NHS
James Paget University Hospitals
NHS Foundation Trust

Annual Report 2018/19

#Proud of the Paget

James Paget University Hospitals NHS Foundation Trust

Annual Report and Accounts 2018/19

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

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Quality report: Chief Executive's statement on quality
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Partnership and ambition for the future

By Anna Davidson
Chair

We're committed to continuous improvement and 2018/19 was the year when we demonstrated this ambition by setting out our plans for the next five years. During the course of the year, we refreshed our Five Year Strategy to provide us with a route map to 2023, detailing how we will further improve our patient services while meeting the challenges facing healthcare both locally and nationally.

The strategy is built on the foundations of our four strategic ambitions which will guide our work over the next five years. These ambitions are designed so that all our staff can play an active role in making them happen. The first is focussed on delivering the best possible level of safe and effective care for our patients. The other three ambitions – which relate to staff development; finance; estates and infrastructure; innovation and research – help create the environment that allows safe and effective care to happen both now and in the future.

We recognise that achieving all our ambitions cannot be done alone. We need to work with our health and social care partners across Norfolk and Waveney so that, together, we create a sustainable healthcare system for tomorrow's patients. Our Trust is a key member of the Norfolk and Waveney Sustainability and Transformation Partnership (STP) which goes from strength to strength. It is developing plans which will see health and social care organisations working together in key areas such as workforce development and harnessing technology. We are also working to ensure that some services at Norfolk's three acute hospitals are more resilient and sustainable.

The strength of this partnership was clearly demonstrated as we approached the winter. Recognising how busy it would be, we worked together as a system to look at ways of reducing pressure on Norfolk's acute hospitals by keeping people well in their own homes to prevent admissions. For those patients that needed admitting, we put in place systems to help them get home as soon as possible with appropriate support. Together, we also helped highlight the measures people could take for themselves to stay well and how to access the most appropriate healthcare services as part of the NHS national winter campaign.

More locally, we've strengthened our partnerships with organisations in the Great Yarmouth and Waveney area during the course of the year. For example, our education team have developed strong links with local colleges through the James Paget Health Academy, which welcomed its first students this year. These students have now graduated and it is hoped that the academy will have inspired them to choose healthcare as a career. We have also been working closely with our GPs as the way that services are managed changes.

I believe that 2018/19 was significant for developing partnerships – and will be seen as a year when we put in place strong foundations on which to build sustainable services for our patients in the years ahead.

Performance report

A busy but progressive year

By Anna Hills
Chief Executive

It has been another busy year for the Trust, which has seen high demand in our Emergency Department and pressure on our bed capacity. Despite this, our fantastic staff have continued to provide quality care for our patients. We have implemented improvements across the hospital and we have received another positive endorsement for our services from the country's health and care regulator.

I am writing the introduction to this year's annual report, having taken over as Chief Executive from Christine Allen prior to a permanent appointment being made. Christine left in February for a new role leading West Hertfordshire NHS Trust. Before her depature, Christine oversaw implementation of a range of improvements, including several key developments to the estate:

- **the creation of an expanded Ambulatory Care Unit, where patients are provided with comprehensive assessment and treatment away from our busy A&E, with the aim of getting them home within a few hours**
- **improved restaurant facilities, with a new M&S Food to Go outlet in the foyer and an enhanced first floor restaurant, serving a range of hot and cold meals**
- **a hi-tech decontamination unit, with the very latest equipment, for our nationally recognised and accredited Endoscopy Unit**
- **new accommodation for our health and social care partners, who work closely with our staff to help our patients get home as quickly as possible when they are ready to leave hospital.**

You can find out more about these developments in the pages of this annual report.

It goes without saying that all of them have been achieved while ensuring that we keep a tight rein on our finances, see best value for money and ensure that every penny is spent for the benefit of our patients, staff and visitors.

For example, both the Ambulatory Care Unit and accommodation for our partners benefited from substantial national grants, while creation of the new M&S facility cost the Trust nothing and is now providing us with an income stream which is being used to finance further improvements. These include new patient/visitor toilets which are due to open early in 2019/20.

But our achievements went beyond bricks and mortar, with perhaps the most notable being a third consecutive 'Good' rating from the Care Quality Commission (CQC). A team of inspectors visited the hospital in the summer and inspected three clinical areas – medical care, maternity and end of life care.

As a result, the inspectors concluded that the Trust should retain its overall grade of 'Good' for the third time in as many inspections. Bearing in mind the challenges faced during the year, this was a tremendous achievement which once again underlined the dedication of our staff.

As we move into 2019/20 our work within the STP becomes even more critical. We are leading on the changes needed by all partners to respond to the capacity and demand challenges. The priorities for us are a single clinical strategy across the three acute trusts and a review of the options to more closely align the trusts. This will ensure that we continue to provide the best possible care for all our patients.

Our purpose, strategy, objectives and risks

This section of the report provides a summary of what we set out to do in the last year, what we have achieved, and the work we still want to do.

The hospital was built in 1981. We were the first Foundation Trust in Norfolk and Suffolk, authorised on 1 August 2006. We are governed by a Board of Directors and the Council of Governors. Externally, our activities are overseen by NHS Improvement (NHSI) and by legislation. Our quality of care is assessed by the CQC.

Like all NHS Foundation Trusts, there are three components:

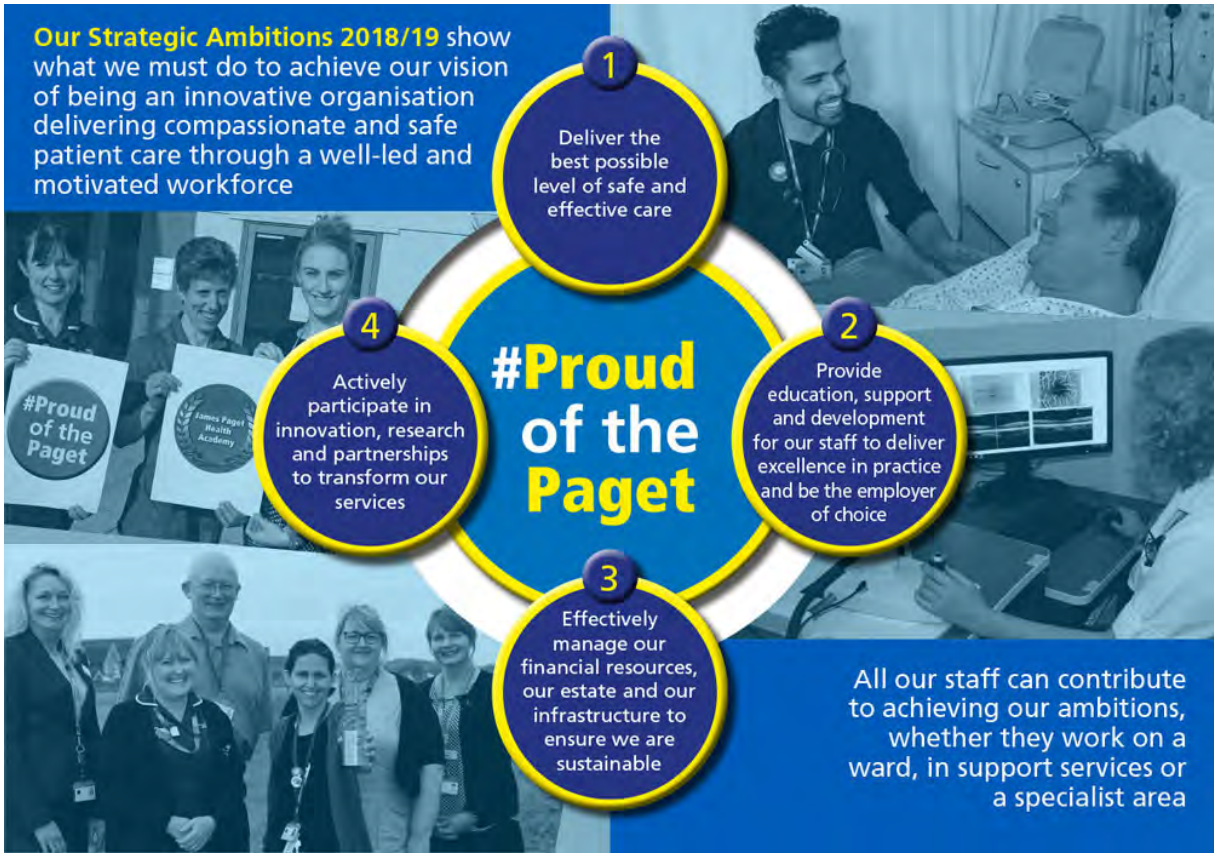
- The Membership Community: This includes staff, patients and carers and the public. Membership is open to anyone over 16 who has either been a patient or carer at our hospital, is a member of staff, or who lives in our defined catchment area. We have just over 11,000 public and staff members
- Council of Governors: We have 28 Governors including the Chair of the Board who also chairs the Council. Elected public and staff Governors form the full Council with representatives of NHS partner and local authority organisations
- Board of Directors: Non Executive and Executive Directors, including three non voting members and the Trust Secretary.

We provide a full range of district general hospital services for the population of Great Yarmouth, Lowestoft and the surrounding areas. This includes the many visitors to this holiday destination. The Trust currently serves a population of 230,000. A Health and Wellbeing Conference held in December 2018 confirmed that the population of Norfolk and Waveney of 1.01 million is forecast to increase by over 10% by 2037, another 120,000 people. The main growth will be people aged 65+.

Our objectives

Our priority is the care we provide to our patients. Each year the Board of Directors sets objectives for the next 12 months to ensure focus on what we want to achieve, in line with our strategic ambitions.

We oversee progress through the Board Assurance Framework (BAF) which is considered at each Board of Directors' meeting. Board Committees consider those elements that they are responsible for. The BAF has been developed by identifying the key risks to achievement of the objectives and the mitigation and assurance required to monitor the progress being made.



Work has been ongoing in-year to integrate a number of acute services, mainly with the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also with the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust. This sees a number of key specialities being redesigned to develop new patient pathways under a single clinical leadership across the acute trusts. This is complex and shows a real commitment to ensuring patient centred services are sustainable and developed in consultation with stakeholders.

The final year-end position against the published objectives is positive, with nine of the 10 fully achieved. One was not assessed due to national changes in-year.

Performance against Trust Objectives 2018/19		
Ambition 1: Deliver the best possible level of safe and effective care		
1	Deliver the 2018/19 quality priorities set out in the Quality Improvement Strategy with a focus on Patient Experience, Patient Safety and Clinical Effectiveness. This would be supported through a data driven approach to transformation and quality improvement.	**Achieved** Significant progress made and a quality improvement implementation plan developed; a Medical Examiner is in post and the service is fully operational from 1 April 2019; Trust accreditation programmes identified; a range of actions taken in maximising recruitment and retention forecasts; processes developed to support local carers organisations and training is in place to improve communication; a Trust User Group has been established. Further work is required to offer patients the opportunity to be involved in investigatory processes following serious incidents. Full details of the work undertaken can be found in the Quality Report 2018/19.
2	Develop a capacity and demand assessment to ensure the Trust's delivery of contractual and regulatory activity requirements, addressing any known shortfalls in our workforce and fully utilising our infrastructure.	**Achieved** One service review was completed, Trauma and Orthopaedics (T&O) prior to the Sustainability and Service review programme being suspended to enable resource to be diverted to the mortality work and other projects; to be reconsidered in the new financial year. Significant time was given to the Boston Consulting Group (BCG) demand and capacity work with a far reaching outcome; several Getting It Right First Time (GIRFT) reviews were undertaken, and a Use of Resources review and inspection and review of Model Hospital. Acute Services Integration across the system had also involved some of the Trust's most challenged services.
Ambition 2: Provide education, support and development for our staff to deliver excellence in practice and be the employer of choice		
1	Deliver the Trust's Five Year People Strategy objectives.	**Achieved** Work has continued to attract the right workforce and a new electronic recruitment system is in place; our talent mapping approach has progressed and leadership development opportunities are being provided; we continue to support the health and wellbeing of our staff through a range of activities; a revised Research Strategy has been approved. The People Strategy was refreshed in November 2018 with oversight at the Board's Workforce, Education and Research Committee. Redesign of workforce processes, projects and staff engagement is underway to support the Trust into the future. Staff sickness remains a concern with monthly reporting to the Board of Directors.

2	Demonstrate an effective and efficient leadership model for Well Led as measured by the Care Quality Commission (CQC).	**Achieved** The CQC rated the Trust as Good in its first Well-led inspection in the summer of 2018 whilst we strive to be Outstanding. This reviewed the quality of leadership at every level and how well the Trust manages the governance of its services to continually improve the quality of services and safeguard high standards of care.
Ambition 3: Effectively manage our financial resources, our estate and our infrastructure to ensure we are sustainable		
1	Deliver the Trust's financial and use of resource requirements as set out in the regulatory framework, taking account of the developing ICS (Integrated Care System) / ICO (Integrated Care Organisation) models and associated system control totals in due course.	**Achieved** The Trust has achieved its full year financial plan. NHS Improvement rated the Trust as Requires Improvement for its use of resources largely due to the existing financial deficit and some performance issues, whilst it was recognised that the Trust performed well in many areas. The combined rating for quality and use of resources is Good.
2	Deliver the actions from the Trust's Site Strategy to ensure the site is fit for purpose moving forward.	**Achieved** The site was enhanced during the year with an expanded Ambulatory Care Unit, new restaurant facilities, new M&S Food to Go, a high tech decontamination unit, new accommodation for our health and social care partners to support patient flow, new visitor toilets including 'Changing Places' and our first gender neutral facilities. In early April 2019 the procurement process to appoint a Strategic Estates Partner began to enable continued progress in achieving our 10 year strategy.
3	Deliver the actions from the Trust Commercial Strategy to release income opportunities.	**Achieved** Aubergine restaurant upgraded and now open to staff and visitors; new M&S Food to Go opened, enabling commercial funding of new toilet facilities in the main foyer. Planning has begun to further develop the strategy in 2019/20.
4	Commence planning for an Electronic Patient Record (EPR) system, consistent with the Trust's needs and in support of the care record needs of the emerging ICO and ICS for Norfolk and Waveney.	**Achieved** Being managed as part of the Norfolk and Waveney Health and Care Partnership, the STP, with the Board of Directors having approved the Strategic Outline Case for this long term project.

Ambition 4: Actively participate in innovation, research and partnerships to transform our services		
1	Redesign service pathways both within the Trust and across the wider system to achieve patient focused sustainable services.	**Achieved** We have undertaken significant work on acute service transformation and the review of patient pathways continues in a number of specialties, working with the two local acute hospitals. The Trust is fully involved in the Norfolk and Waveney Health and Care Partnership (the STP).
2	Develop an Integrated Care Organisation (ICO) model in Great Yarmouth and Waveney.	**Not assessed due to national changes and publication of the NHS Long Term Plan**

Risks

The Board considers the Trust's significant risks at each of its meetings. In year these have included the financial position, mortality indices, failure to achieve the Referral to Treatment and the A&E 4 hour access standards.

For the mortality indices, significant progress was made led by the Medical Director. The Trust's SHMI – Summary hospital-level mortality indicator – was higher than expected in 2017/18 and into 2018/19, coming back into 'as expected' later in the year. Full details can be found in the Quality Report.

There are currently no extreme risks on the risk register. The Annual Governance Statement, within the financial statements, provides more detail.

Our strategic plans and working in partnership – what we want to achieve for our patients

The strategic ambitions underpin everything that we do and enable us to achieve our vision and to provide the right care for our patients.

Our Five Year Strategy has been refreshed this year to ensure that it takes account of the pace of change in the NHS and the NHS Long Term Plan published in-year. This short strategy sets out the issues that are important to us in providing effective services to our patients. The Board has continued to spend time on its strategic thinking and the longer term view as we work with the other two acute trusts in Norfolk and Waveney and seek to integrate services. We plan to make significant progress during the next year.

The NHS Long Term Plan sets out a clear direction for integrated care. We are fully engaged in the work of the STP, including the work required to form an Integrated Care System (ICS), which is reflected in the Trust's Strategy.

Norfolk and Waveney Sustainability and Transformation Partnership (STP)

in good health
The Norfolk and Waveney Health and Care Partnership

We are leading the cancer, maternity, and demand and capacity workstreams. As the STP moves towards becoming an Integrated Care System we will contribute to its development to best support patients in Norfolk and Waveney as well as Great Yarmouth and Waveney. As the Primary Care Networks become established, providing integrated working, particularly across primary care and community services, this is an opportunity to further embed system working.

The STP communications and engagement leads have been working on a new STP website for launch in early 2019/20. This will enhance the information available and includes a map of the STP area, showing the success stories from across Norfolk and Waveney. These include new investments and initiatives that are delivering benefits for local people.

