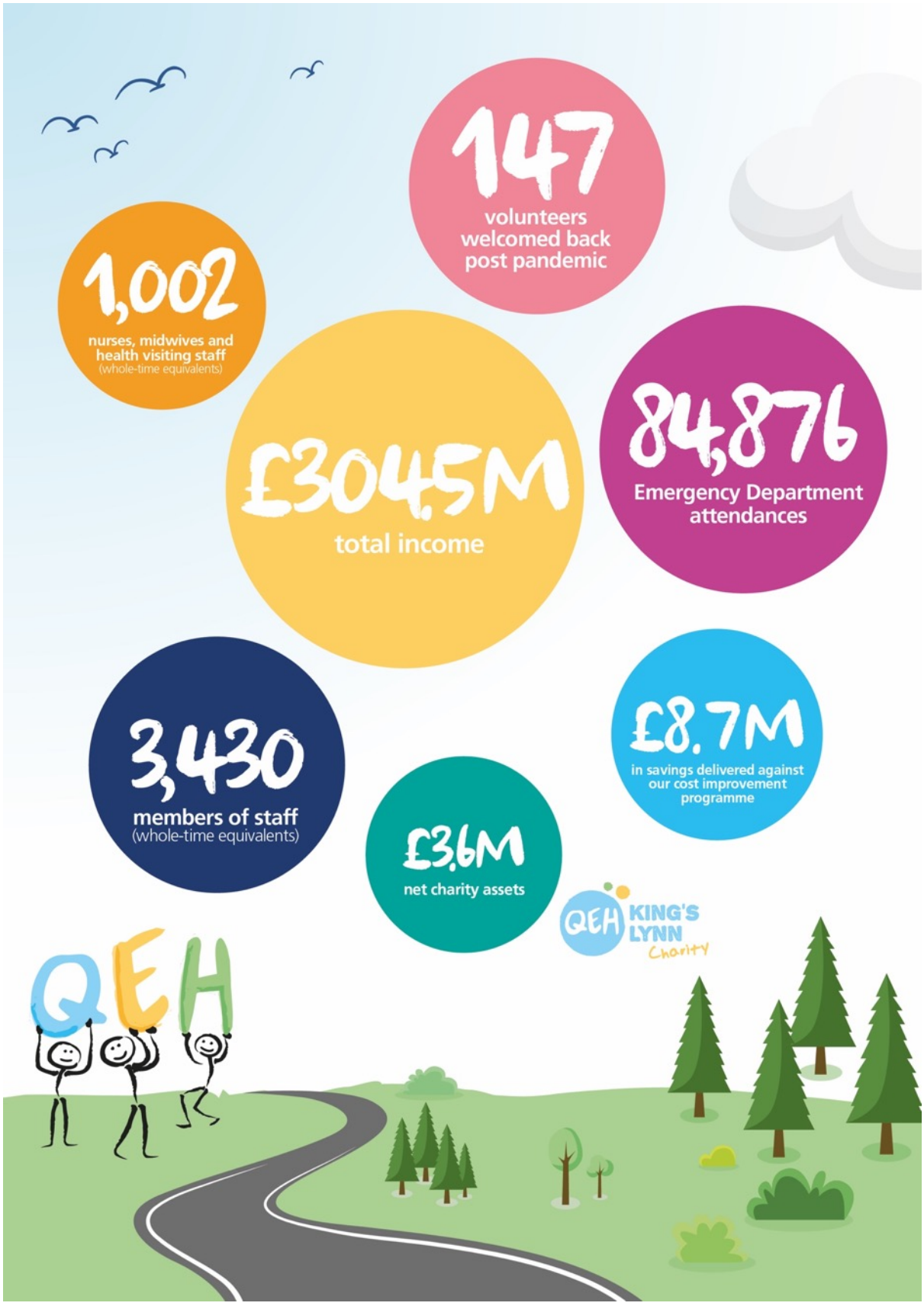
Central to the delivery of the strategy is QEH playing a lead and active role in the emerging Norfolk and Waveney Integrated Care System. How the Trust, working with system partners, will respond to extreme pressures faced by the NHS as a whole is also key, and as such the strategy has been developed with the NHS's priorities and recently updated operational planning guidance in mind.

Finally, we would like to thank our 4,000 plus team of staff, volunteers, and Governors, as well as our Trust members, local communities, and partners, for their support throughout the year. The progress we have made 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 is an exciting time to be part of Team QEH.

Chris Lawrence, Chair

Alice Webster, Chief Executive

Our year in numbers



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, as well as parts of Cambridgeshire, Lincolnshire, North Norfolk and Breckland.

In view of its geographic position on the borders of Norfolk, Cambridgeshire and Lincolnshire, the Trust was commissioned by clinical commissioning groups (CCGs) from all three counties. The CCGs were replaced by Integrated Care Boards (ICBs) on 1 July 2022 and as such, our lead commissioner is now NHS Norfolk and Waveney Integrated Care Board.

We work closely with the 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 Integrated Care System Clinical Strategy and the Norfolk and Waveney Acute Clinical Strategy.

QEH provides acute services at district general hospital level. These services are provided at various locations across Norfolk and Waveney and stretch into Cambridgeshire.

Locations include the QEH site, North Cambridgeshire Hospital, Swaffham Cottage Hospital, St Augustine's Surgery in King's Lynn, Downham Market Midwifery Hub, and Wells Community Hospital. The following specialist areas are provided across these locations:

- Acute Medicine (including Same Day Emergency Care)
- Emergency Medicine
- Cardiology
- Integrated Care of the Older Person (ICOP)
- Diabetes and Endocrinology
- Gastroenterology
- Haematology and Anti-coagulation
- Neurology

- Oncology*
- Palliative medicine
- Nephrology
- Rheumatology
- General medicine (including Treatment and Investigation Unit)
- Respiratory
- Stroke
- Radiology (MRI, X-ray, CT, Ultrasound, Nuclear Medicine, and Bone Density scanning)†
- Neurophysiology
- Audiology
- Cardio-respiratory
- Dietetics
- Mortuary
- Phlebotomy
- Pharmacy
- Speech and Language
- Therapies
- Anaesthetics
- Clinical Psychology
- Critical Care
- Dermatology
- General Surgery
- Breast Surgery
- Colorectal
- Upper GI
- Ophthalmology
- Orthodontics
- Oral Surgery
- Pain Services
- Trauma and Orthopaedics
- ENT
- Urology‡
- Vascular§
- Obstetrics and Gynaecology
- Paediatrics

* Our oncology service is supplemented by additional facilities in Cambridge.

† Our radiology service is service is supplemented by additional facilities at the 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.

§ Thoracic, vascular, and plastic surgery services are provided by Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH)

About us

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) is a busy district general hospital serving communities across West and North Norfolk, as well as parts of Breckland, Cambridgeshire and South Lincolnshire. We employ more than 4,000 staff and volunteers who are committed to collaborating with partners to deliver safe, high-quality care. We affectionately call ourselves Team QEH.

We were authorised as a Foundation Trust in 2011 and have 530 beds, 33 wards and serve a population of around 331,000 people. Each year, we take care of more than 80,000 people in our Emergency Department, perform over 28,000 day-case procedures and welcome more than 2,000 babies.

Last year, we treated over 47,000 elective and non-elective inpatients. More than 21,000 new outpatient appointments took place as well as over 180,000 follow-up appointments.

We play a leading role in research and innovation. We are one of the most research active NHS trusts in the country and, compared to similar-sized hospitals, we punch well above our weight. We recruited more than 1,000 participants to National Institute for Health Research portfolio studies last year.

We work closely with the two other acute hospitals in Norfolk and Waveney - James Paget University Hospitals and the Norfolk and Norwich University Hospitals - and have formalised our relationship through the Norfolk and Waveney Acute Hospitals Collaborative which is part of the wider integrated care system (ICS). In Norfolk and Waveney, the ICS has an overarching ambition to help people lead longer, healthier, and happier lives.

We have been on a considerable improvement journey over the last three years, and can evidence significant quality, patient safety and 'well-led' progress for our patients, their families, and our staff. There has been a relentless focus across the Trust on the improvements required of us following our 2019 Care Quality Commission (CQC) report. We received an extremely positive report following our CQC inspection in December 2021 and January 2022, and in April 2022 we were lifted out of 'special measures'. Team QEH achieved this despite the challenges faced throughout the COVID-19 pandemic.

This means QEH is now rated as ‘Good’ by the CQC in three domains - Caring, Well-Led and Effective, with an overall Trust rating of ‘Requires Improvement’. This represents an outstanding platform for our new Chief Executive Officer and their Executive Team colleagues to take us on the next stage of our journey towards becoming an Outstanding Trust. This was recognised nationally with QEH shortlisted for Trust of the Year in the HSJ awards in 2022.

Modernising our estate and digital infrastructure are key priorities for QEH and we are well progressed in both areas. As a Reinforced Autoclaved Aerated Concrete (RAAC) hospital, the need for a new hospital is well known. We have developed a strategic outline case and have a very compelling case for a new hospital which has received unanimous support from stakeholders and partners across Norfolk and Waveney, Lincolnshire and Cambridgeshire and Peterborough.

We have submitted two expressions of interest to the Department of Health and Social Care to become part of the new hospital scheme and are awaiting an announcement from the Government.

A new hospital will enable us to provide outstanding care in world-class facilities and build a lasting legacy within the local community. It will help us to build upon our ambition to be a centre of excellence for frailty and stroke, day surgery and regional anaesthesia, research and innovation, and same day emergency care, consistent with our clinical strategy and to meet the demands of our growing and ageing population.

Prior to the Government announcement that QEH would be added to the National Hospital Programme, we continued to make the best use of our current estate. Last year, we delivered a £42.1m capital programme, the biggest such programme in the Trust’s history. This included a new Outpatient Unit, West Norfolk Eye Centre, and a state-of-the-art Endoscopy Unit, alongside implementing important digital projects including a new Radiology Information System and Trust-wide roll-out of electronic prescribing.

We are now moving forward with business case approval for wider strategic capital investment on site and within West Norfolk for the benefit of our local population including a new Community Diagnostic Centre, Elective Care Hub, and Primary Care Hub.

Over the last two to three years, we have made significant improvements in our digital infrastructure and have a clear strategy for the future. Our Digital and Data Strategy outlines our vision to transform The Queen Elizabeth Hospital into the digital hospital that our patients and staff deserve. One aspect of this is introducing a new shared Electronic Patient Record (EPR), which will revolutionise how we deliver patient-centred care.

At present, we are incredibly busy as we continue to work hard to recover from the COVID-19 pandemic. Unfortunately, we have patients who are experiencing longer than acceptable waits for care and treatment at our hospital. While this is not a unique challenge for our Trust, it is not the experience we want for our patients. Together with our system partners, we are focused on improving timely access to care.

Our Integrated Quality Improvement Plan and the Care Quality Commission (CQC)

The Trust's Integrated Quality Improvement Plan (IQIP) for 2021/22 delivered significant improvement, as recognised in the Care Quality Commission (CQC) inspection report which was published in February 2022. This resulted in the CQC recommendation that the Trust be removed from the Recovery Support Programme (formally known as 'Special Measures').

On 14 April 2022, we received notification from Professor Stephen Powis, the National Medical Director for NHS England, of the decision to approve the Trust's transition from System Oversight Framework (SOF) 4: Mandated Intensive Support to SOF 3: Mandated Regional Support.

As a result, our Integrated Quality Improvement Plan evolved into the 2022/23 Compliance Plan, which was launched in April 2022.

The 2022/23 Compliance Plan was aligned to year three of the Trust's 2020-2025 Corporate Strategy and had two main areas of focus:

1. Ensuring we consistently provide safe and compassionate care for our patients and their families
2. Ensuring the care we provide is delivered in accordance with all regulatory requirements

Quality Improvement Plans were also developed where key areas of focused service improvement was required and have been monitored and progressed during 2022/23. These related to Maternity Services, Radiology, Ophthalmology, Urgent and Emergency Care and Elective Recovery and have enabled clear site of specific progress in each specialty area.

The 2022/23 Compliance Plan incorporated the 13 new CQC Requirement Notice ('must do') actions and 'should do' recommendations from the 2022 report, alongside 22 remaining from the 2021/22 IQIP. Of these, 15 (43%) were approved for closure by the end of March 2023, which demonstrated sustained progress throughout the year.

Our proven governance and assurance framework, which was developed to support the monitoring and reporting of progress in 2019, continued and was applied to the

Trust Divisional Quality Improvement Plans to ensure a structured and standardised approach, with clear reporting through to the Trust Board. This enabled the continued provision of assurance and accuracy of progress to the Trust Board, sub-committees and key external stakeholders and aligned to our pledge to deliver high quality, patient-centred, integrated care for our communities.

Our Care Quality Commission (CQC) rating

The Trust is required to register with the Care Quality Commission (CQC). Our current overall registration status is 'Requires Improvement' following an inspection in 2022.

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

We last underwent an unannounced core service and Well-Led CQC inspection between December 2021 and January 2022. The inspection report was published in February 2022 and recognised the significant progress the Trust had made since being placed in Special Measures in 2018. We received four Requirement Notices ('must do') actions, and nine 'should do' recommendations and saw our overall rating change from 'Inadequate' in 2019 to 'Requires Improvement'. We also achieved an overall rating of 'Good' in three of the five CQC domains: Effective, Caring and Well-Led.

During 2021/22, the CQC removed 18 of the 22 conditions on the Trust's registration imposed under Section 31 of the Health and Social Care Act 2008. The four remaining conditions relate to Urgent and Emergency Care, Diagnostic and Screening services and Maternity and Midwifery services. Improvements have been made and the Trust continues to work to embed and sustain these improvements with the aim to remove these conditions by the end of 2023.

Throughout 2022/23, we have continued to work to improve care for our patients and the experience for our staff. Open and transparent engagement with the CQC has continued on a regular basis.

As the CQC transitions towards assessing integrated care systems from April 2023, we are committed to continue to work alongside system partners and stakeholders to enable people to access the care, support, and treatment they need when they need it.

2022 CQC Inspection ratings for QEH

	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent & Emergency Care	Good ↑ Feb 2022	Good ↑ Feb 2022	Not rated	Requires Improvement →← Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Medical Care (including Older People's Care)	Requires Improvement ↓ Feb 2022	Good ↑ Feb 2022	Good →← Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Surgery	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care	Good →← Feb 2022	Good →← Feb 2022	Good →← Feb 2022	Good →← Feb 2022	Outstanding ↑ Feb 2022	Good →← Feb 2022
Maternity	Requires Improvement Dec 2020	Good July 2019	Good July 2019	Good July 2019	Requires Improvement Dec 2020	Requires Improvement Dec 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 Dec 2020	Not rated	Good July 2019	Requires Improvement July 2019	Requires Improvement Dec 2020	Requires Improvement Dec 2020
Overall Trust 2022	Requires Improvement ↑ Feb 2022	Good ↑↑ Feb 2022	Good ↑ Feb 2022	Requires Improvement →← Feb 2022	Good ↑↑ Feb 2022	Requires Improvement ↑ Feb 2022

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	2022/23 progress
Quality	
To consistently provide safe and compassionate care for our patients and their families	Quarterly incremental improvement has been seen in phase three Duty of Candour in relation to sharing learning from Serious Incident investigations with evidence of thematic review, both intra and inter-divisionally. Current compliance is at 75% as at the end of February awaiting data to complete full Q4 compliance. The data is reported monthly at the Safe Executive Group and quarterly to the Quality Committee. We have improved our rate of closure of actions in relation to Serious Incidents. The proposal paper to redress the current system by prioritising actions alongside a redefined governance process was presented and approved at the Safe Executive Group in January 2023. Support from the Patient Safety Team to the divisions is underway to implement the changes. Once embedded, the new process will ensure the actions with the highest impact to mitigate the risk of an incident recurring are prioritised. We have reduced the number of falls incrementally over the course of the year. We have improved our internal capability for implementing the introduction of The Liberty Protection Safeguards (LPS) by successfully recruiting to a Lead Investigator for Nurse and Allied Health Professionals Professional Standards and Regulations (started in post in February 2023). This postholder will ensure that the Trust has in place all the policies and procedures to deliver LPS when the implementation date is set nationally. We have improved our patient experience measures with demonstrable evidence of changes in practice. Examples of where we have listened to patients and made changes include: • We have developed education programmes such as 'Caring with Kindness' and 'Project Ralph', where

	the patient's voice informs staff education and development • We have fully refurbished our frailty ward in West Dereham • We have successfully identified funding to establish a dementia-friendly garden, with full patient engagement • We have introduced the "Let's Get Moving" campaign across the Trust • We have introduced snack trollies in all ward areas Other areas of note where developments have been made to help us provide safe and compassionate care are: • We have successfully and substantively recruited to the Falls Lead post • Quality Assurance Visits have moved to the Chief Nurse's portfolio. Following a review, revisions have been made to the process, including increasing the breadth and diversity of reviewers, increasing the variability of the days and times of visits and increasing the diversity of communication of the results and formal reporting • We have reviewed and revised the recruitment process for Healthcare Assistants, resulting in the successful introduction of the GROW programme • A patient readers panel has been introduced • We have successfully introduced and recruited to a patient information post • Enrolment has taken place onto the Pressure Area Prevention Programme (PUP) • We have worked collaboratively with ICS partners on falls, Infection Prevention and Control and procurement • Quality, Performance, Risk (QPR) meetings have been reviewed, revised and remain embedded

	• We have introduced a workforce lead to facilitate and support the introduction of safer care Trust-wide • We have successfully and substantively recruited to the Mental Health Liaison Team Lead post • Successful recruitment to the new Antimicrobial Support Worker post within the IP&C Team has taken place • We have reviewed and revised the Trust-wide Nutrition/Hydration Strategy, with full implementation planned during 2023/24 • Patient Safety Learning Events have taken place and were well attended by staff and external stakeholders • We have embedded the role of Family Liaison Officers within the Trust
Modernising our hospital (estate, digital infrastructure, and medical equipment) to support delivery of optimal care	**<u>Digital infrastructure</u>** The Trust has launched a three-year Digital and Data Strategy which is aligned to the N&W ICS Digital Strategy and national best practice, including 'What Good Looks Like.' We have continued to meet our mandatory assertions as defined in the NHS England Data Protection Security Toolkit and remain at 'Approaching Standards' status. Progress is presented on a monthly basis at the Digital and Information Forum for assurance. The Trust continues to promote cyber best practice and collaboration within the region. The Trust is investing in the digital foundation required to underpin critical operational outputs and transformation. This includes a cross-site Wi-Fi upgrade programme and the implementation of modern digital storage, back-up, computing and virtualisation capabilities. In partnership with Norfolk and Norwich University Hospitals (NNUH) and James Paget University Hospitals (JPUH), we have had formal approval of our outline business case for an Electronic Patient Record.

	Work is underway in relation to procurement and development of the full business case. A pilot for the implementation of our Patient Observation Management System started in March 2023 with a view to full roll out by quarter three of 2023/24. A detailed business case to support the roll out of E-chemo prescribing has been completed with a view to implementation in 2023/24. This will improve patient safety by helping to reduce medication errors. **Estates** We have completed the Trust's strategic outline case for a new hospital and are awaiting confirmation of its inclusion in the national New Hospital Programme. As part of the enabling works for a new hospital, we have submitted a full planning application for a multi-story car park to the Borough Council of King's Lynn and West Norfolk. We are continuing to work proactively to mitigate the risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) planks. A business case for capital funding for a three-year programme to maximise safety and compliance of the Trust's current estate has been approved at Trust level and has been sent to NHS England for a decision. To enable delivery of the RACC programme, we have completed a variety of phased work, including relocating 300 staff members, realigning the admin and clinical areas and creating a functional space for training. We have also opened a redeveloped Vaccination Centre, nursery and union offices aligned to mitigation of the known RAAC plank risks. During the year, the Trust relocated the health records library to allow for the planned expansion to ED and the demolition of the Inspire Centre (a RAAC enabling scheme). We have also continued to work collaboratively with other RAAC plank hospitals within the East of England to support the delivery of a consistent solution.

	In collaboration with Norfolk and Norwich University Hospitals (NNUH) and James Paget University Hospitals (JPUH), we submitted a full business case for the Diagnostic Assessment Centre in September 2022. We are currently awaiting final approval. Our new state-of-the-art Endoscopy Unit and West Norfolk Eye Centre opened during 2022/23, along with the Butterfly Suite, which is our dedicated maternity bereavement suite. A robust options appraisal for the Trust's service delivery at North Cambridgeshire Hospital (NCH) in Wisbech was completed. This confirmed our commitment to providing services at NCH and implementing programmes for improving the way the site is used. A short form business case for the development of an on-site Elective Hub has been completed and approved. This is now ready for submission, subject to the identification of nationally available capital funding. The Trust is working with the Norfolk and Waveney Integrated Care Board, the Borough Council of King's Lynn and West Norfolk and NHS Property Services to develop a new-build healthcare facility in King's Lynn. This is being funded by capital from the Department of Health and Social Care as part of a £25.2 million investment in developing four new Primary Care Health Hubs in Norfolk. The new building will house primary care services alongside a new maternity hub and some outpatient clinics from the hospital which will benefit from being delivered in a community setting. Space will also be available for other local healthcare services and organisations to book. Subject to planning permission, NHS approvals and relevant contractual agreements being in place, the building will open in May 2024. Other achievements during the year include: • The launch of our Green Plan, with an aligned supporting workplan to underpin delivery • Successful installation of two new MRI scanners to replace existing machines and increase efficiency

	• Redecorating The Hub, which has significantly improved the area for our staff • Investing £1.5m on backlog maintenance to maintain the safety of our site

Strategic objective	**2022/23 progress**
Engagement	
Strengthening staff engagement to create an open culture with trust at the centre	The Trust's new values of 'Kindness, Wellness and Fairness' were launched in April 2022. These values are the bedrock of our culture and will moves us towards being the best District General Hospital for patient and staff experience. The Trust saw a disappointing response to the National Staff Survey which was undertaken in September – November 2023. A 39% response rate, down from 41% the year before highlighted the engagement challenges still present within the organisation. While some areas saw improved scores, notably staff being trusted to undertake their work. However, the report also showed reticence in raising concerns, the behaviours staff experiences from managers, colleagues and patients and the different experience staff from diverse backgrounds and disabilities have working in the Trust, The Trust has subsequently launched the 'No excuse for abuse campaign' to make clear that abuse of our staff will not be tolerated. A new multi-faith room has opened which provides separate washing, toilet and prayer rooms so that we can support our staff's religious beliefs. We have also refurbished the staff changing rooms and installed new showers, lighting, lockers and gender-neutral changing. Our annual staff awards ceremony continued to celebrate staff who have shown outstanding achievements throughout the year, ensuring they feel recognised and rewarded and aiding retention and recruitment.

	We also held our fourth leadership summit in March 2023. All staff were invited to attend and listen to guest speakers who discussed a variety of topics around leadership, as well as sharing best practice and inspirational stories.
Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability	The Trust is working with Norfolk and Norwich University Hospitals (NNUH) and James Paget University Hospitals (JPUH)to deliver Acute Provider Collaboration. The role of the Norfolk and Waveney Acute Hospitals Committee has been confirmed as a strategic decision-making forum to ensure collective robust delegated decision-making with a focus on the development and implementation of the Acute Clinical Strategy and Electronic Patient Record. We are also working with wider partners, including Norfolk Community Health and Care NHS Trust, to explore wider collaboration opportunities. The Trust has completed a robust review of service provision at the North Cambridgeshire Hospital site, resulting in an increased focus on delivery. Service delivery to Wells Community Hospital has expanded with the implementation of outreach clinics. The Trust is taking a lead on the West Place Board, which has clearly agreed priorities and areas of focus aligned to the needs of local people. Underpinning the West Place Board, we are leading the West Urgent and Emergency Care Steering Group, which has a clear focus on collaborative delivery of key priorities including discharge, same day emergency care and virtual wards. The Trust is engaged with the West Health and Wellbeing Partnership which focusses on delivering specific work around health inequalities within our local communities. We have continued to work with NNUH, JPUH and wider system partners on transformation opportunities, including Dermatology and Urology. The Trust is leading on development of the Acute Clinical Strategy across QEH, NNUH and JPUH. The strategic framework and clinical ambitions for the

	strategy have been developed and approved. The acute clinical strategy aligns directly to the ICS clinical objectives. It will set out how acute clinical services will be delivered across Norfolk and Waveney in the future, by defining the opportunities for: 1. Delivering acute services differently across the ICS 2. Delivering services collaboratively across the three acute hospitals 3. Standardising working practices and processes The Trust has delivered its financial plan of breaking even and cost improvement plan of £8.1 million in 2022/23. Alongside this, the Trust has managed its capital programme of £53.2 million and supported the financial position of the wider integrated care system. Robust monitoring of the Corporate and Clinical Strategy has taken place throughout 2022/23.

Strategic objective	**2022/23 progress**
Healthy Lives	
Supporting our patients to improve health and clinical outcomes	**<u>Health inequalities</u>** During the year, we appointed a Trust Lead for Health Inequalities to focus on our contribution to addressing health inequalities as part of the West Norfolk Health and Wellbeing Partnership. Under the national Core20PLUS5 approach to reducing health inequalities, we have identified our locally underserved groups. These consist of the most deprived 20% of our local population as identified by the national Index of Multiple Deprivation (the Core20), plus additional groups that are relevant locally, which for West Norfolk are eastern European migrants and unpaid carers. There are also five clinical areas of focus, of which mental illness has been selected as an area that would benefit from a wider partnership approach in West Norfolk. We are represented in the planning and delivery groups for these areas and are taking the lead with

addressing inequalities experienced by eastern European migrants. Attending lived experience sessions and meeting with representative of the eastern European groups has helped us identify areas to be addressed. This includes improving access to healthcare as patients and removing barriers to employment in the health and social care sector as skilled workers. Partnership action plans now being developed.

Smoking cessation

The Trust has supported the national NHS Prevention Plan by preparing to implement new inpatient and maternity smoking treatment pathways. We have committed to becoming a smokefree hospital to support our patients, staff and visitors to quit smoking. Work is underway to review and align the Trust's smoking policy with our region's other acute hospitals which already are, or are planning to become, smokefree.

We recently invested in a Smoking Cessation Improvement Manager to coordinate the range of activities required over the coming year to implement the new treatment pathways and take the hospital forward into a smokefree future.

Research

The Trust has embedded research and innovation by considering research in every clinical encounter. We have increased the number of Principle Investigators by targeting nursing and AHPs and non-consultant and medical staff who were involved in clinical research during 2021/22. Further to this, our Research, Innovation and Development Team has exceeded its target by recruiting 1,100 patients to trials.

The Trust has worked collaboratively to manage planned care pathways and at the end of March 2023, there were no patients waiting over 104 weeks for treatment.

We are promoting long-term health by implementing our Green Plan and Travel Plan and encouraging

	patients and staff to use alternatives to cars in order to promote health benefits.
Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care	The Trust has increased its Quality Improvement (QI) capabilities by having three in-house trainers and increasing the number of staff who have completed the fundamentals course or full Quality Service Improvement Redesign (QSIR) course. The QI Team is working collaboratively to support QI across the integrated care system. A Quality Improvement (QI) Team has been embedded which has driven continuous improvement within the Trust. We met our target of having 15% of all staff trained in 2022/23. The first independent QSIR training (solely facilitated by Trust trainers) has been completed, with a training programme in place for the year ahead. We have secured £100,000 of charitable funds to support Room for Improvement (RFI) for 2023/24. The Trust has seen an improvement in results from the General Medical Council and Health Education England learner surveys, which showed a 5% reduction in current outliers alongside an increased provision of external professional courses and examinations. The Trust is working alongside system partners to implement the NHS Patient Safety Strategy. We are on track to implement the Patient Safety Incident Response Framework (PSIRF) in September 2023, which will help us to learn from incidents and correctly investigate patient safety issues. During 2022/23, we successfully rolled out the high performing teams programme and recruited to six cohorts. Our Engagement Programme for the year was designed to support our values of ‘Kindness, Wellness, and Fairness’. Taking the learning and feedback from the nationally recognised award-winning programme we ran in 2021/22, the revised programme has remained at the front and centre of the Trust’s Corporate Strategy. It is split into the following three

workstreams and supported by the Staff Experience and Wellbeing Forum and Staff Networks:

- Financial health
- Physical health
- Emotional health

Financial health

- Wagestream – This allows staff to access a percentage of their earnings, helping to prevent them from going into an overdraft should an urgent cost arise
- Financial Health Clinic – This bi-monthly clinic is run by The Money Advice Hub, which is an independent local advice service. Staff can either book an appointment or drop in for support on all aspects of financial health
- Crisis loan - Staff can apply for a loan of up to £1,500 should an urgent need arise
- NHS discounts – The NHS discounts which are available to staff are publicised on a dedicated intranet page
- Selected half price meals for staff – This gives staff the chance to benefit from reduced-price hot meals and meal deals

Physical health

- Know Your Numbers – This twice-monthly clinic gives staff the opportunity to attend for health checks such as BMI, cholesterol, diabetes and urine dipstick
- Menopause – The Staff Menopause Clinic runs twice a month and is supported by our Menopause Champions
- Staff changing areas – Improvements have been made to staff changing areas, including changes to make the areas more inclusive
- Free tea and coffee for staff – This was provided over the winter

- Midnight Café – We extended the opening times of our staff restaurant until 2am to ensure staff working at night had the same access to hot food as those working during the day

Emotional health

- Staff Psychology service – This is a dedicated psychology service for staff.
- Mental Health First Aiders – We have increased the number of Mental Health First Aiders working across the Trust to offer support and signposting to colleagues.
- Wellbeing Day – During 2022, all staff were given an additional day of leave to take as a wellbeing day to support good mental health.
- Wellbeing Guardian – The Trust has a Wellbeing Guardian in place whose role it is to hold us to account for the wellbeing programme which is in place.
- Wellbeing Passports –Wellbeing Passports have been introduced for staff who require additional support to be their best self at work. This recognises that staff often work in different areas and that this vital information should go with them to ensure support is continued.

Our Staff Experience Programme informs how we can support staff to be well at work and encourages solutions to come from within the organisation. This supports a people-centric approach, where line managers have a greater understanding of the needs of their colleagues.

The Trust continues to advocate for staff to have the ability to speak up, which has been underpinned by substantively funding the Freedom to Speak Up Guardians. This aids staff satisfaction and ensuring that concerns around safe care can be raised in confidence.

As outlined in our Equality and Diversity Strategy, we committed to creating ‘a workplace culture that encourages all of us to treat each other fairly and with respect and to be ourselves at work. An inclusive

	culture leads to engaged people, increases productivity, reduces turnover and sickness rates, and delivers better outcomes for the public.' Improvements which have taken place to support this include: • The continued development of our staff networks with the introduction of a Disability Network. The networks provide staff with a safe space to elevate their voice and create a sense of belonging • The introduction of reverse mentoring. Our mentees gain visibility and experience from Black, Asian, mixed-race colleagues, as well as other diverse employees • The introduction of an Equality Diversity and Inclusion (EDI) calendar where we celebrate and mark dates that are important to staff and patients. • The launch of an EDI glossary to support staff and patient experience • Achieving bronze on the Rainbow Badge assessment, which supports staff and patients to ensure our services and workplace are inclusive

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 serviced in published documents, is normally sufficient as evidence of ‘Going Concern’.”

The Board considered its ‘Going Concern’ position at its meeting in June 2023 and after consideration of risks and uncertainties agreed that the use of ‘Going Concern’ basis is appropriate.

Performance analysis: Our finances

Overview of 2022/23 financial performance

On 29 April 2022, the Trust submitted a 2022/23 deficit plan to NHSE/I of £8.2m. We were required to submit a new plan on 20 June to deliver a break-even position at the end of March 2023. To achieve this, £1.6m of additional income was added to the allocation of 2022/23, while £6.6m of the planned improvement was identified as being at risk of non-delivery.

We delivered an actual surplus of £38K, compared with £0.26m in 2021/22. This surplus position includes additional funding allocations of £11.5m, a mixture of surge funding and additional support.

Within this financial position we achieved £8.7m savings against a plan of £8.1m.

We spent £53.1m on capital projects during the year. This was funded by our own internally generated resources and Public Dividend Capital. This spend was in line with the plan.

The key elements of our capital programme were:

- Addressing the Reinforced Autoclaved Aerated Concrete (RAAC) issue
- Addressing backlog maintenance and investment in critical infrastructure
- Replacement medical equipment
- Digital investment

Performance against our financial plan

We delivered a £38K surplus for the year. The indicative integrated care system position at the end of March was also a deficit position of £20m, primarily driven by the deficit at James Paget University Hospitals.

The Trust's position includes notional accounting adjustments of £7.1m for pension contributions, £0.53m apprentice levy, £0.65m donated PPE stock and £6.5m in respect of a delayed and estimated pay award. These are included within income and expenditure and are in line with national guidance. In addition, £11.5m of additional funding was received.

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

- Total income £304.5m actual. This is a net positive movement from plan of £37.3m which includes:
    - Additional notional funding referred to above of £14.1m
    - Additional income to cover COVID-19 costs of £650K
    - Additional pay award income of £2.6m
    - Additional funding of £11.5m

  We also recorded £400K of income in relation to the vaccination service while an additional £1.3m of deferred income was released.
- Total expenditure £305m actual, which was £37.8m over plan. This includes:
    - £14.1m of notional expenditure
    - £650K of COVID-19 costs
    - Additional pay award expenditure of £2.6m
    - £1.7m expenditure in relation to the vaccination service

Pay costs in excess of plan are driven by high sickness and continued vacancies alongside the maintenance of additional capacity. As a result, temporary staffing was £17.4m above plan.

- The Cost Improvement Programme delivered £8.7m savings, which was positive to the plan by £650K
- Capital expenditure was £53.1m against a capital plan of £53.1m
- Cash balance of £44.3m closing cash against a plan of £28m. This is primarily due to funding received from NHSE/I to support the future funding of the capital programme

Balance sheet

Cash: We ended the year with a cash balance of £44.3m which compares to £38m in March 2022. We received £42.6m of Public Dividend Capital. Cash balances remain high due to funding received from NHSE/I to support the future funding of the capital programme.

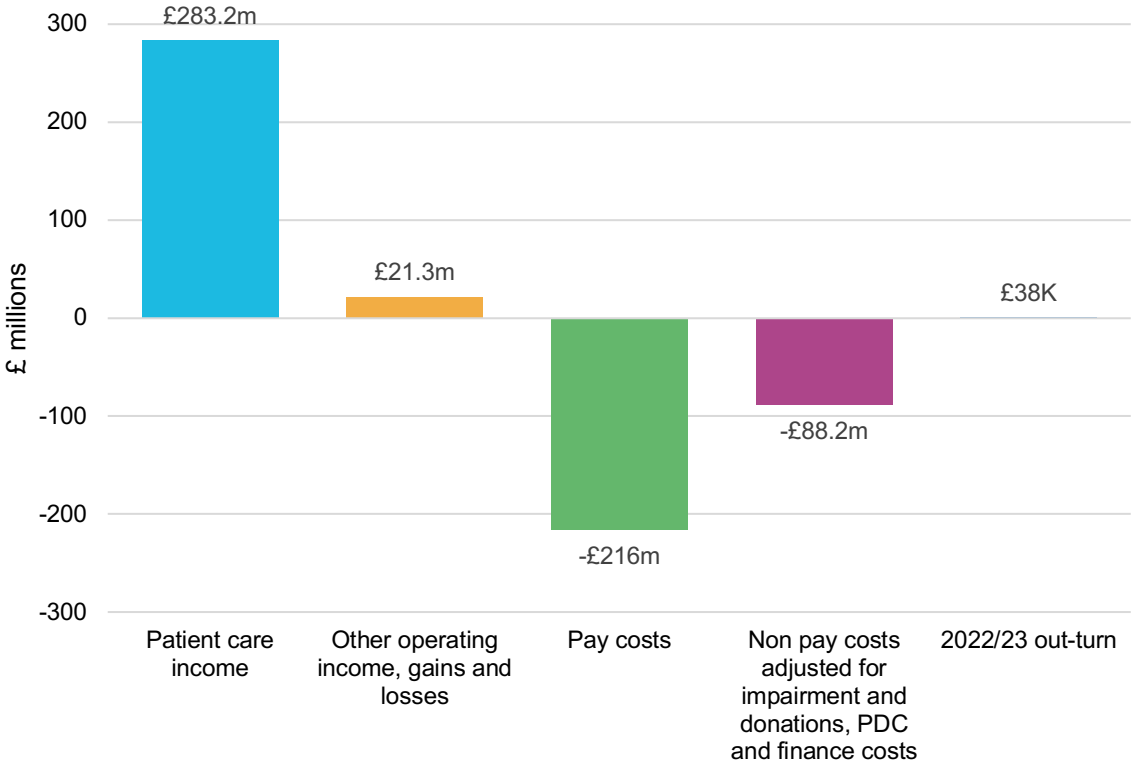
Non-current assets: The value of our non-current assets (including property, plant and equipment and intangible assets) increased by £12.7m as a result of ongoing capital expenditure across several key projects within the hospital. This is stated after recording an impairment against the value of our buildings of £32.9m following an independent valuation of the estate.

Receivables: Our receivables (current and non-current) have increased by £6m, primarily due to the increase in NHS income being recorded.

Payables: Our payables (current and non-current) have increased by £16.3m, primarily due to the accrual of costs related to the hospital's capital investment programme.

Taxpayers' equity: This represents the method of funding our assets and liabilities. Taxpayers' equity improved by £42.6m. The main component of our taxpayers' equity is Public Dividend Capital which increased by £42.6m from the previous year. This is primarily as a result of agreed funding received to support the roof project.

Analysis of Trust's income and expenditure 2022/23



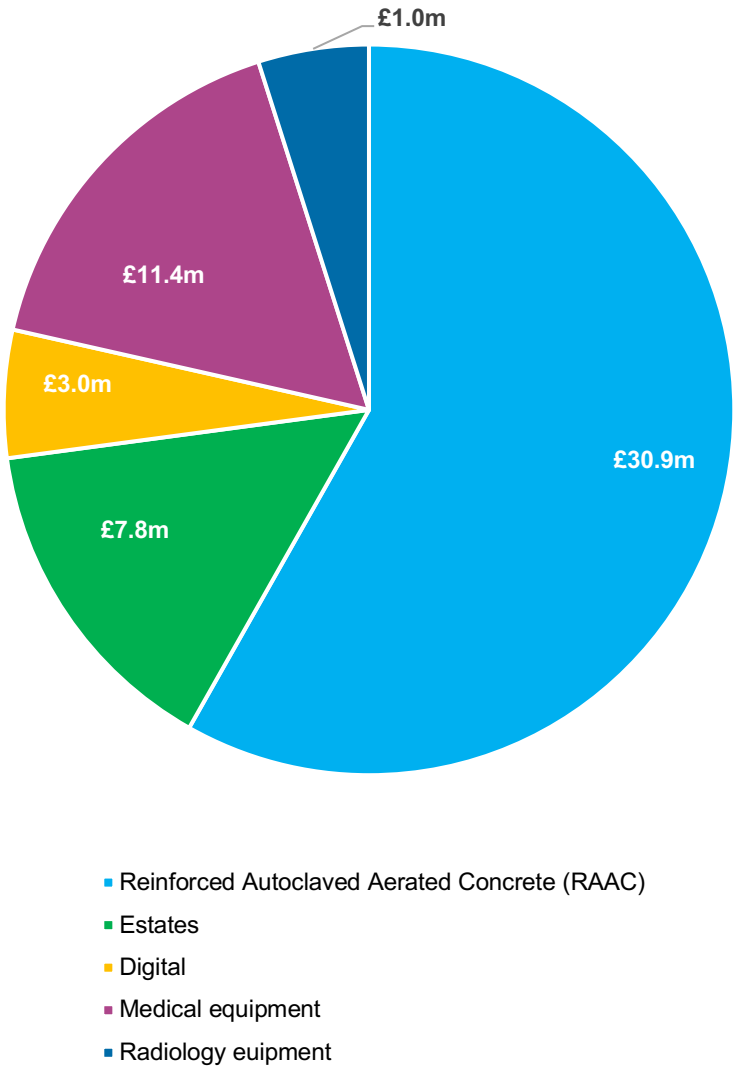
Income: We received £304.5m of income which is a £20.5m increase from the £284m we received in 2021/22.

Pay expenditure by staff group: We spent £216m on staff costs, which is a £21m increase on the 2021/22 total of £195m. £6.9m of this is an increase in notional items and £6.5m was due to the impact of pay awards. Temporary staffing increased by £2.8m (bank, agency and temporary work payments) and the number of substantive staff employed increased by 138 WTE (circa £4.8m).

Non-pay expenditure: We incurred £88.2m of non-pay expenditure, which was an £700K decrease compared with the 2021/22 total of £88.9m.

Capital expenditure: Our capital expenditure was £53.1m, a £11m increase on the 2021/22 total of £42m. A breakdown of that spend is shown in the chart below.

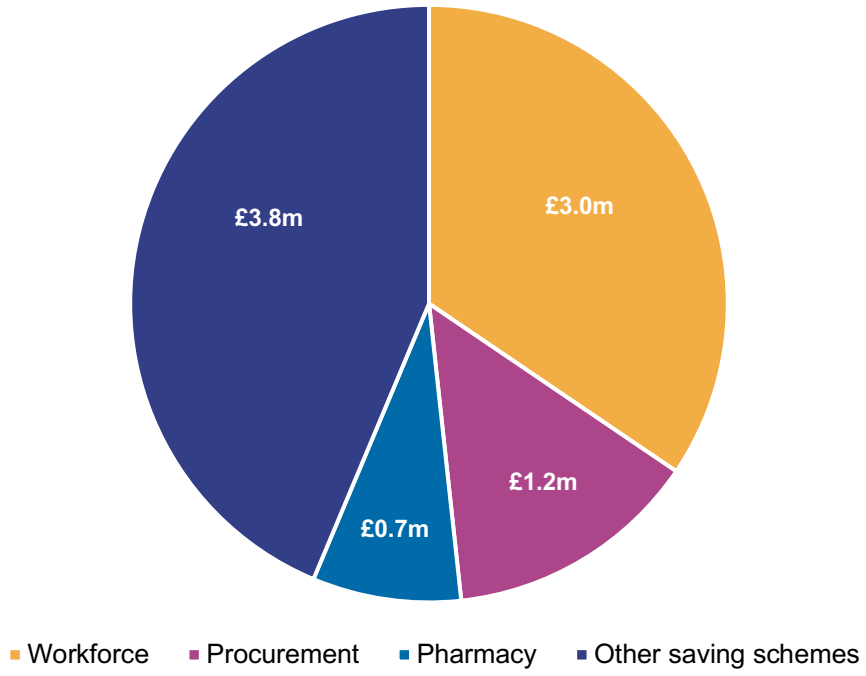
Capital expenditure



Our efficiency programme

We delivered £8.7m in 2022/23 as part of the Cost Improvement Programme (CIP) compared with £6.3m in 2021/22. The programme focused on improving efficiency as well as reducing cost. A breakdown of the CIP achieved is shown in the chart below.

Analysis of the Trust's CIP 2022/23



Financial planning for 2023/24

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 2023 to assist with the completion of a system-wide financial plan by 4 May 2023. A block payment arrangement with commissioners will continue in 2023/24, with an incentive element for delivery of elective recovery.

The Trust has developed and submitted a financial plan for 2023/24 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 2.1% and no allowance has been made yet in anticipation of any pay awards or settlements, which are expected to be funded centrally should these be agreed by the Government
- **CIP** – a CIP of £16.8m is included. There is a risk to the delivery of this ambitious CIP plan

Our charity

The net assets of the QEH Charity were £3.63m in 2022/23 compared with £3.81m the previous year – a decrease of 0.5%. This is a result of investment losses of £127K and net charitable expenditure for the year of £60K. Total incoming resources decreased from £1.026m in 2021/22 to £488K in 2022/23 with total resources expended for the year at £547K (down from £574K in 2021/22). The fall in income being driven mainly by a drop in legacy income for the year.

The Charitable Fund spent £86K on new building projects and refurbishments aiming to provide more comfortable surroundings for patients and staff. Included within this was £12K for the refurbishment of the Hub Café and £24K to provide reclining armchairs for patients across all wards.

In 2022/23, the Charitable Fund also spent £67K on medical and surgical equipment, including a mini dual laser for our Urology department and an ophthalmology monitoring system.

A further £90K was spent on staff welfare to support nursing staff 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 a challenging period for all employees.

During the year, £134K from the Charitable Fund was also spent supporting and improving patient welfare. This included £33K for interactive therapy devices and dementia friendly clocks through our Dementia Care Appeal, £26K funding for IT equipment to help patients stay in touch with their families and friends during their hospital stay, and a £20K scalp cooling machine to assist our chemotherapy patients.

It's been a such a positive year for The Queen Elizabeth Hospital King's Lynn with lots of progress and achievements to be proud of. Whilst challenges still remain for QEH, as well as the other Acute hospitals in Norfolk and Waveney, particularly relating to demand, discharge and flow, and of course the impact we have seen with industrial action, the commitment and determination of staff to always aim for high quality and safe patient care always remains. It was very reassuring to see QEH move out National Oversight Framework 4 in December 2022, which is testament to the hard work of all staff at the Trust.

Considerable work has continued to take place to further enhance the open and honest culture. I was extremely pleased to be part of the recruitment exercise to recruit to the substantive Chief Executive Officer post at QEH and I know Alice will continue to lead the organisation form strength to strength.

It's been wonderful to see a new state-of-the-art £12.5m Endoscopy Unit open in September 2022, as part of a £38m capital to significantly modernise the Trusts facilities. In addition, a new West Norfolk Eye Centre opened in May 2022, along with a brand-new dementia ward. These developments are testament to the hard work and commitment of all staff at the Trust in its journey to modernise its facilities and provide much needed and improved services for its staff, people and communities.

As an ICS, we now have eight bold ambitions which all organisations across Norfolk and Waveney will help drive forward and of course, QEH will be a fundamentally important key driver in the delivery of these. The next 12 months for QEH and the wider ICS will continue to focus specifically on improving outcomes for our staff, people and communities, placing long term, transformation of services at the heart of everything we do.

We look forward to working with QEH as we continue to help the people of West Norfolk lead longer, healthier and happier lives.

Tracey Bleakley,
CEO of NHS Norfolk and Waveney Integrated Care Board (ICB)

Performance analysis: our care

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

At a glance

Operational performance	2021/22	2022/23	Increase / decrease	Percentage change
Emergency attendances	80,057	84,876	4,819	6.02%
Emergency admissions	43,778	40,194	-3,584	-8.2%
Patients waiting longer than four hours from arrival in ED to admission, transfer, discharge	26,388	34,630	8,242	31.23%

Operational performance summary

Quality measure (%)	2021/22	2022/23**	Increase / decrease	Target
Patients treated within 62 days of 2-week wait (2ww) referral for all cancers	72.91%	62.75%	-10.16%	85%
Patients seen within 14 days of urgent referral for suspected cancer to first outpatient appointment	87.83%	92.22%	4.39%	93%
Patients seen within 14 days of referral with breast symptoms (where cancer is not suspected) to first hospital appointment	66.59%	92.53%	25.94%	93%

** Data to February 2023

Patients receiving first definitive treatment within 31 days from decision to treat	97.91%	97.37%	-0.54%	96%
Patients receiving subsequent treatment (surgery) within 31 days of decision to treat	93.14%	94.74%	1.60%	94%
Patients receiving subsequent treatment (drug) within 31 days of decision to treat	98.71%	98.64%	-0.07%	98%

The impact of urgent and emergency care pressures on the Trust and wider NHS has again been significant. In November 2022, we took the decision to slow the Reinforced Autoclaved Aerated Concrete (RAAC) failsafe work and to use Windsor Ward, previously identified as a decant ward, as an operational short stay ward. This allowed the relocation of the Surgical Assessment Unit (SAU) from a single bay on Elm Ward to a 13-trollied fit for purpose space on Terrington Ward. At the same time, estates work was in progress to significantly increase and improve the footprint of both the Same Day Emergency Care (SDEC) and Treatment and Investigation Unit (TIU). SDEC was complete in March 2023, with TIU completed in April 2023.

Elective Surgery was impacted significantly in July 2022 when sagging in the ceiling within the main theatre corridor was identified. This resulted in the immediate closure of three theatres and the clean corridor as a precaution while the sagging was investigated, and a framework of support put in place as a precautionary measure to ensure safety. This was reported at the time, along with the patient, staff and operational impact, to ICS partners and NHS England.

Due to the safety concerns identified, the RAAC three-year rolling failsafe programme work was brought forward and began in September 2022 rather than November as originally planned. This resulted in the closure of four main theatres rather than the planned two. Further work is scheduled throughout 2023/24, with the Trust expecting to return to full capacity in September 2023.

Again, this was reported at the time, along with the patient, staff and operational impact, to ICS partners and NHS England.

The Borough Council of King's Lynn and West Norfolk recognises the vital role played by the Queen Elizabeth Hospital and its staff in the local community. We thank all staff for the dedication and commitment given to residents of west Norfolk, and beyond, despite the daily challenges they face. The lasting impact of covid on waiting lists, and the fact that the hospital building is no longer fit for purpose, all take their toll, but the staff work tirelessly to provide an excellent service for local people.

We value the close working relationship we have with The Queen Elizabeth Hospital. We will do what we can to support them by developing with them schemes that help people live more independently at home, or help people return home from hospital sooner.

We will continue to stand shoulder-to-shoulder with our health colleagues to support their work. The council passed a motion, with cross-party support, to do everything possible to press the case for a new hospital in King's Lynn, which is so desperately needed. We are truly delighted that the Government has now announced that the QEH has been added to the New Hospital Programme and that we will get a fit-for-the-future hospital for our local communities by 2030.

Lorraine Gore,
Chief Executive, Borough Council of King's Lynn and West Norfolk

Four-hour emergency access standard

During the year we have focussed on maintaining safety within our Emergency Department (ED) whilst improving the experience of our emergency patients and flow in and through the ED.

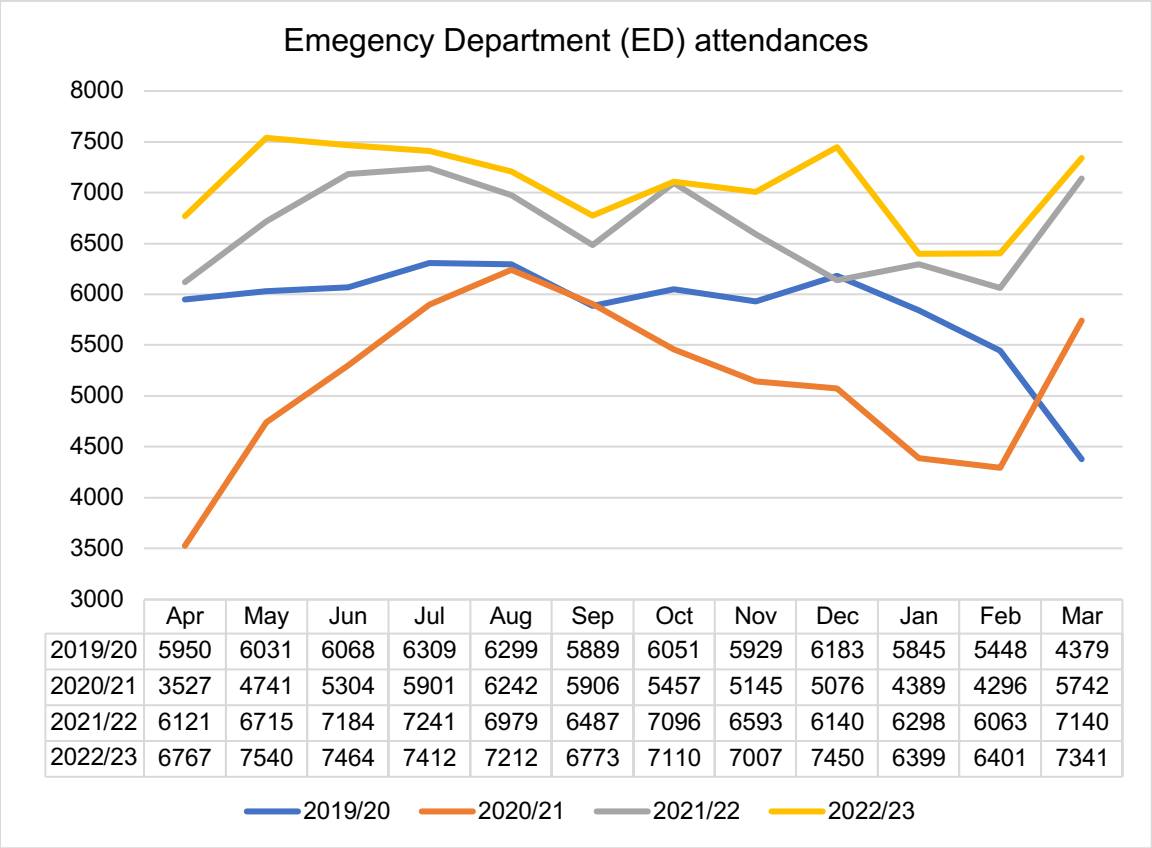
We have made a number of proactive changes to the way in which patients flow into and through the organisation. These include:

- Expanding the Same Day Emergency Care (SDEC) footprint to ensure all patients who meet the criteria for same day emergency care can access it in a timely way and do not have to wait in ED
- Flexing the use of Sandringham Ward to ensure that all beds are used, whilst not impacting on elective activity
- Commencing work on the ED expansion to create a space within the former medical records department that will accommodate 12 additional cubicle spaces, including two compliant rooms for patients awaiting transfer to a specialist mental health bed
- Introducing an 'Acute Respiratory Infections Hub' service alongside the GP service during the winter

We admitted, discharged or transferred 59.19% of patients from our ED within four hours of their arrival against the national standard of 95%. This compares with 67.04% in 2021/22.

Year	Attendances	Breaches	Performance	Variance from previous year	Growth
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%
2022/23	84,876	34,630	59.2%	4,819	6.0%

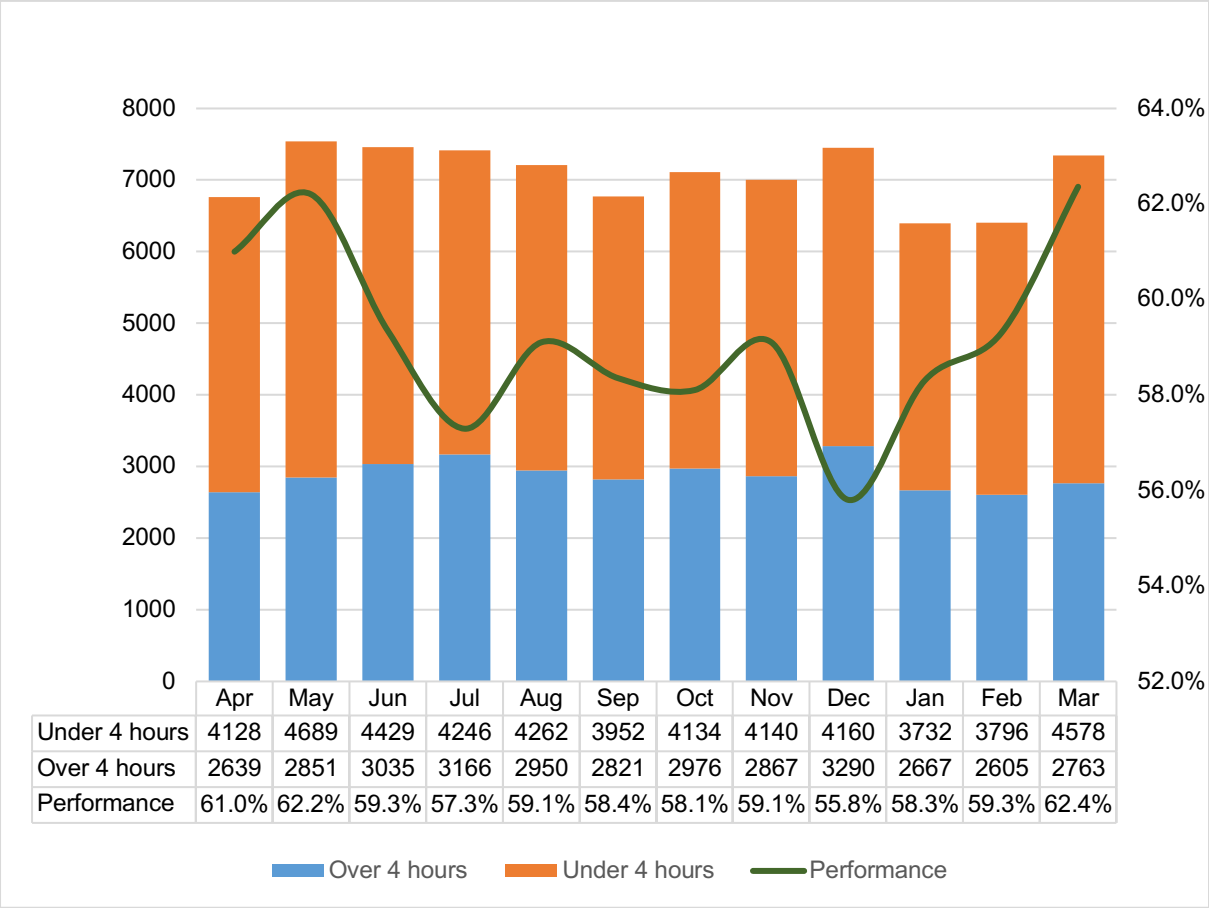
Emergency Department (ED) attendances



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	5950	6031	6068	6309	6299	5889	6051	5929	6183	5845	5448	4379
2020/21	3527	4741	5304	5901	6242	5906	5457	5145	5076	4389	4296	5742
2021/22	6121	6715	7184	7241	6979	6487	7096	6593	6140	6298	6063	7140
2022/23	6767	7540	7464	7412	7212	6773	7110	7007	7450	6399	6401	7341

A number of factors have had a detrimental impact on our ED performance. These include ED not being designed to accommodate the increase volume of attendances we are now experiencing (6% increase from 2021/22), as well as high numbers of patients waiting in our ED for a hospital bed.

ED attendances with performance (%)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Under 4 hours	4128	4689	4429	4246	4262	3952	4134	4140	4160	3732	3796	4578
Over 4 hours	2639	2851	3035	3166	2950	2821	2976	2867	3290	2667	2605	2763
Performance	61.0%	62.2%	59.3%	57.3%	59.1%	58.4%	58.1%	59.1%	55.8%	58.3%	59.3%	62.4%

With the exception of December, which was particularly challenging, we have seen month-on-month improvements in our four-hour performance, from 58.1% in October to 62.4% in March.

A relaunch of the urgent and emergency care (UEC) Improvement Programme in October provided additional focus on front door processes and flow, and also includes a specific discharge workstream.

In January 2023, we opened an Acute Respiratory Infection Hub, which runs alongside the on-site GP service. This is a directly bookable service by GP practices and has been very well used since its launch. It was funded with system winter funds, and due to its success has been extended until May 2023.

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

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 a winter peak in myocardial infraction. This additional demand increases inpatient bed pressure and Emergency Department overcrowding.

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 to meet the inevitable seasonal pressures so as to mitigate the potential detrimental impact on timely access to care and patient experience.

The overarching aim of our winter plan is to ensure there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter. For winter 2022/23, our plan was to achieve this by safely avoiding admissions, creating more capacity, reducing 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 Acute Respiratory Infection Hub. We opened an additional 26 beds in the peak winter periods to ensure sufficient inpatient capacity. A private transport provider was used from December 2022 to March 2023 to support discharges. The crew worked seven days a week to ensure that discharges were not delayed for transport reasons. They also completed a number of hospital transfers and long-distance repatriations.

The 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 2,122 of our frontline staff during 2022/23 for COVID-19 and 2,473 for flu 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 has had to wait with the patient before the Emergency Department (ED) was able to accept the patient. The standard expected is that a patient is handed over within 15 minutes.

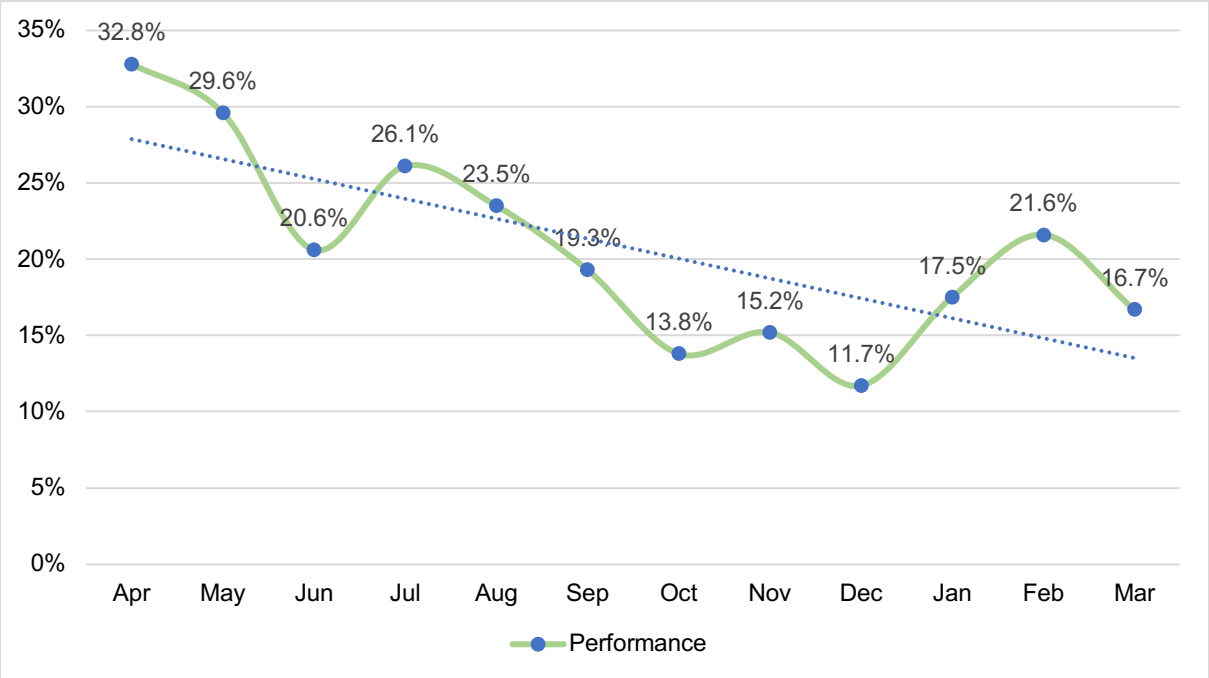
The Norfolk and Waveney ICS has been under particular pressure in respect of ambulance handovers and has been part of a national programme of support since September 2022, led by the National Director for Urgent and Emergency Care.

After a deteriorating position to October 2022, handover performance has seen a fluctuating but improving trajectory through the remainder of the year.

The ED expansion scheme, due to open in autumn 2023, will provide additional capacity for ambulance handovers. This expansion, underpinned by the urgent and emergency care (UEC) Improvement Programme, will further improve performance.

We continue to work with the East of England Ambulance Service NHS Trust 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)



	0-15 minutes	15-30 minutes	30-60 minutes	60-120 minutes	120+ minutes	Total
April	472	434	181	158	192	1,437
May	483	459	244	199	248	1,633
June	301	359	231	236	331	1,458
July	373	383	210	197	268	1,431
August	333	344	234	206	299	1,416
September	248	306	194	218	322	1,288
October	170	215	172	181	492	1,230
November	217	279	188	224	522	1,430
December	131	167	149	130	541	1,118
January	260	355	229	245	397	1,486
February	312	484	251	194	205	1,446
March	268	412	254	298	377	1,609

Cancer access standards

Our cancer services received more than 886 two-week wait referrals per month before COVID-19 (excluding Urology). This has increased to an average of 1,026 in recent months.

During the year, our performance against the two-week wait standard dropped below the national target 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 2023.

Our 62-day performance has been challenging due to the increasing number of patients on the waiting list for treatment. The Trust was placed into tier two support from NHS England in July 2022, and significant work has been carried out throughout the year to reduce the backlog of patients waiting in excess of 62 days for

treatment. We were successfully removed from tier two support in February 2023 after halving the backlog of patients waiting in excess of 62 days.

Cancer services have continued to focus on managing and reducing the 104 and 62-day backlog and are working collaboratively with our divisions to drive improvements in our care pathways.