How we have performed – our analysis

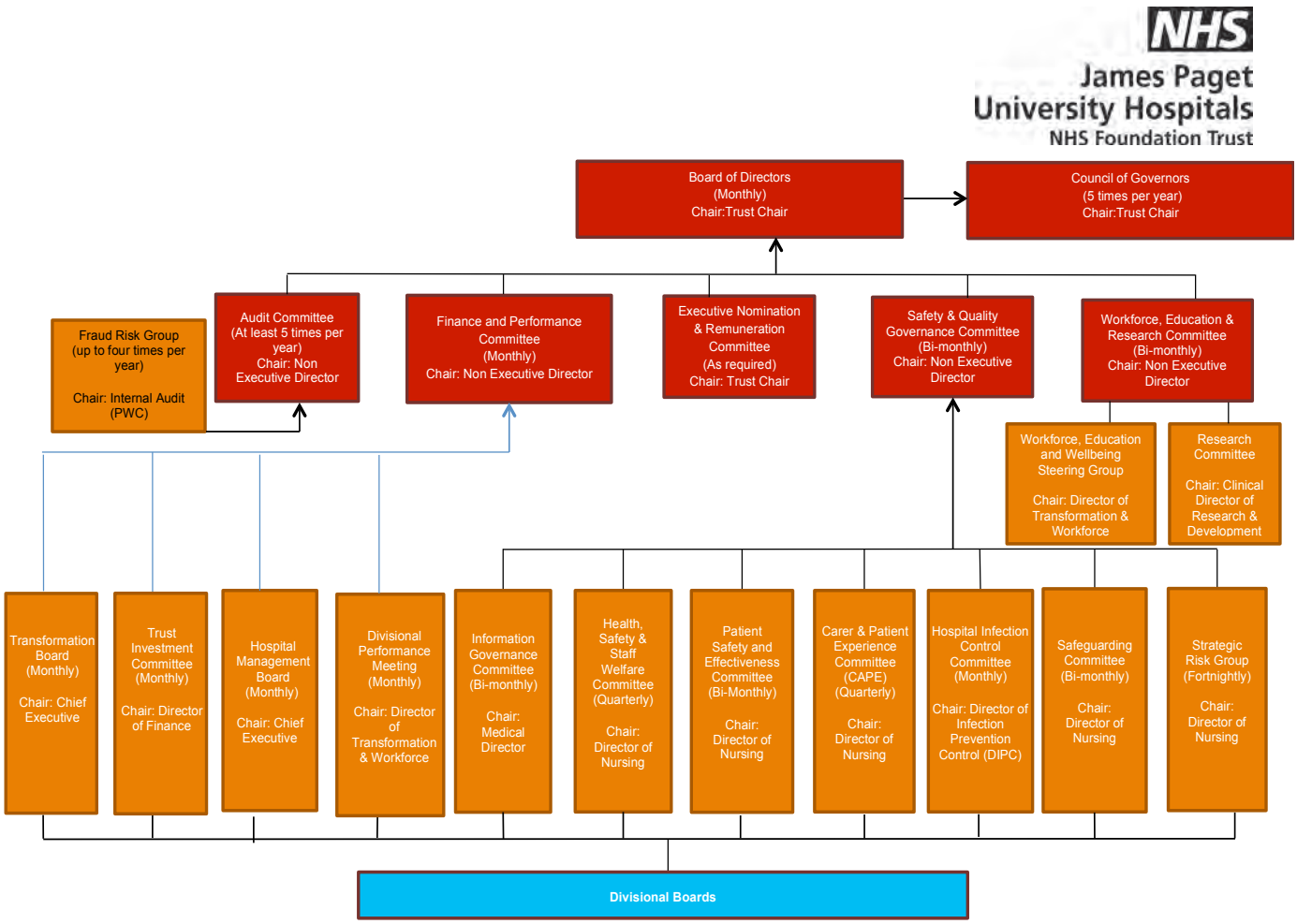
A three year activity trend is presented which shows that previous increases in demand in A&E have continued.

Activity	2016/17	2017/18	2018/19
Elective Inpatients	5,189	4,022	4,048
Day Cases	31,599	31,342	32,562
Non-Elective	25,894	27,525	29,476
Outpatients	210,920	204,515	220,014
A&E (Emergency Department)	74,820	77,678	80,866

The final position against the main performance indicators we measure is set out below:

	Indicator		Threshold 2018/19	JPUH 2018/19
1	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		92%	86.14%
2	A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge		95%	89.22%
3	All cancers: 62 day wait for first treatment from:	urgent GP referral for suspected cancer	85%	80.74%
		NHS Cancer Screening Service referral	90%	97.81%
4	All cancers: 31 day wait for second or subsequent treatment, comprising:	Surgery	94%	100%
		Anti-cancer drug treatments	98%	100%
		Radiotherapy	94%	N/A
5	All cancers: 31-day wait from diagnosis to first treatment		96%	99.83%
14	C difficile: trajectory		16	15
20	Certification against compliance with requirements regarding access to health care for people with a learning disability		Compliance	Compliance

Performance is assessed through our Committee structure, as set out below:



The Key Performance Indicators that the Board wishes to monitor, in addition to the mandated indicators, are reconsidered each year. A performance management framework sets out how performance is managed and is also reviewed and approved annually.

The Board's Finance and Performance Committee considers the finance and performance reports in detail; the Safety and Quality Governance Committee considers all quality-related issues and the Workforce, Education and Research Committee does the same for workforce related reports. All are presented to the Board each month and are available on the Trust's website.

Going concern

The Board of Directors has been regularly updated on the financial plans of the Trust, via its Finance and Performance Committee. The Audit Committee also reviewed the Trust's position in relation to going concern at its meeting held in February 2019, where it considered continuation of service and financial sustainability in reaching its recommendation to the Board to adopt the going concern basis in preparing the Financial Statements.

The Board of Directors has agreed budgets for 2019/20 and this also forms the basis of the annual financial plan which was submitted to NHS Improvement as part of the 2019/20 Operating Plan. The Operating Plan considers the future financial, operational and environmental conditions and associated risks, and is based upon either signed contracts or agreed income levels with commissioners for the continued provision of NHS services.

Having received this information the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

Sustainability

As the largest public sector emitter of carbon emissions, the health system has a duty to respond to meet these targets which are entrenched in law. The Trust continues to make significant progress to improve its sustainability and reduce its impact on the environment.

This year's improvements have been fantastic – representing a better environment for our patients and a positive impact on our finances. Key performance areas are listed below:

Reducing our use of fossil fuels

- Using Combined Heat and Power plant to produce 'green' heat and electricity
- Generating 'green' electricity locally with our onsite Photovoltaic Solar Farm
- 56% of the James Paget Hospital's electricity was generated onsite using 'green' technologies in 2018/19
- Installing efficient theatre ventilation systems which recover heat from extract air
- Turning off computers automatically when they are inactive to reduce power consumption

Promoting sustainable procurement

- Purchasing goods and services from local suppliers
- Buying food from local sources and cooking meals within our hospital
- Designing and constructing buildings to the latest BREAM standards for sustainability

Promoting sustainable travel and transport

- Promoting walking and cycling to work via the hospital's Health and Wellbeing group
- Providing bicycle storage facilities for staff and visitors
- Discouraging unnecessary vehicle use by charging for car parking
- Providing low emission and electric cars within the staff car pool
- Promoting low emisison vehicles for all lease cars

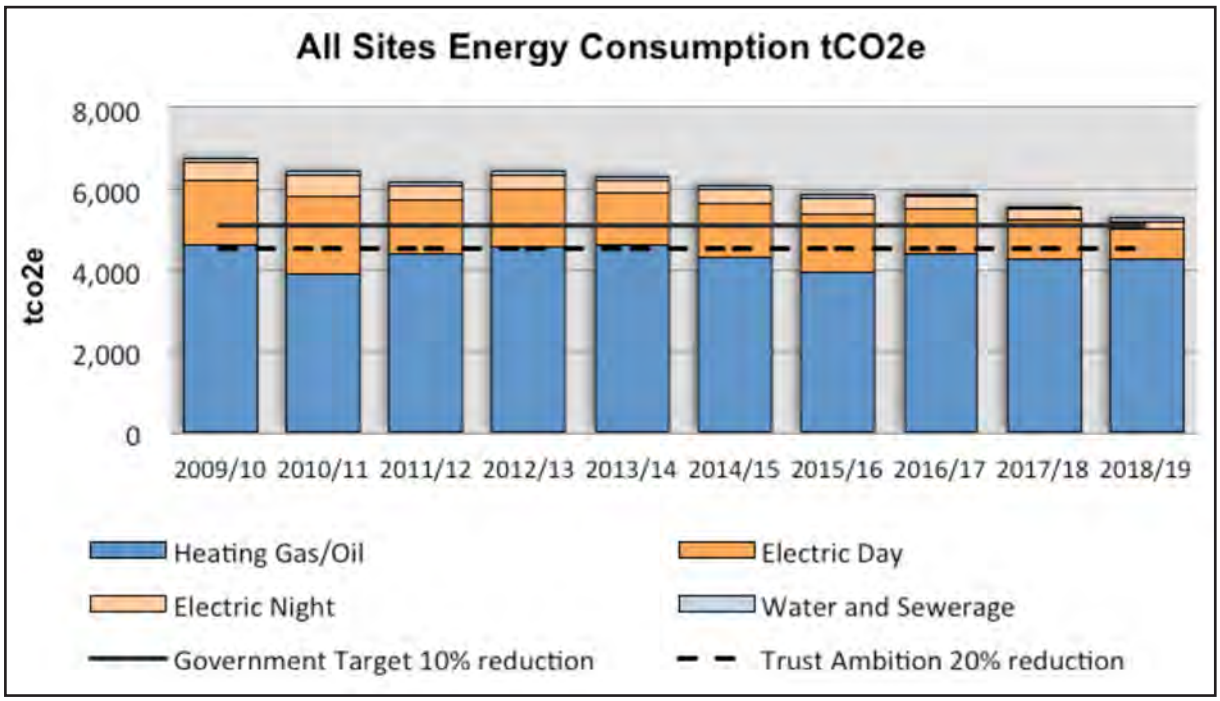
Reducing waste

- Ensuring equipment is well maintained and repaired rather than being replaced
- Reducing printing by the use of electronic documents and tablets etc
- Recycling confidential waste paper
- Recycling cardboard
- Recycling old used batteries
- Recycling cooking oil from the hospital kitchens
- Recycling printer Cartridges, etc.

Reducing our emissions

In 2007, the Trust established a baseline for its CO2 emissions and initiated a 10 year plan to enable it to meet the government target of a 10% reduction in emissions within the NHS by 2020.

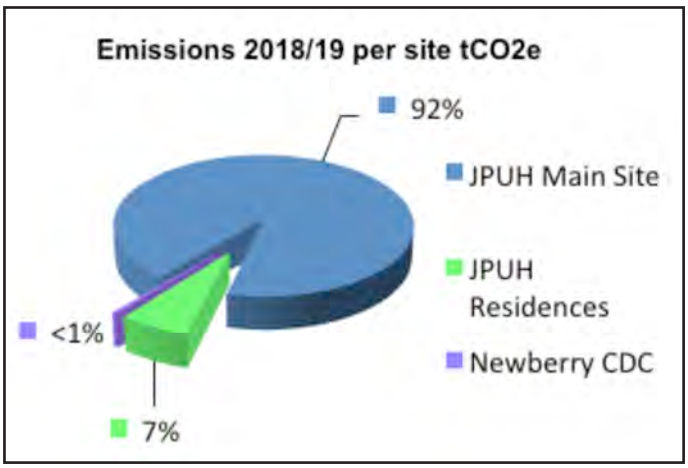
Over the past 12 months emissions produced by the consumption of natural gas, oil, electricity and water have reduced from 5,554 tCO2e to 5,260 tCO2e. This reduction has been delivered despite a significant rise in hospital attendances and a general increase in business activity.



The reduction in CO2 emissions has been delivered by a combination of site rationalisation, optimisation of renewable energy sources (such as Combined Heat and Power Generators, PV Solar panels), improved maintenance regimes and efficient use of heating boiler plant.

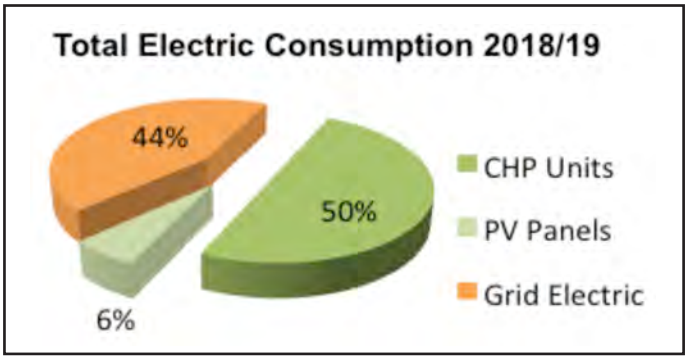
CO2 Emissions

The James Paget Hospital site is responsible for 92% of the Trust's overall CO2 emissions whilst the staff residences and the Newberry Child Development Centre collectively equate to 8%.



"Green" Electricity

In the 2018/19 reporting period 56% of the James Paget Hospitals' electricity was generated on-site using 'green' technologies such as PV Solar generation and Combined Heat and Power. This is an increase in performance of 4% compared to the previous year.



Future developments

- **Installation of LED Lighting**

The Department of Health and Social Care has earmarked £46 million of capital funding over the period 2019-21 to increase the penetration of LED lighting across the NHS estate. This funding is to support Trusts to make required investments in energy efficient lighting that:

1. Reduces electricity use
2. Produces carbon savings
3. Reduces ongoing maintenance costs, and
4. Improves patient and staff experience through better quality lighting.

Upgrading to energy efficient LED lighting will commence in 2019/20 and be completed as a phased programme of works over a 24 month period. We will receive a maximum of £221,000 to support this upgrade to our lighting.

- **'Renewable Backed' energy supply**

From 1 April 2019 all electricity imported into the hospital site will be generated via a 'Renewable Backed' energy supplier. The Trust estimates a reduction of up to 893 tCO2e per year will be delivered by switching to the new renewable electricity source. The overall impact of this change is expected to reduce the Trust's CO2e emissions by approximately 20% when compared to the baseline year of 2007.

Post year-end events

Despite significant time given to the Trust's submission, we were unsuccessful in bidding for the re-commissioning of Adult Community and Specialist Palliative Care services. This has resulted in a range of services being transferred to the new providers and the consequent transfer of some of our staff. We continue to work with the new providers following the transfer on 1 April 2019, both by delivering some services as a sub contract to the new provider, and working closely on the reconfiguration of patient pathways to ensure the best outcomes for patients in the quality of care that they receive.

As a Trust we were extremely proud of all the staff involved, who put to one side any anxieties that they had for their own future, and focussed on the right service pathways for their patients.

Looking ahead to 2019/20

The objectives confirmed for the next year came after discussion with Board members, the Council of Governors and our Hospital Management Board. They are:

Trust Objectives 2019/20

1 Deliver the best possible level of safe and effective care

Ambition 1

- Deliver the quality priorities for 2019/20 in line with the Quality Improvement Strategy
- Deliver the 2019/20 objectives of the Clinical Strategy
- Develop and agree a single clinical strategy across the three Norfolk acute trusts, reflecting the priorities of the NHS Long Term Plan

2 Provide education, support and development for our staff to deliver excellence in practice and be the employer of choice

Ambition 2

- Deliver the 2019/20 objectives of the Trust's People Strategy
- Develop and start resourcing a 10 year workforce plan to deliver Trust objectives
- Agree a robust and comprehensive organisational development plan, fully engaging with staff, delivering in-year objectives to plan
- Deliver the 2019/20 Education Strategy objectives
- Agree, resource and commence delivery of a plan to underpin staff wellbeing, ensuring our staff are supported and appropriately trained

3 Effectively manage our financial resources, our estate and our infrastructure to ensure we are sustainable

Ambition 3

- Balance quality of care, performance and financial resources to meet regulatory requirements, working as part of the Norfolk and Waveney health and care partnership (STP)
- Align, where appropriate, the Trust IT strategy with the STP Digital Roadmap
- Deliver the 2019/20 objectives of the Trust's Commercial Strategy
- Deliver the 2019/20 objectives of the Trust's Site Development and Estates Strategy including completion of the strategic estates partner procurement process

4 Actively participate in innovation, research and partnerships to transform our services

Ambition 4

- Complete the first stages of Acute Services Integration
- With acute and commissioning partners, review the options and agree to more closely align the three acute trusts in Norfolk at a strategic and operational level
- Work with partners to respond to the capacity and demand challenges, agreeing and delivering the initial steps required to maximise the sustainability of the Norfolk and Waveney system
- Deliver the objectives of the Trust's Research Strategy

Anna Hills
Chief Executive and Accounting Officer
20 May 2019

Accountability report:

Directors' report

The Code of Governance

These disclosures provide more detail on the Trust's governance arrangements and illustrate how the main and supporting principles of NHS Improvement's Code of Governance (the Code) are used in how we work. The 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.

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

The Trust has applied all the principles of the Code which underpin the governance processes in place. A full assessment of compliance against each element of the Code was conducted on first publication and updated in line with the revised version, July 2014, and again in 2016/17.

There has been a revision to the UK Corporate Governance Code during 2018. Nationally work is underway to revise the Code of Governance to reflect the new Code, at which point a full Trust assessment will be undertaken.

There have been no changes this year that would impact on the Trust's compliance with the Code. The main elements are set out within this section of the report:

Section A/B: The role of the Board of Directors and its responsibilities; Governors

- Full details of the Board role, its membership, appointment dates, experience and areas of responsibility are set out from page 21
- The Council of Governors' membership and number of meetings can be found from page 72 The changes made in 2017/18 in the way that Non Executive assurance is provided to the Council of Governors continues to be well received, and takes a significant amount of time at each meeting. Presentation direct to Governors has enabled full discussion at each Council meeting
- Information on Governors' engagement as part of the membership strategy can be found at page 73
- Governors involvement in developing the forward plan can be found at page 71
- Appointments and performance reviews are included within the Remuneration Report at page 44
- There have been no changes to the Chair's commitments that required a report to the Council of Governors
- Non Executive Director independence is considered annually, see page 25
- Board diversity was reconsidered with an external expert this year as part of a wider piece of work on equality, diversity and inclusion. This indicated that there remains a good gender mix and, whilst enhancing the diversity of input into Board discussion is the ideal, it is not felt to be a significant issue. As a diverse, multi-cultural

organisation we continue to welcome interest from all sections of society in any recruitment processes, most recently for a new Audit Committee Chair.

Section C: Accountability

- Requirements are discharged through this annual report and regulatory submissions to NHS Improvement
- Information on the Audit Committee and effectiveness of the Trust's system of internal controls can be found at page 38
- There have been no External Audit appointments/removal in-year.

Section D: Director remuneration

- Contained within the Remuneration Report.