Cancer performance

2022/23	2-week wait (including breast symptomatic)	31-day first treatment (DTT)	62-day standard (RTT)
April	91.55%	95.45%	66.00%
May	95.12%	97.83%	72.73%
June	94.94%	95.77%	57.84%
July	91.19%	98.31%	66.67%
August	88.23%	95.83%	56.64%
September	88.16%	96.10%	41.94%
October	90.57%	98.57%	62.38%
November	94.24%	97.62%	72.41%
December	93.24%	98.67%	63.54%
January	92.72%	100.00%	65.32%
February	95.26%	96.36%	67.95%
March	94.42%	98.68%	64.41%

18-week referral to treatment (RTT) standard

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

March 2023 – 64.7%

March 2022 – 62.8%

March 2021 – 58.2%

March 2020 – 79.2%

March 2019 – 79.8%

2022/23	Total incomplete waiting list number	Patients waiting under 18-weeks	Patients waiting 18-weeks and over	Performance
April	20,210	12,927	7,283	63.96%
May	20,583	13,374	7,283	64.98%
June	20,828	13,474	7,354	64.69%
July	22,164	13,989	8,175	64.69%
August	22,099	13,819	8,280	62.53%
September	21,994	13,605	8,389	61.86%
October	21,632	13,755	7,877	63.59%
November	21,515	13,986	7,529	65.01%
December	20,950	13,107	7,843	62.56%
January	20,950	13,439	7,511	64.15%
February	20,589	13,269	7,320	64.45%
March	21,022	13,621	7,401	64.79%

Research and innovation

In 2022/23, our Research, Innovation and Development Department has been involved in the transition back to non-COVID-19 research. This follows a national directive from the National Institute for Health and Care Research (NIHR) to restart research projects and increase activity to that of pre-pandemic levels. This switch back to 'normal' research reflects our current Corporate Strategy, which includes a commitment "to build or embed research and education into every clinical encounter in our care."

Research activity

In 2022/23, we recruited 1,165 participants to NIHR portfolio studies. This is the highest number since NIHR records began in 2008 (excluding the COVID-19 years of 2020 to 2021) and exceeded our target by more than 50%. Within the region, we have had a similar performance to the Royal Papworth Hospital and James Paget University Hospitals, which both have larger research resources and facilities compared to QEH.

Our recruitment rates are far higher than other single hospital trusts of similar size and some multi-hospital trusts within the region. The only single hospital trusts in the region with significantly more patients are Norfolk and Norwich University Hospitals and Cambridge University Hospitals NHS Foundation Trusts.

There has been multi-departmental support for studies throughout the Trust which has seen services lead the recruitment of patients who have passed through their usual care pathway. Key areas to note are Radiology, Women and Children, and the Emergency Department, which have all recruited more than 100 patients this year. This highlights the push for research to be embedded into all areas, including where patients may be making unscheduled or 'one-off' visits. We have been fortunate that we have had studies in these areas for this period and continue to look for opportunities to expand further in the future.

The Trust currently sponsors one study (Efficacy of a Streamlined Heart failure Optimisation pRoTocol for patients with severely impaired left ventricular systolic function (SHORT trial). Principal investigator – Dr Rudolph Duehmke) which is recruiting to both time and target and is set to fulfil recruitment of 60 patients by June 2023.

There have been some disruptions to research during the year which have taken place largely as a result of the NIHR Research Reset Programme. This has been a centrally driven assessment of all current non-commercial studies in England, which has seen those deemed to be off target, paused or closed. The NIHR Research Reset Programme also includes a shift towards commercial research trials, which became apparent in late 2022 which the NIHR aligned 5% of in-year overall funding to delivering commercial projects to time and target. Another 5% was linked to engaging with participants to fill research questionnaires. These areas are crucial for the Trust as all staff are currently externally funded by the NIHR through the East of England Clinical Research Network. We have delivered on both internal and external NIHR targets for 2022/23 and secured unchanged funding for 2023/24 of approximately £460K.

To ensure stability and potential for departmental growth moving forwards, we will make a concerted effort to develop our commercial study portfolio over the coming year. This will provide new opportunities for patients in certain specialties to access potential treatments or drugs many years ahead of their clinical use. The ability to deliver higher impact research will also bolster our future plans for recruitment, retention and providing quality education, which will be significant should the Trust aspire to achieve teaching hospital status in the coming years.

Developing the Trust's approach to health inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. Health inequalities are systemic, and the Trust recognises that actions to reduce health inequalities must be taken in partnership. As a result, we are working closely with our system partners to address health inequalities and improve inclusion and access to services.

The West Norfolk Health and Wellbeing Partnership (WNHWP) was set up in late 2022 to bring together colleagues from county, city and borough councils, health services, voluntary, community and social enterprise sector organisations, and other partners to make a positive impact on people's health and wellbeing. The Trust is a full participant in the partnership, which shares a vision "to improve the health and

wellbeing of the communities of West Norfolk through effective collaborative working with partners, service providers and the communities themselves."

The last quarter of 2022/23 has seen considerable refinement of the health inequalities agenda for West Norfolk and a Health Inequalities Group (HIG) has been established as a sub-group of the WNHWP. This group has the mandate to drive specific and targeted improvement activities. The Trust is represented at both the WNHWP and the HIG by the newly created post of Trust Lead on health inequalities.

Since its launch, the West Norfolk Health Inequalities Group has started to:

- Bring together local knowledge and place-based understanding of health inequalities
- Use data and intelligence to identify health inequalities at place
- Share a commitment to working in partnership to improve health outcomes and reduce inequalities

In line with the requirements of the national Healthcare Inequalities Improvement Programme, local public health data has been used to determine our initial areas of focus in line with the Core20Plus5 approach to reducing inequalities.[††]

Our Core20 – The most deprived 20% of the West Norfolk population as identified by the national index of multiple deprivation are located in King's Lynn town centre, the surrounding suburbs and part of the coastal town of Hunstanton.

Our PLUS populations – Significant population subgroups in West Norfolk which are likely to experience poorer than average health access/outcomes have been identified as unpaid carers and Eastern European migrants. Unpaid carers have been identified as a priority for improvement activity for some time and a range of projects are already underway across the ICS, such as the introduction of a carer's passport. Inclusion on the health inequalities agenda will enable greater focus on collaboration across the ICS in this area. As West Norfolk has a considerably higher proportion of Eastern European migrant groups than England or Norfolk as a whole,

[††] NHS England Core20Plus5 (adults) https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

focusing on understanding and addressing their health inequalities will have a significant and positive impact on our underserved groups.

Five clinical areas of focus – The Norfolk and Waveney ICB has a clear vision for the use of Population Health Management (PHM) to guide the planning and delivery of care to achieve maximum impact on whole population health. PHM uses data insights to improve the current and future health and wellbeing of people within a defined geography while simultaneously reducing health inequalities. While this area is led by primary care, we have started work to identify where secondary care activities can support the long-term development of PHM.

Data also shows that West Norfolk has a significant number of areas where the suicide rate is higher than the England average. There is some correlation with areas that have significantly higher than average migrant populations.

Restoring NHS services inclusively – Using the data analysis to determine out local Core20Plus5 populations, the West Norfolk Health Inequalities Group has selected two initial areas of focus – migrant communities and mental health. Task and finish groups have been set up to plan improvements.

The Trust is represented on both task and finish groups and is taking the lead with migrant communities as it provides the greatest opportunity to improve access to health services. We hosted a workshop in December 2022 which brought together Trust and ICB staff with representatives of our Eastern European migrant communities. This event helped us to develop a common understanding of the issues they face when interacting with the NHS, both as a healthcare provider and an employer, as access to good quality employment is one of the wider determinants of health.

As a result, we have jointly identified three top issues for action planning in 2023/24:

- Removing barriers to migrants accessing services across the ICS
- Understanding and respecting the needs of migrant patients
- Removing barriers to recruitment into the health and care workforce

We recognise that our hospital catchment population extends beyond the boundary of Norfolk and Waveney ICS and are in the process of connecting with health

inequalities leads at Cambridge and Peterborough ICS and Lincolnshire ICS to share our plans.

Ensuring datasets are complete and timely

We regularly monitor our waiting lists data by ethnic group, which is considered complete notwithstanding the significant number of patients who do not wish to have their ethnic group recorded. It has been identified that addressing health inequalities and improving inclusion requires insights which can only be ascertained from the combination of data sets.

As an acute hospital, our view of patient data is narrow and focuses on acute episodes only. However, we recognise that when our data is securely and lawfully combined with information collected by other organisations, significant insight can be drawn to support health inequality actions. As Norfolk and Waveney ICB and Norfolk Public Health have the remit to undertake such analysis and, we will work with them to develop reporting which supports the health inequalities agenda as action plans to deliver the strategy for West Norfolk progress.

Accelerating preventative programmes

Whilst smoking cessation has been added to the national Core20Plus5 approach as a priority area for health inequalities, it has not been included in the WN HWP agenda. This is because a well-established programme is already being run nationally by NHS England and the Office for Health Improvement and Disparities as part of the NHS Prevention Plan. This programme is rolling out new, funded pathways which offer smoking cessation treatment to all acute and mental health inpatients, as well as an updated maternity smoking cessation pathway.

Our Trust is part of this programme, which is being run locally by the ICS. We are also collaborating with Norfolk and Norwich University Hospitals and James Paget University Hospitals on an aligned approach. During the year, a business case was approved for QEH to employ a Smoking Cessation Improvement Manager who will deliver our objective to become a smokefree hospital and ensure the new smoking cessation treatment offers are available to our patients by the end of 2023/24.

Strengthening leadership and accountability

During the year, we appointed a substantive Lead for Health Inequalities in recognition of the increasing national focus and the role the Trust has as part of a long-term local partnership. The postholder reports directly to the Director of Strategy and Integration and is responsible for managing our participation in the WNHWP. They will also develop a Health Inequalities Improvement Plan for the Trust in 2023/24, aligned with the partnership agenda which will identify specific actions and accountable owners to deliver improvements. The Trust Board now receives a report on health inequalities every six months, while regular assurance is provided via the Trust's Quality Committee and Hospital Management Board.

The Trust continues to go from strength to strength. The Trust has seen several changes with its senior Management Team. Healthwatch were delighted to form part of the stakeholder panels for both the Chair and the CEO and look forward to continuing to work with them.

Healthwatch continues to be 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. General patient reviews left on the Healthwatch website consistently achieve 4.5 stars out of five.

Despite the building's "crumbling" condition, which staff are expected to work in daily, the level of care remains consistently high with patients being the focus. The icing on the cake will be the funding to build a new hospital for West Norfolk, North Cambridgeshire and South Lincolnshire.

We are continually working with the Trust - current work is looking at effectiveness of discharge processes; future work will be working with the Council of Governors, the Executive Team and the Board.

Alex Stewart,
CEO Healthwatch Norfolk

Directors' Report

How our hospital is governed

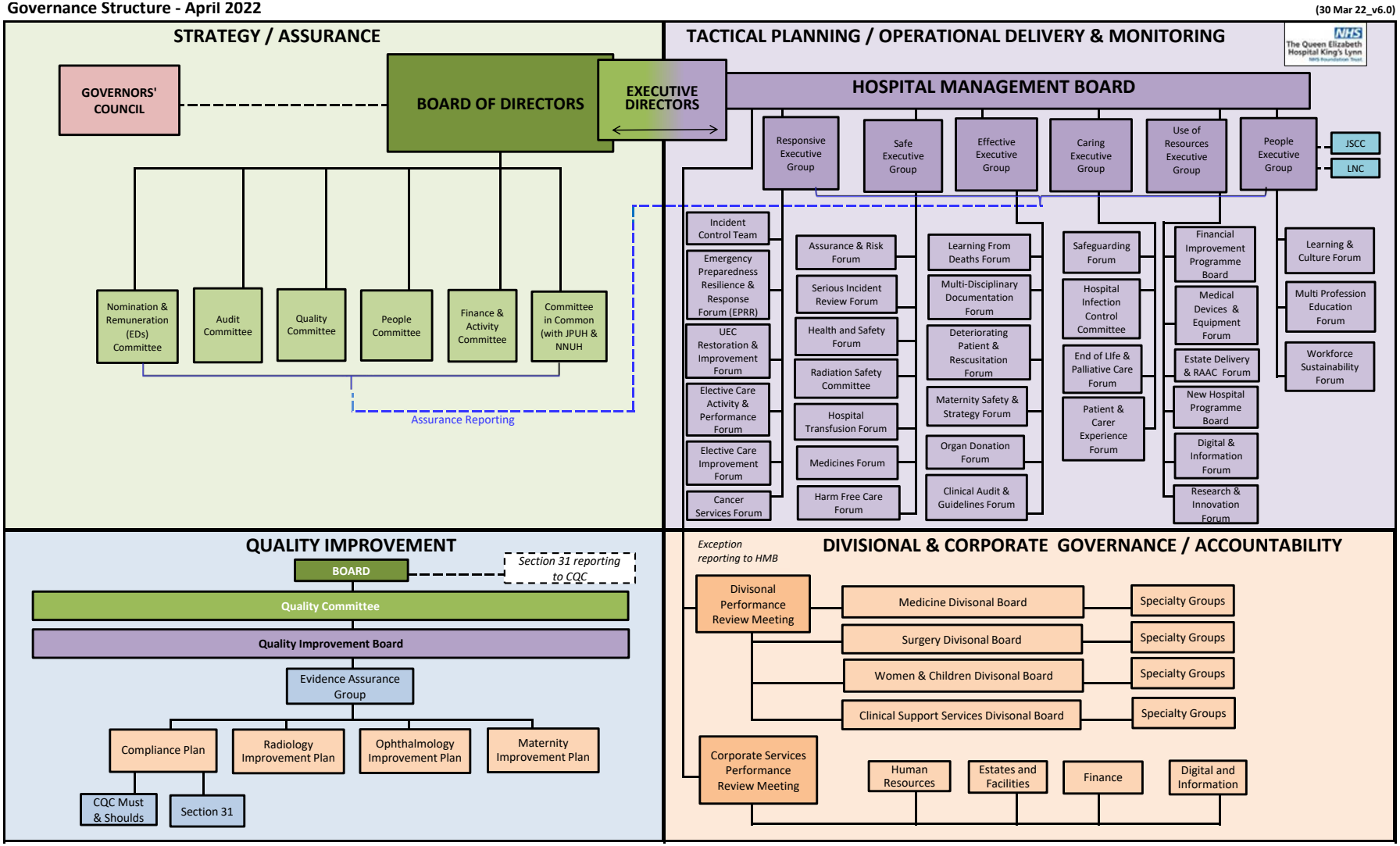
What is a Foundation Trust?

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 (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



Our Board of Directors

Non-Executive Directors

Chris Lawrence, Chair
from November 2022

Chris has extensive experience in the NHS, private and charitable sectors spanning over four decades.

Prior to joining QEH as substantive Chair in November 2022 he served as a Non-Executive Director at West Suffolk Hospital NHS Foundation Trust since 2021. Before then he completed two full terms as Chair of Hertfordshire Partnership University NHS Foundation Trust, during which time it was rated 'Outstanding' by the Care Quality Commission (CQC) and named Health Service Journal's Mental Health Trust of the Year for its work in mental health and learning disabilities across Hertfordshire, Bedfordshire, Norfolk and Essex.

Chris' portfolio includes Managing Director of the London Philharmonic Orchestra, and senior positions at banking firms including Lloyds, Citicorp, and Rothschild. He specialised in international mergers and acquisitions and was a senior partner and member of the leadership team that managed the international mergers of Price Waterhouse and Coopers and Lybrand in over 100 countries.

**Graham Ward, Acting Chair until October 2022*

Alan Brown, Non-Executive Director

Alan worked in digital solutions for 40 years, the last 13 of which were in healthcare. He moved to Norfolk in 2016 and continued to work part time as a partner in a consultancy company until July 2019.

Alan has been a Non-Executive Director for eight years, initially at Hinchingbrooke Healthcare NHS Trust and, more recently, at North West Anglia NHS Foundation Trust. He joined the Board at QEH in May 2018 and is Vice Chair of the Trust and Senior Independent Director. Alan is Chair of the Charitable Fund Committee and also sits on a number of collaboration committees and Boards across the Norfolk health system.

Ian Mack, Non-Executive Director

Ian spent most of his working life in the NHS as a doctor in West Norfolk. He came to QEH 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, including four as a member of the Finance Committee, and six years was the Vice Chair of the Cabinet Scrutiny Committee. Ian was the Vice Chair of the Norfolk Health and Wellbeing Board and, was Chair of West Norfolk Clinical Commissioning Group (CCG) for four and a half years until his retirement as a GP. Since retirement he has been involved in charitable and church work. During the COVID-19 pandemic he worked as a clinical vaccinator at locations in West Norfolk. He has also recently joined the Norfolk and Waveney NHS Reserve. Ian is Chair of the Trust's Quality Committee.

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.

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 and holding executive leadership positions in both. He has worked extensively for, and across, NHS England on system and commissioning transformation. This includes leading major change and transition programmes and 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 worked in the accountancy profession and industry before moving into management consultancy where he worked for 16 years with PwC and Deloitte as a senior Director and then as Commercial Director at the University of Nottingham, a position he held for nine years until October 2013.

He has extensive Non-Executive Director experience within the NHS starting in November 2004 at Nottingham City Hospital NHS Trust followed by Nottingham City Primary Care Trust / Clinical Commissioning Group from March 2007 until November 2015. Graham was then appointed in December 2015 as a Non-Executive Director at Sherwood Forest Hospitals NHS Foundation Trust, where he was Vice Chair and chaired the Audit Committee.

Graham now runs his own consultancy business and holds positions as a Board member with Acis Group (a housing association) and as a Non-Executive Director with Mission Room Limited, a technology company based in Nottingham, in addition to the NHS roles.

Graham is Chair of the Trust's Finance and Activity Committee.

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 sits on the Quality Committee and Committees in Common. Claire is also the Non-Executive Director Board Maternity Safety Champion.

Sue Hayter, Non-Executive Director

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 an 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 in patient safety and effectiveness, contract working for the NHS and Suffolk County Council. In 2013 she was appointed as the nurse at West Suffolk Clinical Commissioning Group with responsibility for Quality and Patient Safety working with contracted services. Sue is the Trust's Wellbeing Guardian.

Executive Directors

Alice Webster, Chief Executive[§§]

from October 2022

Alice is a highly experienced NHS leader and was appointed Chief Executive Officer in March 2023. Alice served as Acting CEO since October 2022, having joined the Trust as Chief Nurse in May 2021.

Previously Alice was the Director of Nursing and Community Services at the Isle of Wight NHS Trust where she held a broad portfolio including midwifery, allied health professions, infection prevention and control, and community services.

Prior to this Alice was the Regional Director of Nursing (South) at NHS Improvement having spent her earlier career in the South East.

Alice, who became a nurse in 1990, is currently an Associate Professor at the University of East Anglia's School of Health Sciences.

Since October, Alice - who possesses a wealth of strategic leadership and management skills - has provided organisational focus with a strong emphasis on high-quality patient care, staff wellbeing and a culture of kindness and compassion. She has a successful track record of delivering sustainable change underpinned by strong collaborative working and leadership.

**Caroline Shaw, Chief Executive until September 2022*

Dr Govindan Raghuraman, Acting Medical Director Error! Bookmark not defined.

from July 2022

Govindan completed his medical training in India and continued his post-graduate training in the West Midlands (UK) and also at Yale University (USA) and is a consultant in anaesthesia and critical care medicine since 2002. He has held various leadership roles in his previous appointments in Birmingham and Northampton before joining QEH as Deputy Medical Director in November 2019. He has been in the Acting Medical Director role since July 2022. He has two children, both in medical careers in the NHS, and continues his clinical practice within his current role.

**Dr Frankie Swords, Medical Director until July 2022*

[§§] Voting member of the board

Helen Blanchard, Interim Chief Nurse[Error! Bookmark not defined.]
from September 2022

Helen joined the Trust in September 2022 and is an experienced nurse with a clinical leadership career spanning over 30 years.

Helen has worked in acute Trusts in England and New Zealand. She has worked at Board level as Executive Director of Nursing and Director of Infection Prevention and Control in a number of NHS Trusts, most recently as Director of Nursing and Quality at North Bristol NHS Trust where she also worked as a member of the wider health and social care system in the drive to develop the clinical workforce and further improve patient care, quality and outcomes.

Helen also has experience in the education sector and with NHS England and Improvement. She has a Bachelor, and a Masters' degree, both in Nursing Studies, from the University of Manchester. She is a member of the Chief Nursing Officer's Exceptional Leaders Network.

**Alice Webster, Chief Nurse until September 2022*

George Briggs, Interim Chief Operating Officer[Error! Bookmark not defined.]
from November 2022

George joined QEH from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust where he was Interim Chief Operating Officer and prior to this was Chief Operating Officer at the Rotherham NHS Foundation Trust for just under five-years. George's portfolio includes providing leadership to the clinical divisions, operational service delivery and transformation, including emergency planning resilience and response, patient flow and discharge, elective and cancer recovery including diagnostics.

George has a wealth of knowledge and experience, with a significant number of years in senior NHS roles, and experience of working in different healthcare systems.

**Denise Smith, Chief Operating Officer until November 2022*

Chris Benham, Director of Finance[Error! Bookmark not defined.]

Chris joined the team in January 2020 and is a qualified accountant.

He brings a mix of experience having worked within a variety of finance roles within the NHS for 10 years and the private sector for 15 years.

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

Prior to joining the NHS, Chris spent two years as the Group Financial Controller for a pan-European, private equity financed manufacturing business following a 12-year career at Total UK, the UK downstream subsidiary of the French based oil and gas company.

Chris holds an honours degree in Economics and is a Fellow of the Association of Chartered Certified Accountants.

John Syson, Interim Director of People from March 2023

John joined QEH as Interim Director of People in March 2023. John has worked in the NHS for nearly 20 years and joins the Trust from Bedfordshire, Luton and Milton Keynes Integrated Care System after stints at Royal Papworth Hospital NHS Foundation Trust and the East of England Ambulance Service.

John has a passion for the development of teams and cultures where individuals can develop and thrive. As part of the team that led the Royal Papworth Hospital re-location in 2017 he worked to enable better patient care and staff experience through a period of change.

**Jo Humphries, Director of People until March 2023*

Paul Brooks MBE, Director of Estates and Facilities from October 2022

Paul joined QEH in October 2022 from University Hospitals of Derby and Burton where he was Director of Patient Experience, Estates and Facilities Management.

Paul joined the NHS as an apprentice plumber at the age of 16 and has 39 years' service in the NHS. He has been integral to the development of Derby and Burton Hospitals, from leading the intergenerational care programme, the development of volunteers and support of sustainability exploration, through to revamping sites at speed and increasing critical care capacity during the COVID-19 pandemic.

Paul's notable contribution to healthcare and NHS leadership were acknowledged in the Queen's New Year Honours list in 2020 when he was awarded an MBE. His dedication to the care and experience of our patients and staff is recognised throughout his current Trust and across the NHS and this certainly shone through at interview. He is regarded as an inspirational leader and known for promoting a positive and inclusive experience.

Carly West-Burnham, Director of Strategy and Integration

Carly has worked within the West Norfolk health and social care system since 2007 working in senior operational and corporate roles within the Trust and wider Integrated Care Systems (ICS).

A graduate of the NHS Management Training Scheme, she brings a wealth of operational, transformational and integration experience to the Trust.

Carly’s portfolio includes strategy development and monitoring, embedding partnership and working within the ICS including Provider collaboration and Place-Based Care development, annual planning, and health inequalities. Carly holds a Master of Business Administration and is a Fellow of the Chartered Management Institute.

Laura Skaife-Knight, Deputy CEO
to February 2023

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

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

Jo Humphries, Director of People
to March 2023

Jo joined QEH in March 2021. She led on developing innovative people, culture and organisational development strategies that support the Trust's aims of providing great care and great outcomes for our patients and which enable our people by developing a workplace where people grow, thrive and succeed.

Jo has been a Board-level director for 20-years, working on people and culture strategies and transformation programmes in manufacturing, retailing and public transportation industries. She has a background in workplace psychology and is a Fellow of the Chartered Institute of Personnel and Development.

Louise Notley, Director of Patient Safety
to March 2023

Louise's portfolio included learning on the Trust's Quality Improvement Plans, CQC regulation and compliance, patient safety including management of Serious Incidents, Duty of Candour, Freedom to Speak Up, risk management, clinical audit, legal affairs including claims and all coronial matters.

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 2022/23
- 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 our supplier partners fairly, consistently, and professionally, and all suppliers are paid to these terms (unless they are a very small local business). 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 2022/23 is shown in the following table:

Non-NHS	Number	£'000
Total bills paid in the year	56,618	117,553
Total bills paid within target	46,966	101,820
Percentage of bills paid within target	83.0%	86.6%

NHS	Number	£'000
Total bills paid in the year	925	14,531
Total bills paid within target	629	10,185
Percentage of bills paid within target	68.0%	70.1%

Total	Number	£'000
Total bills paid in the year	57,543	132,082
Total bills paid within target	47,595	112,005
Percentage of bills paid within target	82.7%	84.8%

Well-led framework

The Trust continues to develop and embed a culture of continuous quality improvement to ensure we consistently deliver safe, high-quality care for our patients.

A dedicated Quality Improvement (QI) Team was established during 2022/23 to focus on empowering frontline staff to implement changes for improvement within their areas of work. The QI Team provide a range of awareness and training sessions, adopting tried and tested improvement science methodologies, tools, theories and techniques from the Quality Service Improvement and Redesign (QSIR) toolkit. This has standardised the approach to identifying ideas for change, problem solving and iterative testing while ensuring that a change is an improvement.

QI awareness sessions take place as part of the new starter Trust Induction arrangements, with QI Fundamentals offered as a full one-day course. Three members of staff successfully completed the QSIR Associates Training Programme with the QSIR College during summer 2022, enabling QEH to independently deliver the five-day QSIR Practitioner Training Programme. Our QSIR College Associates delivered their first in-house QSIR training programme in February 2023. One additional member of staff is undertaking the QSIR College Associates Training Programme and will join the existing team to deliver sessions from April 2023.

During 2022/23, a further 467 staff received training. This included QI Awareness (269 staff), Quality Improvement Fundamentals (163 staff) and the QSIR five-day practitioner course (35 staff). A total of 581 staff (15%) have now completed QI training since 2021, in line with the Trust's 2022/23 training target.

During 2023/24, our aim is for 30% of staff to have undertaken QI training and an agreed training plan has been developed to help us meet that target. Four further QSIR cohorts have been scheduled for June 2023, September 2023, November 2023 and February 2024. QI Fundamental training sessions are booked for each month and QI Awareness is delivered on our induction sessions, which are held twice a month.

Quality Improvement projects continue to be promoted across the organisation and supported by 'Room for improvement' funding.

Remuneration report

Trust remuneration report

The remuneration report has been audited.

Annual statement on remuneration

The Remuneration Report summarises our remuneration policy and its application in connection with the Executive Directors.

The Nomination and Remuneration Committee (Executive Appointments) considers and acts with delegated authority from the Board of Directors on all matters concerning the remuneration, allowances and other terms of service of the Executive Directors. The Committee comprises the Trust Chair, all Non- executive Directors and the CEO (unless the Committee is considering the remuneration of the CEO). The Committee is attended by others at the request of the Chair in an advisory capacity where appropriate.

Non-executive Directors' remuneration and terms and conditions of office are developed and reviewed by the Nomination and Remuneration Committee of the Governors' Council, making recommendations for approval by the Governors' Council.

All Directors of the Trust are subject to individual performance review. This involves the setting and agreeing of objectives for a 12-month period running from 1 April to 31 March.

The full remuneration report of salary, allowances and benefits of senior managers are set out in the Foundation Trust Directors' Remuneration Report – Salaries and Allowances section of the Annual Report on Remuneration.

Remuneration for Non-Executive Directors is also set out within that section. No additional fees are payable in the role of Non-Executive Director.

Alice Webster, Chief Executive

27 June 2023

Senior managers remuneration policy

Future Policy Table					
Item	**Salary/Fees**	**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Bonus**
How this supports the short and long term objectives of the Foundation Trust	Ensure the recruitment and retention of Directors of sufficient calibre to deliver the Trust's objectives	None disclosed	None paid	None paid	Ensure the recruitment and retention of Directors of sufficient calibre to deliver the Trust's objectives
How the component operates	Determined by the Remuneration Committee using a range of data and criteria as set out in the Remuneration Committee section. Paid in even twelfths	None disclosed	None paid	None paid	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme, in line with national regulations
Maximum payment	As set out in the accounts	None disclosed	None paid	None paid	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	The Trust's Values Based Appraisal and objective setting process is used for all staff including Executive Directors.	None disclosed	None paid	None paid	Not applicable
Performance period	Tailored to individual posts	None disclosed	None paid	None paid	Not applicable
Amount paid for minimum level of performance and any further level of performance	Salaries are agreed on appointment and set out in the contract of employment	None disclosed	None paid	None paid	Not applicable
Explanation of whether there are any provisions for recovery of sums paid to Directors or provisions for withholding payments	Any sums paid in error may be recovered.	None disclosed	None paid	None paid	Any sums paid in error may be recovered.

Very senior managers (VSM)

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

VSM remuneration is set at a level appropriate to secure and retain the high calibre individuals needed to deliver the Trust's strategic priorities, without paying more than necessary.

When determining salary levels, an individual's role, experience and performance, along with independently sourced data for relevant comparator groups are considered. Salary increased typically take effect from 1 April each year.

Service contract obligations

All Executive Directors are required to provide six months' notice; however in appropriate circumstances this could be varied by mutual agreement. Terms of each of the Non-Executive Directors are given in the details of the Board members in the Board of Directors section.

Director and Governor expenses

Expenses are reimbursed to both Directors and Governors in accordance with the Trust's policies. Aggregate Non-Executive Director expenses for 2022/23 were £4,518. Aggregate Governor expenses were £1,727.

During the year there were nine serving Non-Executive Directors, nine serving Directors and 29 serving Governors.

Remuneration committees

In accordance with the NHS Foundation Trust Code of Governance, the Trust has two Nomination and Remuneration Committees:

The Nomination and Remuneration Committee (Executive appointments)

A Committee of the Board with delegated authority to approve the remuneration of the Chief Executive, Executive Directors, and other Directors reporting directly to the Chief Executive. The Committee is chaired by the Trust Chair. Membership is all Non-Executive Directors and the Chief Executive (unless the Committee is considering the remuneration of the Chief Executive).

Executive remuneration is benchmarked using the NHS England Guidance on Executive Remuneration and the Committee has been informed by this guidance in

setting remuneration of acting and interim Directors who have joined the Board during the course of the year, and as substantive appointments have been made.

Further information on other aspects of the work of the Committee and meeting attendance can be found in 'The Board of Directors' section.

The Nomination and Remuneration Committee of the Governors' Council

The Committee is a Governor Committee and makes recommendations to the Governors' Council in respect of Non-Executive Director remuneration and terms and conditions of office. Membership includes seven Governors and the Trust Chair (unless the Committee is considering the remuneration of the Trust Chair).

Non-Executive Director remuneration is guided by national guidance on the 'Structure to align remuneration for Chairs and Non-Executive Directors of NHS trusts and NHS foundation trusts - Implementation document: November 2019'. The Committee has been informed by this guidance in setting remuneration on appointment of the substantive Trust Chair. There have been no changes to the remuneration of the Non-Executive Directors in 2022/23.

Further information on other aspects of the work of the Committee and meeting attendance is set out in the table under 'The Governors' Council Composition 2022/23'.

The Nomination and Remuneration Committees were supported by the Trust's Director of People and Trust Secretary.

Details of remuneration and audited information

Details of Directors' remuneration for the period ended 31 March 2023 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 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 2022/23 was £185,000-£190,000 (2021/22 £205,000-£210,000). The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

In 2022/23, 12 members of the workforce received remuneration in excess of the highest paid Director. Remuneration ranged from £11 to £407K.

	Percentage change for highest paid Director	Percentage change for employees as a whole
Salary and allowances	-9.6%	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

2022/23

Fair pay multiple	25th percentile	Median	75th percentile
Mid-point of banded remuneration of highest paid Director	£187,500	£187,500	£187,500
Total remuneration	23,068	28,032	35,762
Ratio	8.13	6.69	5.24

2021/22

Fair pay multiple	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

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

The identity of the highest paid director has changed during the year. As a result the fair pay multiple ratios are lower against the prior year. Median pay has increased by 3.3% against 2022 as a result of the annual pay award and back-dated Covid recovery bonus.