Section E: Relations with stakeholders

- A full review of our stakeholder relations is undertaken at least every six months to ensure that we continue to focus on these important links
- We are a partner within the Norfolk & Waveney STP and lead on a number of work streams, as set out at page 12
- The Board has considered its strategic position in detail over recent months and has taken a lead in setting out a vision for longer term partnership working. This has been shared with other acute trusts, the STP leadership and included in our objectives for 2019/20
- A Council of Governors' report is presented to the Board of Directors so that the Board is fully aware of the Council's priorities and any concerns
- The changes made to Board meetings have significantly enhanced engagement with staff and patients. New opportunities have been offered – departmental presentations, a 60 minute challenge – when the team uses the time with Board members in any way they wish – and Walk in my shoes, one to one time with a Board member/staff member to really understand their role and its challenges, and help if we can
- Progress on the membership strategy is set out on page 73

The elements that are not applicable in year are:

- An explanation if neither external search nor open advertising was used to appoint a Chair or Non Executive Director – external recruitment used for the Audit Committee Chair
- Use of the Council's power to require one or more of the directors to attend a governors' meeting – not required as agenda setting ensures attendance when required to provide more information on specific subject areas. The Chief Executive, or another member of the Executive Team, is always in attendance at Council of Governors' meetings
- No Executive Directors have been released to serve as a Non Executive Director elsewhere.

Our Board of Directors

The Board's role

The Board provides leadership and sets the tone for the organisation. As a unitary board, the Non Executive Directors share responsibility with the Executive Directors for ensuring that resources are in place to meet the objectives set. In an emergency, powers are exercised by the Chief Executive and Chair after having consulted at least two Non Executive Directors.

The Chair leads both the Board and the Council of Governors, ensuring that there are effective processes in place for the Board and Governors to work together and that there is an accurate record of decision making. Terms of reference, which are reviewed at least annually, set out the detailed responsibilities including promoting the success of the organisation to maximise the benefits for members and the public.

The Board sets the strategic direction and the objectives, having taken account of staff, Governor and stakeholder views, and oversees the running of the Trust by annually assessing that the conditions of the Provider Licence are being met. Compliance was confirmed most recently in March 2019. This includes the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

The Board meets every month. In April 2018 the Board of Directors moved to meeting in public on alternate months to enable more time to engage with staff and patients. Six meetings have been held in public. These changes have enabled significant additional engagement with staff and patients, which has been very well received. The Board received a six monthly update on these new processes in November 2018 with a further report due in May 2019.

When the Board meets in private, all papers that are usually published are still available on the Trust's website. For any item considered in private, justification for doing so is required.

More informal monthly Board Seminars are held for briefing, mandatory training and strategic development. A review of the 2018/19 seminar programme confirmed that this time is important to support an effective Board, enabling discussion and reflection that is not possible at a formal Board meeting. The programme for the year is flexible to meet any new requirements and effectiveness is reviewed at every meeting. The outline agenda schedule for 2019/20 has been confirmed.

There remains good, constructive challenge between both Executive and Non Executive Directors, a sense of common purpose and a focus on our patients.

Membership and attendance at the Board of Directors is set out below:

Voting Board Members	
	**Anna Davidson - Chair** Appointed Chair by the Council of Governors in May 2017. Joined the Trust as a Non Executive Director in February 2016, becoming Deputy Chair in November 2016. Anna has worked predominantly within the public and private sectors, most recently as a senior executive director within the Norse Group, which she left in August 2015. During her 10 years at Norse Property Services (NPS), Anna was a key member of the Strategic Leadership Team and her responsibilities included business development, strategic planning and the development of new joint ventures and consultancy services. She has previously been a Director on the boards of three subsidiary companies within the Norse Group as well as being a Director on the Board of the North Lincolnshire Local Education Partnership, where NPS was a founding partner. Responsibilities: Chair of Board of Directors; Chair of Council of Governors and Committees; Chair of Charitable Fund Trustees; Chair of Executive Nomination and Remuneration Committee; Non Executive lead for safeguarding, STP partnerships, business developments and joint ventures.

Executive Directors

Christine Allen - Chief Executive

Appointed July 2013 to February 2019

Christine has worked for the NHS for over 30 years, including as Deputy Chief Executive at Northampton General Hospital NHS Trust prior to joining the Trust.

She also held both operational management and strategic planning roles at board level and has led significant transformational change and service redesign in clinical services.

Responsibilities: Accounting Officer including Freedom to Speak Up processes.

Anna Hills - Chief Executive

Chief Executive from 1 March 2019 prior to a permanent appointment being made during 2019.

Appointed on the Board from December 2013 as Associate Director; Director of Governance role from October 2015, Deputy Chief Executive from 1 April 2018 having undertaken the role for six months in 2017.

Anna has worked at the Trust since 2010 and has held a number of previous roles within the NHS and private sector leading quality, assurance and service development activities. Anna has a clinical background, having originally trained as an orthoptist.

Responsibilities: Accounting Officer

Mark Flynn - Director of Finance

Appointed April 2014

Mark has worked at the hospital since 2007 inititally as Deputy Director of Finance and then as Director of Finance from 2014. Mark previously held senior finance roles within the social housing sector, with over 25 years finance experience gained in both the public and private sectors.

He is a Fellow Chartered Certificated Accountant (FCCA) and is also a member of the Association of Accounting Technicians (MAAT).

Responsibilities: Finance; Contracting; Procurement; Commercial Strategy; Estates and Facilities; Sustainability: Energy Carbon Management; Charitable Fund; Counter Fraud.

Julia Hunt – Director of Nursing

Appointed December 2016 (Acting role from May 2016)

Julia is a registered nurse who has worked in the NHS for over 30 years. She has spent the majority of her career at James Paget University Hospitals performing a variety of roles including; Clinical Nurse Specialist in Palliative Care and Head Nurse for Safeguarding Adults.

The majority of Julia's nursing practice has been in emergency medicine.

Responsibilities: Lead for Nursing, Midwifery and AHPs; Co-Director/Joint Executive with Medical Director for Clinical Practice; Director of Infection Prevention and Control (DIPC); Safeguarding Lead; Nurse/Midwifery Revalidation; End of Life; Learning Disabilities; Dementia; Non-medical education; Chaplaincy.

Hazel Stuart - Medical Director

Appointed from 5 March 2018

Hazel has been a Consultant Anaesthetist at the Trust since 1999 and was Deputy Medical Director at the hospital from 2013, before being appointed as Medical Director in March 2018.

Born in Great Yarmouth general hospital, she went to Great Yarmouth Grammar School before beginning her medical career at the James Paget Hospital in 1981 as a nursing auxiliary, prior to going to medical school. Qualifying in 1987, Hazel's work then saw her training in obstetrics and gynaecology, paediatrics and emergency medicine and her varied career has seen her working at St George's Hospital in London, as well as in the Australian outback.

Responsibilities: Lead for Medical and Dental practitioners including medical education; Co-Director/Joint Executive (with Director of Nursing) for Clinical Practice; Medicines Management Lead (incl lead for pharmacy); Clinical Audit and Effectiveness; Radiation; Seven day services; Caldicott Guardian; Mortality; Medical revalidation; Cancer; Research.

Graham Wilde - Chief Operating Officer

Appointed March 2017 (Acting role from September 2016)

After spending 12 years in the RAF as an engineer, and eight years as a Baptist Minister, Graham joined the NHS in 2000 as a Hospital Chaplain. Graham moved into general management. Graham has held senior roles in both Acute sector provision and commissioning; these include Divisional General Manager roles in both Medicine and Surgery in the Acute Sector, and was a Director of Strategy and Partnership in North East Lincolnshire Care Trust Plus, which was an organisation responsible for commissioning and providing Community Health and Social Care.

Graham first joined the Paget's team in June 2015.

Responsibilities: Operational delivery and performance, Hospital Management Board; Emergency Preparedness and Business Continuity; Health and Safety; Security Director; Decontamination.

Andrew Palmer – Director of Transformation and Workforce

Appointed on the Board from December 2013 as Associate Director; Director role from January 2015. Director of Transformation from February 2018.

Executive lead for the workforce portfolio from February 2019.

Andrew has worked in a variety of senior management roles over the last 24 years in both the public and private sectors, with the last 16 years working for the NHS.

Responsibilities: Performance management framework; Information Technology & Security; Information Governance; Senior Information Risk Owner (SIRO); Data Protection Officer (DPO); Chief Information Officer; Informatics; Health Records; Finance Project Management Office (PMO): financial recovery; Service transformation, workforce.

Jonathan Barber – Director of Strategy and Integration

Appointed February 2018 (six months fixed term, extended), permanent role from 1 March 2019

Jonathan has worked at the hospital since 2014, initially as a joint appointment with the Great Yarmouth and Waveney CCG. He has been Deputy Director of Strategy and Transformation since 2016 and became the Director of Strategy in February 2018 as a result of changes in Executive portfolios. Jonathan previously held senior management roles in both local and central government and holds an MBA in public sector management.

Jonathan is Vice Chair of a Housing Association and has held a number of other non-executive positions.

Responsibilities: Strategic Planning, Trust lead for the Norfolk and Waveney Sustainability and Transformation Partnership; Partnership working.

Trust Secretary

Ann Filby - Head of Communications and Corporate Affairs

Appointed to Trust 2006; Head of Communications from September 2010

Ann joined the Trust in 2006 to manage the Monitor assessment process for becoming a Foundation Trust, having previously worked in a community NHS Trust and a Primary Care Trust in Norwich. Ann has since held a number of slightly different roles, but all encompassing elements of communications and has managed Board processes since joining the Trust. From 2015 Ann has taken over responsibility for the Trust's corporate office supporting the Board of Directors and management of Freedom of Information requests.

Ann is an accredited PR practitioner and Member of the Chartered Institute of Public Relations.

Responsibilities: Trust Secretary: Board of Directors, Council of Governors, Trust membership; Trust's corporate office: compliance and constitutional issues; Conflicts of Interest and Hospitality policy; Fit and Proper Person requirement implementation; Internal/external communications; Freedom of Information Act; Corporate publications and Patient information.

Non Executive Directors

Stephen Javes – Non Executive Director

Appointed by the Council of Governors for his first three year term of office from 1 January 2019 until 31 December 2021.

Stephen was Chief Executive of the Orwell Housing Group for 27 years until September 2018, setting strategy, policy and the tone of the business. His oversight sought to ensure that solutions were found to care for people in an ever more challenging world and with an ageing population. Stephen brings a range of skills and a wealth of experience into this Non Executive role having served on many private and public Boards; he currently chairs Community Action Suffolk.

Responsibilities: Stephen will be undertaking his induction to the Board January-March prior to taking on the role of Audit Committee Chair from 1 April 2019

Paula Kerr - Non Executive Director

Appointed by the Council of Governors for her first three year term of office from 1 November 2016 until 31 October 2019

A former group director at pharmaceutical company SmithKline Beecham and chair of a national charity Paula has experience at board level in private, public and voluntary sector organisations in the fields of health, social care and education.

She joined the Trust after spending more than three years working as a trustee, vice chair and chair of trustees at Livability, a national charity providing disability and community services. Prior to that, Paula had Non Executive roles in an acute hospital, a Mental Health Trust and a Strategic Health Authority.

Responsibilities: Business and marketing strategy; Trust sustainability and transformation; Procurement.

Professor Nicola Spalding - Non Executive Director, representing the University of East Anglia

Appointed by the Council of Governors for her first three year term of office from 1 April 2016. Reappointed for second 3 year term of office from 1 April 2019 until 31 March 2022.

Nicola is an occupational therapist, who previously worked at the James Paget Hospital for nine years specialising in orthopaedics and palliative care. For over 20 years she has worked as a lecturer in occupational therapy, and was appointed as Professor of Occupational Therapy in 2013. Nicola teaches preregistration occupational therapy students, and also lecturers on a Masters programme in clinical education to support health and social care professionals who want to enhance their role as educators in the workplace.

As well as lecturing Nicola has had a number of leadership roles at the university, including Course Director for both the BSc and MSc preregistration Occupational Therapy programmes, Teaching Director for the School of Allied Health Professions, Associate Dean for the Faculty of Medicine and Health Sciences and Deputy Head of the School of Health Sciences.

Responsibilties: Chairs the Board's Workforce, Education and Research Committee; workforce; chairs the Trust's Remarkable People Organising Committee.

Peter Hargrave - Non Executive Director and Senior Independent Director

Appointed by the Council of Governors for his first three year term of office, until October 2016. Reappointed for a second three year term until 13 October 2019 - left the Trust 31 March 2019

Peter has worked across a number of Non Executive roles, including Vice Chair of Broadland Housing Group, and Board member of NHS Great Yarmouth and Waveney, Great Yarmouth Port Authority and the Ministry of Defence Police and Guarding Agency.

His professional background is in accountancy and management, having worked across public, private and not-for-profit sectors.

Responsibilities: Chair of the Board's Audit Committee; Counter fraud; Raising Concerns/Freedom to Speak up Guardianship; Security; Emergency Preparedness, Resilience and Response.

Roger Margand - Non Executive Director

Appointed by the Council of Governors for his first three year term of office from 1 September 2017 until 31 August 2020

A partner at Spire Solicitors LLP in Norwich, Roger has extensive experience in commercial legal transactions, advising management teams and drafting and reviewing commercial contracts. He has worked with charity and non-profit organisations alongside property developers, surveyors, banks and pension funds and has provided regulatory advisory and support for a variety of boards as well as company secretarial services.

A graduate of the University of East Anglia, he was admitted to the roll of the Law Society in 1996 after qualifying as a solicitor and also holds Chartered Institute of Marketing and Advanced Employment Law qualifications.

Responsibilities: Chair: Board's Finance and Performance Committee.

Professor David Scott - Non Executive Director

Appointed by the Council of Governors for his first three year term of office from 1 September 2017 until 31 August 2020

Previously an Honorary Professor of Rheumatology at the Norwich Medical School for over 20 years, and was a consultant rheumatologist and fellow of the Royal College of Physicians. David has undertaken a range of roles during his career including director of research and development at the Norfolk & Norwich University and Clinical Director of Norfolk & Suffolk Comprehensive Local Research Network. Davids last role was for the Clinical Commissioning Group (CCG).

Responsibilities: Chair's Board's Safety and Quality Governance Hospital Committee; Mortality; Care of the Dying (End of Life); Medical Revalidation; CEA Awards; Quality; Infection Prevention.

Board changes during the year:

After 5½ years in the role Christine Allen, Chief Executive, formally left the Trust on 7 March, whilst her last day was 15 February 2019, to take on a new Chief Executive role in West Hertfordshire. Christine took over the Trust when it had significant challenges, built a new team and worked closely with the Chair, leading the changes that we see

today. She was instrumental in moving us forward in our partnership working and was a major part of the Norfolk and Waveney STP, ensuring that the three acute trusts work together, remain sustainable and able to deal with the increasing demands being seen.

Linda Burton, Associate Director of Workforce, left the Trust on 31 January 2019 after 10 months in the role.

Graham Wilde was Chief Operating Officer until the end of March, when he left to take up another position in the NHS. Jo Segasby is currently taking on the role on an interim basis ahead of a permanent appointment being made.

Peter Hargrave, Non Executive Director and Senior Independent Director, left on 31 March, a few months ahead of the end of this second three year term in office.

After year end, from 1 April 2019, Professor David Scott took over the Senior Independent Director role for a 12 month period and Stephen Javes took on the role of Audit Committee Chair.

Attendance at the Board of Directors' meetings is as follows:

Board of Directors 2018-19														
Name	Job Title	27/04/18	25/05/18	29/06/18	27/07/18	28/09/18	19/10/18	30/11/18	25/01/19	07/02/19	01/03/19	29/03/19	Meeting Count	% Attend
		Private		Private			Private			Extraordinary	Private			
Members														
Anna Davidson	Chair	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	100.00
Christine Allen	Chief Executive (to 7/3/19)	Y	Y	Y	Y	Y	Y	Y	A	A			7	77.78
Anna Hills	Interim Chief Executive										Y	Y	2	100.00
Mark Flynn	Director of Finance	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	100.00
Julia Hunt	Director of Nursing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	100.00
Hazel Stuart	Medical Director	Y	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	10	90.91
Graham Wilde	Chief Operating Officer	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		10	100.00
Peter Hargrave	Senior Independent Director	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	100.00
Stephen Javes	Non Executive Director								Y	A	Y	Y	3	75.00
Paula Kerr	Non Executive Director	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	Y	10	90.91
Roger Margand	Non Executive Director	Y	Y	Y	Y	Y	A	A	Y	Y	Y	Y	9	81.82
Professor David Scott	Non Executive Director	Y	Y	Y	A	Y	A	Y	Y	A	Y	Y	8	72.73
Professor Nicola Spalding	Non Executive Director	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	100.00
Non Voting Members														
Jon Barber	Director of Strategy and Integration	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	10	90.91
Linda Burton	Associate Director of Workforce	Y	Y	A	Y	Y	Y	N	Y				6	75.00
Anna Hills	Deputy Chief Executive/Director of Governance	Y	Y	Y	Y	Y	Y	Y	Y	Y			9	100.00
Andrew Palmer	Director of Transformation and Workforce	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	Y	10	90.91
Ann Filby	Head of Communications and Corporate Affairs	Y	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	10	90.91
In attendance														
Joanne Segasby	Associate Chief Operating Officer								Y	Y	Y	Y	4	100.00

The Chair ensures that meetings take place with the Non Executive Directors only, without the Executive Directors, as necessary.

The Executive Team meets separately, chaired by the Chief Executive as the Accounting Officer.

The Trust Secretary ensures that the functions of the Board of Directors and the Council of Governors work effectively and in line with the Code of Governance. She leads on the Trust's Constitution and the wider Corporate Governance Framework, both of which set out how we work. This ensures that all our processes fit together and that our Governors are consulted at the right time on any major changes that might be regarded as material or significant transactions. There is a clear process in place for Governors to raise issues and, if these are not resolved satisfactorily, the Senior Independent Director will deal with any disputes.

Board member interests

A Conflicts of Interest and Hospitality policy is in place in line with national guidance, which also reflects the potential for bribery.

On appointment, new Board members complete a declaration with any changes during the year declared immediately to the Head of Communications & Corporate Affairs (Trust Secretary) and formally included at the next meeting. This forms part of the annual review of the CQC's Fit and Proper Persons Requirement for directors, with the Chair reviewing the evidence for all Board members. Further details are available from the Trust Secretary on request.