Foundation Trust Directors' remuneration report

Salaries and allowances

Foundation Trust Directors Remuneration Report		1 April 2022 to 31 March 2023					
Salaries and allowances		**(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)**
Non-Executives		**Bands of £5,000**	**To nearest £100**	**Bands of £5,000**	**Bands of £5,000**	**Bands of £2,500**	**Bands of £5,000**
Chris Lawrence *(from 1 November 2022)*	Chair	20-25	300	0	0	0	20-25
Alan Brown	Non-executive	10-15	0	0	0	0	10-15
David Dickinson	Non-executive	10-15	0	0	0	0	10-15
Simon Roberts	Non-executive	10-15	100	0	0	0	10-15
Dr Ian Mack	Non-executive	10-15	0	0	0	0	10-15
Graham Ward	Non-executive *(Interim Chair 1 April to 31 October 2022)*	35-40	500	0	0	0	35-40
Dr Claire Fernandez	Non-executive	10-15	0	0	0	0	10-15
Sue Hayter	Non-executive	10-15	0	0	0	0	10-15
Jackie Schneider *(1 April 2022 to 10 February 2023)*	Non-executive	10-15	0	0	0	0	10-15
Executives							
Caroline Shaw *(to 30 September 2022)*	Chief Executive	110-115	0	0	0	20-22.5	130-135
Laura Skaife-Knight *(to 31 March 2023)*	Deputy Chief Executive	150-155	100	0	0	85-87.5	235-240
Frankie Swords *(to 30 September 2022)*	Medical Director	75-80	0	0	0	12.5-15	85-90
Helen Blanchard *(from 1 October 2022)*	Chief Nurse (Interim)	75-80	800	0	0	0	75-80
Govindan Raghuraman *(from 1 July 2022)*	Acting Medical Director	185-190	0	0	0	112.5-115	300-305
Chris Benham	Finance Director	140-145	0	0	0	35-37.5	175-180
Denise Smith *(to 31 December 2022)*	Chief Operating Officer	100-105	0	0	0	10-12.5	115-120
Alice Webster	Chief Nurse *(1 April to 30 September)* Chief Executive *(from 1 October)*	155-160	0	0	0	40-42.5	200-205
George Briggs *(from 7 November 2022)*	Interim Chief Operating Officer	30-35	0	0	0	0	30-35

Foundation Trust Directors' remuneration report

Salaries and allowances

Foundation Trust Directors Remuneration Report		1 April 2021 to 31 March 2022					
Salaries and allowances		**(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)**
Non-Executives		**Bands of £5,000**	**To nearest £100**	**Bands of £5,000**	**Bands of £5,000**	**Bands of £2,500**	**Bands of £5,000**
Prof Steve Barnett	Chair	50-55	600	0	0	0	50-55
Alan Brown	Non-executive	10-15	0	0	0	0	10-15
David Dickinson	Non-executive	10-15	0	0	0	0	10-15
Simon Roberts	Non-executive	10-15	0	0	0	0	10-15
Dr Ian Mack	Non-executive	15-20	0	0	0	0	15-20
Graham Ward	Non-executive	10-15	0	0	0	0	10-15
Dr Claire Fernandez	Non-executive	10-15	100	0	0	0	10-15
Sue Hayter *(from 1 May 2021)*	Non-executive	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
Frankie Swords	Medical Director	180-185	0	0	0	55-57.5	240-245
Carmel O'Brien *(to 9 May 2021)*	Chief Nurse	15-20	0	0	0	0	15-20
Chris Benham	Finance Director	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 *(from 1 May 2021)*	Chief Nurse	130-135	0	0	0	147.5-150	280-285

The highest paid director of the Trust in 2022/23 was the Acting Medical Director and for 2021/22 was the Chief Executive.

The full salary for the Acting Medical Director is disclosed in the above table and includes elements of pay that relate to their clinical role.

Pension benefits

Pension benefits		(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 2023	(d) Lump sum at pension age related to accrued pension at 31 March 2023	(e) Cash equivalent transfer value at 1 April 2022	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash equivalent transfer value at 31 March 2023	(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	0-2.5	-	100-105	220-225	1,958	-205	1,654	-
Denise Smith	Chief Operating Officer	0-2.5	-	40-45	80-85	749	16	812	-
Chris Benham	Director of Finance	2.5-5	-	30-35	-	388	24	443	-
Laura Skaife-Knight	Deputy Chief Executive	5-7.5	-	40-45	55-60	451	39	525	-
Frankie Swords	Medical Director	0-2.5	0-2.5	65-70	140-145	1,130	10	1,244	-
Alice Webster	Chief Nurse *(1 April to 30 September)* Chief Executive *(from 1 October)*	2.5-5	0-2.5	65-70	175-180	1,310	53	1,426	-
Govindan Raghuraham	Acting Medical Director	5-7.5	15-17.5	50-55	90-95	801	102	993	-

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

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.

George Briggs and Helen Blanchard did not contribute to the pension scheme during the year.

Patient safety

Incident reporting and never events

The total number of patient safety incidents reported in 2022/23 was 6,508 with 49 incidents meeting the threshold for a Serious Incident (SI) investigation. 48 incidents were categorised as major (severe harm) or catastrophic (death). The Trust continues to develop an open safety culture where staff can raise safety concerns. There is an established governance process to ensure oversight and analysis. All patient safety incidents that meet the threshold of a moderate harm incident are reviewed by the Trust's Serious Incident Review Forum (SIRF) 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. The increased numbers of patients attending urgent and emergency care, higher acuity of conditions and sustained system wide operational pressures have emerged as themes throughout 2022/23.

Total reported incidents

Year	Total reported patient safety incidents, excluding pressure ulcers on admission	Safety incidents that resulted in severe harm or death, excluding all tissue viability incidents reported on admission
2022/23	6,508	48
2021/22	7,549	33
2020/21	7,631	22
2019/20	7,007	29

Several work programmes and new functions were identified and implemented during 2022/23. Key areas of achievement included:

- Improved feedback to staff who report incidents (identified from the 2022 Staff Survey as an area for improvement). This included acknowledgment of incident reporting, increased engagement and inclusion at SIRF panel with timely feedback

- Improved compliance with completion of Duty of Candour at all stages throughout an investigation, in turn improving engagement with patients and relatives
- Revised process for the management and review of SI action plans through Evidence Assurance Group (EAG). This ensures actions with the greatest potential to mitigate risk of harm to patients and prevent incident recurrence are prioritised for review
- Maintained improvement with the key performance indicator (KPI) requirement for SI investigations to be completed within 60 days. This improved position allows learning to be identified, action planning and timely implementation. Patients and families affected by these incidents are provided with an explanation of what happened, alongside the learning and actions identified to provide reassurance that their experience is taken seriously.
- Arranged two successful virtual Patient Safety Learning Events, with the content made available for all staff through the patient safety intranet page. Patient safety learning topics included:
    - Outcome of a thematic review of oxygen related incidents
    - Human Factors
    - Panel approach to undertaking Serious Incident investigations
    - COVID-19 research trials at QEH
    - Safety by design
    - Freedom to Speak Up
    - Incident reporting in medication related incidents and adverse reaction
    - Safe prescribing in diabetes and importance of medication management in Parkinson’s disease
    - Polypharmacy, falls and deprescribing

Serious Incidents (SI)s reported in year

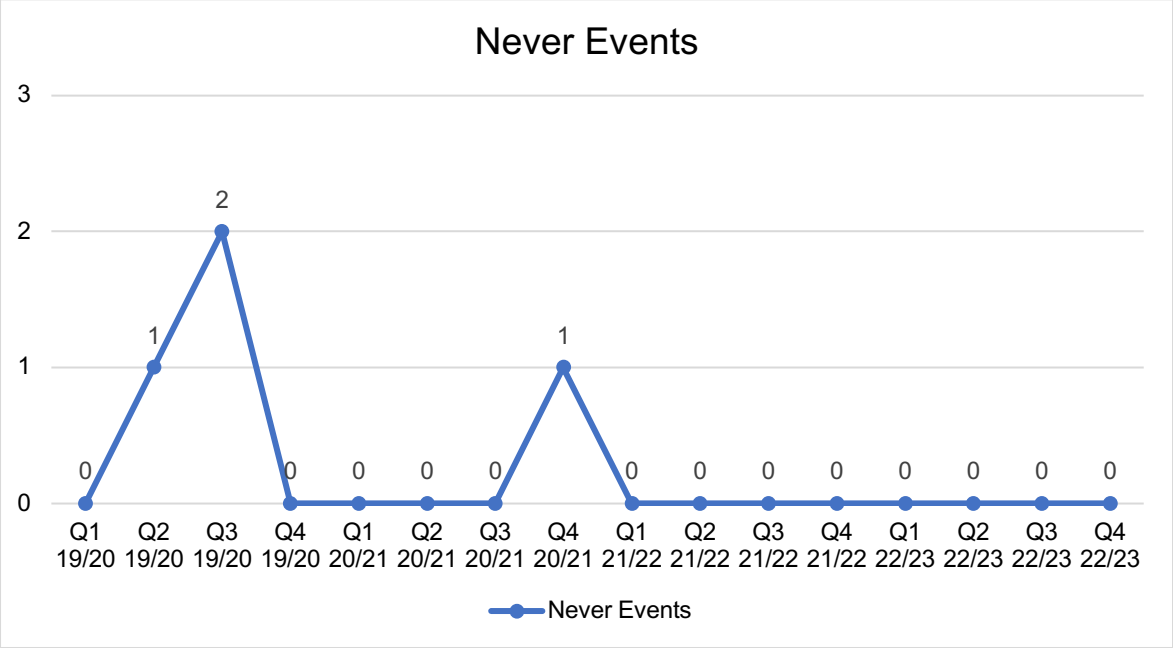
2022/23	Clinical Support Services	Medicine	Urgent and Emergency Care	Surgery	Women & Children	Total
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	2	1	1	0	2	6
HCA / Infection control incident meetings SI criteria	0	0	0	1	0	1
Maternity / Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)	0	0	0	0	5	5
Maternity / Obstetric incident meeting SI criteria: mother and baby (this includes foetus, neonate and infant)	0	0	0	0	3	3
Maternity / Obstetric incident meeting SI criteria (mother only)	0	0	0	0	3	3
Medical equipment / devices / disposables incident meeting SI criteria	0	1	0	0	0	1
Medication incident meeting SI criteria	0	0	1	0	0	1
Pending review (a category must be selected before incident is closed)	0	0	0	0	1	1
Pressure ulcer meeting SI criteria	0	1	0	0	0	1
Slips / trips / falls meeting SI criteria	0	11	1	2	0	14
Sub-optimal care of the deteriorating patient meeting SI criteria	0	0	1	0	0	1
Surgical / invasive procedure incident meeting SI criteria	0	0	0	2	0	2
Treatment delay meeting SI criteria	0	2	4	3	1	10
Total	**2**	**16**	**8**	**8**	**15**	**49**

The Trust has continued to develop processes to support the investigation of Serious Incidents while providing learning opportunities to reduce future harm and the likelihood of reoccurrence. Serious Incident investigations identify key safety themes and areas of focus for patient safety improvement including:

- Awareness and adherence to Trust policies, processes and pathways including the Falls Policy, escalation of deterioration and follow up pathways for surveillance
- Communication between clinicians, wards, specialist teams and patients and their families

Never Events

The Trust declared zero Never Events during 2022/23.



Duty of Candour

The Trust has a responsibility to ensure that the statutory Duty of Candour (DoC) is undertaken for all notifiable safety incidents in line with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. This applies to any reported patient safety incident that has resulted in, or potentially resulted in moderate, severe, catastrophic harm or prolonged psychological harm caused by the incident.

The Duty of Candour is a general duty to be open and transparent with people receiving care from the Trust. A crucial part of Duty of Candour is the apology. As

soon as practicable, and within 10 working days following the identification of a notifiable safety incident, a Duty of Candour conversation is held with the patient, next of kin, carer or a relevant legal patient representative. This is known as the initial discussion (phase one) which is followed by a written notification letter (phase two).

The Trust made sustained improvements to ensure that DoC phase one and two occur within timeframe, achieving 100% for phase one and 98% for phase two in 2022/23.

Following incident investigation, the Trust offers, and/or provides, patients and their families the opportunity to receive a copy of the final investigation report (phase three). The same 10 working day key performance indicator for phase three was introduced in October 2022 with improved compliance (67%) achieved between October 2022 and March 2023.

Duty of Candour is a metric monitored within clinical divisions through Divisional Board Reports and corporately at Safe Executive Group.

Phase one

2022/23	Phase one required	Phase one completed	Phase one count (completed within 10 working days)	Phase one % (completed within 10 working days)
Quarter One	52	52	52	100%
Quarter Two	43	43	43	100%
Quarter Three	61	61	61	100%
Quarter Four	49	49	49	100%
Overall compliance	**205**	**205**	**205**	**100%**

Phase two

2022/23	Phase two required	Phase two completed	Phase two count (completed within 10 working days)	Phase two % (completed within 10 working days)
Quarter One	48	48	46	96%
Quarter Two	39	39	39	100%
Quarter Three	55	55	54	98%
Quarter Four	43	43	43	100%
Overall compliance	**185**	**185**	**182**	**98%**

Phase three

2022/23	Phase three required	Phase three completed	Phase three count (completed within 10 working days)	Phase three % (completed within 10 working days)
Quarter One	Not applicable	Not applicable	Not applicable	Not applicable
Quarter Two	Not applicable	Not applicable	Not applicable	Not applicable
Quarter Three	5	5	2	40%
Quarter Four	10	9	8	80%
Overall compliance	**15**	**14**	**10**	**67%**

Patient Safety Incident Response Framework

As part of the National Patient Safety Strategy, the Patient Safety Incident Response Framework (PSIRF) was published in August 2022 and sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Organisations are expected to transition to PSIRF within 12 months of its publication, and the Trust is working alongside Norfolk and Waveney system partners to transition to PSIRF in September 2023.

A staged implementation programme, with identified workstreams and governance processes, has been established with oversight and reporting via the Safe Executive Group, Quality Improvement Board and Trust Board. Engagement with stakeholders, staff and the public is ongoing.

Learning from Patient Safety Events

Learning from patient safety events (LFPSE) is replacing the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS), to offer better support for staff from all health and care sectors.

The LFPSE will create a single national NHS system for recording patient safety events. It introduces improved capabilities for the analysis of patient safety events occurring across healthcare, enabling a greater depth of insight and learning that is more relevant to the current NHS environment.

We are working within the NHS England extended timeline for compliance with LFPSE of September 2023.

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) measure health gain in patients undergoing hip replacement and knee replacement in England, based on responses to questionnaires before and after surgery. This provides an indication of the outcomes or quality of care delivered to NHS patients. Following the NHS England Consultation on PROMs data collection of varicose vein and groin hernia procedures ceased on 1 October 2017.

April 2021 to March 2022, provisional data

Table 1: Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation rate	Pre-operative questionnaires completed	Linkage rate
All procedures	471	362	76.9%	266	73.5%
Hip replacement	233	184	78.9%	138	75.%
*Of which**					
Primary	220	*	*	*	*
Revision	13	*	*	*	*
Knee replacement	238	178	74.7%	128	71.9%
*Of which**					
Primary	223	*	*	*	*
Revision	15	*	*	*	*

Table 2: Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue rate	Post-operative questionnaires returned	Response rate
All procedures	362	346	95.6%	223	64.5%
Hip replacement	184	178	96.7%	107	60.1%
*Of which**					
Primary	*	*	*	*	*
Revision	*	*	*	*	*
Knee replacement	178	168	94.3%	116	69.0%
*Of which**					
Primary	*	*	*	*	*
Revision	*	*	*	*	*

In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for

patients for parts of the 2020/21 reporting period. A reduced service continued during the 2021/22 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMS. In addition, it is possible that behaviours around activities relating to the completion, return and processing of pre- and post-operative questionnaires may have also been impacted when compared to earlier years data where behaviours and processes related to managing the current pandemic were not in place.

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, has the best possible experience of our services and hospital environment.

2022/23 has been an exciting year of change for the Patient Experience Team. New roles have been introduced, such as the Patient Information Office, while our structure has been reviewed as the team continues to grow. We have reviewed our Complaints Policy and processes for managing the feedback we receive from patients and relatives, in line with new complaint standards being introduced by the Parliamentary and Health Service Ombudsman (PHSO) from April 2023. We are fully engaged with QEH's Divisions and hold weekly meetings to review every complaint and Patient Advice and Liaison Service (PALS) contact so that we can work collaboratively to share feedback and learning. We also fully revised the patient experience workplan to align it with the Trust's year two corporate priorities while making it more meaningful to the patient experience.

In 2022/23, we saw a 68% increase in the number of formal complaints received by the Trust compared to 2020/21. We believe this reflects the nationwide post-COVID-19 demand on NHS services, which has impacted both patients and staff. Additionally, the Trust changed the way it recorded complaints from February 2023, reducing the complaint categories to just PALS contacts or formal complaints in line with new standards being introduced by the PHSO. We met our target by responding to 100% of complainants within two working days. Our performance against the key performance indicator of returning the formal complaint response letter within 30

working days improved from 88% in 2021/22 to 99% in 2022/23, while 100% compliance was achieved between October 2022 and March 2023.

At QEH, we remain committed to continuously increasing our engagement with our patients, their carers and the public to ensure they can contribute to and inform the services we provide. This engagement has continued to grow during 2022/23 with the support of an increasing range of partner organisations which are helping us with our continuous improvement journey.

Patients' voice

The patients' voice has been integral to the continued positive changes in patient experience while also helping us to learn from the feedback we receive. We have worked with patients and their families and carers to share organisational learning, while several patients and relatives have made suggestions on how their experience could have been improved. One example of this was a family who kindly gave permission for an honest and frank audio recording from their local resolution meeting to be used to share their difficult experience. This powerful account gave others an opportunity to hear how they felt about the care their mother had received much more eloquently than feedback in a patient safety huddle could have done. The story has continued to be shared in several educational forums, including preceptorship and the Caring with Kindness programme.

We have continued to respond to feedback about poor patient experiences, specifically for patients with sensory impairments. Our collaborative work with the West Norfolk Deaf Association (WNDA) and Vision Norfolk (NV) has continued, with both organisations joining our sensory impairment workstream to provide ongoing support. As part of this project, we have used League of Friends funding to provide Crescendo devices to all wards and the Day Surgery Unit to support patients who have a hearing impairment and do not have their hearing aids with them. Transparent face masks have also been made readily available for patients who rely on lip reading.

Recent feedback identified the need to look further at the support provided to patients who are 'big D' and have no hearing at all and rely exclusively on British Sign Language or lip reading. WNDA worked with us to support electronic and 'talk to text' communication using an app, in turn providing this group of patients with a

translation service. The Trust has used charitable funds to introduce two Android applications to support ‘talk to text’, one for the Audiology Department and one for the front desk. Evidence suggests these devices would be of considerable benefit for severely hearing-impaired patients using other parts of the hospital, and a further application to charitable funds will be made during 2023/24 for six further devices for use at a ward level.

During 2022/23, we identified a significant recurring theme around the quality of bereavement support offered to relatives. Themes centred on a lack of practical skills needed to support the process of last offices, grief kindness and communication skills in breaking bad news. One example involved a wife who raised concerns with the Associate Director of Patient Experience regarding the care her late husband received. This was shared with clinical teams involved in the care and during an away day, with changes made within the nursing workforce as a result.

The Trust’s Associate Director of Patient Experience has reviewed current practices and our policy in relation to bereavement care, with the findings becoming part of Project Ralph. The review showed that cultural adaptions had been overlooked for overseas nurses, while inconsistent training pathways had been magnified in the wake of the COVID-19 pandemic. As part of Project Ralph, a programme has now been put together to support improvement in patient experience. It focusses on three educational themes:

- Communication skills needed for breaking bad news in sudden and expected deaths
- Grief kindness, for example by preparing families to see their loved one after their death while providing emotional support
- Practical skills, professional accountability and compassionate skills when completing last offices and the care of patient’s property when they die

These three themes are explored in a three-hour bereavement study session, which takes place twice a month. The Trust policy has also been rewritten to reflect the issues identified, while the Lead for Non-Medical Education has embedded these changes into the adaption courses for the overseas nurses, as well as within the GROW program and preceptorships.

Family Liaison Officers

Our Family Liaison Officers (FLOs) were first appointed in March 2021 to support our patients' experience through good customer care. They played an integral part during COVID-19 and were particularly instrumental in supporting lateral flow testing for relatives so that planned visits could continue. The role has been so successful that it has been widely mirrored across the integrated care system.

Our FLOs work flexibly and regularly respond to the changing needs of our patients and clinical environments.

They:

- Regularly listen to patient and relative feedback and escalate any concerns, as well as directly reporting back to our Associate Director of Patient Experience during daily huddles
- Support the Patient Advice Line, which is particularly helpful for those who have had difficulty getting through to the ward
- Respond to patient requests and offer help to those who request newspapers or other items from the League of Friends shop
- Support patient nutrition by becoming ward meal mates and advocates for the importance of patient nutrition and food choices
- Continue to support patients who need help to phone or videocall their families

In late 2022, the Sandringham Unit was added to the areas covered by the FLOs after the Trust recognised that some patients admitted to the unit were not receiving elective care and could therefore benefit from their input.

Additionally, FLOs have continued to review and support all aspects of communication with patients, relatives and carers within the Trust. This has included looking at how we can better support patients for whom English is not their first language. As a result, any new patient for whom English is not their first language is now routinely asked if they would like to talk to the FLOs via Language Line, which is an instant translation service. This gives them the opportunity to find out how we can support them by making sure they know about Wi-Fi, for example, asking if they need anything and ensuring they can speak to their relatives or friends. This also

empowers patients to ask for Language Line to further improve their experience whilst on the wards and other clinical environments.

Our FLOs have played a key role in carrying out patient surveys and collecting real-time feedback outside of the normal feedback strands. This includes a survey co-facilitated with our Governors as part of the 'Helping You Sleep Healthier' (HUSH) project, while a second involved a two-week survey of patient nutrition. The results of this have been shared through the Nutritional Steering Group and wider senior nursing teams.

Caring with kindness

The Chief Nurse and Deputy Chief Nurses designed a learning event to put patients and their families at the centre of patient experience, while highlighting the fundamental importance of 'Caring with Kindness'. The programme includes various patient stories which illustrate the impact of poor patient care and are designed to remind healthcare professionals of the importance of providing individualised, patient-centred care. The course also focuses on accountability and highlights the fundamentals of care as a priority for patients, their relatives and carers. Caring with Kindness has now become a movement which aims to further improve the standard of care provided across the Trust while ensuring patients remain at the centre of each healthcare provider's focus.

In 2022, we launched a refreshed Caring with Kindness programme aimed at registered and unregistered healthcare professionals. This has largely been attended by Nurses, Midwives, Registered Allied Healthcare Professionals (AHPs) and Healthcare Assistants (HCAs). Our Acting Medical Director has also approached the Associate Director of Patient Experience to create a medically orientated Caring with Kindness which focuses on the medical themes from patient feedback. This is currently under development and will be launched in 2023/24.

In addition, our Lead for Non-Medical Education is applying for Caring with Kindness to be accredited by the Royal College of Nursing. There has also been widespread interest across our integrated care system, with partner organisations contacting our Associate Director of Patient Experience and Chief Nurse for further information to help them adapt the programme for use at their Trusts.

Improving information for people with disabilities

In March 2023, we launched a range of accessibility guides in partnership with AccessAble, which is the UK's leading provider of detailed disabled access information.

We have worked with AccessAble to produce 75 access guides for our services, departments and wards, with each guide providing details and photographs to support access for patients, their families and visitors. These guides will be incredibly important in helping service users plan their journey to and around the hospital, covering everything from parking facilities and hearing loops, to walking distances and accessible toilets.

As everyone's accessibility needs are different, the Trust acknowledges the necessity of having detailed, accurate information available. Trained surveyors have checked all of the details in the guides in person on-site to ensure all information is objective and factual.

Patient stories at Board

We continue to support patients, their families, and carers to tell their stories at Board meetings, which allows the Board to hear about their experiences first-hand and learn about the aspects of care that our patients value the most. It also provides an opportunity for patients, their families, and carers to describe experiences where care could have been improved so that we can act on their feedback. In late 2022, we began videoing the story to play at Board. At the same time, Board meetings became bi-monthly.

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

- A family spoke of their experiences of care during the premature birth of their twins
- A carer told of his experience of being admitted to hospital and the impact that had on himself and the person he cared for
- A family told of their experiences of supporting a brother with an acquired brain injury following a traffic accident. Their story details them advocating for patient and family wishes as the patient became frailer and a PEACE form was put in place

- A member of staff told us of their experience following referral from a local optician to our Ophthalmology service
- Our Armed Forces Welfare Officer told her story and explained more about her role and the Trust's relationship with the Defence Medical Welfare Service

Improvements to the patient estate

The Associate Director of Patient Experience and Patient Engagement Lead continue to work with Project Managers on our major estate's developments. In addition, we are also developing a Patient Panel to support and improve patient experience across the Trust and integrated care system. The patient panel will be an integral part of responding to patients', relatives and their carers regarding changes in the estate map and also addressing issues as they arise through feedback mechanisms.

National patient surveys

The results of three national patient experience surveys which our Trust took part in where published April 2022 and March 2023. They were the:

- National Maternity Survey (2022)
- National Cancer Patient Experience Survey (2021)
- National Inpatient Survey (2021)

Survey	Month sampled	Month published	Response rate	Average national response rate
National Cancer Patient Experience Survey (2021)	April to June 2021	July 2022	62%	55%
National Inpatient Survey (2021)	November 2021	October 2022	38%	39%
National Maternity Survey (2022)	January to February 2022	January 2023	52%	48%

Cancer Patient Experience Survey

The National Cancer Patient Experience Survey 2021 sampled all patients who had received care following a cancer diagnosis between April and June 2021. The survey involved 134 NHS Trusts and received a response rate of 55%.

We scored above the expected range when compared with other Trusts in two areas, which were:

- Diagnostic test results were explained in a way the patient could completely understand
- Patient was definitely told about their diagnosis in an appropriate place

There was one area in which the Trust scored below the expected range (i.e. below the lowest expected result when compared with other Trusts), which was:

- Patient had confidence and trust in all of the team looking after them during their stay in hospital

Actions to improve the confidence and trust which patients have in our staff have been addressed within the Cancer Services Plan. Equally, the areas where the Trust performed well have been communicated to colleagues to raise awareness, share positive practice and help maintain high quality patient experience.

National Inpatient Survey

The results of the National Inpatient Survey 2021 were published in October 2022. They highlighted 11 areas for improvement at the Trust compared to other organisations. Of these, four areas were worse than most Trusts and seven were somewhat worse. They were:

- During time in hospital, patients felt that they did not get enough to drink
- Confidence and trust in the doctors treating patients
- Not enough nurses were on duty to care for patients
- Patients were not given enough information about their condition or treatment
- Patients were not able to get a member of staff to help them if they needed attention
- Patients were not given enough notice about discharge from hospital

- Patients were not given enough information about what should or should not be done after leaving hospital
- Patients did not know what would be happening next with their care after leaving hospital
- Not enough support was given from health and social care services to support patients to recover or manage their condition
- Patients did not feel as if they were treated with respect and dignity whilst being cared for in the hospital
- Overall, the patients' experience in hospital was reportedly poorer than at other hospitals

These results have been shared at across the Trust and at divisional governance meetings and actions are being put into place to improve the experience which patients have while receiving care. This includes additional staff training, continued local and international recruitment programmes and supporting the School of Nursing at the College of West Anglia to develop and train the workforce for the future.

We have also continued to improve the experience of patients staying overnight by maintaining our focus on the Helping You Sleep Healthier (HUSH) programme. Over a six-week period, we surveyed more than 900 patients to understand the current picture, listen to feedback about what has helped and hear suggestions about what else is needed to improve further. The Trust has also presented the results of this survey to the Hospital and Night Summit.

National Maternity Survey

The results of the National Maternity Survey 2022 were published in February 2023 and highlighted a number of improvements across the service in comparison to other Trusts. These included:

- At the start of the pregnancy, information was provided about coronavirus and the implications on maternity care
- Doctors and midwives were aware of medical history at the start of the pregnancy

- Information was provided about physical recovery after birth

There was also one area which the Trust was 'somewhat worse' than others:

- During the pregnancy, people were not spoken to in a way they could understand

The survey also showed that we need to focus on ensuring that attention can be provided as required during the person's stay in hospital and after their baby's birth.

Actions to address the concerns raised through the survey have been included in the Maternity Action Plan and are monitored at divisional governance meetings and the Trust Quality Committee.

Working across the Integrated Care System (ICS)

Patient Experience Teams from across the ICS – including all three acute Trusts, the Integrated Care Board, Norfolk Community Health and Care NHS Trust, Norfolk and Suffolk NHS Foundation Trust, the East of England Ambulance Service NHS Trust and East Coast Community Healthcare – meet virtually every week. Other representatives are also invited depending on the subject under discussion.

During the year, topics discussed during these sessions have included volunteering, complaints, Patient Advice and Liaison Service (PALS), Family Liaison Officers (FLOs), Easy Read leaflets, NHS glossary of terms, stories to Board, prison healthcare, acute clinical strategy, involving patients /carers and families, Electronic Patient Record (EPR), patient leadership in digital transformation projects, the Friends and Family Test (FFT), patient safety partners, patient panels, co-production toolkit and Equality, Diversity and Inclusion.

The acute trusts also jointly presented regional co-production masterclasses to raise awareness of the value and importance of including patients, carers and service users in the development of services. Easy Read resources were developed in partnership across the ICS and have been made available on the Norfolk and Waveney ICB website. An NHS glossary of terms was co-produced with carers and their organisations to ensure that key terminology and abbreviations are clearly explained.

During Carers' Week in June, the Trusts within the ICS held a second virtual Carers Conference which was co-produced with carers and carer representative

organisations from across Norfolk and Waveney. The conference featured carers stories, as well as updates about training and future areas of concern. The Norfolk and Waveney Carer's Identity Passport, which will be recognised at all three trusts and launched in November with funding from the ICS, was also discussed.

Working with the Governors' Council

The Governors' Council and Patient Experience Team continue to work together to support patient experience. Governors are able to take part in quality assurance visits and provide feedback to the clinical areas which are assessed. In addition, some of our Governors have teamed up with the FLOs to carry out an in-house survey on the HUSH project to provide further feedback on our patients' ability to sleep whilst in hospital.

Patient groups

During the year we have set up a number of new forums to support improvements to the patient experience for those with sensory impairment or disabilities, as well as carers. 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 receives general feedback, suggestions and compliments which are shared across the Trust. The Complaints Team and PALS work alongside one another, with the Senior Complaints Manager managing both departments. The feedback received is considered alongside the Friends and Family Test to provide an accurate snapshot of patient and family experience across all of our services. All PALS contacts are recorded electronically for case management and reporting purposes.

The PALS department continues to support patients, their families and carers, de-escalating potential complaints at the earliest opportunity by escalating concerns to the Risk and Governance Leads of each Division to arrange local resolution for the complainant.

The PALS Team continuously seeks to improve the service it provides by setting high performance standards, such as ensuring that all telephone calls and emails are acknowledges on the same working day wherever possible.

PALS continues to promote its services by featuring on the home page of the Trust's website and occupying an accessible location near the main entrance. The Trust can signpost those wishing to make a complaint to an advocacy service to assist with their complaint where required.

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.

In 2022/23 we logged 3,121 PALS contacts (excluding complaints). This is a decrease from 5,404 in 2021/22.

The top themes are outlined in the table below:

PALS by sub-subject (primary)	Number
General information	503
Clinical care	294
Poor communication	201
Enquiry	144
Lack of information	129
Concern	125
Access to health records	111
Staff attitude	100
Discharge arrangements	88
Follow-up treatment	78

Complaints

The role of the Complaints Team is to make sure that formal complaints are appropriately investigated, and a response is provided within 30-working days. The Trust received 146 formal complaints in 2022/23 compared with 90 in 2021/22.

Where possible, complainants are encouraged to use the informal route to arrive at an agreeable resolution at a local level so that issues can be resolved quickly and effectively. If the complainant agrees to this approach, appropriate contact is made by a senior member of staff and a Local Resolution Meeting (LRM) arranged. During the year, there has been an increase in both face-to-face and virtual LRMs, giving more complainants the opportunity to voice their concerns to senior staff and to have their concerns addressed.

Our Senior Complaints Manager meets with the Risk and Governance Leads from each Division weekly to review each complaint, ensure the response is on track and the complainant is receiving regular contact from the Trust. Where complaints are particularly complex, the Division may ask the complainant for an extension to the 30-day timeframe, without exceeding 40 days.

The main themes from the complaints we received from patients and their families during 2022/23 were:

Complaints	Number
Clinical treatment	40
Communications	31
Values and behaviours (staff)	20
Patient care	17
Appointments	8
Waiting times	7
Admissions and discharges	6
Access to treatment or drugs	5
Trust admin / policies / procedures	4
Prescribing	3

Written complaints rate

2022/23	Clinical complaints	Response rates (%)	Non-clinical complaints
April	10	100	0
May	1	100	0
June	7	100	0
July	8	100	1
August	10	100	1
September	8	89	1
October	6	100	0
November	12	100	0
December	6	100	0
January	4	100	1
February	55	100	0
March	26	100	2

Further improvements for 2023/24

During the coming 12 months, we will further improve the care delivered to patients and their families by:

- Reviewing and refining our Complaints Policy to align with the new complaints standards set out by the Parliamentary and Health Service Ombudsman
- Changes the way our PALS Department works to improve accessibility and responsiveness. This will include its opening hours
- Developing a comprehensive training package for staff in complaints handling, including how to resolve issues raised locally, what to do if they are named in a complaint and how to signpost complainants to PALS / Complaints
- Arranging a further masterclass for staff to improve focus on customer service

- Working with the Divisions to ensure learning from concerns and complaints is embedded
- Continuing to work with the Patient Safety Team so that we can share learning from complaints effectively
- Aiming to respond to 100% 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 approach the Parliamentary and Health Service Ombudsman (PSHO) to ask for an independent investigation into their complaint and financial redress.