For some years, to ensure transparency, Board member interests have been included as part of the Board meetings, and these are available on the Trust's website. This has been enhanced to include all the Trust's nominated decision makers.

The policy and how it is operating has been fully reviewed in its second year, and the Trust's decision makers reconsidered, with the outcome reported to the Trust's Audit Committee. There are over 200 decision makers in the organisation who are asked to make an annual return. The register has been published twice during 2018/19. The aim in 2019/20 is to publish any changes in the register of decision makers at least six monthly and ideally on a quarterly basis.

The register can be accessed on the Trust's website at this link https://www.jpaget.nhs.uk/about-us/declarations-of-interest/

Non Executive Director independence

In line with regulatory guidance, the Chair must on appointment meet the independence criteria, which forms part of the recruitment process. The Board of Directors considers on an annual basis whether the Chair and the other Non Executive Directors continue to meet this criteria.

The Board has previously agreed that an annual review of the Declarations of Interest would be sufficient for confirming independence. Having been no significant changes in the commitments that would affect the Chair's ability to carry out her role, and in considering all other declarations, the independence of the Chair and all Non Executive Directors is confirmed for the year to 31 March 2019.

NHS Improvement's well-led framework

The CQC rated the Trust as Good in its first Well-led inspection in the summer of 2018, whilst we strive to be Outstanding. This reviewed the quality of leadership at every level and how well the Trust manages the governance of its services to continually improve quality and safeguard high standards of care. The outcome supported the previous external review of governance carried out in 2016 in line with regulatory requirements. The Trust was rated as Good for a number of reasons:

We rated well led as good because:

- At the time of inspection all leaders had the appropriate range of skills, experience and knowledge of functioning at executive director level. There were development plans in place for senior managers and executives and support for new executives.
- The trust had developed leadership and talent identification and mapping across the organisation and support for new clinical directors taking leadership positions.
- There were arrangements in place to ensure that directors were fit to carry out their responsibility in accordance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was a clear vision and strategy for the trust. The strategy was supported by detailed, objectives and with milestones for measuring progress against delivery. The strategy was outward facing with increased working across traditional boundaries.
- The NHS staff survey showed the trust performed better than the England average for 11 findings and worse than the England average for 14 findings though a number of these were only slightly worse than the England average. Most staff we spoke with spoke highly of the organisation and their managers.
- There was a positive culture within the trust with good professional working relationships between staff.
- There were well established structures, systems and processes for governance.
- There was a clear focus on board to ward with clear escalation of concerns to senior managers and executives.
- Risk identification and mitigation was embedded and effective. All the executives we spoke with identified the same corporate risks and could discuss mitigation in detail. Meeting minutes demonstrated effective challenge at board and subcommittee.
- There was a range of clinical and non-clinical national and local audits. There was evidence that the trust and teams acted on results with clear action plans and plans for re audit.
- There was a process in place to fully implement the learning from deaths guidance. The trust had successfully appointed a medical examiner who would lead this work with the medical director though it was clear all staff were engaged with the process.
- The trust was actively engaged with system partners and local STP to improve care and care pathways and increase integrated working.
- The relationship with the clinical commissioning group had improved significantly since our last inspection. Both the CCG and the trust spoke positively about partnership working and a supportive relationship aimed at improving care for local people.
- The trust had implemented the freedom to speak up guardians to enable to staff to voice concerns. The guardians met quarterly with the chief executive to discuss any concerns and consider plans for moving freedom to speak up forward. They told us that there was an open-door policy and the FTSUG were confident in approaching senior management at any time if there were concerns.

At the time of this review there was more work required in relation to mortality data, with significant improvements made this year – further detail can be found in the Quality Report. We are also in the midst of reviewing Trust processes for the Freedom to Speak Up Guardians.

We continue to consider the Board structure and effectiveness on an ongoing basis to ensure that duplication is minimised and the governance structure that we have in place is effective, enabling our staff to do their jobs well. As part of its development, all Board members undertook an NHS Leadership Academy 360 appraisal this year with individual, detailed feedback. The Board came together for a feedback session on how it operates as a whole. A number of elements are being considered for further action in 2019/20 to ensure we continue to improve.

Whilst the Board's programme of enhanced engagement implemented over the last year has been positive, there is much more to do in relation to staff engagement. A Board Seminar in March 2019 focussed entirely on this, with external speakers. Taking this forward forms a major part of our objectives for 2019/20 and is referenced within the Staff Report.

Patient care: developing our services and our facilities

We continue to learn and improve the quality of service we offer and to go the extra mile for our patients through listening to the feedback we receive and reviewing what we do. We're committed to continuous improvement and that means developing our services so that they meet the changing needs of our patients.

The recently developed Trust Service User Group meets quarterly and offers the opportunity for service users to comment on user feedback and support quality improvement initiatives from a patient perspective. To date, members have been able to contribute to the education and practice development team recruitment processes. In addition, the group has represented the patient voice in reviewing emergency surgery pathway processes. Two Governors are included in the membership.

Governors attend local GP Patient Participation Groups and share bespoke feedback with the Patient Experience lead so that positive and required improvement feedback comments can be appropriately shared and actions implemented, as necessary.

The Trust has worked with the local Gypsy, Roma, Traveller community to support the development of educational training DVDs which aim to raise awareness and support the end of life care experiences of patients within this community. We meet regularly with Health Watch and ensure that the Norfolk, Suffolk and Great Yarmouth Scrutiny Committees are fully informed on our work, with senior managers providing reports and attending meetings as required.

This year we have raised the profile of family carers in collaboration with Suffolk Family Carers and Carers Matter Norfolk with a plan in place to offer bite size training sessions to staff in the near future.

Our first new-style CQC annual assessment took place in the summer of 2018. Three clinical areas were inspected – medical care, maternity and end of life care – and the CQC assessed whether services were safe, effective, caring, responsive and well-led.

As a result of their inspection, we retained our overall grade of 'Good' - the third time we have been awarded such a grading in as many inspections. When considering the challenges that the NHS has faced and the huge increases in demand and pressure on bed capacity, we celebrated this achievement with our staff as it once again underlined how dedicated they are to the care of their patients.

We achieved an additional Outstanding rating in Maternity for being Responsive, in addition to the two outstanding ratings for Caring for end of life and leadership of urgent and emergency services. End of Life Care in this inspection was rated as Requires Improvement.

There were improvements required. Some were completed very quickly and work continues to progress the remainder, such as our provision of mandatory training.

	Safe	Effective	Caring	Responsive	Well led	Overall
Critical care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Urgent and emergency services	Good	Good	Good	Good	Outstanding ☆	Good
Maternity	Requires improvement	Good	Good	Outstanding ☆	Good	Good
Maternity and gynaecology	Good	Not rated	Not rated	Not rated	Not rated	Good
Medical care (including older people's care)	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Not rated	Not rated	Not rated	Not rated	Good
End of life care	Requires improvement	Good	Outstanding ☆	Requires improvement	Requires improvement	Requires improvement

Acute Services Integration

The Trust continues to work with the other two acute Trusts in Norfolk as part of the Acute Services Integration project. This will result in the single clinical leadership of a range of services, including some of those that have particular challenges within the system, to ensure sustainability.

We have already engaged with patients on three of the services. Any future redesign of patient pathways will include engagement or full consultation as appropriate, so that patients in Norfolk and Waveney have sustainable and patient centred pathways, adopting the principles of providing care closer to home where possible and only centralising services where necessary.

Same Day Emergency Care service

Work has started late in this financial year to enhance services and implement a Same Day Emergency Care service dedicated to frail patients by the end of 2019, in line with regulatory expectations.

This will enable us to assess every patient aged 65 or over arriving by ambulance within 30 minutes, using the Clinical Frailty Scale. It will quickly identify the treatment that they need and enable them to receive care on the same day, reducing the time they spend in hospital. This is important to avoid unnecessary admissions and get patients home before they lose the ability to care for themselves.

Our Commercial Strategy

Our focus continues to enable the Trust to work in partnership with commercial companies. This provides opportunities for more cost effective services, whilst maintaining the quality of care needed by our patients. We have significantly upgraded the hospital foyer this year and as a result have been able to provide improved toilet facilities.

Further developments are planned in 2019/20. This includes taking forward the procurement for a strategic estates partner which has just begun. We are seeking to work with an external partner to enhance development and management of the hospital's estate, we plan for this to be in place by the end of March 2020. A new briefing sheet on current developments and plans was published early in 2019. We also plan to re-launch the Trust's charity.


Spring 2019

NHS
James Paget University Hospitals
NHS Foundation Trust

Our plans for improving your hospital

You may have noticed that our hospital is changing. It's changing for the better as we progress along the road of continuous improvement for our patients.

In the last year alone, we've seen the opening of:

- an expanded Ambulatory Care Unit, where patients are provided with comprehensive assessment and treatment away from our busy A&E, with the aim of getting them home within a few hours.
- new restaurant facilities, with a new M&S Food to Go outlet in the foyer and restaurant serving a range of hot and cold meals on the first floor.
- a hi-tech decontamination unit, with the very latest equipment, for our nationally recognised and accredited Endoscopy Unit.
- new accommodation for our health and social care partners, who work closely with our staff to help our patients get home as quickly as possible, when they are ready to leave hospital.

By Anna Hills
Chief Executive

#Proud of the Paget

Looking ahead, new visitor toilets including 'Changing Places' facilities for visitors with profound learning/physical disabilities are due to open this Spring.

These developments aren't piecemeal. They are part of a wider strategy for our estate here in Gorleston which will ensure that the Paget continues to evolve so that it provides quality healthcare for our patients in the future.

Our estates strategy, which covers the next 10 years, has been influenced not only by our expert staff, and national best practice, but also feedback gathered from patients, carers and visitors.

This leaflet is designed to give you a brief outline of the next phases of our strategy. I hope you find it useful and informative.

Where YoU come first

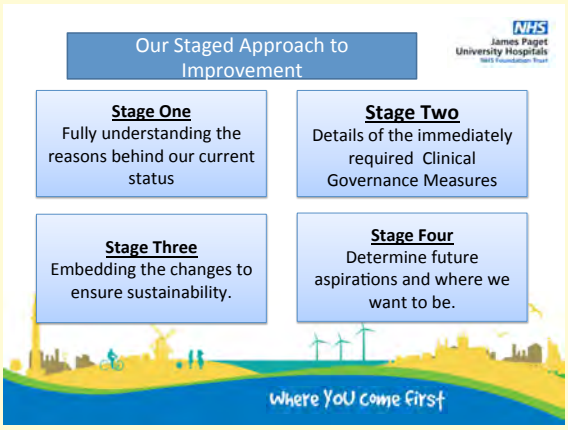
Here are some examples of service changes and developments over the past year. More detail on our quality improvements and plans for the coming year can be found in the Quality Report:

One full service review was undertaken during the year to improve what we offer to our patients. The team presented to the Board of Directors in public at the end of March 2019 and it was clear that their focus on quality improvement had resulted in a real change. The Board commended the team and it is hoped that we can replicate the considerable work that they have done for other reviews undertaken during 2019/20.

Trauma and Orthopaedics

Following identification by staff of the need to improve services in this specialty, the whole team worked together on a full service review. With the support of a Senior Transformation Manager they gained a full understanding of the issues and the action that was required to refine their processes and enhance patient care. Whilst it was recognised that timely, effective and safe patient care was being delivered, the team felt that further work was needed on their clinical governance framework.

An approach to improvement was agreed comprising of four stages:



This was an extremely successful approach in changing the way that the team worked. Their focus was the patient at the heart of everything that they did with their vision to be the patient's first choice for care. Changes made and the range of improvements seen included:

- ensuring that external recommendations about the service were taken account of
- a reduction in the average length of stay for neck of femur patients, which is well below the local and national average
- mortality data is significantly lower than previous years with proactive discussion on each case
- a reduction in harm events
- a relaunch of the elective and trauma enhanced recovery programmes
- further training provided and recruitment of staff to enhance the patient experience
- in relation to Referral To Treatment requirements, there has been a reduction in the number of patients waiting over 18 weeks for surgery from 667 to 416. No patients are waiting over 40 weeks without a surgery date
- the team is consistently treating more patients each week than are being added to the waiting list
- theatre bookings are more efficient to maximise the use of lists
- more effective communication processes are in place with all of the c150 staff involved in the solutions
- we are now regional leaders in a range of procedures and our quality improvement study on re-operation rates won "best scientific content" at the East Anglian Orthopaedic meeting in November 2018.

This full service review improved what we offer to our patients. The team presented to the Board of Directors in public at the end of March 2019 and it was clear that their focus on quality improvement had resulted in a real change. The Board commended the team for its thorough approach, its enthusiasm for the task and the successful outcomes. It is hoped that we can replicate the considerable work that they have done for other reviews undertaken during 2019/20.

Ambulatory Care Unit

A unit which helps patients receive care quickly, while reducing pressure in A&E and preventing unnecessary admissions, has opened this year.

Ambulatory care is an outpatient service which brings healthcare teams to the patient and is nationally recognised as an effective way of delivering safe care for an increasing number of conditions, while improving patient experience. It allows patients to receive diagnosis, observation, consultation, and treatment services in one area of the hospital and is designed to be a 'one-stop-shop' for patients, improving the efficiency of their care, reducing their time in hospital and preventing admissions.

The creation of the new unit is part of the multi-phase plan to transform the hospital's Emergency Department to help meet patient demand.

Co-ordinated Care Hub

A new enhanced integrated hub modular building has been created to provide office accommodation for staff from both the Trust and health and social care partners, facilitating multi-agency working on safe patient discharge.

The office space brings together staff including Social Services, Norfolk and Suffolk NHS Foundation Trust and the Red Cross, focussing on the discharge of patients who no longer need acute hospital care, but may require ongoing support in the community. The benefits of the new space include:

- It is easier and quicker to discuss and resolve cases needing input from different teams
- One referral into the team, with a multi-disciplinary approach to discharging a patient
- A focus on #HomeFirst and 'Discharge to assess' means more patients can recover and receive support in their own homes
- Fewer patients deconditioning in hospital or moving to residential homes unnecessarily
- Quicker long-term assessments of patients by social workers in the community and in-house Trusted Assessors on behalf of residential homes

This project was funded by the Department of Health and Social Care.

Memory walk

A new Memory Walk features colourful adverts from the 1950s, 60s and 70s, as well as photographs of Lowestoft and Great Yarmouth from days gone by.

The images have been printed on a special wallpaper which has been hung on panels between the windows along the corridor leading to Ward 12, where care is provided for elderly patients. The creation of the walk was funded by a legacy left to the hospital, with the hope that the bequest could be used to help patients with dementia through 'reminiscence therapy', which has had positive results in dementia care.

Photographs featured in the walk were donated by the Eastern Daily Press, while the History of Advertising Trust provided the advert images for the project.

The Gold Standards Framework

We are implementing the Gold Standards Framework (GSF), a tool that supports healthcare practitioners to make end of life care proactive and person centred. This was initially developed about 20 years ago for community settings.

The framework focusses on early recognition of individuals being in the last 12 months of life and guides practice through patient identification, patient assessment and planning to achieve person centred care that is appropriately co-ordinated and communicated. The GSF is an enabler to achieving the standards set out in the evidence based assurance framework, including delivery of our End of Life Care Strategy objectives.

The GSF is being implemented throughout the inpatient wards. This will include contribution and participation of nursing, medical and allied health professional staff, thereby achieving enhanced multi-disciplinary capability for end of life care throughout the Trust. The GSF implementation consists of six workshops delivered over 18-24 months by the GSF Collaborative Team. Two collaborative workshops have already been successfully delivered since November 2018. The GSF is an independently validated marker of excellence and is the only validated framework recognised by the CQC.

M&S Food to Go store

A brand new Marks & Spencer (M&S) 'Food to Go' store opened in our hospital in July 2018, replacing Paget's Café and its seating area which had been in need of refurbishment.

The store offers visitors, patients and hospital staff the quality and innovative food and drink synonymous with M&S. Freshly baked, filled baguettes made on site, a large array of cold on-the-go products, and a huge range of salads to go are particular highlights. A "hot fridge" concept allows customers to quickly pick up hot food on the move and visitors to the new outlet can also enjoy barista served coffee.

Pictured: Nichola Hicks, Head of Facilities Management; Christine Allen, Chief Executive; with staff from Compass.

As well as creating a space to pick up quality food and drink within the hospital, the facility also has a 70-seater café for customers to relax and enjoy their meals.

The outlet has been created at no cost to the Trust, and is providing a significant regular income stream which is being used to support healthcare at our hospital.

Aubergine Restaurant refurbishment

The new-look Aubergine restaurant re-opened after an extensive make-over. Formerly only open to staff, Aubergine now welcomes patients and visitors too, and serves a range of hot and cold food prepared on the premises by the hospital's in-house catering team.

Renowned Norfolk chef Galton Blackiston officially opened the new-look restaurant.

Mr Blakiston, who owns the Michelin-starred Morston Hall restaurant in North Norfolk, toured the hospital's kitchen during his visit and declared *"I'm impressed"*. He said *"What impresses me is there is a massive ethos in the team to use fresh ingredients, locally sourced and seasonal wherever they can, under such financial constraints. I love the principle of cooking in-house in hospitals because, in some places, it's all brought in. To have it in-house and be able to provide hot, varied meals on a daily basis has to aid recovery and I am really supportive of that."*

Endoscopy Decontamination Unit

A new, hi-tech Decontamination Unit, which ensures that all the hospital's endoscopes are safe and clean, is now operating in our Sterilisation and Decontamination Unit.

Endoscopes are used to examine patients' digestive tracts, and so must be thoroughly cleaned between uses. The new unit features state-of-the-art washers positioned between two areas to keep them separate. The new hi-tech driers mean that, once decontaminated, the endoscopes can be stored ready-for-use for up to 14 days before needing to be cleaned again. Computerised displays show the hours remaining for each scope, before cleaning is required once more.

This significant upgrade was made possible through the Trust's investment in this service.