During 2022/23, 30 complaints were referred to the PHSO:

- Three cases are currently being reviewed by the PHSO investigation to determine whether a full investigation is required
- Two cases are under formal investigation

Friends and Family Test (FFT)

During 2022/23, the contract which we commissioned in partnership with Norfolk and Norwich University Hospitals for a provider for our Friends and Family Test (FFT) entered its second year. It allows us to collect anonymous patient feedback in a variety of ways, including text messages (which are sent to outpatients and patients discharged from ED), cards, QR codes and online. Awareness of the different ways in which feedback can be provided is highlighted on posters displayed throughout the hospital and via social media.

Free-text comments submitted with FFT responses provide a valuable insight into issues and concerns which are important to patients. The FFT also allows us to make changes based on patient feedback far more quickly than when awaiting results from other types of feedback. The responses we receive are shared with patients, staff and visitors and used in training courses, where they help staff focus on how we can improve further.

Positive feedback regarding specific wards or named individuals is shared on a regular basis to make sure that good practice is recognised and celebrated.

Actions we are taking to improve our FFT scores include:

- Ensuring monthly feedback is available to all senior staff to cascade to colleagues across the Trust
- Regularly collecting and sharing time-sensitive information with wards/areas so that issues can be rectified immediately where possible
- Sharing the feedback we receive with patients and the public through ward noticeboards, information screens and social media, and with staff through regular internal communications
- Reviewing negative comments in conjunction with other sources of patient feedback, such as concerns, complaints and patient surveys, to monitor trends and identify actions required
- Encouraging patients to share their experiences
- Using social media to communicate the improvements we have made based on concerns which have been raised by patients

Chaplaincy

Our Chaplaincy continues to offer spiritual and pastoral care to all patients, relatives, carers and staff. The team has expanded and now consists of four chaplains (3.2 FT equivalent) who, along with chaplaincy volunteers, offer patients a listening ear during their ever-changing circumstances. As well as facilitating challenging visits, the team plays a key role in supporting difficult conversations and offering comfort to patients, relatives and staff. Chaplaincy provide a seven-day service, while a business case is being written to support 24-hour cover.

Our Chaplains and volunteers work with many teams across the Trust to support the experience of patients and staff. One of our chaplains has completed mindfulness training and is working with colleagues to provide a programme for staff, as well as supporting the ‘Caring with Kindness’ programme. As well as working closely with other Chaplains across the ICS, the Head of Spiritual Care is collaborating with the Volunteers Support Manager and Lead Nurse for Palliative Care to review the introduction of our Butterfly Volunteers. Originally developed by the Anne Robson Trust, these important new recruits will support patients at the end of their lives and their relatives.

Chaplaincy also helps to facilitate Schwartz Rounds, while the Head of Spiritual Care regularly leads Project Ralph bereavement care sessions and a reflection training programme.

During 2022/23, the team:

- Visited 3,217 patients
- Completed 311 bedside Holy Communions
- Conducted 16 adult funerals
- Conducted 27 baby funerals
- Conducted 15 naming and blessing services, or baby baptisms
- Had 832 end of life encounters
- Conducted one wedding for a member of staff
- Conducted one adult baptism

Three times a year, Chaplaincy hold a bereavement support group which is open to all members of the community. In 2022/23, 18 people took part and were led in the journey through the grief process.

Special services

During 2022/23, the Trust's former Lead Chaplain Rev Stella Green officially opened our new multi-faith prayer rooms. A great addition to the Trust, these rooms enable staff and visitors to practice their own faith in a way that is appropriate for them.

Chaplaincy held its annual baby loss awareness service, which is commonly called the SANDS service, offsite in 2022 as well as a service on Remembrance Sunday. A small service took place outside the main entrance at 11am on Remembrance Day, with many members of staff taking part. To mark the festive period, Chaplaincy held carol services in the sacred space and the West Dereham Day Room for our complex elderly patients.

Summary

The Patient Experience Workplan has continued to shape our priorities, alongside direction provided by the Executive Lead, Chief Nurse, Deputy Chief Nurses and wider Patient Experience and Patient Feedback Teams. This is also supported by engaging and collaborating with all Trust employees in responding to feedback from

patients, relatives and carers feedback so that we can further improve their experiences.

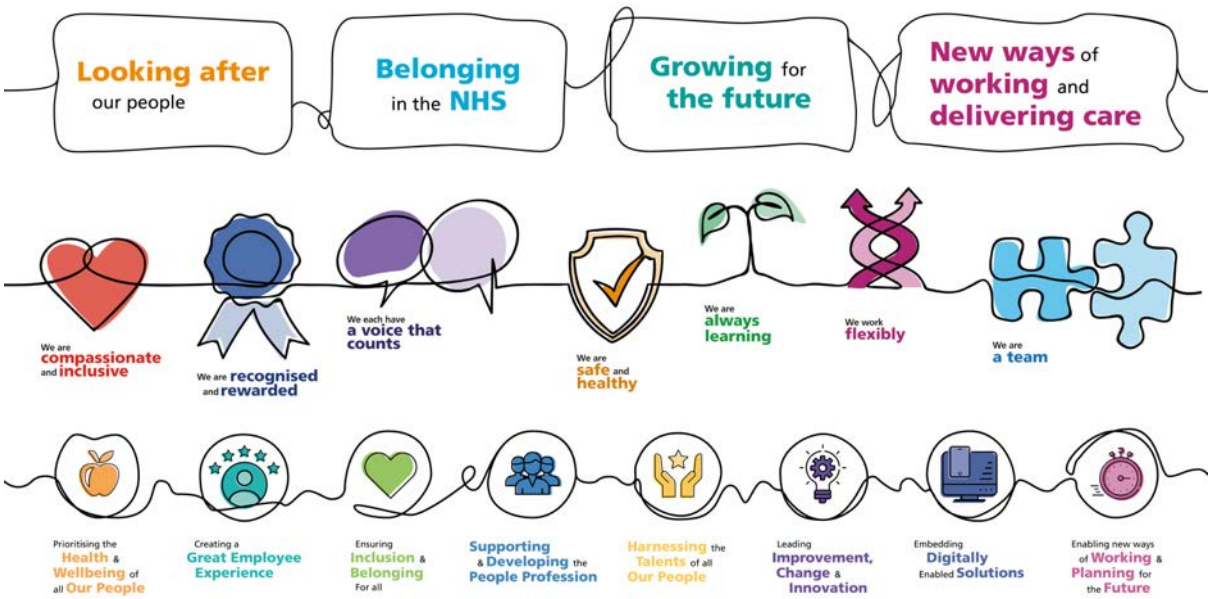
Staff report

We are committed to working with our staff, trade union representatives and other stakeholders to embed the Trust values of Kindness, Wellness and Fairness in everything we do. Alongside this, we also fully support the national NHS People Plan and People Promise, which are designed to improve working lives of all NHS staff while outlining what they can expect from their employers and colleagues.

The NHS People Plan is made up of 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

The NHS People Promise



Norfolk and Waveney - #WeCareTogether

In response to the national NHS People Plan, Norfolk and Waveney Integrated Care System (ICS) 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. Its vision is that happy, healthy staff will be providing excellent, compassionate care within five years.

#WeCareTogether has four main objectives. They 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. It focuses on delivering:

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

To help us meet these aims, we have developed new processes to help de-bias recruitment and ensure balanced selection for roles at band seven and above, which is helping us recruit diverse talent to the Trust. We are also continuing to work with ICS partners to consolidate HR policies and processes, including developing workforce planning, e-rostering and job planning capacity and capability across all areas.

As a Trust, our aim is to create a culture where we always put our patients first, where staff feel valued and comfortable speaking up knowing they will be listened to, and where kindness is the norm. Our focus for 2022/23 has been to develop approaches that support our values of Kindness, Wellness and Fairness, and this is reflected in our commitment to our staff. We have invested in our Freedom to Speak Up Guardian service and look forward to welcoming new Guardians in 2023/24. We

will continue to report, investigate and act on incidents and use patient, carer and staff feedback to further improve the services we provide.

We will continue to use a triangulated approach 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.

Staff numbers (whole-time equivalents)

The table below shows staff numbers as at 31 March 2023 and 31 March 2022.

Staff group	Permanent		Other (agency and bank)		Total	
31 March	**2023**	**2022**	**2023**	**2022**	**2023**	**2022**
Medical and dental	438	425	97	25	535	450
Ambulance staff	4	3	2	0	6	3
Administration and estates	622	652	92	32	714	684
Healthcare assistants and other support staff	1,077	877	121	151	1,198	1,028
Nursing, midwifery and health visiting staff	987	1,013	153	105	1,139	1,118
Nursing, midwifery and health visiting learners	27	3	0	0	27	3
Scientific, therapeutic and technical staff	255	341	25	13	280	354
Healthcare science staff	27	56	21	6	49	62
Social care staff	0	0	0	0	0	0
Total average numbers	**3,437**	**3,370**	**511**	**332**	**3,948**	**3,701**

Breakdown of staff by gender

The table below shows the breakdown of staff by gender as at 31 March 2023.

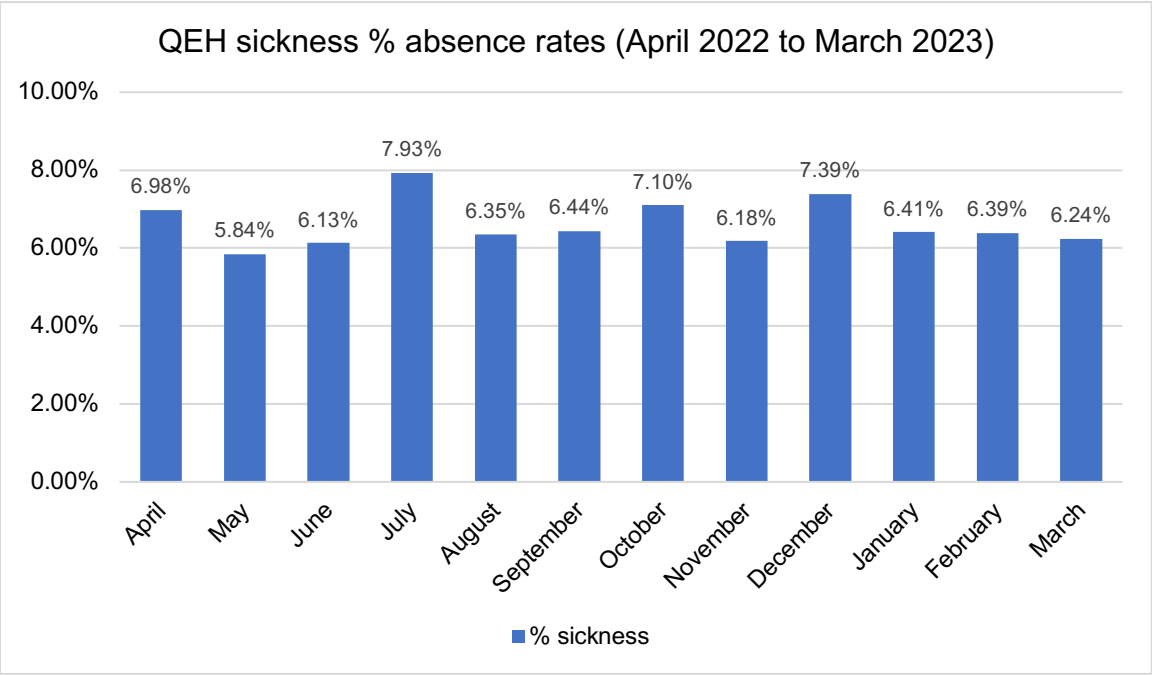
Category	Female	Male	Total
Executive Directors	5	5	10
Non-Executive Directors	2	6	8
Senior managers	41	27	68
Other	2,975	942	3,917
Total	**3,023**	**980**	**4,003**

Staff sickness

Our sickness rate was 6.24% (inclusive of sickness attributed to COVID-19) at the end of March 2023, against a target of 4.5%. This was from a starting position of 8.8% at the end of March 2022.

During the year, we have invested in support to help out staff to stay well. We have also focused on:

- Continuing to vaccinate our staff and patients against COVID-19, 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 offering frontline staff an annual flu vaccination to protect themselves, their patients and families
- Increasing the pastoral, wellbeing and mental health support which is available to all staff while offering psychological support services, wellbeing initiatives and occupational health interventions



The Trust continues to support divisions to proactively manage staff who are on sick leave, and especially those on long-term sick, by putting plans in place to support them to come back to work safely.

As part of our Corporate Strategy, we have made a commitment to reduce 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:

- Appointing a specialist in Post-Traumatic Stress Disorder, 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 provide support
- Recruiting and training 20 Mental Health First Aiders. Plans for further recruitment are in place so that staff in all areas will be able to access a Mental Health First Aider at all times of the day
- Extending our ‘Know your Numbers’ clinic, which offers staff health checks such as BMI, cholesterol and diabetes, for a further year

- Supporting staff to take part in NHS England's Wellbeing Leaders Facilitator Training Programme
- Working collaboratively with NHS England and the Emergency Care Improvement Support Team on a staff wellbeing programme
- Offering COVID-19 vaccinations to patients and staff
- Offering the flu vaccine to all staff

Staff turnover

The retention of skilled and experienced staff is an important element of the Trust's People strategy. We have an ongoing focus on continuously improving staff experience and retaining and developing our talented people. The national Staff Survey gives us the opportunity to act on feedback from our team.

Information on staff turnover can be found online at NHS Digital.

Staff communications and engagement

The Trust's Staff Engagement Programme for 2022/23 was designed to support our values of 'Kindness, Wellness and Fairness'. It was developed using learning and feedback from the nationally recognised and award-winning 2021/22 programme and remains front and centre of the Trust's Corporate Strategy.

The programme is supported by the Staff Experience and Wellbeing Forum and our staff networks and is split into the following workstreams:

- Financial health
- Physical health
- Emotional health

Financial health

Financial wellbeing is a key pillar of our employee wellbeing programme. By providing support, we have helped to normalise conversations around financial wellbeing at work, promote internal support systems, signpost to external support services and understand the specific challenges facing our staff.

We currently support the financial health of our staff by offering:

- **Wagestream** – which allows staff to access to a percentage of their earnings, helping to prevent them from going into an overdraft should an urgent cost arise
- **Financial health clinic** – which takes place bi-monthly and is run by The Money Advice Hub, which is an independent local advice service. Staff can either book an appointment or drop in for support on all aspects of financial health
- **Crisis loans of up to £1,500** – which staff can apply for should an urgent need arise.
- **NHS discounts** – which are publicised to staff on a dedicated intranet page
- **Selected half price meals for staff** – which gives staff the chance to benefit from reduced-price hot meals and meal deals

Physical health

Physical wellbeing is crucial to satisfaction both at home and at work. Evidence shows that when staff are happier and healthier in the workplace, there is a positive impact on patient care.

We currently support the physical health of our staff by offering:

- **Know Your Numbers** – which takes place twice a month and gives staff to opportunity to attend for health checks such as BMI, cholesterol, diabetes and urine dipstick
- **Staff menopause Clinic** – which runs twice a month and is supported by our Menopause Champions
- **Staff changing areas** – which have been improved and made more inclusive
- **Free tea and coffee for staff** – which was available over the winter
- **Midnight Café staff restaurant** – which has extended its opening times until 2am to ensure staff working at night have the same access to hot food as those working during the day

Emotional health

We currently support the emotional health of our staff by offering:

- **Staff psychology service** – which is a dedicated service for QEH staff

- **Additional Mental Health First Aiders (MHFAs)** – who work across the Trust to offer support and signposting to colleagues
- **Wellbeing day** – which saw all staff given an additional day of leave in 2022 to take as a wellbeing day to support good mental health
- **Wellbeing Guardian** – whose role it is to hold the Trust to account to the wellbeing programme in place
- **Wellbeing passports** – which are given to staff who require additional support to be their best self at work. This recognises that staff often work in different areas and that this vital information should go with them to ensure support is continued

Staff reward and recognition

At QEH, we are committed to recognising and rewarding our staff. We know that his contributes to them feeling valued.

During 2022/23, we celebrated the achievements of our colleagues at the annual Team QEH Staff Awards. The event was held in person, for the first time in three years, and was enjoyed by 160 people. Accolades were presented in a range of categories to reflect our staff base.

In addition, we also offer:

- Long service awards for staff marking 15, 20, 25, 30, 35 and 40 years of service, which were expanded in January 2023 to include any continuous NHS service, regardless of trust
- Long service awards for volunteers
- Monthly ‘Living our Values’ awards, which have been developed to include a formal Board presentation for 2023
- ‘Team of the Week’ recognition on our internal communications channels and external social media accounts
- Recognition for retirees
- Appreciation vouchers for food and drink on special days and holidays, discounted meals in The Hub for staff over the winter period and free hot drinks

- Staff recognition boards and walls at hospital entrances
- Staff thank you cards that all staff can give to colleagues

NHS Staff Survey 2022

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. These replaced the 10 indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2022/23 survey among trust staff was 39% (2021/22: 45%).

2022/23 and 2021/22

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

Indicators ('People Promise' elements and themes)	**Trust score 2022/23**	**Benchmarking group score**	**Trust score 2021/22**	**Benchmarking group score**
People promise:				
We are compassionate and inclusive	6.9	7.2	7.0	7.2
We are recognised and rewarded	5.5	5.7	5.6	5.8
We each have a voice that counts	6.3	6.6	6.4	6.7
We are safe and healthy	5.7	5.9	5.7	5.9
We are always learning	5.1	5.4	5.1	5.2

We work flexibly	5.9	6.0	5.8	5.9
We are a team	6.4	6.6	6.4	6.6
Staff engagement	6.5	6.8	6.6	6.8
Morale	5.5	5.7	5.5	5.7

2020/21

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

Indicators	Trust score 2020/21	Benchmarking group score
Equality, diversity and inclusion	9.0	9.1
Health and wellbeing	6.0	6.1
Immediate managers	6.7	6.8
Morale	6.2	6.2
Quality of appraisals	7.5	7.5
Quality of care	7.5	7.5
Safe environment – bullying and harassment	8.0	8.1
Safe environment - violence	9.5	9.5
Safety culture	6.4	6.8
Staff engagement	6.9	7.0

Future priorities and targets

The 2022 National Staff Survey highlighted that some of the organisation's lowest engagement scores related to the areas of advocacy, work pressures and Freedom to Speak Up. This information combined with feedback from trade union colleagues,

Freedom to Speak Up Guardians and staff indicates that there is still work to do to build a culture we can all be proud of.

For 2023/24, we will focus on a programme of work informed, triangulated and co-produced with stakeholders across the organisation. The People Directorate will support divisions to develop and implement their responses to the National Staff Survey. Our interventions will incorporate the principals of Just Learning Culture, civility and kindness, and more people friendly processes. The workstreams listed below supporting this will look at culture, inclusion, education and training, recruitment, retention, and talent management.

- Culture, Organisational Development (OD) and Equality, Diversity and Inclusion (EDI) Forum
- Education Research and Innovation Forum
- Workforce Sustainability Forum

And governed by our:

- People Executive Group
- People Committee
- Board of Directors

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.

We remain committed to offering 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 interprofessional 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

We 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 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 opportunities

Recognising the importance of investing in leadership development, we are proud to run a number of leadership development programmes. During 2022/23, 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 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 by the Institute of Healthcare Management, enabling us to expand development opportunities to help our staff to achieve their true potential while delivering outstanding care
- The 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 Five (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 Town's 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.

Equality, Diversity and Inclusion

We are committed to Equality, Diversity and Inclusion and continue to promote diversity and equality of opportunity in all forms. We are striving to create a culture where staff can be themselves and feel valued because of the differences they bring to the Trust. Our staff deserve an environment in which they feel respected, valued and empowered. Our commitment to our staff is to focus on supporting kindness, wellness and fairness.

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 us to ensure that all of our patients are treated equitably, and as individuals.

Our core values of Kindness, Wellness and Fairness underpin the delivery of safe and compassionate patient care and guide every decision we make.

A key element of this is ensuring that we promote a diverse and inclusive culture where both patients and staff are treated fairly in respect of sex, race, religion or beliefs, gender, gender reassignment, disability, sexual orientation, marriage and civil partnership, pregnancy and maternity.

Our Head of Equality, Diversity and Inclusion provides strategic leadership in this area, with our staff networks championing and leading positive change for our minority groups. We have a Board-level sponsor for each of our staff networks.

Staff networks

We have strong working relationships with our staff-side colleagues and work together in partnership. Employees are actively engaged in the review of services and the Trust's performance, as individuals, teams and through our EDI networks. The performance of the Trust is also reviewed by staff at all levels through the accountability structure and partnership forums, as well as through individual appraisals.

REACH Network

In 2022, we renamed our BAME (Black, Asian, Minority Ethnic) staff network as REACH (Race, Ethnicity and Cultural Heritage). During the year, REACH continued to grow by successfully engaging with employees and now more accurately reflects the diversity of our workforce, which includes 70 different nationalities.

REACH's main aim is to support our global staff to share their experiences in a safe space, allowing them to act as critical friends and supporters of the organisation.

During 2022/23, we also launched our reverse mentoring programme. This gives REACH members the opportunity to mentor the Trust's senior leaders providing an insight into the lived experience of our workforce, acting as an active ally and supporting changes that will give staff a greater sense of belonging.

To ensure that we continue to offer a fair and inclusive hiring process, we trained 120 staff members on interviewing techniques during 2022/23. REACH was also appropriately represented on every band 7 interview panel and all medical staff appointments.

LGBTQ+ Staff Network

Our established Lesbian, Gay, Bisexual, Trans, Queer (LGBTQ+) Staff Network meets monthly to discuss issues of concern, highlight good practice, share information and offer support, and is open to all staff, including allies. During the year, the group continued to strengthen its links with other LGBTQ+ staff groups, both within the wider NHS and local organisations.

We are proud that QEH was one of the first 10 Trusts nationally to be involved in the Rainbow Badge pilot scheme, and gained a bronze award for ensuring our services are inclusive to staff, patients and service users.

During the year, the network carried out a variety of work to educate and raise awareness. This included creating documents, recognising key dates and introducing initiatives to support an inclusive workplace and service in the following areas:

- What being an LGBTQ+ ally means (including pronouns)
- PRIDE

- LGBTQ+ History Month
- Trans Day of Visibility
- Adding pronouns onto name badges
- Introduction of gender-neutral toilets
- Diversity and Inclusion Glossary

The network has also worked collaboratively with patients and service users to update the Trust's Transgender Policy and ensure our amenities are inclusive to the LGBTQ+ community.

Armed Forces Network

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

The network marked Armed Forces Week 2022 by focusing on different members of the Armed Forces family each day. Beginning with veterans on Monday, we highlighted the Cadet Force adult volunteers on Tuesday and reserves on Wednesday before shining a spotlight on spouses and families on Thursday and service leavers on Friday.

Throughout the year, our Armed Forces Network has continued to collaborate with a wide variety of external organisations to offer support to staff and patients with an Armed Forces background. This includes Nottingham University Hospital, Norfolk and Norwich University Hospitals (NNUH), East Suffolk and North Essex NHS Foundation Trust, Colchester Barracks, NHS Business Services Authority and North West Ambulance Service NHS Trust.

We have also continued to offer guaranteed interviews to help members of the Armed Forces apply to work at the Trust. Alongside this, bespoke placements have been offered across the hospital to support members of the Armed Forces and their families to gain employment in the NHS through the national NHS Armed Forces Step Into Health Programme.

Disability Network

The Trust is 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 the applicant has indicated on the application that they have a disability in accordance with the Equality Act 2010.

During 2022/23, we successfully launched a sensory impairment training for our staff to help them better understand the experiences of our patients. In addition, the network continued to work closely with our Estates and Facilities Teams to ensure their views are considered when modernisation and building work is planned.

EDI Calendar

Our Equality, Diversity and Inclusion Calendar has been introduced to make sure that dates which are important to our staff and patients are recognised. During 2022/23, we arranged a spotlight event each month to celebrate our diversity and start conversations to help us understand more about the people we work with. These events included Holi, Ramadan, Black History Month, Pride and Armed Forces Week.

Other achievements during 2022/23 include:

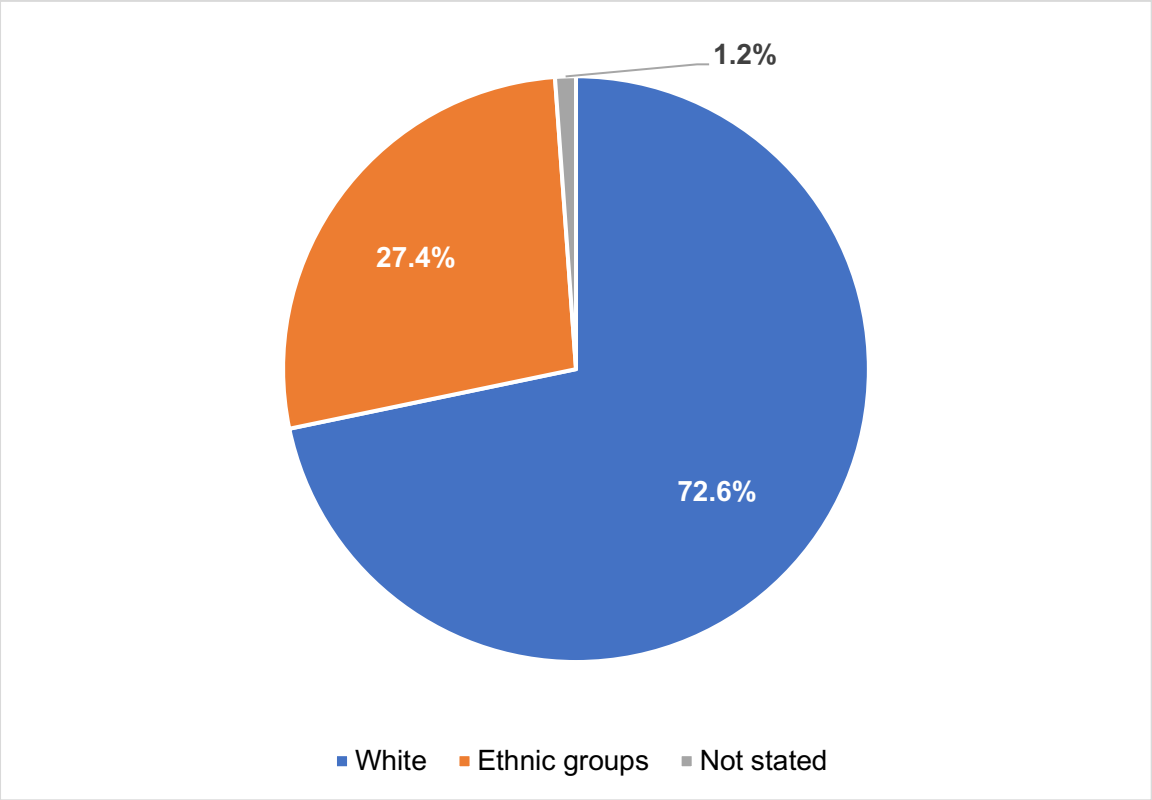
- Capturing actions on how we will continue to monitor WRES and WDES data while providing assurance of driving change
- Producing a monthly EDI newsletter which raises awareness while updating staff on latest news and showcasing how they can get involved
- Providing support to help international nurses settle at QEH. This work is led by our Pastoral Support Officer, who provides an induction and guided tour of King's Lynn, acts as an independent ally and supports their spouses to help create a sense of belonging and link our staff groups
- Collaborating with our medical staff to support the onboarding and induction of our junior doctors

Our forward plan for 2023/24 identifies several key actions for QEH, which include:

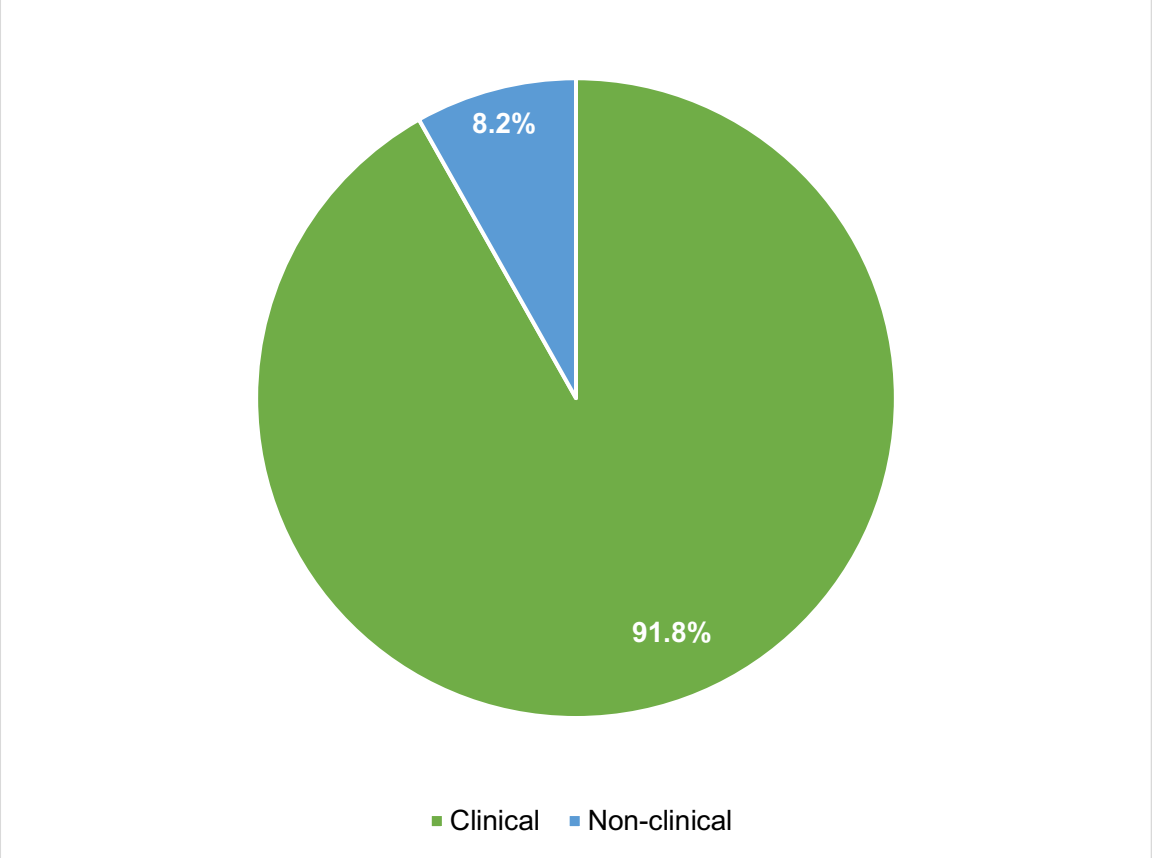
- Progressing our desire to implement a 'Just Culture'

- Launching of a ‘No Excuse for Abuse’ campaign across the Trust to protect staff from any violence, abuse, harassment and aggression
- Supporting onboarding for international doctors

Total staff by ethnicity – March 2023



Breakdown of staff from an ethnic background



Diversity data reporting

The diversity data that Queen Elizabeth Hospital, Kings Lynn collates is our Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) in line with NHS guidelines.

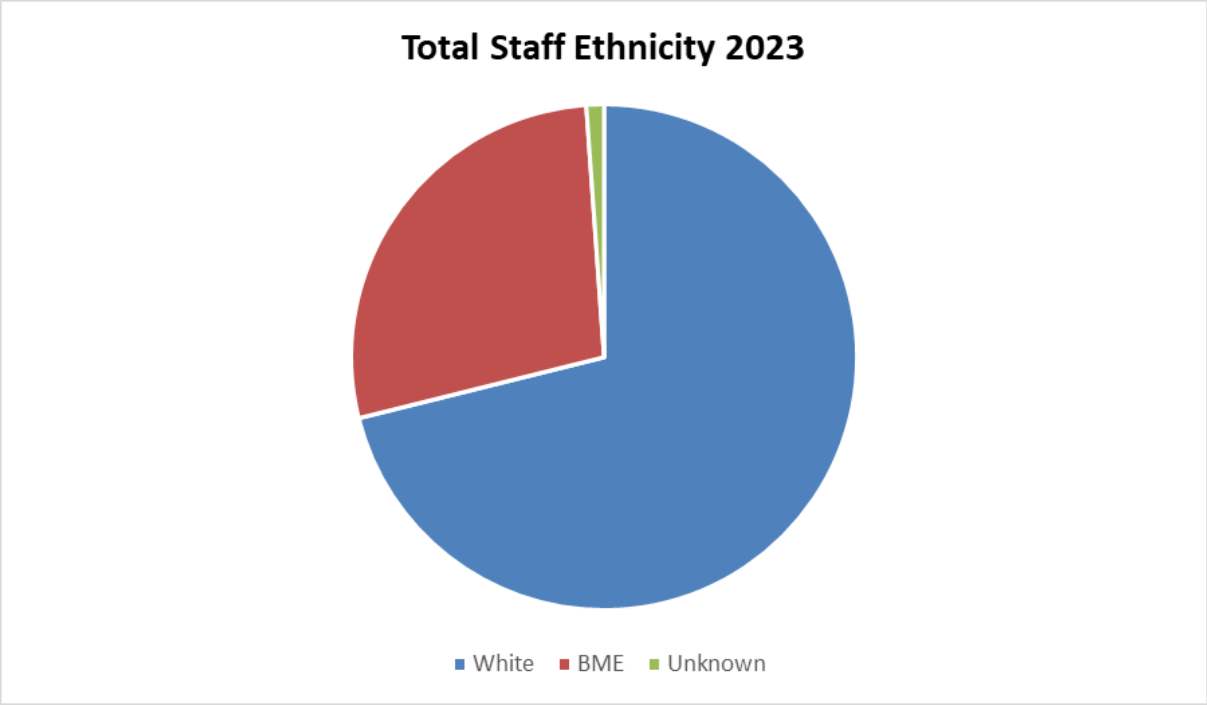
The data metrics monitor progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

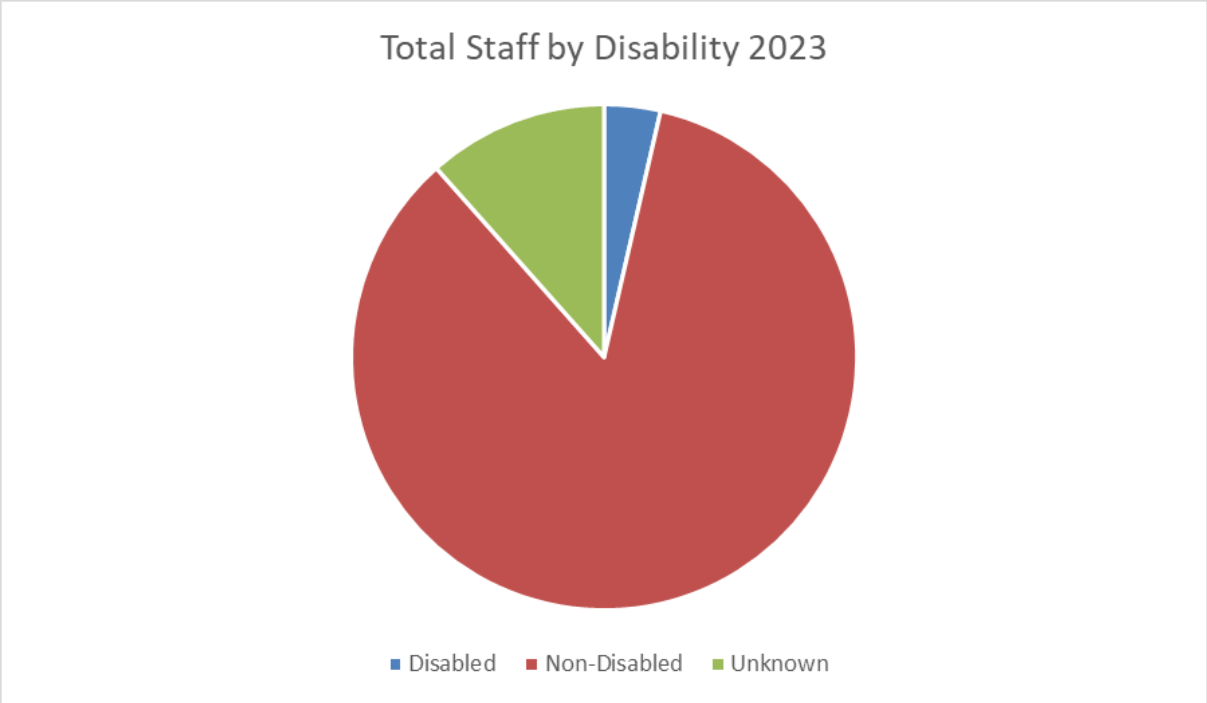
Indicators 1-4 and 9 are collated from our ESR (electronic system records) and metrics 5-8 are directly from our National Staff Survey.

NHS organisations use the metrics data to develop and publish an action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

Indicators 1-3 and 10 are collated from our ESR (electronic system records) and metrics 4-9 are directly from our National Staff Survey.

This data is held at a national level and is monitored regularly through People Committee to Board for assurance.





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 staff to feel able to raise concerns with their line manager, or another member of the management team. Everyone in the organisation should feel able to speak up, whether they are providing general feedback or highlighting safety concerns and 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 listened to and thanked staff for their feedback. Our Freedom to Speak Up Team also provides support and feedback following each concern raised.

During 2022/23, 168 staff raised a mixture of referrals and guidance concerns via the three main route – our Freedom to Speak Up Guardians, Champions and Executive Lead. Although this is an increase on the 71 contacts we received during 2021/22, it follows a coordinated and focused relaunch of Freedom to Speak Up in June and ongoing Freedom to Speak up messaging during the remainder of the year.

The team continue to work on strengthening the service across the Trust by:

- Attending regional meetings, national conferences and visiting hospitals within the region to share best practice
- Sharing data with the National Guardian's Office each quarter and with Divisions each month, as well as reporting to the People Committee and Board
- Maintaining 22 Freedom to Speak Up Champions across the Trust, increasing the diversity of the group and meeting individually annually and as a group monthly
- Completed the Freedom to Speak Up Self-Assessment, which is produced by the National Guardian's Office, for the first time. Scores were very positive and areas for further improvement have been identified
- Relaunching Freedom to Speak Up with campaigns and monthly newsletters to increase visibility across the Trust

Whistleblowing

The Trust has taken the decision to have one dedicated contact number to make it as easy as possible for staff to raise whistleblowing or Freedom to Speak Up concerns. This phoneline 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 for the 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

We have welcomed back 147 volunteers to the Trust following the COVID-19 pandemic. The team has continued to provide support in a variety of roles, including

the at front desk, fundraising, pharmacy, administration, wards, Macmillan Wellbeing and outpatient areas, chaplaincy and in the League of Friends shop. These dedicated volunteers have given many hours of their time over the last year to provide care and support to our patients in many different areas.

Work to modernise working practices in Voluntary Services has continued during the year, with all records now completely electronic using specialised volunteer management software. This allows us to effectively manage and support volunteers by helping them keep up to date with training and other important safety checks.

We also successfully appointed a new Volunteer Support Manager and Volunteer Support Assistant to assist with the implementation of our Volunteer Strategy for 2023/24, which will help us develop our current volunteering roles and create new opportunities while encouraging wider participation and representation.

We actively involve our volunteers in developments at the service, which in turn helps us to successfully grow our team while retaining our existing team members. During the year, our volunteers also represented the Trust at a recruitment event led by Norfolk and Waveney ICS, where they spoke with potential new recruits and shared their own experiences of volunteering at QEH.

Work to support our volunteers has included regular face-to-face meetings, which give them the opportunity to meet each other and learn about each other's roles. Colleagues from across the Trust are also invited to explain more about any changes or developments in their area of work.

Looking ahead

During 2023/24, we want to increase the volunteering profile, breadth, diversity and roles of our volunteers during 2023/24. Other plans for the next year include:

- Carrying out further updates to the volunteer management system to improve the data we hold for our volunteers to better support the team
- Promoting volunteering at QEH to a wider audience by attending recruitment events and working with community partners to share opportunities at the Trust
- Increasing the number of volunteers on our wards to offer extra support to staff and patients

- Enhancing the training offered to volunteers to include patient feeding and support for patients living with dementia
- Launching the buggy trial.
- Carrying out further recruitment to our Readers' Panel and Patient Panel
- Recruiting Butterfly Volunteers as part of a pilot project in partnership with the Palliative Care Team and Chaplaincy

Estates, Facilities, Health & Safety, and Fire

Estates

Our hospital is now more than 40-years-old, and investment is required to construct a new hospital to replace the building by 2030. Whilst the New Hospital Team continues to strive to ensure that The Queen Elizabeth Hospital is included in the Government's New Hospital Programme, the Estates Team is responsible for maintaining and modernising our existing premises in line with the Estates Strategy.

During 2022/23, £35.8m in capital funding has been awarded to the Trust to improve the facilities and services for our patients and staff. This 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 decant theatre space following construction of our state-of-the art Endoscopy Unit
- Failsafe the Castleacre Ward to provide decant ward space to support the RAAC programme
- Failsafe the Windsor Ward to provide a short-stay assessment ward to support urgent and emergency care
- Refurbish the Neonatal Unit
- Create a new Ophthalmology Unit in the rear of the Emerson Unit
- Create the Butterfly Suite within the central delivery suite
- Upgrade staff changing facilities
- Convert our Finance offices into a new Health Records Library and archive

- Refurbish the old School of Nursing area to provide new office accommodation
- Refurbish the Spencer and Mountbatten areas of the old Fermoy Unit to provide a new multi-profession training suite
- Construct and install modules one and two, along with four temporary cabins to support the RAAC programme
- Create additional car parking spaces around the Fermoy Unit to increase capacity
- Address £1.5m of backlog maintenance work
- Maintain exterior paintwork to prevent any erosion to the wall panels
- Install two new MRI scanners
- Extend the Emergency Department
- Create a new Same Day Emergency Care and Treatment and Investigation Unit area

Picture 1 - Installation of module two for the relocation of the Human Resources Team

Picture 2 - Crane lifts for the location of temporary cabins to support the RAAC programme

Alongside this capital work, the Estates Team has also completed a variety of additional work during 2022/23 to improve patient and staff experience. This includes:

- Modifying the heating main pipework to significantly reduce heating costs and the Trust's carbon footprint
- Continuing the RAAC plank project in conjunction with NHS England and regional trusts. This includes installing steel and wood failsafe structures to the first-floor emergency exit (ramp), the gym, Necton/Oxborough approach corridor and the estates area
- Upgrading to highly efficient LED lighting
- Upgrading and improving fire detection and compartmentation in refurbished areas while continuing to install the L1 fire system
- Upgrading external footpaths.
- Refurbishing the estates workshops to provide an improved working environment for staff.

- Establishing a leadership programme for the Estates and Facilities management teams.

Looking ahead to 2023/24

In the coming 12 months, the Estates Team will:

- Continue to work alongside the RAAC Programme Lead to achieve the year three implementation of the project while continuing to provide failsafe to clinical and non-clinical areas across the first floor
- Upgrade the Theatre ventilation systems and lights as the areas are decanted to complete the failsafe work
- Construct and install modules three and four at the rear of the site
- 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 ICS group to secure the sustainability resources needed to deliver the Green Plan agenda
- Improve the facilities on offer in the main entrance
- Enhance the environment in the Emergency Department, creating the operational space required
- Complete the backlog maintenance programme for 2023/24 with an allocation of £1.5m

Facilities

The Facilities Team has continued to support our wards and departments to ensure our patients are treated in a clean and hygienic environment, in turn supporting their flow around the hospital. During the year, the team also celebrated several significant achievements:

- The Catering Team achieved ‘exemplar’ status from the Better Hospital Food Team

- All Facilities supervisors are attending 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 (BISCs) accreditation
- The Portering and Security Teams merged to improve efficiency and strengthen our security presence

Various improvements have also taken place, including:

- Introducing new patient meal trollies to better maintain the temperature of meals. This change was made following patient feedback
- Installing a new waste disposal unit in the main kitchen so that food waste can be disposed of in an environmentally acceptable way
- Refurbishing the Hub restaurant to provide a more welcoming seated area for our visitors and staff
- Continuing to offer food and drink for staff working out of hours at our night time café

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 assessments and incident investigations, as well as proactively auditing and monitoring standards and compliance across our premises.

The main projects for 2022/23 were:

- Working as part of the Trust's team of competent fit testers to support clinical areas – enabling access to fit testing in order to ensure staff are wearing the correct type of FFP3 face mask to protect them
- Supporting the Trust with risk assessments
- Continuing to develop the Trust's electronic web-based system for the safe management of Control of Substances Hazardous to Health (COSHH). The Trust database of assessments continues to develop and expand

- Developing and enhancing the digital auditing system for H&S, Fire and Security audits, and expanding the system to audit contractors and contractor work areas
- Monitoring incidents reported on the Datix system and investigating as required. Incidents which are rated as moderate or above are investigated and formally reported to the Serious Incident Review Panel (SIRP)
- Timely completion of the Premises Assurance Model (PAM), the Patient Led Assessment of the Care Environment (PLACE) and the Estates Returns Information Collection (ERIC)
- Continuing to support the development of the network of health and safety confident and competent staff across the Trust, and at all levels, from senior managers to local risk champions
- Continuing to manage water safety in conjunction with the wider Estates and IP&C teams
- Continuing to contribute to groups and forums such as the Estates Capital Delivery and RAAC Forum, The Assurance and Risk Forum, the Hospital Infection Control Committee and the Safe Executive Group, and close working 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 Forum and the Safe Executive Group
- Merging the Security and Health and Safety Forums into one forum
- Supporting the work undertaken by the space utilisation project team and assisting with the coordination of department and staff moves as and when required to support capital, RAAC and operational Estates projects
- Working closely with the Estates Capital Team – supporting capital projects and advising on health and safety matters

Training

Health and safety training continues to be delivered via the Employee Staff Record (ESR) system. It covers the mandatory training needs of the organisation and includes risk assessment, prevention, and management of aggression, COSHH, waste and sharps awareness. In addition to the ESR e-earning package, a local health and safety information pack is available to all staff on the intranet.

Moving and handling training level one is delivered via e-learning, while levels two and three are delivered via face-to-face training due to the practical nature of the training, as staff using moving and handling equipment is a key component. The Estates and Facilities Training Manager supports the delivery of non-clinical moving and handling training. We are evaluating whether some elements of level two and three training could be delivered via e-learning during 2023/24, while also looking into competency packs which support ward and clinical department-based moving and handling training.

Our training processes are regularly evaluated and reviewed in partnership with the Learning and Development Team to ensure they continue to be effective.

Incidents

There are five categories of health and safety related incidents that 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 and exposure to hazardous substance / electricity / infection.

There were 375 staff safety incidents reported during 2022/23 compared to 374 during 2021/22. Incident numbers across both years remain similar.

Reporting of injuries, diseases, and dangerous occurrences regulations (RIDDOR) incidents

During 2022/23, the Health and Safety Department reported eight staff injuries to the Health and Safety Executive.

These were due to the employee sustaining injuries during work-related activities or being absent, or requiring a change of duties, for more than seven days. This is a decrease of seven reportable incidents compared with 2021/22, when there were 15 RIDDOR reports made. More detail is included within the Health and Safety Annual Report.

Looking ahead to 2023/24, the Health and Safety Team will:

- Lead on the PAM, ERIC and PLACE 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 utilised effectively
- Support the RAAC failsafe project
- Review the risk register each month to continue to provide assurance around risk management and escalation if required
- Feed into capital estates projects around the Trust

Fire Safety

The (Regulatory Reform) Fire Safety Order 2005 requires that the Trust effectively plans, organises, controls, monitors and reviews preventive and protective measures which have been identified as the general fire precautions required in order to comply with the Fire Safety Order. The Director of Estates and Facilities works closely with the local fire inspector to ensure the Trust remains vigilant and compliant.

The main projects for 2022/23 were:

- Continuing the category L1 (life protection) fire alarm upgrade. This is a legal requirement which ensures 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 the QEH and Sandringham Unit
- Reviewing and amending departmental fire risk assessments as required

- Purchasing mobile fire suppression units for key areas within the Trust and providing training for staff

Training

Fire training is reviewed and updated regularly to keep up to date with both national incidents and those within the hospital. An annual training needs analysis is also completed to ensure appropriate training is delivered.

This training also helps us meet the legal requirements for staff and managers to ensure there is oversight control of fire risks at a local level. In addition, bespoke training is also offered to wards and includes the use of evacuation equipment.

The majority of training takes place face-to-face, while a video has been created to support staff who cannot attend a training session in person.

Compliance for fire safety across the site reached 82.5% in February 2023.

Incidents

All fire incidents are recorded on to Datix for investigation and management. During 2022/23 there were 67 fire related incidents compared with 53 during 2021/22. Learning from these incidents is incorporated into mandatory fire safety training, fire warden training and communicated with colleagues. More detail on fire safety incidents is included within the Health and Safety and Fire Safety Annual Reports.

Looking ahead to 2023/24, we will:

- Continue with the L1 project for the whole site
- Continue with compartmentation and sub compartmentation works
- Continue to support projects such as the Wellbeing Centre
- Upgrade and certificate fire doors across the site

Net Zero

At QEH, we are committed to minimising our environmental impact and embedding sustainability into everything we do. We have developed a Green Plan, which shows how we will contribute to the national ambition for a net zero health service by reducing our carbon footprint and ensuring sustainability is at the heart of our core operational activity. It includes actions which will contribute to our overarching aim of becoming net zero, such as:

- reducing single use plastic consumption
- promoting greener forms of transport
- encouraging staff to follow healthy, balanced lifestyles
- embedding sustainability in all construction projects and refurbishments, including our RAAC works

We recognise the strong link between sustainability and public health, particularly for disadvantaged groups who are most vulnerable to the impacts of climate change, including worsening health and increased socio-economic inequality. As a healthcare provider, we have been grappling with the effects of an unprecedented health crisis that has challenged the resilience of our sector and necessitated changes to the ways we serve our community.

During 2022/23, various schemes have taken place to reduce our carbon impact. They include:

- Replacing existing lighting with LED lights in all refurbishments as part of our business-as-usual maintenance
- Investing in new changing and shower facilities to make it easier for staff to walk or cycle to work, in turn reducing our carbon footprint while supporting their health and wellbeing
- Improving the outdoor areas which are available to patients and staff to encourage them to enjoy our green spaces
- Investing in a new dry mix compactor which is helping us to increase the amount of waste we recycle

We also have plans in place to introduce a sustainable design guide to ensure that sustainability is embedded into all of our new, refurbished and decommissioned buildings. In addition, we intend to run a series of internal campaigns to encourage staff to conserve energy and water by switching off lights, turning off equipment at the end of the day and keeping doors closed to conserve heat.

Over the coming year, our aim is to introduce a calendar of events linked to travel, such as walk to work and car share week, to encourage staff to explore alternative methods of transport. The Trust will also sign up to Mobilityways, which will help us to gain a more accurate picture of our current commuter landscape, understand the challenges faced by staff and identify real-world sustainable travel alternatives for our teams. Gaining a full understanding of our carbon footprint will also help us to target future sustainability work so that we can reduce our impact on the environment and continue to contribute to the national aim to deliver a net zero health service.

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
9	8.84

Percentage of time spent on facility time

Percentage of time spent on facility time	Number of employees
0%	6
1-50%	3
51-99%	0
100%	0

Percentage of pay bill spent on facility time

Total cost of facility time	£2,877.42
Total pay bill	£141,608,570.03
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time divided by total pay bill) x 100	0.002%

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 relevant period divided by total paid facility time hours) x 100**	0.00%

Expenditure on Consultancy

The Trust has spent £306K on consultancy in 2022/23, which has decreased from £1.163m in 2021/22. This decrease reflects a lower level of support required by the Trust during the year, primarily within the Finance Team as a result of vacancies filled.

Off-payroll engagements

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. Where necessary, assurance has been sought.

All off-payroll engagements as of 31 March 2023, for more than £245 per day	Number of engagements
Number of existing engagements as of 31 March 2023	-
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 2022 and 31 March 2023, for more than £245 per day and last longer than six-months of which:	
Number assessed as within scope of IRS35	-
Number assessed as not within scope of IRS35	-
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 2022 and 31 March 2023	-
Number of off-payroll engagements of Board members, and / or senior officials with significant responsibility, during the financial year	-
Number of individuals that have been deemed 'Board members and / or senior officials with significant 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 2022/23	Total value of agreements in 2022/23	Number of payments agreed 2021/22	Total value of agreements in 2021/22	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	+	10	40	22	86	STA0750
Exit payments following employment tribunals or court orders	+					STA0760
Non-contractual payments requiring HMT approval (special severance payments)	+					STA0770
Total	+	**10**	**40**	**22**	**86**	
Of which non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12-months of their salary	+					STA0790

Exit package cost band (including any special pay element)	Number of compulsory redundancies	Cost of compulsory redundancies (£'000)	Number of other departures agreed	Cost of other departures agreed (£'000)	Total number of exit packages	Total cost of exit packages (£'000)	Number of departures where special payments have been made	Cost of special payment element including in exit packages
Less than £10,000	-	-	9	20	-	-	-	-
£10,001 to £25,000	-	-	1	20	-	-	-	-
£25,001 to £50,000								
£50,001 to £100,000	-	-	-	-	-	-	-	-
£100,001 to £150,000								
£150,001 to £200,000	-	-	-	-	-	-	-	-
Greater than £200,000								
Total	**-**	**-**	**10**	**40**	**-**	**-**	**-**	**-**

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 2023, 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 council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	Terms of Reference of the Board of Directors sets out a schedule of matters reserved to the Board. 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. 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. 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. This policy will be reviewed and updated in 2023 to reflect national changes and developments. The Trust also has in place a 'Procedure for Dispute Resolution' to deal with disputes relating to the Trust's Constitution.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the Board and those committees and individual attendance by directors.	See table in 'The Board of Directors'. See table in 'The Governors' Council composition in 2022/23'.

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 in 2022/23'.
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 in 2022/23' 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.	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. No relationships or circumstances have been identified that are likely to affect, or could appear to affect, directors' judgement. The Register of Directors' Interests is available on the Trust's website, published regularly as part of the Board of Directors public meeting papers.
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.

Additional requirement of the 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.	See table in 'The Board of Directors'. 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. Removal of the Chairman, the Vice-Chairman or another Non-Executive director by Governors 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.
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 'Committees of the Governors' Council' – 'The Nomination and Remuneration Committee of the Governors' Council' 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.	The Trust Chairman had no commitments likely to impact on his work with the Trust. Through the appointment process for the Trust Chair, undertaken in September/October 2022, the individual's other significant commitments were disclosed before appointment and are included in the Register of Directors' Interests.

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.	COVID-19 impacted on how this requirement would normally be fulfilled over recent years. Governors and the Trust 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 face-to-face virtual means with the local community via Patient Partnership Groups in local areas in 2022/23. The Trust's appointed Governors represent the views of a range of local strategic partners spanning local authorities, housing and education sectors. Members have been invited to various engagement events in which to share views, offer feedback and ask questions about Trust developments during 2022/23, including at the 2022 Annual Public Meeting (held at the College of West Anglia), public engagement events to seek feedback on the Trust's plans for a new multi-storey car park and new hospital, and Governor engagement on the Trust's proposed strategic objectives and key areas of focus for 2023/24. 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 Strategic Outline Case for the new hospital , the strategic priorities as the Trust developed 2023/24 milestones for its Corporate Strategy, the Trust's patient experience agenda via participation in Quality Assurance Visits, contributing to the development of the Trust's new approach to engagement and Acute Provider Collaborative developments. The Governors were also actively involved in the recruitment process for the new substantive Chair in 2022. There are Governor leads for a range of topics and subject matters of strategic importance, including: new hospital, multi-storey car park development, digital, Charitable Funds, Freedom to Speak Up,

		Cancer, Integrated Care System and Acute Provider Collaboration and staff awards. Regular communications are issued to keep members updated throughout the year and to ensure members have a voice and say in Trust developments. This includes via a Governors' newsletter, members e-bulletins and routine Trust email communications on a range of subjects.
Additional requirement of the FT Annual Reporting Manual	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. 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. * 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). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	Not applicable.
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.	Governance-related reviews were undertaken by Grant Thornton and PwC as part of the Trust's Internal Audit programme during 2022/23. In January 2023, the Trust commissioned a governance review of its Board, committees and Governor arrangements. The review is being undertaken by an independent consultant TSS Limited. The review will report in Summer 2023.

C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	See sections on: • 'Statement of the Chief Executive's Responsibilities as the Accounting Officer of The Queen Elizabeth Hospital NHS Foundation Trust' • 'The Annual Governance Statement'
C.2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	See: 'The Annual Governance Statement'.
C.2.2	A trust should disclose in the annual report: a) if it has an internal audit function, how the function is structured and what role it performs; or b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes	See 'The Audit Committee and Audit'.
C.3.5	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.	Not applicable in 2022/23. The last open tender process undertaken for an external auditor was in 2021/22, with the recommendation approved by the Governors' Council.

C.3.9	A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include: • The significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed • 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	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.	Not applicable in 2022/23.
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Governors' Council, direct face-to-face contact, surveys of members' opinions and consultations.	See 'The Role of the Board of Directors' and disclosure B.5.6 above.

E.1.6	The Board of Directors should monitor how representative the NHS foundation trust's membership is, and the level and effectiveness of member engagement and report on this in the annual report.	See 'Committees of the Governors' Council' and 'Foundation Trust and public membership'. The membership profile is shared and closely monitored via the Governors' Membership and Communication Committee.
E.1.4	Contact procedures for members who wish to communicate with Governor 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' in this report. Contact details for the Foundation Trust Office also provided on the website.
Additional requirement of the FT Annual Reporting Manual	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members	See 'Foundation Trust and public membership', 'Who can become a member of the Foundation Trust', and 'The Membership and Communications Committee'
Additional requirement of the 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 regular agenda items and available on the Trust's website as part of the respective public meeting papers and on the Corporate Governance web page.

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.	Corporate Strategy, 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 outlined in the Annual Report – 'Committees of the Governors' Council' and 'The Board of Directors' sections.
B.3.2	The terms and conditions of appointment of non-executive directors.	All Non-Executive Directors have Terms and Conditions of Appointment approved by the Governors' Council. 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 outlined in the 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 outlined in the Annual Report – 'Committees of the Governors' Council' and 'The Board of Directors' sections.

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.	The Governors' Membership and Communications Committee has a Members and Governors' annual workplan which is approved by the Committee and the Governors' Council. It sets out the priorities for improvement and areas of focus for the year. For 2022/23 this included: further improving communication and engagement between the Board of Directors and Governors' Council and introducing a new training programme for Governors. Details of how the Trust listens to patient, Governor and member feedback and involves members, Governors and the local community is included in the Trust's Corporate Strategy and the 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, Norfolk & Waveney and local authority partners. Our Governors attend various Patient Partnership Groups in the areas they represent to share information and ensure feedback is sought and brought back into the Trust to inform improvements.
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:

	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 2023.

The Board of Directors

Chris Lawrence joined the Board as the substantive Trust Chair on 31 October 2023, following his appointment by the Governors' Council. Graham Ward undertook the role of Acting Chair from 1 April – 30 October 2022, leading the Board whilst the Governor-led recruitment process for the substantive Chair was undertaken.

As at 31 March 2023, the Board of Directors was made up of the Trust Chair, seven Non-Executive directors and five voting executive directors. The five voting executive Board positions at 31 March 2023 were: The Chief Executive Officer; the Director of Finance; the Medical Director, the Chief Nurse and the Chief Operating Officer.

At 31 March 2023, there were interim appointments to three voting executive director positions with recruitment processes actively underway to recruit to the Chief Operating Officer, Medical Director and Chief Nurse roles.

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.

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 can serve two such three-year terms unless otherwise determined by the Governors' Council.

The Board of Directors has met in public on six occasions during 2022/23. The Board also met in private for six ordinary meetings, and six extraordinary meetings, where its debate considered commercially sensitive and/or involved confidential issues. The Board also met in less formal workshop settings to undertake strategic planning and development activities.

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
- Governor observation of Board assurance Committees
- Attendance at informal Governor briefings and seminars on specific topics / subjects
- Governor representation at some key meetings and working groups
- Non-Executive Director and Governor participation at Quality Assurance Visits
- Regular Lead Governor meetings with the Trust Chair, and CEO
- Question session at Annual Members Meeting (held at the College of West Anglia in September 2022)
- Joint Board / Governor development session (July 2022)

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 2022/23, neither the Acting Chair nor the Trust Chair had other significant commitments that have had an adverse impact on their roles 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 the Scheme of Delegation set out the matters reserved for the Board. The Board delegates powers to formally constituted committees, in accordance with its scheme of delegation.

Committees reporting and accountable to the Board of Directors during 2022/23:

- The Quality Committee
- The Finance and Activity Committee
- The People Committee
- The Audit Committee
- The Nomination and Remuneration Committee (Executive Director Appointments)
- The QEH Committee in Common (the Norfolk and Waveney Hospitals Group Committees)
- The Hospital Management Board

The Education, Research & Innovation Committee met for the last time in April 2022, transferring its remit to the Quality Committee and the People Committee.

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

The Board has a committee in common known as the Norfolk and Waveney Hospitals Group Committees. This arrangement is mirrored in the two other acute hospital Trusts in Norfolk, and the three Committees in Common meet on a regular basis to enhance co-ordination and efficiency in services across the acute hospital sector. The Trust is represented at meetings of these Committees in Common by the Chair, Chief Executive, a Non-Executive director, and Director of Strategy and Integration

The Audit Committee and Audit

The Audit Committee met five times during 2022/23. 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 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. The Non-Executive Chair of the Audit Committee is a qualified accountant.

The Trust undertook an open tender process for the Internal Audit function in 2021/22. PWC was appointed as the Trust's Internal Auditors from 1 April 2022 for a period of three years. The Internal Auditors audit a range of both financial and quality controls at the Trust and provide levels of assurance accordingly.

The Trust's external auditor for the period covered by this Annual Report was KPMG.

The Trust ran an open tender process for External Audit services in 2021/22. 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 CEO (requiring the approval of the Governors'

Council), recruitment and appointment of other executive directors and approves the remuneration of the CEO, executive directors and other directors reporting to the CEO.

2022/23 has been a year of change in the executive team as the CEO, three voting executive directors and two non-voting directors secured external promotions and career advancement opportunities.

The Committee oversaw and approved acting director arrangements for the Acting CEO, the Acting Medical Director, and interim arrangements for an Interim Chief Operating Officer, Interim Chief Nurse and Interim Director of People to ensure the balance, completeness and appropriate skills and experience were maintained within the Board whilst competitive recruitment processes were undertaken.

The Committee appointed the Trust's first substantive Director of Estates & Facilities, with Paul Brooks joining the team as a non-voting Board member in October 2022. In February 2023 the Committee approved Chris Benham, Director of Finance, as the named Deputy CEO for a six-month period. In March 2023 the Committee appointed Alice Webster as substantive Chief Executive Officer, with Governor approval, following a robust competitive recruitment process. The Committee subsequently oversaw recruitment and appointment processes for the substantive Chief Operating Officer, Medical Director and Chief Nurse positions, concluding early in 2023/24.

The Nomination and Remuneration Committee (Executive Appointments) receives advice from the Director of People and/or the Deputy Director of People.

(See 'The Nomination and Remuneration Committee' in the Committees of the Governors' Council section for information on the nomination and remuneration of the Chair and Non-Executive directors.)

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 2022/23, performance evaluation methodologies employed include:

- Board self-assessment (after each Board meeting)
- CEO and Executive Director appraisals

- Trust Chair and Non-Executive Director appraisals
- Externally facilitated Board Development Programme
- Effectiveness review of the Audit Committee – using the model checklist of the NHS Audit Committee Handbook
- Review of Committee Terms of Reference
- Committee self-assessment (after each Committee meeting and annually)

In 2022/23, the Board completed the self-certification requirements in relation to General Condition 6 of the NHS Provider Licence. 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 January 2023 the Trust commissioned a review of the Trust's corporate governance arrangements. The review, reporting in summer 2023, will consider the approach to the Board, the governance structure and corporate governance function. The review will look to preserve and build on the improvements over recent years, and learn from best practice, in order to enable us to continue to progress the Trust's vision to be the best rural District General Hospital for patient and staff experience. The review will also extend over summer / autumn 2023 to the Governors' Council and its supporting committees.