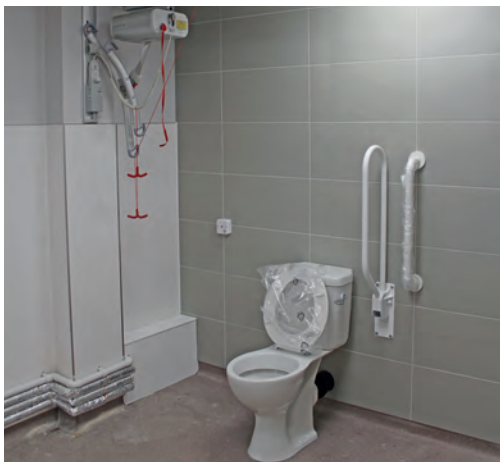
Upgraded toilet facilities

New, modern public toilets are replacing outdated facilities near the entrance of the hospital.

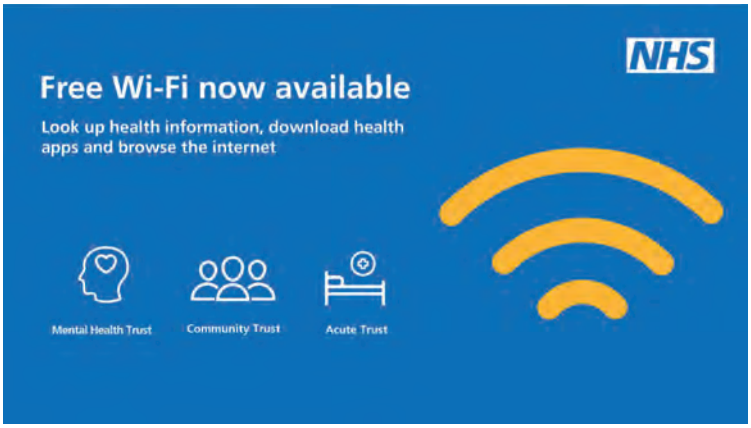
The toilets offer more cubicles, three accessible toilets for patients/carers with disabilities, a gender neutral option, and a 'Changing Places' accessible toilet.

The 'Changing Places' toilet offers a spacious facility with changing bed and hoist for disabled adults with specialist needs and their carers, improving patient dignity. Access to this specialist toilet is available to eligible visitors using a radar key, even if they aren't due to have an appointment at the hospital.

These will be open in early 2019/20.



Making Best Use of Technology - Guest Wi-Fi



A guest Wi-Fi service is now operating across the hospital. The new service allows patients, visitors and staff to access free Wi-Fi in areas of the hospital including wards, waiting areas and restaurants – and recent figures indicate 1,000 people are using it at any one time.

Its introduction improves patient experience by allowing people attending our hospital to continue with their digital lives – such as communicating with friends and family, accessing entertainment and working remotely. The new service can also help clinicians use mobile devices at the bedside to show patients information about their treatment.

Our IT team has overseen an upgrade of the hospital's wireless infrastructure, which means that Guest Wi-Fi traffic is completely separate from corporate traffic, and does not affect the speed of the hospital's clinical systems.

Electronic Maternity Record system

A new Electronic Maternity Record system, introduced during the year, creates an electronic record for mother and baby from the point of booking with the midwife, until post-natal discharge. This means that midwives, midwifery support nurses, nursery nurses, doctors, and support staff can access information about the mums and babies in their care when they need to. This can be in the hospital or out in the community, and it eliminates the need to carry around a paper record.

The system has had the biggest impact on the Community Midwives who work remotely in GP surgeries and visit women in their own homes to provide care. The midwives have been provided with laptops which enable them to access the live system, and an offline module in areas where the signal is poor.

Benefits of the system include not only a 70% reduction in paperwork at booking for new referrals, but also compatibility with other hospital computer systems such as the neonatal system. Data is now available at the point of need to all involved in the care of mothers and babies.

This new system presented the staff with a significant change in their ways of working, but one which they have embraced and made it a success. During the latter part of 2018 the team also embraced the opportunity to review the skill mix within the maternity services and to introduce new roles, reflecting the national workforce agenda. The addition of registered nurses and a review of the competency framework for Maternity Support Workers ensures that midwives are able to focus upon the specialist needs of the women in relation to their maternity care. This has resulted in very positive feedback from staff and the service users.

Health Academy expands

The JPUH Health Academy aims to give school pupils and college students the opportunity to find out more about a career in healthcare through visits to the hospital for special sessions, looking at different roles and career paths, while learning a variety of useful skills.

The Junior Health Academy – for school pupils – has already seen groups of around 40 students come into our Education and Training Centre to learn more.

The hospital team went into schools and colleges to talk to students about the initiative and what it could offer them. Anyone interested in a future career in healthcare, whether as a nurse, doctor or other health professional, was then invited to apply for the Academy.

Meanwhile more than 30 young people studying at East Norfolk Sixth Form College, Lowestoft Sixth Form College and East Coast College, who successfully made it through an application and interview selection process, started the Senior Health Academy programme in September.

The Senior Academy students visit the hospital on a regular basis over a six-month period to take part in sessions designed to give more information about potential careers, opportunities to progress and what working in a busy hospital is like, while learning life skills, resilience and communication techniques.

We are also working closely with the Network for East Anglian Collaborative Outreach (Neaco). Neaco is a unique collaboration of all the higher education providers in East Anglia and operates under the 'Take Your Place' campaign, which supports young people in years 9-13 to plan their future education.

In March 2019 the first group of students successfully graduated with some now set to start their careers in health care. Students gave group presentations about what they had gained from the programme before an audience of their peers and tutors, ahead of completion certificates and achievement awards being presented.

Students have expressed a desire to work in a range of professions including Adult Nursing, Children's Nursing, Midwifery, Radiography, Occupational Therapy and Pharmacy, as well as wanting to become social workers or paramedics.

The next students start in June 2019.

Some quotes from participants in the Academy programme;

'I have become so much more confident and learned so many valuable skills'

'It has given me experience and opportunities which I wouldn't have received elsewhere'

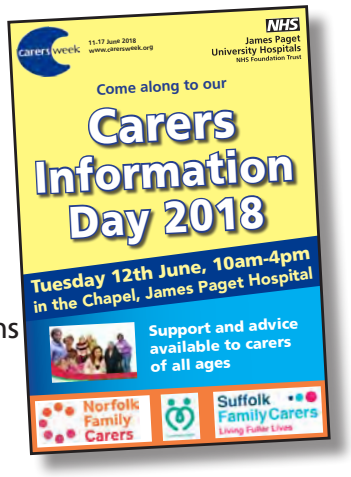
'The academy has helped me to understand what working in a hospital is like and how all departments work together to provide the best care.'

'Allowed me to experience a hospital setting and confirm that's where I want to work.'

'There were multiple opportunities to talk to healthcare workers from all aspects of the hospital.'

'Interactive workshops were creative and interesting.'

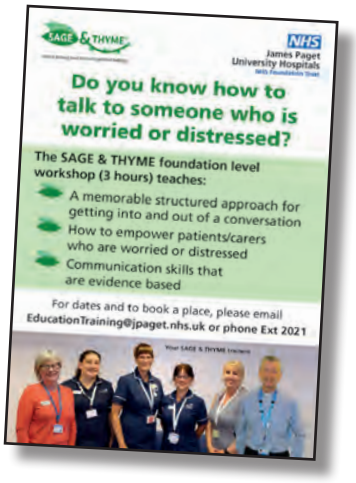
Improvements in patient/carer information



Improving information and communication to carers and patients was set as one of the Trust's Quality Priorities for 2018/19 as detailed in the Quality Report.

Support for carers is being improved through the Suffolk Family Carer Support and Information Worker based on site. We have communicated with staff to raise awareness of the carer support services available to benefit our patients and how referrals can be made. This support includes ensuring that carers' organisations have a prominent place to display their literature. With the new Co-ordinated Care Hub in place, and much closer working, an increase in referrals is being seen.

National survey action plans have supported development of improved communication processes such as providing information on discharge related to medicines management and providing further contact details for patients with medication should they have any questions after discharge.



Enhanced communication skills training has been provided to staff through Sage and Thyme workshops, conflict resolution, holding difficult conversations workshops and the 16 steps to successful management programme.

Trust website updates continue to progress to ensure that information provided is current and accessible. A process is in place to ensure that the accuracy of content is reviewed on a regular basis for this large site, seen as a critical resource for our patients and visitors. A monthly Communications Report is provided to the Board which highlights significantly revised or new sections.

We are in the final stages of reviewing the map of the site with a new provider to ensure that this is fully up to date for all our visitors. As well as the large displays throughout the hospital, smaller printed copies will be available to take away. This will be completed early in 2019/20.

Social media use continues to be developed with increasing engagement month on month, for both Twitter and Facebook. Our aim is to ensure that the public and service users are kept fully informed of any urgent issues related to flow and elective activity, and also the day to day developments that our staff lead for patients' benefit.

Complaints handling

Complaints management is carried out in line with the NHS Complaints procedure. Complaints are acknowledged within three working days and initial contact is made by the Complaints Investigator, wherever possible, to discuss the detail and context to enable a response timescale to be agreed. Service users raising a complaint are also given an opportunity to discuss any desired outcome they would wish as a result.

The complaints team works in collaboration with the Divisional teams to ensure that detailed responses are provided which address all of the issues raised. All complaints are reviewed by members of the Executive Team before final Chief Executive sign-off.

At both the initial contact with a complainant, and at the point a closing response letter is sent, an offer is made for the complainant/family/carer to meet with the senior management team involved in order to support resolution.

As a Trust, we use Key Performance Indicators (KPIs) to monitor complaints management performance and an annual complaints process experience survey is also undertaken to gain feedback from service users who have found it necessary to raise a concern. The number of complaints, themes and trends are discussed in detail within our governance processes/meetings to ensure that learning takes place and actions are implemented where complaints are upheld/partially upheld.

The Board of Directors receives a patient story at the start of every meeting. This frames the Board discussion and their decision making, and is largely focussed on previous complaints where we have consent to anonymise information. Elements of the initial complaint are read out by a Board member, together with some of the Trust's response and any additional learning that is available.

Reflecting on individual patient experiences provides assurance to the Board that the processes in place are effective and ensures that the Board has considered some of the detail that supports the formal reporting through the Quality and Safety Report and the annual complaints report.

Audit Committee

Peter Hargrave, Senior Independent Director, was Chair of the Audit Committee throughout 2018/19 and left the Trust on 31 March 2019. Peter has been succeeded as Audit Committee Chair by Stephen Javes. The Director of Finance, the Director of Governance, the Head of Internal Audit, a Local Counter Fraud Specialist and a representative of the External Auditors normally attend meetings of the Committee. The Trust Chair and Chief Executive attend by invitation.

Meetings are held not less than five times a year. The Committee receives reports and assurance from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

In particular, the Committee reviews the adequacy of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement), together with the accompanying Head of Internal Audit opinion, prior to endorsement by the Board of Directors
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the disclosure notices
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements; and
- The policies and procedures for all work related to fraud and corruption as set out in the Secretary of State Directions and as required by the NHS Counter Fraud Authority.

The Committee receives a monitoring report at each meeting on the progress of the internal audit programme in accordance with the agreed audit plan. The overall effectiveness of the work of the internal auditors is reviewed through annual monitoring against agreed KPIs.

Assurance is sought from a number of areas, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness:

- The work of Internal Audit
- The work of the Local Counter Fraud Specialists
- External Audit
- Through the representations given by directors and managers as appropriate; and
- The findings of other significant assurance functions, both internal and external to the Trust, i.e. reviews by regulators or other professional bodies.

The significant issues considered by the Audit Committee in relation to the financial statements, operations and compliance are discussed in further detail within the Annual Governance Statement from page 3-9 of the financial statements.

The Trust has an internal audit function which is outsourced from an external third party provider, PWC. Their role is to provide the Trust with assurances around the effectiveness of internal controls. The internal audit plan is structured around corporate level objectives and risks and audit work is performed in alignment with Public Sector Internal Audit Standards. For further information see page 12.

The external auditors for the Trust for 2018/19 were KPMG LLP who were appointed by the Council of Governors in September 2016 following a competitive tendering process. The current best practice is for a three to five year period of appointment, of which the 2018/19 audit is year three.

The effectiveness of the external audit process is assessed by the Audit Committee, through direct receipt of reports from the external auditors to the Committee, and also through a formal management report on the work. The Trust's external auditors did not provide any non-audit services during the year.

Membership and attendance at the Audit Committee is set out below. Whilst a meeting took place on 20 March this was the April 2019 scheduled meeting due to departure of the Audit Committee Chair, and attendance will be included in the 2019/20 report:

Name	Job Title	04/04/18	16/05/18	04/07/18	12/09/18	07/11/18	06/02/19	Meeting Count	% Attend
Members									
Substantive NED Attendance									
Peter Hargrave	Chair/Senior Independent Director	Y	Y	Y	Y	Y	Y	6	100.00
David Scott	Non Executive Director	Y	Y	Y	Y	Y	Y	6	100.00
Roger Margand	Non Executive Director	N	Y	Y	Y	Y	Y	5	83.33
Non Substantive NED Attendance									
Paula Kerr	Non Executive Director	Y						1	100.00
Nicola Spalding	UEA Appointed Non Executive Director								
Other JPUH Attendees									
Gareth Davies	Financial Accountant	Y	Y	Y	Y	Y	Y	6	100.00
Mark Flynn	Director of Finance	Y	Y	Y	Y	Y	Y	6	100.00
Anna Hills	Deputy Chief Executive/ Director of Governance	Y	Y	N	Y	Y	Y	5	83.33
Ed Taylor	Deputy Director of Finance	N	Y	Y	Y	Y	Y	5	83.33
External Attendees									
Alyssia Blake/Hayley Ward	PwC	N	Y	Y	Y	Y	Y	5	83.33
Charlotte Dillaway/Andy Grimbly	Head of Internal Audit - PwC	Y	Y	Y	Y	Y	Y	6	100.00
Juliette Meek	Local Counter Fraud - PwC	N	Y	N	Y	A	Y	3	50.00
Stephanie Beavis	KPMG	Y	Y	Y	N	Y	Y	5	83.33
Lawrence Newell/Sam Quinn	KPMG	Y	Y	Y	Y	Y	A	5	83.33
Occasional Attendees									
Anna Davidson	Trust Chair	Y						1	100.00
Hazel Stuart	Medical Director				Y			1	100.00
Isobel Watts	PwC	Y						1	100.00
Graham Wilde	Chief Operating Officer	Y						1	100.00
Andrew Palmer	Director of Transformation					Y		1	100.00

Financial disclosures

Cost allocation and charging guidance

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

Political donations

The Trust has made no political donations to any individual, body or organisation during 2018/19 or 2017/18.

Better payment practice code

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

Value of invoices paid	NHS			Non-NHS		
	Total paid £'000	Paid in 30 days £'000	Paid in 30 days %	Total paid £'000	Paid in 30 days £'000	Paid in 30 days %
2018/19	11,377	9,358	82%	56,040	29,670	53%
2017/18	8,605	6,423	75%	52,207	29,717	57%

Number of invoices paid	NHS			Non-NHS		
	Number paid	Number paid in 30 days	Number paid in 30 days %	Number paid	Number paid in 30 days	Number paid in 30 days %
2018/19	2,216	1,567	71%	43,358	17,847	41%
2017/18	1,211	673	56%	42,056	21,668	52%

Liability to pay interest

There was no liability to pay interest, either accrued or actually paid, by virtue of failing to pay invoices within the 30 day period where obligated to do so.

Fees and charges (income generation)

The Trust does not levy any fees and charges raised under legislation, where the full cost exceeds £1 million, or where the service is otherwise material to the accounts. Full disclosure of other non-patient care income is included within note 4.2 of the financial statements on page 31.

Income disclosure

Under the requirements of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) the Trust can confirm that income from the provision of goods and services for the purpose of health services in England is greater than the income generated from the provision of goods and services for any other purpose. Income to the Trust from non-NHS sources has a positive impact on the provision of goods and services for the purposes of the health service, as all income is used for the benefit of NHS patients.

Disclosure to the auditors

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

Income and expenditure

The Trust reported a deficit of £(5.7)m for 2018/19 excluding the impact of consolidating its charitable funds (2017/18 deficit: £(7.3)m). Excluding the impact of non-recurrent Sustainability and Transformation Funding (STF) income of £4.8m (2017/18 £4.3m), the underlying net deficit for 2018/19 is £(10.5)m (2017/18 £(11.6)m deficit). This is illustrated as set out below:

	2018/19	2017/18
	£m	£m
(Deficit) per financial statements - non-consolidated	(5.7)	(7.3)
Provider Sustainability Fund income	(4.8)	(4.3)
Underlying net (deficit)	**(10.5)**	**(11.6)**

Non-operating income includes £4.8m of Provider Sustainability Fund (PSF) income which is performance related and non-recurrent in nature.

The scheme for allocating PSF income to provider trusts during 2018/19 was based on a combination of financial and operational performance targets. The financial performance element was to achieve a specified Control Total deficit, whilst the operational performance element was related to A&E performance targets. The Trust achieved the financial target for the whole year, and the performance target element was achieved during quarter 3 of the year only.

Capital investments

The Trust's key capital investments during 2018/19 are shown below. A total of £10.1m was invested during the year including £2.9m on the Endoscopy suite refurbishment. There was also £1.9m spent on further improvements to the Trust's Emergency Department. This investment created a redesigned emergency floor, including GP streaming, to meet current standards of best practice and the expectations of clinical staff and patients. The sale of the Lowestoft Hospital site supported this development.

Capital investments 2018/19	£'000
Decontamination Endoscopy refurbishment	2,943
A&E (Emergency Department) improvements	1,931
Equipment replacement	1,479
IT investments	1,249
Estates work	722
Enhanced Integrated Hub (Co-ordinated Care Hub)	579
M&S development	545
Aubergine refurbishment	383
Mammography equipment	313
Total	**10,144**

Cash and financing

The Trust's non-consolidated cash position reduced by £1.3m during 2018/19, with cash and cash equivalents of £8.3m held at 31 March 2019. Of the £10.1m of capital expenditure, £1.1m was funded through new Public Dividend Capital issued to the Trust by the Department of Health and Social Care, mostly relating to the development of the Trust's Co-ordinated Care Hub. A further £3.4m of capital funding was obtained from either finance leases or in the form of grants from the hospital's charitable funds.