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 2022 – 31 March 2023	Date of end of NED terms of office	Audit Committee 5 meetings		Nomination and Remuneration Committee (ED Appointments) 7 meetings		Meetings attended out of 6 Board of Director (Ordinary) Meetings held in public	Meetings attended out of 6 Board of Director (Ordinary) Meetings held in private	Meetings attended out of 6 Governors' Council (ordinary) meetings in public
Chris Lawrence – NED Trust Chair From: 31 October 2022	30 October 2025			✓	3/3	2/2	2/2	2/2
Alan Brown – NED, Vice Chair, Senior Independent Director From: 1 May 2018 Reappointed: 1 May 2021 Chair: Charitable Funds Committee Chair: Finance and Activity Committee April – October 2022	30 April 2024			✓	7/7	5/6	5/6	6/6
David Dickinson – NED From: 2 July 2018 Reappointed: 1 July 2021, for one year and extended March 2022 for a further two years Chair: Audit Committee	30 June 2024	Chair	5/5	✓	6/7	5/6	5/6	2/6
Dr Ian Mack – NED From: 1 April 2019 Reappointed: 1 April 2022 Chair: Quality Committee	31 March 2025			✓	6/7	6/6	6/6	6/6
Graham Ward – NED From: 26 August 2019 Appointed Acting Chair 1 April to 30 October 2022 Reappointed NED from 31 October 2022 Chair: Finance and Activity Committee (from November 2022)	30 October 2025			✓	6/7	6/6	6/6	6/6
Simon Roberts – NED From: 20 May 2019 Reappointed: 20 May 2022 Chair: People Committee	19 May 2025	✓	5/5	✓	5/7	5/6	5/6	5/6
Dr Claire Fernandez – NED From: 1 July 2020	30 June 2023			✓	2/7	5/6	5/6	2/6
Sue Hayter – NED From: 1 May 2021	30 April 2024	✓	5/5	✓	7/7	6/6	6/6	6/6
Alice Webster Chief Nurse from May 2021 Acting CEO from October 2022 CEO from March 2023			½	✓	2/2	6/6 *(1 sub)*	6/6 *(1 sub)*	3/6 *(1 sub)*
Chris Benham Director of Finance from January 2020			5/5			6/6	6/6	3/6
Dr Govindan Raghuraman Acting Medical Director from July 2022						4/4	4/4	2/4
Helen Blanchard Interim Chief Nurse from September 2022						3/3	3/3	0/3

George Briggs Interim Chief Operating Officer from November 2022							2/2	2/2	0/2
Jackie Schneider – NED From: 1 April – 30 October 2022 Associate NED (non-voting) from 31 October 2022 – 10 February 2023					✓	5/6	5/5	5/5	1/5
Caroline Shaw CEO from January 2018 to September 2022				3/3	✓	4/4	3/3	3/3	1/3
Laura Skaife-Knight Deputy CEO from October 2019 to March 2023							5/5	5/5	3/5
Dr Frankie Swords Medical Director from June 2019 to September 2022							2/2 *(1 sub)*	2/2 *(1 sub)*	0/2
Denise Smith Chief Operating Officer from April 2019 to December 2022							4/4 (1 sub)	4/4 (1 sub)	¾
KEY:	✓ **=** Committee Member	No longer serving on the Board of Directors							
		Not a committee member, attendance by invitation							

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

- 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

- Nine from West Norfolk
- Two from Breckland, North Norfolk and the rest of England
- Three from Cambridgeshire / Fenland

- Two from South East Lincolnshire

Six elected staff Governors

- Three clinical
- Three non-clinical

Seven 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

The NHS has continued to face many challenges this year, in spite of which the Queen Elizabeth hospital has once again demonstrated a team spirit and determination to offer patients safe and effective care.

When Chairman Steve Barnett was appointed to the Chair of North West Anglia NHS Foundation Trust, Governors accepted their responsibility to appoint his replacement. After a competitive process, Governors were pleased to offer the position to Christopher Lawrence, an experienced leader who has subsequently prioritised making appointments to the Executive team.

Chief amongst these appointments has been a new Chief Executive Officer as Caroline Shaw left QEH after four years of inspirational leadership, which saw the hospital move out of the 'special measures' regime. We all wish her well in her new appointment. Governors were involved in the appointment of Alice Webster as her successor and look forward to working closely with her and her new team in the year ahead.

Governors have recently, been involved in the appointments to other executive positions and anticipate the new leadership team will successfully ensure that the Trust supports and re-energises staff after the demands of the past two years.

Governors appreciate the frustration demonstrated by patients and members of our wider community as months pass and there is no confirmation that Kings Lynn is on the list for a new hospital. However, Governors take assurance that when confirmation is received, the detailed planning and enabling works, already in place, will permit a timely commencement of works.

Governors remain concerned that limited car parking facilities continue to cause problems for patients and staff. The additional demands for space by the many contractors on-site have increased the pressure. Governors have noted plans to re-site contractors' vehicles away from patient parking areas and are assured this will ease the problems.

Working closely with the Borough of Kings Lynn and West Norfolk planning authority, permission has been received to build a multi-storey car park on the site of the Inspire Centre. It is anticipated building will commence in the near future.

Governors continue to be concerned about the deterioration of the estate, but take assurance form the Estates team that everything that can be done is being done to ensure patient and staff safety. Having attracted capital investment, the team is constantly working to maintain a safe hospital until the new building is achieved.

Additional Capital investment has enabled the Trust to build and open the new Endoscopy suite on-site.

Out-patients continue to enjoy the modern facilities of the Emmerson suite and the opening of the West Norfolk Eye centre has enhanced the Ophthalmology services available at QEH. Patient feedback from both facilities is very positive.

The Governors applaud the complete redesign and refurbishment of West Dereham ward which will enable patients with dementia and other cognitive impairments to be cared for in facilities tailor made for their needs. The ward will open out into a newly prepared sensory garden which will provide invaluable space for appropriate care away from the bedside. One of our Public Governors was ascribed to the team involved in the design of the garden, providing the team with assistance and

identifying landscape contractors as well as guiding them to making a successful application for charity support.

The hospital continues to prioritise supporting patients and visitors who live with sensory impairment or physical disability. In April, the QEH launched accessibility guides in partnership with AccessAble. Seventy-five detailed access guides have been produced covering a wide range of assistance from parking facilities to hearing loops, it is hoped that they will be of significant value.

Governors are acutely aware of their responsibilities to represent the whole of the community across Norfolk and Waveney, plus the areas of Cambridgeshire, Fenland and South Lincolnshire from which we draw our patients. Additionally, developments at the Place level, our very local community of West Norfolk, are of increasing interest. Looking forward to 2023/24 this system activity will be on Governors' agendas with greater frequency.

Governors are gradually re-engaging with individuals and groups in the community, meeting with organisations that support health related activity is high on our action list for 2023/24.

Governors continue to work closely with our Board colleagues and are pleased that meetings are again held in our new Board room.

Our Trust members continue to be a valued source of shared information. Governors look forward to jointly planned events in the year ahead.

I would like to thank all my colleagues for their continuing support. Your knowledge and experience are invaluable. We have a vital supportive role to play in the hospital's continuing journey of improvement.

As I step down from the role as Lead Governor after 12 years, I recall what a great privilege it has been to serve the hospital and our community. Thank you everybody.

Esmé Corner OBE
Lead Governor

2022/23 Election report

The Trust held elections in all constituencies and staff classes in January 2023 as part of the normal cycle of elections. The new Governors started their term of office on 1 February 2023. Following the election, all three Staff Clinical Governor posts were vacant. It was agreed at the Governors' Council meeting on 21 February 2023 that a by-election would be held to fill these vacancies.

Members of the Foundation Trust can nominate themselves to become a Governor and/or elect candidates to the Governors' Council. The election rules are set out in the Trust's Constitution and in line with the Model Election Rules 2014. The Returning Officer for the 2023 Governor elections was UK Engage.

Governors serve a three-year term of office, or the remainder of a three-year term if that term has become vacant.

Election results – 1 February 2023

Constituency / area	Number of vacancies	Contested	Turnout	Name	Term
Public: West Norfolk	5	Yes	10.32%	• Esmé Corner • Prudence Fox • John Greyson • Mike Press • Barbara Turner	3 years to 31 January 2026
Public: Breckland, North Norfolk, and the rest of England	1	Yes	10.02%	David Chittenden	3 years to 31 January 2026

Public: Cambridge / Fenland	1	No	Not applicable	Barry Hunt Betty Lewis	3 years to 31 January 2026
Public: South East Lincolnshire	1	No	Not applicable	Alan Maltby	3 years to 31 January 2026
Staff: Non-Clinical	1	No	Not applicable	Sheena Johnson-Banks	3 years to 31 January 2026
Staff: Clinical	2	-	-	-	3 years to 31 January 2026
Staff: Clinical	1	-	-	-	2 years to 31 January 2025

Meeting of the Governors' Council

The Governors' Council met formally six times during 2022/23 (including the Annual Members' Meeting). There have been three private extraordinary Governors' Council meetings. Meetings have been held remotely via dial-in for the period, except for the Annual Members' Meeting in September and the February 2023 council meeting, which was held at a local venue in King's Lynn.

The dates and venues for the Governors' Council meetings in 2023 are on the QEH website in the Governors' Council section under 'get involved'. Members can contact the Foundation Trust Office on 01553 613142 or email FTMembership@qehkl.nhs.uk for details.

Committees of the Governors' Council

The Governors' Council may not delegate its powers, but it has four committees to assist in specific areas of work, make recommendations to and advise the full Governors' Council. The four 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 members and wider public, in line with the Members and Governors' Workplan. It also produces the 'Trust Matters' newsletter.

Membership recruitment: The Committee is making plans to increase the public membership numbers and address areas of under-representation in the public membership profile. Involvement in the College of West Anglia fresher event in September 2022 boosted membership from younger people. The membership database is updated quarterly, and members are encouraged to provide email addresses to enable regular communication on important matters from the Trust.

Trust Matters newsletter: The committee has worked with the Communications Team to provide two printed Trust Matters newsletters. Trust Matters facilitates communication with members, staff and the wider public.

The Nomination and Remuneration Committee of the Governors' Council makes recommendations to the Governors' Council regarding the appointment, reappointment, remuneration and terms and conditions of office for the Trust Chair and Non-Executive Directors. Remuneration is guided by the 'Structure to align remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts Implementation document: November 2019'.

The Committee met four times during 2022/23. It has considered and made recommendations to the Governors' Council on the appointment of the substantive Trust Chair following a competitive recruitment process led by Governors. The Committee also made recommendations to the Governors' Council on the reappointment of one Non-Executive Director for a second three-year term of office and a change in the appointment terms for one Non-Executive Director to become a non-voting Associate Non-Executive Director for the 6 months remaining of their one-year term of office, to ensure ongoing compliance with the Trust's Constitution on the number of voting 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.

The Patient Experience Committee provides a mechanism for discussing and making recommendations to the Governors' Council and the Caring Executive Group

on matters that relate to the service provision and the experiences of patients, carers, users and their families.

Patient Experience Committee activities for 2022/23 have included engagement with Healthwatch Norfolk, Lincolnshire and Cambridgeshire and liaison with the Chief Nurse, senior nursing staff and lead medical staff to review patient experience data. The information is drawn from a variety of sources including patient surveys, quality assurance visits, outputs from workplans and presentations from specialities in the hospital.

Governors are involved as the representatives of patients and public in other areas of the Trust's work, including:

- Liaison with GP Patient Participation Groups across West Norfolk, Lincolnshire and Cambridgeshire constituencies.
- Quality assurance visits
- Patient-Led Assessments of the Care Environment (PLACE) inspections in December 2022

The Business Committee seeks assurance from Directors and Non-Executive Directors and makes recommendations to the Governors' Council where there is assurance and escalates matters where assurance cannot be provided. The committee has a forward-looking agenda and has become more aware of external matters related to the Integrated Care Board / Integrated Care System finances at system level.

The Business Committee discusses the QEH's engagement with the Trust's regulator with Executive and Non-Executive Directors. It undertakes detailed work in respect of finance, the capital spend programme, strategic planning, the business assurance framework, risk management and business decisions that require Governors' Council approval.

The Business Committee is becoming increasingly involved in areas where patient standards are presently not being achieved, including Stroke and the Emergency Department. It works with Executives and Non-Executives to scrutinise performance against action plans and trajectories.

Trust Board Committees - the Chairs of the Governors' Council committees and the Lead Governor observe the following committees of the Board - Quality Committee, Finance and Activity Committee and People Committee.

The Constitution Working Group undertakes work and makes recommendations, as necessary, regarding proposed amendments to the Trust's Constitution. This working group did not meet during 2022/23.

Contacting the Governors

Members and the public are welcome to contact the Governors on 01553 613142, by emailing FTMembership@gehkl.nhs.uk or by post to:

The Foundation Trust Office, The Queen Elizabeth Hospital King's Lynn, Gayton Road, King's Lynn, PE30 4ET

Governors' Council Composition 2022/23

The table below shows Governors' Council meeting attendance, including the Annual Members' Meeting.

The Governors have made declarations of interest and have signed the Trust's 'Code of Conduct for Governors'. The Register of Interests is taken to every Governor's Council meeting. It can be found in the meeting papers on the QEH website or by contacting the Foundation Trust Office on 01553 613142.

Constituency	Governor name, month appointed and term of office	Current term / period remaining (years)	Governors' Council meetings attended	Business Committee member	Patient Experience Committee member	Membership and communications Committee member	Nomination and remuneration Committee member
West Norfolk	Esmé Corner OBE (Lead Governor) February 2023 5th term	3/3	6/6	✓	✓	✓	✓
West Norfolk	Prudence Fox February 2023 1st term	3/3	1/1			✓	
West Norfolk	Gilli Galloway February 2022 1st term	3/2	6/6		✓		
West Norfolk	John Greyson February 2023 1st term	3/3	1/1			✓	
West Norfolk	Julian Litten February 2022 1st term	3/2	2/6	✓			
West Norfolk	Mike Press February 2020 2nd term	3/3	6/6	✓	✓		
West Norfolk	Sara Shaw February 2022 1st term	3/2	6/6	✓			

West Norfolk	Barbara Turner February 2023 1st term	3/3	1/1			✓	
West Norfolk	Kenneth Wicks February 2019 2nd term	3/2	5/6	✓		✓	
Cambridgeshire / Fenland	Barry Hunt September 2021 2nd term	3/3	0/6		✓		
Cambridgeshire / Fenland	Betty Lewis February 2020 5th term	3/0	6/6		✓	✓	
Cambridgeshire / Fenland	Garry Monger February 2022 1st term	3/2	2/6			✓	
Breckland, North Norfolk, and the rest of England	Antonia Hardcastle February 2022 1st term	3/2	5/6		✓	✓	
Breckland, North Norfolk, and the rest of England	David Chittenden February 2022 2nd term	3/3	4/6	✓			
South East Lincolnshire	Chris Brewis February 2022 1st term	3/2	5/6	✓			
South East Lincolnshire	Alan Maltby October 2020 2nd term	3/3	6/6		Chair		
Staff Clinical	Vacant						
Staff Clinical	Vacant						
Staff Clinical	Vacant						
Staff Non-Clinical	Sheena Johnson-Banks February 2023 2nd term	1/3	5/6		✓		

Staff Non-Clinical	Leanne Kendrick February 2022 1st term	3/2	4/5		✓		
Staff Non-Clinical	Stewart Nimmo February 2022 1st term	3/2	4/6				✓

Appointed Governors	Governor name and month appointed	Current term / period remaining (years)	Governors' Council meetings attended	Business Committee member	Patient Experience Committee member	Membership and communications Committee member	Nomination and remuneration Committee member
Borough Council of King's Lynn and West Norfolk	Paul Kunes June 2015	-	0/6				
Breckland Council	Peter Wilkinson June 2019	-	5/6				
College of West Anglia	Ann Compton February 2017	-	2/6		✓	✓	
Freebridge Community Housing	Andy Walder March 2017	-	6/6	Chair			
Norfolk County Council	Lesley Bambridge August 2021	-	4/6			✓	
University of East Anglia	Sue Madden November 2019	-	3/6	✓			✓
West Norfolk Carers	Jane Evans February 2017	-	5/6		✓	✓	

Governors no longer serving on the Governors' Council as at 31 March 2023

Constituency	Name and term	Governors' Council meetings attended	Leaving date
West Norfolk	Tracy Corbett 1st term	4/5	31 January 2023
West Norfolk	Jonathan Dossetor 4th term	5/5	31 January 2023
West Norfolk	Penny Hipkin 4th term	5/5	31 January 2023
Staff Clinical	Ajmal Kahn 1st term	1/1	7 September 2022
Staff Clinical	Linda Purdy 1st term	3/5	31 January 2023
Staff Clinical	James Richardson 1st term	1/5	31 January 2023

Who can become a member of the Foundation Trust

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

Members receive emails about important Trust matters and developments. Members are invited to attend the Annual Members' Meeting, healthcare events and focus groups. They can vote in Governor elections and stand for election to sit on the Governors' Council. The level of engagement is entirely the choice of the individual.

The Trust's catchment area consists of four constituencies:

- West Norfolk
- Breckland, North Norfolk and the Rest of England
- Cambridgeshire/Fenland
- South East Lincolnshire

Membership for staff and volunteers

The Trust appreciates and values its staff and its many volunteers. Staff and volunteers automatically become members on joining. Anyone who does not wish to be a member can opt out.

To apply to be a member of the Foundation Trust, please:

- Apply online using this link: https://secure.membra.co.uk/Join/QueenElizabeth
- Send an email to FT.membership@qehkl.nhs.uk or call the Foundation Trust Office on 01553 613142 for an application form
- Write to **The Foundation Trust Office**, The Queen Elizabeth Hospital King's Lynn, Gayton Road, King's Lynn, PE30 4ET

Foundation Trust and public membership

Gender	Members as at 31 March 2022	Members as at 31 March 2023
Male	2,384	2,262
Female	4,042	3,897
Not stated	419	6

Constituency	Members as at 31 March 2022	Members as at 31 March 2023
Breckland, North Norfolk and rest of England	1,091	1,011
Cambridgeshire / Fenland	601	605
South East Lincolnshire	444	445
West Norfolk	4,228	4,104

Age	Members as at 31 March 2022	Members as at 31 March 2023
16-21	394	315
22-29	999	1,081
30-39	452	415
40-49	494	457
50-59	661	644
60-74	1,406	1,306
75+	1,575	1,529
Not stated	448	418

Ethnicity	Members as at 31 March 2022	Members as at 31 March 2023
White	5,992	5,718
Mixed	30	33
Asian or Asian British	61	66
Black or Black British	30	27
Other	15	13
Not stated	301	308

	Members as at 31 March 2022	Members as at 31 March 2023
Total	**6,429**	**6,165**

NHS System Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

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

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

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions

Segmentation

In 2022/23 NHS England placed the Trust in segment 3.

This segmentation information was the Trust's position as at 17 March 2023. 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/)

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 was lifted from segment 4, to segment 3. NHS England approved this recommendation in April 2022.

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 England.

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

Alice Webster, Chief Executive

27 June 2023

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accounting Officer, I have overall responsibility for ensuring there are effective risk management systems and internal controls in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by NHS England in respect of governance and risk management. I delegated overall duty to ensure risk management was discharged appropriately in 2022/23 to the Director of Patient Safety who was responsible for the implementation of the Risk Management Strategy.

The Board of Directors provides leadership on the overall governance agenda including risk management. It is supported by a number of Committees that scrutinise and review assurance on internal control. These include:

- Audit Committee
- Quality Committee
- Finance and Activity Committee
- People Committee
- Hospital Management Board

Independent assurance on the effectiveness of the system of internal control and overall governance arrangements is provided by the Audit Committee. Additional assurance on the effectiveness of the systems for ensuring clinical quality is given by the Quality Committee. The Board of Directors routinely receives Chair's Assurance Reports from these committees alongside the Board Assurance Framework and Significant Risk Register.

The Hospital Management Board (HMB) reported into the Board of Directors and oversees the day-to-day operational management of the Trust's integrated governance, risk management and internal controls. The HMB was supported by a number of operational Executive Groups which also have forums reporting in.

Each Board Committee and the Executive Groups have a collective responsibility to ensure effective risk management and good governance as they discharge their duties, and this is reflected in their respective Terms of Reference. Through their work plans they contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups are communicated and recorded on the appropriate risk registers and subject to overview, monitoring and intervention by internal governance arrangements, as well as providing assurance to the Audit Committee, Board of Directors and relevant board assurance committees.

The Trust has a comprehensive framework in place to ensure that risks are identified, assessed and properly managed. 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 training is provided to relevant staff as part of the mandatory training framework.

Ultimate responsibility for the management of the risks facing the organisation sits with the Board of Directors. The Board considers the strategic and high-level Trust-wide operational risks facing the organisation as part of its routine business in order to satisfy itself collectively that risks are being effectively managed. The Trust Board continuously strives to strengthen the culture of risk management throughout the organisation and has worked with external consultants to develop a shared understanding and vision in relation to risk appetite.

The Chief Executive has overall responsibility for the management of risk. Other members of the Executive Team exercise lead responsibility for the specific types of risk as follows:

- The Director of Patient Safety has the delegated responsibility for coordinating the management of organisational, clinical and non-clinical risks within the Trust and is responsible for ensuring that an effective Board Assurance Framework is in place
- The Medical Director and Chief Nurse are jointly responsible for clinical governance, risk management and patient safety, and whilst each have been allocated specific duties and responsibilities there are clear lines of accountability
- The Chief Operating Officer is responsible for overall risks to operational performance
- The Director of Finance provides the strategic lead for financial risk and the effective coordination of financial controls throughout the Trust
- The Director of People is responsible for workforce planning, staffing issues, education and training and organisational development

All Executive Directors, Divisional Managers and Divisional Clinical Leads and Managers are responsible for identifying, communicating and managing risks associated with their portfolios in accordance with the Trusts risk management framework. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks

that should be escalated to and from the Significant Risk Register. The Risk Management Framework is available to all staff electronically via the Trust intranet. Roles and responsibilities in terms of risk management are incorporated into the Trust Risk Management Policy.

The Trust recognises the importance of supporting staff. The risk management team act as a support and mentor to staff who are undertaking risk assessments, incident reporting, incident investigation and managing risk as part of their role. Incidents, complaints and patient feedback are routinely analysed to identify learning opportunities and improve control. Lessons for learning are disseminated to staff using a variety of methods including patient safety alerts, bulletins and Patient Safety Learning Events.

The Trust has in place counter fraud arrangements through PwC from the NHS Counter Fraud Authority and has a named Local Counter Fraud Specialist. In order to ensure that counter fraud resources are effective there is a Counter Fraud Plan and Annual Counter Fraud Report which outlines the proactive, reactive and strategic counter fraud work undertaken for the Trust in 2022/23.

I have ensured that all significant risks of which I have become aware of are reported through to the Board of Directors at each formal meeting. All new significant risks are escalated to me as Chief Executive and subject to validation by the Executive team. The residual risk score determines the escalation of risk.

The risk and control framework

The Risk Management Strategy (entitled Risk Management Policy and Procedure), which was approved by the Safety Executive Group in April 2022, provides a framework for managing risk across the organisation. The Strategy provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation.

As part of a programme of reviews of the Board Assurance Framework (BAF) and risk management across the Trust, in 2023, the Strategy will be assessed against best practice and revised following feedback from stakeholders and learning from other NHS organisations. It will be aligned to the Trust's strategic objectives.

The Strategy sets out the role of the Board and the Board committees together with responsibilities of the Chief Executive, Executive Directors, other senior managers, and all staff managing risk and individuals to ensure that risks which cannot be managed locally are escalated through the organisation. All risks are evaluated against a risk grading matrix to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise identified risks, are recorded within the significant risk register and Board Assurance Framework.

The Board Assurance Framework sets out:

- The strategic objective (what the organisation aims to deliver)
- Strategic risks (those factors that could prevent the objective being achieved)
- Controls (processes in place to manage the risks)
- Assurance (evidence that appropriate controls are in place and operating effectively
- Risk rating (pre and post mitigation and target rating)

The Board Assurance Framework provides assurance to the Board, that the risks are being adequately controlled and informs the preparation of the Annual Governance Statement. The Board Assurance Framework was reviewed at each Board of Directors meetings and the meetings of the Board's committees during 2022/23, it did not identify any significant gaps in control/assurance.

The Board reviewed and articulated its risk appetite associated with each of its strategic objectives and principal risks in June 2022 and this is included in the Board Assurance Framework (BAF).

We have a range of key strategic risks, which we have identified and are proactively managing; for example, through action plans and named leads, and with monitoring progress by the relevant assurance Committee. The Board considers the Board Assurance Framework (BAF) at most of its Board meetings held in public, and the BAF received by the Board in April 2023 identified the Trust's current principal risks as at 31 March 2023 as follows:

- There is a risk that patients may receive sub-optimal care / treatment, with failures associated with Outcomes, Safety and Experience
- There is a risk that patients may receive sub-optimal care / treatment, with failures associated with the Estate, Digital Infrastructure and Medical Equipment
- 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
- 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
- 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
- There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes
- 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.

The Trust's current biggest risks (scoring 20 or above as at 31 March 2023) are as follows:

- There is a risk that patients may receive sub-optimal care/treatment, with failures associated with the Estate, Digital Infrastructure and Medical equipment
- There is a direct risk to life and safety of patients, visitors and staff due to the potential of catastrophic failure of the roof structure due to structural deficiencies.

- Potential the Trust may not receive the quantum of national capital funding it has requested to ensure the current hospital is safe and compliant which is £130m for the next 3-year allocation

To ensure continuous improvement of internal controls, in January 2023 the Board commenced a review of governance which includes a refresh of the Board Assurance Framework (BAF) and principal risks, a review of the risk appetite and development of a Corporate Risk Register. This will ensure that for 2023/24 there is a refreshed BAF and Corporate Risk Register aligned to the new Strategic Objectives, which will inform and guide the work of the Board and its assurance Committees. Independent assurance on the refreshed BAF and Corporate Risk Register will be provided through the Audit Committee via an internal audit.

Quality Governance

The 2022/23 Compliance and Quality Improvement Plans were aligned to Year 3 of our 2020-2025 Corporate Strategy and had two main areas of focus.

1. Ensuring we consistently provide safe and compassionate care for our patients and their families

2. Ensuring the care we provide is delivered in accordance with all regulatory requirements

The Trust Compliance Plan and associated Quality Improvement Plans covered strategic priorities, Section 31 of the Health and Social Care Act 2008 Regulators' Conditions on the Trusts Registration and Requirement notices ("Must Do" actions), and "Should Do" recommendations from the Care Quality Commission (CQC). Reporting internally into the Trust's quality governance structure, to the Quality Improvement Board (QIB), which provides assurance on progress against the Trust's Compliance and Quality Improvement Plans, and onto the Quality Committee and Board of Directors. Compliance and progress against our Section 31 Notices were reported to the CQC on a monthly basis.

The quality governance structure includes the Evidence Assurance Group which provides assurance of progress and evidence that improvements have been effectively completed. This group, which includes a patient representative, undertakes a review of action evidence and, where there is sufficient evidence and

assurance of sustained improvement, the action is closed and moved to business as usual.

Embedding risk management

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

The Significant Risk report received by the Safe Executive Group and Hospital Management Board is also received by the Trust Board on a bi-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 a change project is 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 2022/23.

Incident reporting

All reported incidents are reviewed regularly, and any incidents graded by the Reporter as moderate or above are discussed at the twice weekly Serious Incident Review Forum. The Executive Serious Incident Sign Off Panel is responsible for the review of all serious incident investigation reports to assess the quality of investigations and action plans and approve for submission to the Integrated Care Board. The Evidence Assurance Group provides assurance of Serious Incident action plan completion and embedded learning.

The Quality Committee, the non-executive director led Committee of the Board, seeks assurance that the Trust has effective systems in place to respond to any clinical issues identified within patient safety incidents. The Quality Committee receives a quarterly report on thematic trends and learning from incidents, Serious

Incidents, and Never Events, and compliance assurance with Duty of Candour. Since January 2023 the Committee has also received a serious incident report at each of its bi-monthly meetings. The Committee reports through to the Board, escalating any issues as necessary, through the Chair's Assurance Report.

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. Learning from incidents and complaints is regularly shared across the organisation via patient safety alerts, bulletins and Patient Safety Learning Events.

During the course of 2022/23 the governance processes have continued to be strengthened and there has been an improvement focus on a number of areas:

- Improvements in data quality and oversight of patient safety information, specifically identifying themes and trends, via the monthly Patient Safety Activity Report and Quarterly Safety Trends Report which are presented at the Safe Executive Group and Quality Committee.
- Development of the Datix (electronic incident reporting system) Learning and Improvement module to support the review and approval of incident actions by the Evidence Assurance Group (EAG).
- 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.
- Continued monitoring of Duty of Candour to ensure compliance with standards to ensure findings are consistently shared with patients and families.
- Development and implementation of new processes to support incident investigations and learning with partners across the local health system.
- The Trust held two successful virtual patient safety learning events with the content made available for all staff via the patient safety intranet page.
- 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. The Trust also continues to work with system partners and NHS England to develop plans for the transition to the Patient Safety Incident Response Framework (PSIRF) in September 2023.

- Appointment of the Trust's first Patient Safety Partner in line with the implementation of PSIRF.

Corporate Governance Statement

We completed the required Corporate Governance Statement in June 2022, a requirement of the NHS Provider Licence, following review and consideration by the Audit Committee. The Board had reviewed its committee and the corporate governance structures, reporting lines and risk management systems. Adjustments to committee and governance structures came into operation in April 2022.

In June 2022 the Board was unable to confirm compliance with some of the Corporate Governance Statements 3, 4 and 5 given the Enforcement Undertakings in place with NHS England/Improvement which specifically referenced the Trust being in breach of specific conditions of its licence. In August 2022 NHS England confirmed removal (through compliance or discontinuation) of all Undertakings.

To ensure continuous improvement, in January 2023 the Board commenced a review of corporate governance arrangements which includes Board and committee arrangements, the BAF and corporate risk. As the year progresses, the review will also extend to the effectiveness of the Governors' Council and its committees.

Involvement of public stakeholders in risk

Our engagement with our stakeholders produces an additional layer of scrutiny and challenge from broad representative areas of our population groups and therefore enables the Trust to remain grounded and responsive to the communities we serve.

Public stakeholders are involved in the management of risks which impact on them through public meetings of the Board, and our attendance at Health Overview and Scrutiny meetings.

Governors are involved in discussions about risks which impact on patients and members through regular meetings including the Governors' Council and Governor

sub-committees. They are involved in the development of the Trust's strategy and annual strategic objective setting.

There is Integrated Care Board and patient representation on the Trust's Serious Incident Review Forum and the Evidence Assurance Group.

The Trust has a valued and constructive working relationship with Healthwatch Norfolk and Healthwatch Cambridgeshire and Peterborough, the latter through the Fenland and East Cambs Health and Care Forum.

The Trust is engaged with partner organisations in the local health and care system in discussing quality and risk issues impacting on patients, in particular through work of the Norfolk & Waveney Integrated Care System (ICS), the Cambridgeshire & Peterborough ICS and the Lincolnshire ICS.

Further information regarding patient and public engagement in the Trust is included in the Annual Report.

Workforce strategies and staffing systems

The QEH People Plan 2022/23, agreed by the Trust Board in October 2021, has been updated for 2023/24 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.

Delivery of the People Plan is monitored by the People Committee, the non-executive director led committee of the Board which reviews, monitors and reports to the Board on workforce Key Performance Indicators (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 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, vacancies and turnover. The People Directorate is fully engaged with the development of Trust finance, activity and workforce planning as part of system annual planning submissions. The Trust also works with external stakeholders and partners across the Integrated Care System to review system workforce plans and actions.

The Trust has in place an independent Freedom to Speak Up Guardian and has recruited 20 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 under the responsibility of a Board level director supported by a Non-Executive Director. The Freedom to Speak Up Guardian reports to the People Committee and the Board, 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. The FTSU Guardians support the Trust's staff networks and provide a safe space for colleagues to raise concerns.

The Care Quality Commission Registration Requirements

The Trust is required to register with the Care Quality Commission and its current overall registration status is 'Requires Improvement'.

In 2022 the Trust was formally rated:

Overall	**Requires Improvement**
Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-Led	Good

The Trust last underwent an unannounced core service and Well-Led CQC inspection between December 2021 and January 2022. Following this inspection, the CQC recommended that the Trust be removed from the Recovery Support Programme (formally known as 'Special Measures'). On the 14 April 2022, the National Medical Director for NHSEI confirmed the decision to approve the Trust's transition from System Oversight Framework (SOF) "4: Mandated Intensive Support" to SOF "3: Mandated Regional Support".

The latest inspection report detailed four Requirement notices ("Must Do" Actions), and nine "Should Do" recommendations. Actions to address these have been taken with oversight and monitoring via the quality governance structure and Evidence Assurance Group described above.

The foundation trust is not 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

The Trust engages openly and transparently with the CQC and concerns or queries are responded to promptly. Productive and routine 'CQC and Provider Relationship engagement meetings are held, where quality improvement updates are discussed and progress against the Trust's Compliance Plan is shared.

Conflicts of Interest

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.

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 Human Rights

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

Climate Change

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

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.