As at 31 March 2019 the Trust has £13.8m of borrowings, including £8.2m of planned deficit support loans from the Department of Health and Social Care. No further borrowing of this nature is planned for 2019/20. There is also £5.4m of finance lease liabilities. The largest contracts include decontamination scopes procured as part of the Endoscopy Decontamination refurbishment recorded in the accounts as a finance lease with a net liability of £1.6m as at 31 March 2019. The Trust also has finance lease contracts in place for Radiology equipment of £1.5m in total.

Savings and transformation

The Trust has delivered £9.7m in efficiencies during the year against a transformation plan target of £9.9m. The savings delivered represent 4.5% of the Trust's expenditure before efficiencies.

Single Oversight Framework

NHS Improvement's (NHSI) Single Oversight Framework provides the structure for overseeing providers and identifying potential support needs. The framework looks at five themes;

- Quality of care
- Finance and use of resources (UoR)
- Operational performance
- Strategic change; and
- Leadership and improvement capability (well-led).

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

- Segmentation

During the entire year 2018/19 the Trust has been classified as being within segment 2 and there has been no enforcement action taken. This segmentation information is the Trust's position as at 20 May 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHSI website.

- **Finance and use of resources**

This theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust will not necessarily be the same as the overall finance score here. The UoR scores are shown in the table below.

Area	Metric	2018/19 Scores				2017/18 Scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	4	4	4	4	4	2	4	4
	Liquidity	1	3	3	3	1	1	1	1
Financial efficiency	I&E margin	4	4	4	4	4	4	4	4
Financial controls	Distance from financial plan	1	2	2	2	4	2	2	1
	Agency spend	3	3	2	2	1	1	1	1
Overall scoring		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

Anna Hills
Chief Executive
20 May 2019

Remuneration Report

Annual statement on remuneration

The Trust has two Committees dealing with Board level pay and appointments, one for Executive Directors and the other for Non Executive Directors. Succession planning, appointments and remuneration are a key focus for each Committee.

Non Executive Directors' remuneration has been reviewed against similar trusts using benchmarking information, with no increases this year.

Executive Directors' salaries were evaluated in January 2019. This was later than usually considered due to the national request that no Very Senior Manager (VSM) salary reviews were undertaken until the outcome of the 2018/19 pay review was known. Changes were made after full consideration, in line with the conditions set nationally and for those eligible to receive a pay increase.

Whilst the Medical Director remains within the remit of the Committee, her contract is managed differently due to her clinical commitments.

There were no significant awards made to past senior managers during 2018/19, nor were there any service contract obligations which would impact on remuneration payments.

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

Senior Managers Remuneration Policy

The agreed remuneration policy is as set out:

Executive Remuneration Policy 2018/19

1.0 Policy statement

1.1 This policy has been agreed by the relevant Committees – Executive Nomination & Remuneration Committee for Executive Directors and Governors' Nomination & Remuneration Committee for Non Executive Directors. Both are chaired by the Chair of the Trust.

1.2 This policy is reviewed each year and is included in the Trust's annual report in line with regulatory requirements.

2.0 Executive Directors

2.1 The remuneration policy for Executive Directors is set by the Executive Nomination & Remuneration Committee.

2.2 The policy for setting the appropriate level of remuneration for Executive and Non Executive Board members is to pay a fair market rate. This is assessed through annual benchmarking against the published review by NHS Employers of Executive and Non-Executive remuneration in the NHS, information provided by regulators and NHS Providers, and is also reflective of organisational and individual performance.

2.3 The exact salary is determined by the Committee based on the Trust's performance and the individual's contribution.

2.4 A report will be presented annually following completion of the annual Fit and Proper Person review, by the Chief Executive for the Executive Directors and the Chair for the Chief Executive, using the annual performance review as the basis for decision.

2.5 Rates of pay should be uplifted annually on 1 April in line with the general inflationary increase for other staff in the NHS, aligning with Agenda for Change pay increases. During periods of economic difficulty, this will be reviewed as to appropriateness.

2.6 Newly appointed Executive Director remuneration will be assessed at the time of appointment and reviewed thereafter in the annual round as set out in this policy, subject to a minimum tenure of one year's service with the Trust being accrued at the time of that review.

2.7 Executive remuneration levels, benefits and pension entitlements are published in the Trust's annual report.

3.0 Senior Managers' Remuneration policy

3.1 The national Agenda for Change NHS pay system applies to the first layer of management below Board level. Any exceptions in relation to interim appointments will be approved by the Chief Executive within the authority delegated by the Executive Nomination and Remuneration Committee.

Confirmed by Executive Nomination & Remuneration Committee, 28 September 2018

4.0 Chair and Non Executive Directors

4.1 The Council of Governors has responsibility for setting remuneration, following the recommendations of the Governors' Nomination & Remuneration Committee. This forms part of the review of all terms and conditions, including expenses to be claimed.

4.2 As with Executive remuneration, these rates are assessed through annual benchmarking against the published review by NHS Employers of Executive and Non-Executive remuneration in the NHS and information provided by regulators and NHS Providers.

4.3 The current rates of pay are as set out below:

Board role	Requirement	Days per month	Salary
Trust Chair	Statutory	10	£35,000 - £60,000 (range)
Deputy Chair	Trust Constitution - the Council of Governors may appoint to this role. Agreed November 2017 not to appoint at this stage with time commitment and salary to be reviewed if there is a requirement in future	N/A	N/A
Non Executive Director	Statutory (majority on the Board)	3	£12,800
Additional responsibilities			
Chair, Audit Committee	Statutory – Foundation Trust Code of Governance July 2014 C.3.1	3	£14,000
Chair, Safety and Quality Governance Committee	Whilst not statutory the Committee has an assurance role in relation to systems of control and governance and specifically for clinical quality and safety; with the Audit Committee instigates action to deal with any risks identified. This role also carries additional lead responsibilities for Mortality, End of Life and medical revalidation requiring external representation	3	£14,000
Chair, Executive Nomination & Remuneration Committee	Statutory – Foundation Trust Code of Governance July 2014 D.2.1		Included within Chair's role
Senior Independent Director	Statutory – Foundation Trust Code of Governance July 2014 A.4.1 – in addition to the Non Executive Director role	3	£14,000

4.4 Where the posts of Deputy Chair, Senior Independent Director and Chair of the Safety & Quality Governance or Audit Committees are held by the same person, only one of these posts will be recognised for payment.

Confirmed by Governors' Nomination & Remuneration Committee 7 January 2019
Approved by Council of Governors, 18 January 2019

Annual Report on remuneration

Governors' Nomination & Remuneration (N&R) Committee

The Committee led on one Non Executive appointment this year using local advert, NHS Jobs, the Trust's website, circulation to financial and Board/Council member networks and through social media. This was for the critical role of Audit Committee Chair with the current Chair, Peter Hargrave, indicating that he planned to finish seven months earlier than scheduled. The Committee and the Council of Governors would usually first consider the Board's assessment of the skills required prior to a Non Executive position being advertised. In this case, this was very clear, with recent and relevant financial experience required.

Stephen Javes was appointed from 1 January 2019 as a Non Executive Director, taking on the role of Audit Committee Chair from 1 April 2019 on Peter's departure.

Professor Nicola Spalding was reappointed, representing the University of East Anglia, for a second three year term of office with effect from 1 April 2019.

Each appointment is made in line with the Council approved selection process. This is initially for a three year term of office, with the potential of reappointment for a further three year term following review of an individual's most recent performance assessment.

Removal of the Chair or another Non Executive Director requires the approval of three quarters of the members of the Council of Governors, on the recommendation of its N&R Committee. This action would only be taken in extreme circumstances once all other opportunities had been utilised to resolve issues.

Committee membership and attendance is set out below:

Name	Job Title	12/06/18	30/07/18	07/01/19	Meeting Count	% Attend
Anna Davidson	Chair	Y	Y	Y	3	100.00
Peter Hargrave	Senior Independent Director - in the Chair	Y			1	100.00
Lyn Gibbs	Deputy Lead Governor	Y	Y	Y	3	100.00
Michael Field	Public Governor	Y	Y	Y	3	100.00
Andrew Gowen	Public Governor	Y	Y	Y	3	100.00
Jean Macheath	Public Governor	Y	Y	Y	3	100.00
Stuart Brooks	Public Governor			Y	1	100.00
Jane Harvey	Lead Governor	Y	Y	Y	3	100.00
Steven Duffell	Staff Governor	Y	Y	Y	3	100.00
Devender Khurana	Staff Governor	A	A	Y	1	33.33
Neil James	UEA Appointed Governor	A	Y	A	1	33.33
James Reeder	Appointed Governor			A	0	0.00
Tony Goldson	Appointed Governor	Y			1	100.00
In attendance						
Linda Burton	Associate Director of Workforce	Y	Y	Y	3	100.00
Ann Filby	Head of Communications and Corporate Affairs	Y	Y	Y	3	100.00

Induction and performance reviews

Each Board member undertakes a full induction programme. This is reviewed and updated ahead of every new appointment to ensure that latest NHS and Trust developments are included in the briefing information. It is supported by a full induction pack.

Individual annual performance reviews take place once the Trust objectives have been approved by the Board. This ensures a focus on achieving the Trust's strategic ambitions, meeting the longer term strategy and the performance requirements expected. This process supports the annual Fit and Proper Person assessment for all Board members.

The Senior Independent Director, with the Lead Governor's support, appraises the Chair, taking the wider views of all members of the Board and the Council of Governors into account.

The Chair appraises the Chief Executive on behalf of the Executive N&R Committee. This is based on the objectives set for the organisation for the coming year and includes any development requirements. The Chief Executive then appraises all those directly reporting to her, including all Executive Directors.

The Chair appraises the Non Executive Directors.

The way that the process is undertaken for Non Executive Directors is reviewed each year and how feedback is gathered from Governors has changed. A form is now available to enable any Governor to comment on the Chair or Non Executive Director performance at any meeting they attend. All feedback is reviewed when received to ensure that any urgent action is taken. It is then analysed to inform the annual appraisal meeting.

The outcome of all Non Executive reviews is considered in detail with the Governors' N&R Committee, together with the proposed objectives, all of which is discussed and approved at the Council of Governors in July. Succession planning is considered and the outcome forms the basis of any reappointments during the year.

The reviews of Executive Directors underpin any changes in remuneration as considered by the Executive N&R Committee.

Any gaps or additional learning are addressed through the Board Seminars with the Board's mandatory training held in January and February. An outline Board development programme is in place and reviewed annually to ensure it meets the Board's needs and reflects continuing NHS developments.

Executive Nomination & Remuneration Committee

Three Executive appointments have been made this year.

- Due to the departure of previous Chief Executive Christine Allen, Anna Hills was appointed to the interim role with effect from 1 March 2019. A permanent appointment, with external advertising, will be progressed during 2019/20
- The role of Director of Strategy was appointed in February 2018 initially on a six month fixed term basis. This was extended for a further six months prior to the Committee confirming that a permanent appointment was required. The post of Director of Strategy and Integration was advertised externally in January 2019 and an appointment was made with effect from 1 March
- An Associate Chief Operating Officer was appointed on secondment from October 2018 and attended Board meetings in 2019. On the departure of Chief Operating Officer Graham Wilde in mid-March prior to a period of annual leave, Jo Segasby took over this role on an interim basis. The permanent appointment was advertised externally in early April with the process due to conclude in early 2019/20.

Both Committees are supported by a senior member of the Workforce team and the Trust Secretary.

Removal of an Executive Director is led by the Executive N&R Committee in line with Trust policies.

Membership and attendance at the Committee is set out below.

Name	Job Title	28/09/18	7/12/18	25/01/19	29/03/19	Meeting Count	% Attend
Anna Davidson	Chair	Y	A	Y	Y	3	75.00
Peter Hargrave	Senior Independent Director	Y	Y	Y	Y	4	100.00
Stephen Javes	Non Executive Director			Y	Y	2	100.00
Paula Kerr	Non Executive Director	Y	Y	Y	Y	4	100.00
Roger Margand	Non Executive Director	Y	Y	Y	A	3	75.00
David Scott	Non Executive Director	Y	Y	Y	Y	4	100.00
Nicola Spalding	Non Executive Director	Y	Y	Y	Y	4	100.00
Executive Directors in attendance							
Christine Allen	Chief Executive	Y	Y	A		2	66.67
Anna Hills	Interim Chief Executive			Y	Y	2	100.00
Linda Burton	Associate Director of Workforce	Y	Y	Y		3	100.00
In attendance							
Ann Filby	Head of Communications and Corporate Affairs (Meeting Administrator)	Y	Y	Y	Y	4	100.00

Governor and Board expenses during the year are set out below:

Table of disclosure	2018/19	2017/18
Governors		
The total number of governors in office	**26**	27
The number of governors receiving expenses in the reporting period; and	**3**	4
The aggregate sum of expenses paid to governors in the reporting period.	**£279.48**	£1,447.25
Directors		
The total number of directors holding office during the year	**16**	17
The number of directors receiving expenses in the reporting period; and	**15**	12
The aggregate sum of expenses paid to directors in the reporting period.	**£13,248.43**	£10,165.59

Further details of each Board member and their term of office can be found on page 21-23.

Senior Managers salaries and benefits

	Year Ended 31st March 2019 Salary	Year Ended 31st March 2019 Expenses payments (taxable)	Year Ended 31st March 2019 Performance pay and bonuses	Year Ended 31st March 2019 Long term performance pay and bonuses	Year Ended 31st March 2019 All pension –related benefits	Year Ended 31st March 2019 Total	Year Ended 31st March 2018 Salary	Year Ended 31st March 2018 Expenses payments (taxable)	Year Ended 31st March 2018 Performance pay and bonuses	Year Ended 31st March 2018 Long term performance pay and bonuses	Year Ended 31st March 2018 All pension –related benefits	Year Ended 31st March 2018 Total
	(bands of £5,000)	(nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
	£ 000	£	£ 000	£ 000	£ 000	£ 000	£ 000	£	£ 000	£ 000	£ 000	£ 000
Mrs C Allen Chief Executive to 28/2/19	175 - 180	0	0	0	0	175 - 180	185 - 190	0	0	0	0	185 - 190
Mr M Flynn Director of Finance	125 - 130	0	0	0	25.0 - 27.5	150 - 155	120 - 125	0	0	0	57.5 - 60.0	180 - 185
Dr D Ellis Non Executive Director until 30/11/17							05 - 10	0	0	0	0	05 - 10
Mr P Hargrave Non Executive Director, Senior Independent Director until 31/3/19	15 - 20	1,600	0	0	0	15 - 20	15 - 20	1,300	0	0	0	15 - 20
Mrs A Hills Chief Executive from 1/3/19	115 - 120	0	0	0	25.0 - 27.5	145 - 150	100 - 105	0	0	0	50.0 - 52.5	150 - 155
Mrs J Hunt Director of Nursing	110 - 115	0	0	0	0	110 - 115	105 - 110	0	0	0	62.5 - 65.0	170 - 175
Dr WH Stuart Medical Director	185 - 190	0	0	0	310.0 - 312.5	495 - 500	10 - 15	0	0	0	5.0 - 7.5	15 - 20
Mr N Oligbo Medical Director until 31/3/18							215 - 220	100	0	0	27.5 - 30.0	245 - 250
Mr A Palmer Director of Transformation and Workforce	100 - 105	0	0	0	5.0 - 7.5	105 - 110	100 - 105	0	0	0	55.0 - 57.5	155 - 160
Mr S Javes Non Executive Director from 1/1/19	00 - 05	0	0	0	0	05 - 10						
Mr D Wright Chair until 30/4/17							00 - 05	0	0	0	0	00 - 05
Mrs D Cumby Associate Director of Workforce until 31/12/17							70 - 75	0	0	0	0	70 - 75
Ms AL Davidson Chair	50 - 55	2,900	0	0	0	50 - 55	45 - 50	3,100	0	0	0	50 - 55
Mr GE Wilde Chief Operating Officer until 31/3/19	115 - 120	0	0	0	0	115 - 120	115 - 120	100	0	0	0	115 - 120
Mrs PR Kerr Non Executive Director	10 - 15	1,400	0	0	0	15 - 20	10 - 15	1,600	0	0	0	10 - 15
Mr RP Margand Non Executive Director	10 - 15	0	0	0	0	10 - 15	05 - 10	0	0	0	0	05 - 10
Professor NJ Spalding Non Executive Director	10 - 15	700	0	0	0	10 - 15	10 - 15	800	0	0	0	10 - 15
Mr J Barber Director of Strategy and Integration	90 - 95	0	0	0	45.0 - 47.5	135 - 140	05 - 10	0	0	0	2.5 - 5.0	10 - 15
Mrs L Burton Associate Director of Workforce from 1/3/18 to 31/1/19	80 - 85	0	0	0	10.0 - 12.5	90 - 95	05 - 10	0	0	0	2.5 - 5.0	10 - 15
Professor D Scott Non Executive Director	15 - 20	1,300	0	0	0	15 - 20	05 - 10	600	0	0	0	05 - 10

None of the senior managers above were in receipt of performance-related bonuses or long-term performance-related bonuses during the reporting period. Nine employees have been paid more than the highest paid director (2017/18 None).
The annual increase in pension related benefits disclosed above represents the increase or (decrease), adjusted for inflation, between the amounts as at 31 March 2018 and the amounts as at 31 March 2019
The pension related benefit is calculated following a prescribed formula issued by HMRC, derived from s229 of the Finance Act 2004, modified by paragraph 10(1)(e) of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981). The calculated pension benefit figure is representative of the benefits that would be payable to the senior manager if they became entitled to it at the end of the financial year. The calculation is based upon 20 x annual pension income, plus the lump sum payable.

Ratio of Highest Paid Director to Other Staff

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The mid point of the banded remuneration of the highest-paid director in the James Paget University Hospitals NHS Foundation Trust in the financial year 2018/19 was £187,500 (2017/18 - £217,500). This was 8.03 times (2017/18 - 9.22) the median remuneration of the workforce, which was £23,363 (2017/18 - £23,597). Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but it does not include employer pension contributions and the cash equivalent transfer value of pensions. All salaries are annualised and on a full time equivalent basis, so as to eliminate the distorting effects of staff who join or leave part way through the year, or who work part time.

Remuneration ranged from £17,460 to £191,001 (2017/18: £15,400 to £219,400).

Senior Managers pension entitlements

Name and title	(a) Real increase in pension at pension age (bands of £2,500) £'000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £'000	(c) Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £'000	(d) Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £'000	(e) Cash Equivalent Transfer Value at 1 April 2018 £'000	(f) Real increase in Cash Equivalent Transfer Value £'000	(g) Cash Equivalent Transfer Value at 31 March 2019 £'000	(h) Employer's contribution to stakeholder pension £'000
Mr M Flynn Director of Finance	0.0 - 2.5	0	20 - 25	35 - 40	241	65	313	0
Mrs A Hills Chief Executive from 1/3/19	0.0 - 2.5	0	30 - 35	65 - 70	419	84	515	0
Mrs J Hunt Director of Nursing	0.0 - 2.5	0.0 - 2.5	40 - 45	120 - 125	835	84	944	0
Mr A Palmer Director of Transformation and Workforce	0.0 - 2.5	0	25 - 30	60 - 65	376	65	453	0
Mr. GE Wilde Chief Operating Officer until 31/3/19	0	0	0	0	0	0	0	1
Mr J Barber Director of Strategy and Integration	2.5 - 5.0	0	10 - 15	0	94	51	148	0
Mrs L Burton Associate Director of Workforce from 1/3/18 to 31/1/19	0.0 - 2.5	2.5 - 5.0	20 - 25	65 - 70	473	0[1]	0	0
Dr WH Stuart Medical Director	12.5 - 15.0	42.5 - 45.0	70 - 75	210 - 215	1138	457	1629	0

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

[1] Mrs L Burton retired and began drawing on the pension during the year.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

In calculating the actuarial value of the CETV as at 31 March 2019 the NHS Pensions Agency has used factors which include the indexation of pension benefits in line with the Consumer Price Index (CPI) and not the Retail Price Index (RPI). This follows the Government announcement in July 2010 that pension benefits from 2011 will be indexed in line with CPI and not RPI. The change in inflation assumption led to a decrease in the CETV value as at 31 March 2011 compared with the CETV as at 31 March 2010. Revised guidance was issued by HM Treasury on 26 October 2011 regarding the calculation of CETVs in public service pension schemes. Based on this guidance the NHS Pensions Agency, with effect from 8 December 2011, has used revised and updated actuarial factors produced by GAD when calculating CETVs within the NHS Pension Scheme

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

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

The policy for payment for loss of office

All senior managers' service contracts are set out with clear notice periods. The Trust may terminate an appointment by notice in writing without compensation, other than payment in lieu of notice as required by the contract.

Anna Hills
Chief Executive
20 May 2019

Staff Report

Recognising our staff

The Trust is the largest employer in the Great Yarmouth and Waveney area with over 3,000 people working for us. Our staff are essential to the way that we operate and the services that we are able to provide to our patients.

All Trust policies are in line with the legal requirements and national guidance and are adhered to by employer and employees. These are reviewed and adapted in line with any new recommendations.

In the last year we have continued to develop how we recognise our staff. Our annual staff awards go from strength to strength and we have now had a full year of our Employee of the Month recognition scheme.

We are planning much more in 2019/20 as we review how we engage more effectively with our staff. Whilst it will remain an important part of what we do, we will be supplementing the national annual Staff Survey with more frequent opportunities to understand what our staff think about specific issues. We want them to work with us and clearly tell us what would make their working lives better. The Board's Workforce, Education and Research Committee will ensure that momentum is maintained in line with the People Strategy revised in November 2018.

The Trust's Remarkable People Awards

Outstanding achievements, dedication and quality care were celebrated at this year's awards. Some 200 guests attended a glittering awards ceremony, held at the Wherry Hotel, Oulton Broad, in October, with more than 300 nominations from both patients and staff for the awards.

The winners in each category were:

- **Ward of the Year:** Ward 16
- **Team of the Year - Clinical:** Community Midwifery Team
- **Team of the Year - Non-Clinical:** Discharge Hub
- **Employee of the Year:** Jade Rawlinson, Nursery Nurse
- **Non-Clinical Individual of the Year:** Susan Hood, Health Records Manager
- **Clinical Individual of the Year:** Dorothy Wheatman, Lead Radiographer
- **Inspiration Award:** Dr Jim Crawfurd, Emergency Department Consultant
- **Volunteer of the Year:** Dementia Befrienders
- **Apprentice of the Year:** Lucy Chapman
- **Governors' Award for Outstanding Service:** Glenda Turner, Senior Sister, A&E
- **EDP Gold 'Patients' Choice' Award:** Mickey Cox, Cardiac Nurse Specialist
- **Chair and Chief Executive's Commendations:** Andrew Barratt, Audiologist; Steve Savage, Domestic Assistant

TRUST AWARDS 2018

Paget's Remarkable People

All the awards were presented by Chief Executive Christine Allen and Trust Chair Anna Davidson, with the exception of the EDP 'Patients' Choice' Award which was presented by EDP Health Correspondent Geraldine Scott, and the Governors' Award which was presented by lead governor Jane Harvey. The evening was compered by our Director of Nursing, Julia Hunt.

This year the EDP supported the event with live streaming on Facebook. This proved popular and enabled staff to watch from home; even one of the award winners who wasn't in the country managed to see it live.

Long Service Awards


Pictured are some of the long service staff with Anna Davidson, Chair and Christine Allen, Chief Executive.

Long-serving James Paget staff were recognised for years of dedicated service at a special awards ceremony. Staff who have served 25 years or 40 years with the hospital, its predecessors, or the wider NHS were all recognised at the ceremony, held for the second time after being introduced in 2017.

Each member of staff was presented with a certificate, a specially–engraved paperweight and a badge by Chair Anna Davidson and Chief Executive Christine Allen with refreshments and cake!

Employee of the Month

This staff recognition scheme has been in place for 18 months, recognising those who have shown a particular dedication to supporting our services and patients. This was as a result of feedback from the 2016 National Staff Survey. A member of staff or team is selected each month by the Chief Executive from all those who have been put forward for recognition - by patients, the public or colleagues. The winner receives a certificate from the Chief Executive.


Dr Esi Bentsi-Enchill
April 2018


Michael Cox
Heart Failure Specialist Nurse
May 2018

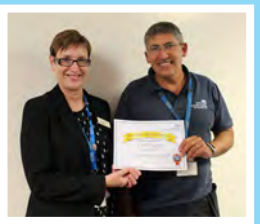

Catering Team
June 2018


Kelly Boyce; Revd Dr Alan Palmer;
Critical Care Outreach Team
July 2018


Rosie Tinn
November
2018


Kelly Goffin
October 2018


Mortuary Team
September 2018


Timothy Gray
August 2018


A&E Department
December 2018

Dr Alex Pawsey
January 2019

Adult Community Services and Specialist Palliative Care team
February 2019


Anne Piercy/Callum King
March 2019

NHS 70

As a Trust we helped to celebrate the 70th birthday of the NHS and published our 70 previous Remarkable People Award Winners.

JPUH sisters celebrate

Two sisters who have together clocked up 70 years' service in local healthcare also joined the national celebrations in the summer as the NHS reached this historic milestone.

Angela Meadows and her sister Marian Hunt, who both work at the James Paget, received invitations to two prestigious events to mark the NHS' 70th birthday.

Pharmacy technician Angela headed to Westminster Abbey with Chief Executive Christine Allen in July for a celebration service.

Marian, who is a clinical educator in practice development, attended an event celebrating innovation in nursing and midwifery in Nottingham.

Our national award winners

We are very proud of all the work that our staff do to support our patients and this year we have continued to see national recognition.

Learning & Development Award

The James Paget Education team have won the 'Best workplace for learning and development - up to 1,500 nursing staff' category in the Nursing Times Workforce Awards 2018.

Our entry – 'Developing the Future Workforce' – focused on some of the innovations at the James Paget, including our new Health Academy, which gives school and college students the opportunity to get an insight into health careers and our nursing scholarship programme, as well as our ongoing commitment to staff development and training.

Recruiting and retaining staff is a national issue, and we have put a number of things in place to encourage individuals to consider a career in health care, including apprenticeships and nursing associates roles.

JAG accreditation for Endoscopy Unit

The Endoscopy Unit had a peer review Joint Advisory Group for Endoscopy (JAG) accreditation site visit in May 2018, and were successfully passed on the day.

JAG accreditation provides patients and commissioners with assurance about the quality and safety record of an Endoscopy provider.

The Endoscopy department has a strong training record with a 'grow our own' workforce ethos, intended to address the national shortage of trained endoscopists and challenge consultant recruitment.

Double success for Diabetes nursing team

Our Diabetes Specialist Nursing Team celebrated after being named as a runner up in two national awards - the Hypo Awareness Week Excellence Award 2018 and the Insulin Safety Week Excellence Award.

The team's work to raise awareness of Hypoglycaemia, also known as low blood sugar, among colleagues at the hospital and the wider public during Hypo Awareness Week at the end of September, and their work to promote Insulin Safety Week in May, saw them gain national recognition for their efforts. They collected a silver runner-up badge in both awards, after being praised for their engaging campaigns.

Data and Policies

Staff Numbers

Workforce 2018/19	Male (fte)	Female (fte)	Total (fte)
Directors and Very Senior Managers	7.00	9.40	16.40
Employees	671.14	2142.16	2813.30
Total	**678.14**	**2151.56**	**2829.70**

Staff Costs analysis

	Year Ended 31 March 2019			Year Ended 31 March 2018
	Permanent £ 000	Other £ 000	Total £ 000	£ 000
Employee expenses				
Salaries and wages	105,132	1,396	106,528	101,555
Social security costs	10,402	-	10,402	9,885
Apprenticeship levy	531	-	531	499
Employer contributions to NHS Pensions	12,506	-	12,506	11,772
Pension cost - other	23	-	23	10
Agency / contract staff	-	8,220	8,220	6,938
	128,594	9,616	138,210	130,659
Employee expenses recharged to other organisations	(392)	-	(392)	(401)
Employee expenses capitalised as part of assets	(237)	-	(237)	(213)
	127,965	9,616	137,580	130,045

Sickness absence 12 months summary: Trust-wide

Sickness is managed in line with the Trust's policy, with the Workforce Team supporting line managers with any issues that they have. Reports on the latest position are presented to the monthly Board of Directors' meetings.

Sickness Absence	2018/19
Percentage of Long Term (Over 28 days)	3.13%
Percentage of Short Term	1.58%
Average Working Days Lost (ESRBI Average Absence Days (FTE) per FTE)	15.66
Percentage of staff with no sick leave	35.81%

Top Sickness Reasons	2018/2019	
	% (of all sickness)	% (of all the available)
S10 Anxiety/stress/depression/other psychiatric illnesses	31.1	1.47
S25 Gastrointestinal problems	10.2	0.48
S99 Unknown causes / Not specified	8.4	0.39
S28 Injury, fracture	7.9	0.37
S12 Other musculoskeletal problems	5.6	0.27
S13 Cold, Cough, Flu - Influenza	5.5	0.26

Staff policies

All Trust policies are in line with legal requirements and national guidance. Policies applied during the financial year:

- For giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities – **Recruitment Policy, Equality and Diversity Policy**
- For continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period – **Equality and Diversity Policy, Managing Attendance Policy**
- For the training, career development and promotion of disabled employees – **Equality and Diversity Policy** Actions taken in the financial year:
- To provide employees systematically with information on matters of concerns to them as employees – **Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy.**

  In addition to these policies active promotion of the team of 'Speak Up Guardians' has taken place along with promotional materials and communications to highlight how staff can access support and raise concerns.
- To consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests – **Change Management, Redeployment and Redundancy Policy.**

  Regular formal meetings continue with employee representatives for non-medical employee groups through our Joint Partnership Forum; the Medical Staff Committee for medical workforce; and regular informal meetings
- Information on health and safety performance and occupational health – **Health and Safety Policy, Occupational Health - Surveillance Policy.**

  The frequency and trends of all patient and employee safety incidents and other reportable incidents, including serious incidents and RIDDOR, are monitored. The Board's Workforce, Education and Research Committee presents significant issues to the Safety and Quality Governance Committee, with further escalation to the Board of Directors as required
- Information on policies and procedures with respect to counter fraud and corruption – **Anti Fraud and Corruption Policy.**

  The Trust is committed to reducing fraud, bribery and corruption in the NHS and will seek to take appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters. Where possible, the Trust will also attempt to recover any losses incurred, taking all available and appropriate civil and criminal measures to do so.

  Procedures are in place that reduce the likelihood of fraud occurring including standing orders, standing financial instructions, documented procedures, a system of internal control and a system of risk assessment. In addition, the Board of Directors aims to ensure that a risk and fraud awareness culture exists in the Trust through our Local Counter Fraud Specialist.

  A quarterly counter fraud newsletter, publicising the counter fraud team and details of successful cases prosecuted by NHS Protect, is distributed. The fraud risk assessment for the Trust has been updated, based on our knowledge of fraud in the NHS, nationally emerging trends and global and UK experience from counter fraud networks.

Having the right workforce

Recruitment of all staff groups remains an area of challenge for the NHS and this Trust is no exception. We have looked at innovative ways to consider skill-mix of vacancies and improve and speed up recruitment processes including implementation of a new software system.

The Trust ensures that all managers are fully trained and have the required skills and competencies in our recruitment and selection techniques and processes.

Candidates who apply for positions are required to meet the minimum criteria on the person specification with valid, current qualifications where appropriate. All candidates will go through a robust employment process followed by a Trust-wide induction and local induction. This provides assurance that the Trust's workforce is fit for purpose in terms of the competencies to deliver services to the community.

The Trust has an Equality Policy and a Policy and Procedure on Recruitment and Selection which explain our commitment to giving full and fair consideration to applications for employment.

We constantly review the existing workforce and enable the development of new and exciting pathways in line with service needs and good practice. A 'grow your own' approach has been part of the nursing workforce strategy for some time now with significant progress made which has extended to other areas. As part of our workforce planning we have developed the following roles in conjunction with local Universities:

- **Nursing Degree Apprenticeships**

We support the nursing degree apprenticeship to enable people to train to become a graduate registered nurse through an apprentice route. This is being rolled out where possible. Apprentices are released by their employer to study part-time in a higher education institution and will train in a range of practice placement settings. They will learn at Nursing and Midwifery Council approved education providers and will be expected to achieve the same standards as other student nurses.

A Nursing and Midwifery scholarships programme has also been developed to support individuals. Expansion of the scheme to other disciplines and increasing the numbers is planned.

- **Assistant Practitioners**

Additional capacity for patient care comes from the Agenda for Change Band 4 Assistant Practitioner role. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The educational

qualification is a foundation degree/higher apprenticeship. The Assistant Practitioner is able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals.

Recruitment into these posts has proved an unexpected challenge, which is currently being considered.

- **Nursing Associates**

This is a national initiative in response to the reduction in registered nurse numbers. It is an Agenda for Change Band 4 role designed to bridge the gap between healthcare assistants and registered nurses, providing a wider skill mix within multi-disciplinary teams. Nursing Associates deliver care, freeing up registered nurses to spend more time using their skills and knowledge to focus on complex clinical duties and take a lead in decisions on the management of patient care.

The Trust is now benefiting from the third cohort; the latest in February 2019 saw 18 people come into role.

A full nurse establishment review is presented to the Board of Directors each year. The most recent review, in March 2019, has agreed some changes and the sponsorship of three whole pathway apprenticeship training positions each year.

- **Advanced Clinical Practitioners (ACP)**

Health Education England (HEE), in association with its multi-disciplinary partners, has developed a definition of Advanced Clinical Practitioner that is a more senior role where advanced clinical practice is delivered by experienced, registered health and care practitioners.

The ACP definition provides clarity for employers, service leads, education providers and healthcare professionals, as well as potential ACPs practising at an advanced level. To date the Trust has benefitted from the ACP role in the Emergency Department and Paediatrics with further expansion planned in 2019/20.

- **Physician Associate Roles**

Physician Associates (PAs) are a new and evolving occupation supported by employers in the UK in recognition of the strategic medical workforce challenges of the NHS. These were identified through the Five Year Forward View and the Lord Carter of Coles report.

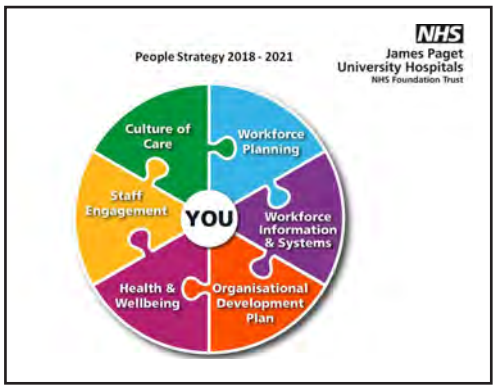
PAs are healthcare professionals with a generalist medical education, who work alongside doctors, physicians, GPs and surgeons providing medical care as an integral part of the multi-disciplinary team. PAs are dependent practitioners working with a dedicated supervisor and are able to work autonomously with appropriate support.

We have appointed six PAs substantively in the Emergency Department and the Emergency Assessment and Discharge Unit (EADU) at Agenda for Change Band 7. We are planning to increase the number in future in other specialities such as Orthopaedics and General Medicine.

Further work

We are analysing workforce data, such as age profiling, and this is part of our five year strategy to ensure that the Trust continues to have a skilled professional workforce. The need for effective workforce planning across all areas is recognised in the Trust's strategic objectives for 2019/20.