In August 2022 the Trust's undertakings were fully removed by NHS England following the lifting of the Trust from NHS System Oversight Framework (SOF) segment four (previously Special Measures) to SOF segment three in April 2022, given the CQC 'Good' rating for Well- Led.

The External Auditor has checked the elements of financial sustainability, governance and improving economy, efficiency and effectiveness in its assessment of Value For Money. The External Auditor has concluded there are no significant risks or weaknesses identified within those Value for Money Assessments.

The Board has considered its Going Concern position at its meeting on 27 June 2023 as part of the 2022/23 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 2023/24.

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 2022/23. It is clear however, that the financial challenge for 2023/24 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 2022/23 the Trust commissioned a range of audits to provide assurance that resources are used economically, efficiently, and effectively:

- Key Financial Systems
- IT – Access Management
- Estates Capital Programme Management
- Service Operational Delivery
- Rostering
- Corporate Governance

In addition to the Internal Audit Programme the Trust commissioned separate areas of review and advisory work on:

- Data Security and Protection Toolkit
- Financial Sustainability
- Bank/Agency/Locum controls

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 Digital and Information Forum (DIF). This reported to the Use of Resources Executive Group which, in turn, reported to the Hospital Management Board 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.

In line with national requirements, the Trust will comply with the requirements to submit the Data Security and Protection Toolkit for 2022/23 in June 2023.

The key data security risk to the Trust continues to be Cyber Security. There are 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 Chair, 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 & Activity Committee and reported through to the Audit Committee and Board.

Going forward, cyber actions and improvements will form part of an annual cyber programme with monitoring via the Digital & Information Forum.

There have been no serious incidents that required disclosure to the Information Commissioner's Office (ICO) in relation to personal data.

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.

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. The Digital & Information Forum provides a formal setting to review identified data quality issues.

The Trust has built upon the external insight review work provided by our Integrated Care System (ICS) colleagues, through an external review by their Head of Performance & Analytics. This, along with additional feedback from a reporting subject matter expert from NHS England, underpinned the creation of an Information Improvement Plan. This plan, which was subject to amendments and monitoring via both the Digital & Information Forum and the Audit Committee, continues to be the basis of a continuous improvement plan that is owned by the Head of Planning & Performance.

During the year, plans have progressed in terms of the future of the Electronic Patient Record (EPR) across the ICS. Information has 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.

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 the assurance Committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic objectives have been reviewed.

The Trust Board seeks assurance from the Trust's internal auditors, by way of reports that are received in response to reviews initiated following the agreement of an annual audit plan. These audit reports are undertaken in accordance with the requirements of the Public Sector Internal Audit Standards and provide specific levels of assurance and include suggested actions to improve controls where this is considered necessary.

Apart from the Audit Committee, other Board assurance committees include the Quality Committee, People Committee and the Finance & Activity Committee. The Audit Committee provides the Trust Board with a means of independent and objective review of:

- Internal control
- Financial systems
- The financial information used by the Trust
- Controls assurance systems
- Risk management systems
- Systems for compliance with regulatory and legal requirements

The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

Internal audit

We have received the Head of Internal Audit Opinion which provides reasonable/moderate assurance that governance, risk management and control in relation to business critical areas is generally satisfactory. No critical risk findings have been raised. There are some areas of weakness and non-compliance in the

framework of governance, risk management and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

A total of 6 internal audit reviews have been reported to the Audit Committee during the year. This resulted in the identification of 0 critical, 4 high, 10 medium and 2 low risk findings to improve weaknesses in the design of controls and/or operating effectiveness. Areas of good practice were also identified.

These findings are accepted by management and work has commenced to ensure improvement during 2023/24, and action plans will respond to these findings. Of the high-risk findings, 2 related to estates capital programme management, and 2 related to Rostering. Action will be taken to strengthen:

- documentation related to monitoring project costs, and documentation to ensure consistency in the operation of processes to approve capital estates project additions
- the consistency of the operation of controls around the final approval of rosters, and consistency in the operation of processes to complete timely Confirm and Support meeting documentation

At the time of writing, the review of governance arrangements, commissioned by the Board in January 2023, is ongoing and will be reporting in the summer. It is management's intention to put in place an appropriate action plan to deliver agreed recommendations arising from the review.

External audit

External audit provides independent assurance on the accounts, annual report, and Annual Governance Statement. These documents and internal and external audits of specific areas of internal control provide the Board of Directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff, the public and other stakeholders against risks of any kind: which allows the Board to support me in signing this Annual Governance Statement. The Trust's External Auditor provided an unqualified audit opinion, and concluded there

are no significant risks or weaknesses identified within the Value for Money assessments.

Conclusion

The system of internal control has been in place at the Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

I am assured that the NHS Foundation Trust has an overall system of internal controls in place, which are designed to manage the key organisational objectives and minimise the NHS Foundation Trust's exposure to risk. The Board of Directors is committed to continuous improvement and enhancement of the system of internal control. I am assured that the Board, executive directors and senior management have identified and are managing the risks facing the Trust, with the escalation of risk events, an effective process for keeping risks scores up to date and flagging any risk and control concerns; - There is an appropriate risk management framework in the Trust; - The internal auditors and other independent assurance providers to the Trust, including external audit, have identified no major concerns from their risk focused programme of independent assurance. Action plans respond to audit findings to continue to strengthen our internal controls. My review therefore confirms no significant internal control issues have been identified for the year ending 31 March 2023.

Alice Webster, Chief Executive
27 June 2023

Financial Report

Annual Account for the year ended 31 March 2023

The accounts for the year ended 31 March 2023, 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 within the National Health Service Act 2006.

Alice Webster, Chief Executive

27 June 2023

Independent Auditor's Report

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF 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 Queen Elizabeth Hospital King's Lynn NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in 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 2023 and of Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Trust' 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 in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to the cut off of non-pay, non-depreciation expenditure in response to incentives to manipulate the results of the Trust and System to meet the expectations or performance targets set by the government or external regulators and the opportunity to manipulate the non pay non depreciation expenditure around the year end, particularly in relation to accruals.

We did not identify any additional fraud risks

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected postings to cash and expense codes.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Inspecting a sample of expenditure, in the period around 31 March 2023, to determine whether expenditure has been recognised in the correct accounting period.
- Assessing the business justification of significant unusual transactions in the year to 31 March 2023
- Selecting a sample of year end accruals and inspected evidence of the actual amount paid after year end in order to assess whether the accrual exists and has been accurately recorded.

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

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

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

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

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

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

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

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

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

Other information in the Annual Report

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

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

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

Annual Governance Statement

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

Remuneration and Staff Reports

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

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 192, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to

fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

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

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 192, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

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

Statutory reporting matters

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

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

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

of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Queen Elizabeth Hospital King's Lynn NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the code of Audit Practice.

Emma Larcombe

For and on behalf of KPMG LLP

Chartered Accountants

Dragonfly House

2 Gilders Way

Norwich

NR3 1UB

28 June 2023

Statement of Comprehensive Income for the year ended 31 March 2023, £'000

	Note	2022/23	2021/22
Operating income from patient care activities	3	283,150	262,512
Other operating income	3.4	21,342	21,120
Operating expenses	4.1	(333,136)	(288,606)
Operating deficit from continuing operations		**(28,644)**	**(4,974)**
Finance income	8	630	17
Finance expenses	9	(8)	(1)
PDC dividends payable		(3,594)	(2,901)
Net finance costs		**(2,972)**	**(2,885)**
Other gains / losses	10	(6)	262
Deficit for the year from continuing operations		**(31,622)**	**(7,597)**
Deficit for the year		**(31,622)**	**(7,597)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	12.1	(1,216)	-
Gains on transfer by absorption	10	-	-
Revaluations	23	-	-
Total comprehensive income/(expense) for the year		**(32,838)**	**(7,597)**
Adjusted financial performance (control total basis):			
Deficit for the period		(31,622)	(7,597)
Remove impact of gains on transfer by absorption		-	(250)
Remove I&E impact of capital grants and donations		(38)	(20)
Remove net impact of inventories received from DHSC group bodies for COVID response		14	151
Remove expenditure impact of impairment		31,684	7,973
Adjusted financial performance surplus		**38**	**257**

All income and expenditure is derived from continuing operations.

Statement of Financial Position as at 31 March 2023, £'000

	Note	31/03/2023	31/03/2022
Non-current assets			
Intangible assets	11	549	631
Property, plant and equipment	12	139,234	126,349
Receivables	14	373	518
Total non-current assets		**140,156**	**127,498**
Current assets			
Inventories	13	3,109	2,459
Receivables	14	18,839	13,004
Cash and cash equivalents	15	44,287	37,902
Total current assets		**66,235**	**53,365**
Current liabilities			
Trade and other payables	16	(67,636)	(51,358)
Borrowings	18	(437)	-
Provisions	19	(52)	(51)
Other liabilities	17	(3,297)	(4,569)
Total current liabilities		**(71,422)**	**(55,978)**
Total assets less current liabilities		**134,969**	**124,885**
Non-current liabilities			
Provisions	19	(375)	(360)
Borrowings	18	(286)	-
Other liabilities	17	(513)	(513)
Total non-current liabilities		**(1,174)**	**(873)**
Total assets employed		**133,795**	**124,012**
Financed by			
Public dividend capital		269,031	226,410
Revaluation reserve	23	640	1,856
Income and expenditure reserve		(135,876)	(104,254)
Total taxpayers' equity		**133,795**	**124,012**

The notes on pages 228 to 279 form parts of these accounts.

The financial statements on pages 222 to 227 were approved by the Board on 27 June 2023 and signed on its behalf by:

Alice Webster, Chief Executive

27 June 2023

Statement of changes in equity for the year ended 31 March 2023, £'000

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
Taxpayers' and others' equity at 1 April 2022 - brought forward	**226,410**	**1,856**	**(104,254)**	**124,012**
Reversal of revaluation		(1,216)	-	(1,216)
Deficit for the year		-	(31,622)	**(31,622)**
Public dividend capital received	42,621	-	-	42,621
Taxpayers' and others' equity at 31 March 2023	**269,031**	**640**	**(135,876)**	**133,795**

Statement of changes in equity for the year ended 31 March 2022, £'000

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
Taxpayers' and others' equity at 1 April 2021 - brought forward	**198,202**	**9,325**	**(104,126)**	**103,401**
Revaluations	-	(7,469)	7,469	**-**
Transfers	-	-	(7,597)	**(7,597)**
Public dividend capital received	28,208	-	-	**28,208**
Taxpayers' and others' equity at 31 March 2022	**226,410**	**1,856**	**(104,254)**	**124,012**

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 2023, £'000

	Note	2022/23	2021/22
Cash flows from operating activities			
Operating deficit		(28,644)	(4,974)
Non-cash income and expense:			
Depreciation and amortisation	4.1	8,506	7,498
Net impairments	12.1	31,684	7,973
Income recognised in respect of capital donations	3.4	(515)	(413)
(Increase) / decrease in receivables and other assets		(5,732)	103
(Increase) / decrease in inventories		(650)	135
Increase / (decrease) in payables and other liabilities		12,364	8,103
Increase / (decrease) in provisions		16	121
Net cash flows from / (used in) operating activities		**17,029**	**18,546**
Cash flows from investing activities			
Interest received	8	630	17
Purchase of intangible assets	11	-	(250)
Purchase of PPE		(50,477)	(32,795)
Sales of PPE and investment property		-	-
Receipt of cash donations to purchase assets		477	421
Net cash flows from / (used in) investing activities		**(49,370)**	**(32,607)**
Cash flows from financing activities			
Public dividend capital received		42,621	28,208
Movement on loans from DHSC		-	(214)
Interest on loans	9	-	(1)
Capital element of lease liability repayments		(374)	-
Interest element of lease liability repayments		(8)	-
PDC dividend (paid) / refunded		(3,513)	(2,944)
Net cash flows from / (used in) financing activities		**38,726**	**25,049**
Increase / (decrease) in cash and cash equivalents		**6,385**	**10,988**
Cash and cash equivalents at 1 April – brought forward		**37,902**	**26,914**
Cash and cash equivalents at 31 March 2023	15.1	**44,287**	**37,902**

Notes to the Accounts

1. Accounting policies and other information

1.1. Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

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

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

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's

accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Valuation of Land and Buildings

The most significant estimate within the accounts is the value of land and buildings. A full site valuation for 2022/23 was performed by professional Chartered Surveyors Montagu Evans as at 31 March 2023.

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 7 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 £43.1m (31 March 2022 £7.97m) to the carrying value of the land and buildings which has been taken to SOCIE.

Undertaken 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 2023 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 2023 is £1.73m (31st March 2022 £3.29m).

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.

1.4.1. Sources of estimation and uncertainty

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

1.4.2. Income estimates

Following national guidance, no income estimates for incomplete patient spells have been made at 31 March 2023.

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. In 2021/22 income earned by the system for elective recovery was distributed between individual entities by local agreement. Income earned from the fund in 2021/22 was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

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.

1.9.2. 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.

1.9.3. Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back-office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

Land and non-specialised buildings – market value for existing use

Specialised buildings – depreciated replacement cost on a modern equivalent asset basis

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

The Trust conducted a valuation of land and buildings as at 31 March 2023 and 31 March 2022.

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 2023. The valuation has resulted in an impairment of £43.1m being recognised in the accounts at 31 March 2023.

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:

	Minimum life Years	Maximum life Years
Land	-	-
Buildings, excluding dwellings	8	80
Plant and machinery	5	15
Transport equipment	7	7
Information technology	5	7
Furniture and 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 7 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. Expenditure on research is not capitalised.

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:

	Minimum life Years	Maximum 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.

The Trust receives 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.

Financial assets and liabilities are classified as subsequently measured at amortised cost.

1.13.4. Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any

impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

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

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset’s gross carrying amount and the present value of estimated future cash flows discounted at the financial asset’s original effective interest rate.

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

1.14. Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as Lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

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

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability. Hindsight has been used in

determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

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

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic [explain if relevant] basis.

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 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%

Long-term	Exceeding 10 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

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.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss/gain corresponding to the net assets/liabilities transferred is recognised within expenses/income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

1.23. Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as Incurred, based on the prevailing chargeable rates for energy consumption.

1.24. Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

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 £283.2m (2022/23 £262.5m) 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)

£'000

	2022/23	2021/22
Acute services		
Block contract / system envelope income*	246,029	231,861
High-cost drugs income from commissioners (excluding pass-through costs)	9,928	9,918
Other NHS clinical income	5,443	1,782
All services		
Private patient income	82	211
Elective Recovery Fund (Plus)	7,469	11,449
Additional pension contribution central funding**	7,073	6,780
Agenda for change pay offer central funding	6,460	-
Other clinical income	666	511
Total current assets	**283,150**	**262,512**

*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 is this policy in 2022/23.

**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)

£'000

	2022/23	2021/22
Income from patient care activities received from:		
NHS England	33,397	25,241
Integrated care boards	191,625	-
Clinical commissioning groups	57,369	236,549
Other NHS providers	11	1
Non-NHS: private patients	82	63
Non-NHS: overseas patients (chargeable to patient)	289	147
Injury cost recovery scheme	377	511
Total current assets	**283,150**	**262,512**
Of which:		
Related to continuing operations	283,150	262,512

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

£'000

	2022/23	2021/22
Income recognised this year	289	147
Cash payments received in-year	243	98
Amounts added to provision for impairment of receivables	47	94
Amounts written off in-year	92	36

3.4. Other operating income

£'000

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
Research and development	575	-	**575**	500	-	**500**
Non-patient care services to other bodies	7,496	-	**7,496**	2,640	-	**2,640**
Education and training	9,266	537	**9,803**	7,757	531	**8,288**
Reimbursement and top-up funding	323	-	**323**	1,494	-	**1,494**
Receipt of capital grants and donations	-	515	**515**	-	413	**413**
Charitable and other contributions to expenditure	-	772	**772**	-	792	**792**
Other income**	1,858	-	**1,858**	6,993	-	**6,993**
Total other operating income	**19,518**	**1,824**	**21,342**	**19,384**	**1,736**	**21,120**
Of which:						
Related to continuing operations			21,342			21,120

**Analysis of other operating income: Other

£'000

	2022/23	2021/22
Car parking income	814	580
Catering	800	455
Staff accommodation rental	-	13
Estates recharge (external)	-	88
Clinical tests	-	2,449
Clinical excellence awards	147	164
Other income generation schemes	-	582
Other income not already covered	97	2,662
	1,858	**6,993**

4. Operating expenses

4.1. Operating expenses

£'000

	2022/23	2021/22
Purchase of healthcare from NHS and DHSC bodies	8,279	8,551
Purchase of healthcare from non-NHS and non-DHSC bodies	4,784	2,618
Staff and executive directors' costs	216,271	194,953
Remuneration of non-executive directors	162	159
Supplies and services – clinical (excluding drug costs)	16,704	15,902
Supplies and services – general	4,263	4,039
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	22,822	21,659
Consultancy costs	306	1,163
Establishment	2,186	2,005
Premises	8,004	8,471
Transport (including patient travel)	1,017	714
Depreciation on property, plant and equipment	8,424	7,374
Amortisation on intangible assets	82	124
Movement in credit loss allowance: contract receivables / contract assets	(613)	510
Increase / (decrease) in other provisions	-	238
Change in provisions discount rate(s)	24	8
Audit fees payable to the external auditor		
Audit services – statutory audit	166	153
Other auditor remuneration (external auditor only)	-	22
Internal audit costs	81	57
Clinical negligence	5,416	4,974
Legal fees	235	-
Insurance	235	25
Education and training	1,794	749
Rentals under operating leases	92	378
Car parking and security	39	26
Hospitality	-	14
Losses, ex gratia and special payments	398	600
Loss on impairment of tangible fixed assets	31,684	7,973
Other	281	5,147
Total	**333,136**	**288,606**
Of which:		
Related to continuing operations	333,136	288,606

In addition, the external auditor audits the Queen Elizabeth Hospital Charitable Fund and the fee excluding VAT is £14,400 (2021/22 £12,000), the charity is responsible for the payment of this fee.

4.2. Other auditor remuneration

£'000

	2022/23	2021/22
Other auditor remuneration paid to the external auditor:		
Other non-audit services	-	22
Audit-related assurance services	-	-
Total	**-**	**22**

4.3. Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2021/22: £1m).

5. Employee benefits

£'000

	2022/23	2021/22
Salaries and wages	158,882	142,045
Social security costs	16,218	14,398
Apprenticeship levy	733	691
Employer's contributions to NHS pensions	23,236	22,756
Temporary staff (including agency)	18,569	16,252
Total gross staff costs	**217,700**	**196,142**
Recoveries in respect of seconded staff	-	-
Total staff costs	**217,700**	**196,142**
Of which		
Costs capitalised as part of assets	1,429	1,188

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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The 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

	2022/23 £'000	2021/22 £'000
Operating lease expense		
Minimum lease payments	15	378
Total	**15**	**378**

	31 March 2022 £'000	31 March 2021 £'000
Future minimum lease payments due:		
• not later than one year;	**15**	**131**
• later than one year and not later than five years;	**-**	**256**
Total	**15**	**387**
Future minimum sublease payments to be received	**-**	**-**

8. Finance income

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

	2022/23	2021/22
	£'000	£'000
Interest on bank accounts	630	17
Total finance income	**630**	**17**

9. Finance expenditure

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

	2022/23	2021/22
	£'000	£'000
Interest expense:		
Loans from the Department of Health and Social Care	-	1
Interest on right of use leases	8	-
Total interest expense	8	1
Total finance costs	**8**	**1**

The Trust paid no amounts out for late payments of commercial debt (2021/22 nil)

10. Other gains and (losses)

	2022/23	2021/22
	£'000	£'000
Profits on disposal of assets	4	16
Losses on disposal of assets	(10)	(4)
Gains on transfer by absorption	-	250
Total gains / (losses on disposal of assets)	**(6)**	**262**
Total other gains / (losses)	**(6)**	**262**

11. Intangible assets

11.1. Intangible assets – 2022/23

	Software assets	Intangible assets under construction	Total
	£'000	£'000	£'000
Valuation / gross cost at 1 April 2022 – brought forward	**1,011**	**443**	**1,454**
Reclassification	443	(443)	-
Valuation / gross cost at 31 March 2023	**1,454**	**-**	**1,454**
Amortisation at 1 April 2022 – brought forward	**823**	**-**	**823**
Provided during the year	82	-	**82**
Transfer by absorption	-	-	**-**
Amortisation at 31 March 2023	**905**	**-**	**905**
Net book value at 31 March 2023	**549**	**-**	**549**
Net book value at 1 April 2022	**188**	**443**	**631**

11.2. Intangible assets – 2021/22

	Software assets	Intangible assets under construction	Total
	£'000	£'000	£'000
Valuation / gross cost at 1 April 2021 – brought forward	**1,001**	**194**	**1,195**
Reclassification	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**

12. Property, plant and equipment

12.1. Property, plant and equipment – 2022/23 (£'000)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
Valuation / gross cost at 1 April 2022 – brought forward	**4,190**	**84,538**	**46,946**	**37,249**	**129**	**22,143**	**897**	**196,092**
IFRS 16 adoption	-	-	-	546	509	-	-	1,055
Additions	-	-	53,119	-	50	-	-	**53,169**
Reclassifications	-	41,267	(69,953)	14,370	-	7,257		**-**
Impairments	(199)	(19,256)	(13,445)	-	-	-	-	**(32,900)**
Disposals / de-recognition	-	-	-	(159)	(10)	-	-	**(169)**
Valuation / gross cost at 31 March 2023	**3,991**	**105,406**	**14,641**	**52,006**	**678**	**29,400**	**897**	**207,019**
Accumulated depreciation at 1 April 2022 – brought forward	**-**	**25,820**	**-**	**25,182**	**128**	**17,899**	**714**	**69,743**
Transfers by absorption								
Provided during the year	-	3,554	-	3,296	203	1,342	29	**8,424**
Disposals / de-recognition	-	-	-	(144)	(10)	-	-	**(154)**
Accumulated depreciation at 31 March 2023	**-**	**29,374**	**-**	**28,334**	**321**	**19,241**	**743**	**78,013**
Net book value at 31 March 2023	**3,991**	**76,032**	**23,726**	**23,672**	**357**	**10,159**	**154**	**139,234**
Net book value at 1 April 2022	**4,190**	**58,718**	**46,946**	**12,067**	**1**	**4,244**	**183**	**126,349**

12.2. Property, plant and equipment – 2021/22 (£'000)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
Valuation / gross cost at 1 April 2021 – as previously stated	**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 – as previously stated	**-**	**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)**
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**

12.3. Property, plant and equipment financing – 2022/23 (£'000)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
Net book value (NBV)								
Owned – purchased	3,991	73,187	23,726	23,095	357	9,726	154	**134,236**
Owned – donated / granted	-	3,988	-	577	-	433	-	**4,998**
NBV total at 31 March 2023	**3,991**	**77,175**	**23,726**	**23,672**	**357**	**10,159**	**154**	**139,234**

12.4. Property, plant and equipment financing – 2021/22 (£'000)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
Net book value (NBV)								
Owned – purchased	4,190	54,524	46,121	11,350	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**	**12,057**	**1**	**4,244**	**183**	**126,349**

12.5. Right of use assets

Plant and machinery and transport equipment include right of assets with carrying amounts as follows:

	Plant and machinery	Transport equipment	Total
	£000	£000	£000
Right of use assets			
At 1 April 2022	546	509	**1,055**
At 31 March 2022	364	356	**720**

12.5.1. Buildings excluding dwellings

The hospital roof is affected by issues with failing roof planks which will require substantial expenditure over the next 7 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 £32.9m to the carrying value of the land and buildings which has been taken to I&E.

12.6. Donations of property, plant and equipment

	2022/23
	£000
Land and Buildings	-
Medical equipment	515
	515

13. Inventories

	31 March 2023	31 March 2022
	£'000	£'000
Drugs	1,236	937
Consumables	1,660	1,454
Energy	213	68
Total current receivables	**3,109**	**2,459**
Of which:		
Held at fair value less cots to sell	-	-

14. Trade receivables

14.1. Receivables

	31 March 2023	31 March 2022
	£'000	£'000
Current		
Contract receivables	13,583	9,237
Allowance for impaired contract receivables	(663)	(1,276)
Prepayments (non-PFI)	4,448	2,083
VAT receivable	1,029	468
Other receivables	442	2,492
Total current receivables	**18,839**	**13,004**

	31 March 2023	31 March 2022
	£'000	£'000
Non-current		
Contract receivables	373	518
Total current receivables	**373**	**518**
Of which receivable from NHS and DHSC group bodies:		
Current	**11,526**	**7,943**
Non-current	**-**	**-**

14.2. Allowances for credit losses

	2022/23	2021/22
	Contract receivables and contract assets	Contract receivables and contract assets
	£'000	£'000
Allowances as at 1 April – brought forward	**1,276**	**766**
New allowances arising	663	870
Reversals of allowance	(1,303)	(360)
Utilisation of allowances (write offs)	27	-
Allowances as at 31 March 2023	**663**	**1,276**

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.

	2022/23	2021/22
	£'000	£'000
At 1 April 2022	**37,902**	**26,914**
Net change in year	6,385	10,988
At 31 March 2023	**44,287**	**37,902**
Broken down into:		
Cash at commercial banks and in hand	137	129
Cash with the Government Banking Service	44,150	37,773
Total cash and cash equivalents as in SoFP	**44,287**	**37,902**
Total cash and cash equivalents as in SoCF	**44,287**	**37,902**

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 2023	31 March 2022
	£'000	£'000
Net change in year	1	1
Total third-party assets	**1**	**1**

16. Trade and other payables

	31 March 2023	31 March 2022
	£'000	£'000
Current		
Trade payables	11,862	8,520
Capital payables	20,413	17,771
Accruals	28,545	17,893
Social security costs	2,139	2,065
Other taxes payable	2,271	1,788
Pension contributions payable	2,220	1,952
Other payables	186	1,369
Total current trade and other payables	**67,636**	**51,358**

17. Other liabilities

	31 March 2023	31 March 2022
	£'000	£'000
Current		
Deferred income: contract liabilities	3,297	4,569
Total other current liabilities	**3,297**	**4,569**

	31 March 2023	31 March 2022
	£'000	£'000
Non-current		
Deferred income: contract liabilities	513	513
Total other non-current liabilities	**513**	**513**

18. Borrowings

18.1. Borrowings

	31 March 2023	31 March 2022
	£'000	£'000
Current		
Lease liabilities	437	-
Total current borrowings	**437**	**-**
Non-current		
Lease liabilities	**286**	**-**
Total non-current borrowings	**286**	**-**

18.2. Reconciliation of liabilities arising from financing activities – 2022/23

	Lease liabilities	Total
	£'000	£'000
Carrying value at 1 April 2022	-	-
Cash movements:		
Right of use assets under IFRS 16	1,105	-
Financing cash flows – payments and receipts of principal	(374)	**-**
Financing cash flows – payments of interest	(8)	
Carrying value at 31 March 2023	**723**	**-**

18.3. Reconciliation of liabilities arising from financing activities – 2021/22

	Loans from DHSC	Total
	£'000	£'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	**-**	**-**

19. Provisions for liabilities and charges

Provisions for liabilities and charges analysis

	Pensions: early departure costs	Injury benefits	Other	Total
	£000	£000	£000	£000
At 1 April 2022	**58**	**248**	**105**	**411**
Change in the discount rate	(5)	29	-	**25**
Arising during the year	14	25	27	**66**
Utilised during the year	(15)	(29)	(30)	**(74)**
At 31 March 2023	**52**	**273**	**102**	**427**
Expected timing of cash flows:				
- Not later than one year;	12	23	17	52
- Later than one year and not later than five years	40	250	85	375
- Later than five years	**-**	**-**	**-**	**-**
Total	**52**	**283**	**102**	**427**

Provisions relate to claims for staff injury and early-retirement.

Clinical negligence liabilities

At 31 March 2023, £70.3m 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 2022: £140.3m).

20. Financial instruments

20.1. Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£'000	**£'000**
Trade and other receivables excluding non-financial assets	7,545	**7,545**
Cash and cash equivalents	44,287	**44,287**
Total at 31 March 2023	**51,832**	**51,832**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Total book value
	£'000	**£'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**

20.2. Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Total book value
	£'000
Loans from the Department of Health and Social Care	-
Trade and other payables excluding non-financial liabilities	45,246
Total at 31 March 2023	**45,246**

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**

20.3. 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 2023	31 March 2022
	£'000	£'000
In one year or less	45,246	36,748
In more than one year but not more than five years	-	-
Total	**45,246**	**36,748**

21. Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£'000	Number	£'000
Losses				
Cash losses	203	118	133	123
Fruitless payments and constructive losses	30	112	33	73
Bad debts and claims abandoned	64	98	42	37
Total losses	**297**	**328**	**208**	**233**
Special payments				
Compensation under court order or legally binding arbitration award	5	46	100	337
Ex-gratia payments	28	24	28	30
Total special payments	**33**	**70**	**128**	**367**
Total losses and special payments	**330**	**398**	**336**	**600**
Compensation payments received	**-**	**-**	**-**	**-**

22. Revaluation reserve

	31 March 2023		31 March 2022	
	Land	Buildings	Total	Total
	£'000	£'000	£'000	£'000
Balance at 1 April 2022	839	1,017	1,856	9,325
Impairments	(199)	(1,017)	(1,216)	(7,469)
Revaluations				-
Balance at 31 March 2023	**640**	**-**	**640**	**1,856**

23. Related parties

	Receivables		Payables	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£'000	£'000	£'000	£'000
Other NHS Bodies	11,525	7,944	2,637	1,477
Other Government Bodies including Local Authorities	1,040	484	4,583	3,896
Charitable Funds	232	847	-	-
	12,797	**9,275**	**7,220**	**5,373**

	Income		Expenditure	
	2022/23	2021/22	2022/23	2021/22
	£'000	£'000	£'000	£'000
Other NHS Bodies	291,827	271,335	16,649	16,008
Other Government Bodies including Local Authorities	155	163	43,620	39,214
Charitable Funds	158	217	-	-
	292,140	**271,715**	**60,269**	**55,222**

List of Related Parties:

Department of Health and Social Care

HM Revenue and Customs

NHS Business Service Authority

NHS Pension Scheme

NHS England

NHS Commissioning Board

NHS Blood and Transplant

NHS Norfolk and Waveney ICS

NHS Cambridgeshire and Peterborough ICS

NHS Lincolnshire ICS

NHS Suffolk and North East Essex ICS

NHS Resolution

Health Education England

Cambridgeshire University Hospitals NHS Foundation Trust

Cambridgeshire Community Services NHS Trust

Cambridge and 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

Borough Council of King's Lynn and West Norfolk

Royal Papworth NHS Foundation Trust

Norfolk Community Health and Care NHS Trust

The Trust received revenue and capital payments amounting to £158k (£159K 2021/22), 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.

24. 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 2023 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.

25. Contingent assets / liabilities

The Trust has no contingent liabilities nor contingent assets.

26. Events after balance sheet date

There have been no material post balance sheet events.


CAUTION
SIR
CLEAN.COM
WET
FLOOR

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 provide 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 audit – The process of reviewing clinical processes to improve them.

Clinical governance – Processes that maintain and improve quality of patient care.

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 for Quality and Innovation (CQUIN) – a system of reward payments made by commissioners to hospitals to encourage better experience, involvement and outcomes for patients.

D

Datix – A patient safety web-based incident reporting and risk management software for health and social care organisations.

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.

Dr Foster – A company that has developed a Hospital Standardised Mortality Rate and other data comparisons across the NHS.

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.

Electronic Patient Record (EPR) – medical records and notes that are stored in a digital format instead of traditional paper document bundles.

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.

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 England 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 – A new kind of public service organisation. Based on mutual traditions, they are established as 'public benefit corporations' with new freedoms to innovate and forge partnerships in the public interest and governance arrangements designed to help trusts better reflect the needs of the communities they serve.

'Friend 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

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

Healthwatch Norfolk – 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) – and 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 considered.

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) – partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in the area. QEH is part of the Norfolk and Waveney ICS.

Integrated discharge – planning and managing a patient's discharge from hospital across all services and all parts of the hospital.

Intervention – any measure to improve health or alter 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 in 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.

N

National emergency access standard – a national standard for all Emergency Departments / Accident and Emergency Departments. The standard measures the number of patients seen, admitted and 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.

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 members 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. Non-Executive Directors have voting rights on the Board.

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.

PROM (Patient Reported Outcome Measures) – A national programme whereby patients having particular operations fill in questionnaires before and after their treatment to report the quality of care.

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 between the mid-1960s and mid-1990s, including QEH.

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

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 – sets out how our regulator 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 a 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.

To request this document in a different format, please contact 01553 613762 or email communicationsqeh@qehkl.nhs.uk

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