The 5 Year People Strategy



Strategic ambition 2 states that we will *Provide education, support and development for our staff to deliver excellence in practice and be the employer of choice.*

Our ambition is to be the employer of choice, with a compassionate supportive culture that is attractive to future staff and enables our existing staff to deliver the highest standard of care whilst they are supported with continued development. We will identify talent to succession plan for the future, whilst creating a flexible workforce adaptable to the ever-changing environment and maintain financial stability. We will work across Norfolk and Waveney with our health and social care partners as part of the STP to maximise recruitment, retention and development of innovative new roles.

Our staff are the Trust's greatest asset and this strategy describes the support and opportunities available. As an organisation we want to improve patient experience by ensuring staff are appropriately trained, equipped, supported and can perform at their optimum level, delivering high quality, efficient and well led services. We have a strong accountability framework that provides assurance to our community that staff are clear about what is expected of them and feedback is provided on their performance. Our Organisational Development plan will focus our work in the next year.

Our work experience and educational offering of apprenticeships encourages the development of our future workforce as well as supporting staff to realise their career ambitions.

We have full representation at the Local Workforce Actions Board (LWAB - STP programme) and the relevant committees and working groups. The national health and care workforce strategy has been shared across the LWAB region and is supportive of six principles:

- Compassionate culture
- Workforce Planning
- Staff Engagement
- Health & Wellbeing
- Workforce Information and Systems

Organisational Development Plan – the Journey to Outstanding.

The national Staff Survey

The annual NHS Staff Survey asks those working in healthcare organisations for views on their job and where they work. The aim is to gather information that will help improve the working lives of staff and so help provide even better care for patients. A sample of staff are asked a series of questions under the headings of "your job", "your managers", "your health and well-being", "personal development" and "your organisation". The outcome helps us measure the wellbeing of those who work for us. The sample size of this year's survey was 1250 with 494 respondent and a response rate of 39.6%. This is a lower percentage than last year at 41.1%.

The majority of respondents (34%) have worked for the Trust for over 15 years and are from two main occupational groups: Registered Nurses/Midwives (26%). Allied health professionals/healthcare scientists/Scientific and Technical made up 16%, Medical and Dental (9%), Health Care Assistants (9%) and the remaining 39% incorporates admin/clerical, central functions/corporate services and maintenance/ancillary.

The survey benchmarking group results are presented below.

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.3	9.1	9.0	9.1	9.1	9.2
Health and wellbeing	6.1	5.9	6.5	6.0	6.3	6.1
Immediate managers	6.7	6.7	6.7	6.7	6.5	6.7
Morale	6.4	6.1				
Quality of appraisals	5.2	5.4	5.4	5.3	5.2	5.3
Quality of care	7.5	7.4	7.4	7.5	7.7	7.6
Safe environment – bullying and harassment	7.6	7.9	7.7	8.0	7.9	8.0
Safe environment – violence	9.2	9.4	9.1	9.4	9.2	9.4
Safety culture	6.5	6.6	6.6	6.6	6.6	6.6
Staff engagement	7.1	7.0	7.1	7.0	7.1	7.0

The gender and age split is reflective of our workforce as a whole, with 77% of respondents being female and 40% being over the age of 51. Respondents split by ethnicity were 93% White, 6% Asian/Asian British, 1% mixed and 1% Chinese and other ethnic background. This is reflective of our current overall workforce information. From 2018 onwards, the results from questions are grouped to give scores in 10 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

Our results confirmed that our workforce is reflective of the local population. As already mentioned, we continue to work proactively with our staff to ensure we take full account of their views and work preferences as well as any disability or any health related difficulties at all times in order to support them in their work. We have more plans in development for 2019/20.

Data gathered by the survey is used by the CQC, the Department of Health & Social Care and other NHS bodies for benchmarking and improvement. For example, survey data was used by NHS Improvement when it published the first annual 'Learning from Mistakes League' to identify openness and transparency in NHS provider organisations.

Occupational Health

Through an external provider, this service offers a confidential employee assistance programme with advice, invaluable information, specialist counselling and support. The service is available 24 hours a day, 365 days per year, and staff can readily access this by phone.

Face to face counselling support and physiotherapy is also offered via the management referral process.

We work closely with the provider to ensure that the service continues to meet our needs.

Equality and diversity

As a Trust we embrace the diversity of our staff with our workforce policies, ensuring that we eliminate discrimination. The Equality Act 2010 replaced the previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply. It also strengthens the law in important ways, to help tackle discrimination and inequality. The majority of the Act came into force on 1 October 2010.

Within the Act, the Equality Duty ensures that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. There are three aims, with the Duty requiring public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it, and
- Foster good relations between people who share a protected characteristic and people who do not share it.

We have responded to the provisions within the Act by ensuring consideration of equality issues in strategic and operational decision making. This includes a robust Clinical Quality Risk Assessment (CQRA) process, the agenda of the Safety and Quality Governance Committee, the Workforce, Education and Research Wellbeing Group and the Workforce, Education and Research Committee.

In addition all appointing managers are required to undertake recruitment and selection training which makes specific reference to equality and diversity and the requirement for public bodies to adhere to the Equality Duty.

We continue to incorporate the Workforce Race Equality Standard into our reporting mechanisms. We also seek to make continuous improvements through use of the Trust staff survey results. All Trust policies are assessed for equality impact and we work in partnership with Staff Side as appropriate to always best support equality and diversity and human rights in our workforce.

This year a working group was set up involving those staff interested in this subject who wanted to help us develop the work programme in addition to delivery of the statutory requirements. The group wanted to raise awareness of the benefits of becoming a fully inclusive organisation and to celebrate and publicise the existing good work that we do, as a time limited piece of work before this becomes 'business as usual', with a communications strategy and plan developed.

The Rainbow NHS Badge project was raised as something worth developing here, with a small number of trusts having launched this to date. It shows that an organisation is open and an inclusive place for those that identify as LGBT+. We expect to see this develop in 2019/20.

Ethnicity – All Staff

Ethnic Group –	FTE	%
White British	2101.73	74.27%
All 'White' ethnicity other than 'White British'	287.77	10.17%
All 'Mixed' ethnicity	28.66	1.01%
All 'Asian' groups	270.00	9.54%
All 'Black' ethnicity	39.60	1.40%
All other ethnic groups	53.54	1.89%
Declined to disclose	48.39	1.71%
Grand Total	**2829.70**	**100.00%**

Other disclosures

Off Payroll Engagements

All substantive employees are paid through payroll. Any off payroll engagements are subject to risk based assessment to ensure full compliance with HMRC requirements either by the Trust or external agencies.

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

For all off payroll engagements as of 31 March 2018 for more than £220 per day and that last for longer than six months	2018/19
	Number of engagements
No of existing engagements as of 31 March 2018	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

Exit Packages

There are processes in place for exit packages which take account of national guidance on how these cases will be dealt with and include compliance and approval through NHSI as required. There have been 12 staff exit packages during 2018/19.

Exit Package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	12	12
£10,00 - £25,000	0	0	0
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	0	0
£100,000 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit packages by type	0	0	0
Total resources cost	**0**	**0**	**0**

Exit packages: non-compulsory departure payments

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

Trade union facility time disclosures

The facility time data that organisations are required to collate and publish under the new regulations is shown below.

Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
14	1.77 wte

Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	zero staff
1-50%	12 staff
51-99%	1 staff
100%	1 staff

Percentage of pay bill spent on facility time

	Figures
Total cost of facility time	£68,480
Total pay bill	£136,578,000
Percentage of the total pay bill spent on facility time	0.05%

Paid trade union activities as a percentage of total paid facility time hours

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0

Expenditure on consultancy

There were three management consultancy appointments made during 2018/19 which had a contract value greater than £50,000 in relation to advice provided to the Trust by Attain Health Management. This was for support to design a new care model (£250,000), support for phased implementation of new service models (£215,000) and acute speciality services integration support (£64,000).

Total expenditure on management consultancy during the year was £564,000 (2017/18: £187,000) as shown in note 5 on page 32 of the financial statements.

Modern Slavery Act statement

The Trust prepared its first statement for inclusion in last year's annual report. This was reviewed and updated in March 2019.

Our organisation

We became the first Foundation Trust in Norfolk and Suffolk on 1 August 2006 and are known as the James Paget University Hospitals NHS Foundation Trust.

We employ over 3,000 staff. We provide services at the James Paget University Hospital in Gorleston, supported by services at the Newberry Centre Children's Clinic and other outreach clinics.

Our catchment population is 230,000 which is expected to steadily increase. The Trust is a high performing organisation that prides itself in putting patients first. We continually strive to improve clinical outcomes and patient experience to meet the needs of our patients and local population and our hospital is firmly rooted in the local community. We have a talented and loyal workforce, with a commitment to embrace and deliver improvement and change.

We procure goods and services from a range of providers. Contracts vary from small one-off purchases to large service contracts.

Arrangements to prevent slavery and human trafficking

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

Our arrangements

People

- We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage
- Our Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy gives a platform for our employees to raise concerns about poor working practices.

Safeguarding

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

Training and Promotion

Our safeguarding training includes role relevant modern slavery awareness and understanding to reflect the Department of Health's project around provider responses, treatment and care for trafficked people (PROTECT).

Suppliers/tenders

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

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

- Confirming compliance of their plans and arrangements to prevent slavery in their activities and supply chain
- Implementing any relevant clauses contained within the Standard NHS Contract.

Modern slavery act – Section 54

Section 54 of the modern slavery act details the following:

4) A slavery and human trafficking statement for a financial year is –
   (a) a statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place –
   (i) in any of its supply chains, and
   (ii) in any part of its own business, or
   (b) a statement that the organisation has taken no such steps

5) An organisation's slavery and human trafficking statement may include information about-
   (a) the organisation's structure, its business and its supply chains
   (b) its policies in relation to slavery and human trafficking
   (c) its due diligence processes in relation to slavery and human trafficking in its business and supply chains
   (d) the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk
   (e) its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate
   (f) the training about slavery and human trafficking is available to its staff

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

Council of Governors and our membership

Our structure and gaining assurance

The Council consists of 28 Governors, including the Chair: five appointed, 17 elected by the public membership and five elected by our staff. Governors standing for the Staff or Public Constituency are elected by the process set out in the Trust's Constitution, using the single transferable vote system, for a three year term of office. The current Council is halfway through its term of office, with the next elections taking place in the summer of 2020 for a 1 August start.

Governors are responsible for representing the interests of members and partner organisations in the governance of the Trust and holding the Board of Directors to account for its performance, through the Non Executive Directors. They give their views on strategic issues, but do not manage the hospital. This is the responsibility of the Board of Directors.

The Council is chaired by the Chair of the Trust, supported by the Senior Independent Director. The role of the Council is included within the Trust Constitution, with clear processes in place to ensure information is available to Governors. Formal Council meetings are scheduled at least five times each year, plus the Annual Members' Meeting/Annual General Meeting. Governor Committees undertake the detailed work and report to Council for decision.

A Lead and Deputy Lead Governor are in place, having been confirmed by the Council in the summer after their initial appointment. As the interim post holders – the two Public Governors with the most votes at election – they were both successfully elected by the Council and will stay in post for the remainder of their term of office. These are important roles in representing the views of the Council. The Lead Governor in particular works closely with the Chair and the Trust Secretary to ensure that the Council structure supports Governors to undertake their statutory role and add value.

Members of the Board of Directors attend the Council meetings during the year – Executive Directors as required and Non Executive Directors for each meeting. Non Executive Directors have been presenting at each Council meeting on their Committee or leadership roles as a Board member for well over a year. We have found this to be a really successful addition to the agenda. Governors are clear that the significant time set aside is to be protected to enable sufficient discussion.

Supporting the Trust's continuous improvement of services

The Governors' Review, Planning & Membership Committee is the main focus of detailed Governor work and ensuring sufficient training is provided – other than Non Executive appointments. The Committee's report to Council has been enhanced this year and is also presented to the next meeting of the Board. This ensures that all Governors and Board members are clear on the Council's priorities and activities, including progress on the Trust's approved membership strategy.

Late in 2018 the Council agreed that it would no longer undertake the long standing Meet the Governor sessions in the hospital due to a lack of engagement. It was felt that these had run their course. Instead, from January 2019, the focus has been on increasing the Governor presence in the community with a programme of visits to local libraries. This is in addition to the existing, long standing links with GP patient participation

groups and attending fetes in the summer. Effectiveness will be reviewed in June 2019 to enable the programme for the remainder of the year to be confirmed.
The Council is an important part of our governance processes and we are keen to ensure that Governors can bring their views and those of our members/the public for consideration in the Trust's planning.

At the Council meetings there is a private section which enables strategic debate. This includes early discussion on future objectives, so that Governor views can feed into management/Board review ahead of approval. This includes Governors' views on the forward plan. Governors participate in discussion on the Norfolk and Waveney Sustainability and Transformation Partnership work, our internal transformation programme and our five year strategy refresh.

Governor training and development

Providing Governors with the development that they need enables effective discharge of their responsibilities. On election, a full induction programme is implemented. Two development days are arranged each year and the Council meeting is utilised for any additional learning required.

As part of the review of the Council structure and effectiveness this year the Lead Governor asked a series of questions of each Governor. This led to the focus of our October 2018 development day with a reminder of the role of a Governor and significant group work. The General Data Protection Regulations was also included. We start each development day with a 'getting to know you' session, which has proved popular. Governors were fully involved in the planning of the April 2019 day, taking account of any needs identified.

The support provided to Governors - as well as the Chair and Trust Secretary being available to answer any queries - enables the Board to undertake the annual self-certification required by our regulator, NHSI, that sufficient training has been provided.

In-year there has been a breach of the Governors' Code of Conduct. This was investigated by the Senior Independent Director in line with the Code and the Trust's Disciplinary Policy and Procedure. The Governors' Disciplinary Committee met and considered the case, with the Council approving the Committee's decision. There will be further discussion to review the learning from this process and any enhancements required to the Code. This will be resolved in early 2019/20.

Some of our Council of Governors 2017-20

Membership of the Council during the year and attendance at meetings is set out below. There have been resignations in year, some due to personal circumstances. Vacancies are not being filled, with election planning starting in the autumn.

Name	Job Title	11/05/18	13/07/18	09/11/18	18/01/19	08/03/19	Meeting Count	% Attendance
Anna Davidson	Chair	Y	Y	Y	Y	Y	5	100.00
Jane Harvey	Lead Governor	Y	Y	Y	Y	Y	5	100.00
Lyn Gibbs	Deputy Lead	Y	Y	Y	Y	Y	5	100.00
Penny Carpenter	Appointed Governor			Y	Y	Y	3	60.00
Emma Flaxman Taylor	Appointed Governor	Y	A	A	Y	Y	3	60.00
Tony Goldson	Appointed Governor	Y					1	20.00
Haydn Thirtle	Appointed Governor	Y	A				1	20.00
James Reeder	Appointed Governor		Y	Y	Y	Y	4	80.00
Mary Rudd	Appointed Governor			A	Y	A	1	20.00
Neil James	Appointed Governor	Y	A	Y	Y	Y	4	80.00
José Bamonde	Public Governor	Y	Y	N	A	Y	3	60.00
Lesley Bruin	Public Governor	Y					1	20.00
Stuart Brooks	Public Governor	A	Y	A	Y	Y	3	60.00
Iain Ferguson	Public Governor	Y	Y	Y	Y	Y	5	100.00
Dr Michael Field	Public Governor	A	Y	A	Y	Y	3	60.00
Andrew Gowen	Public Governor	Y	A	A	Y	A	2	40.00
Peter Kirkpatrick	Public Governor	Y	Y				2	40.00
Jean Macheath	Public Governor	Y	Y	Y	Y	Y	5	100.00
Sheena McBain	Public Governor	Y	A	Y	Y	A	3	60.00
Jan McCarrick	Public Governor	A	A	Y	Y	Y	3	60.00
Terry Rymer	Public Governor	Y	Y	Y			3	60.00
Bryan Watts	Public Governor	Y	A	Y	Y	Y	4	80.00
Leigh Beuttell	Staff Governor	A	A	Y	Y	A	2	40.00
Steven Duffell	Staff Governor	N	Y	N	A	Y	2	40.00
Julie Smith	Staff Governor	Y	Y	A	A	Y	3	60.00
John Smith	Staff Governor	Y	Y	N	Y	Y	4	80.00
Devender Khurana	Staff Governor	Y	Y	Y	A	Y	4	80.00
In attendance:								
Peter Hargrave	Senior Independent Director	Y	Y	Y	Y	Y	5	100.00
Stephen Javes	Non Executive Director				Y	Y	2	40.00
Paula Kerr	Non Executive Director	Y	Y	Y	A	Y	4	80.00
Roger Margand	Non Executive Director	Y	Y	A	Y	A	3	60.00
Nicola Spalding	Non Executive Director	Y	Y	Y	Y	Y	5	100.00
David Scott	Non Executive Director	Y	Y	Y	Y	Y	5	100.00
Christine Allen	Chief Executive	Y	Y	A	A		2	40.00
Anna Hills	Deputy Chief Executive/Director of Governance			Y	A	Y	2	40.00
Ann Filby	Head of Communications & Corporate Affairs (Trust Secretary)	Y	A	Y	Y	Y	4	80.00
Graham Wilde	Chief Operating Officer				Y		1	20.00

Our members

Anyone living in the catchment area covered by the Trust can become a member of the Public Constituency if they are aged 16 or over; our staff are automatically members unless they choose to opt out. There is a section available on the Trust's website and membership information is displayed in the hospital, with clear contact details. A governor email address was implemented as part of the membership strategy, with contact being made through this in recent months.

The Council of Governors' work on membership is fully integrated with the wider Trust work on engagement with our patients, carers and the general public. Any comments that Governors receive in relation to patient care are submitted to the Head of Patient Experience and Engagement.

Membership reports are considered by the Governors' Review, Planning and Membership Committee six monthly to ensure that the figures remain largely representative of the local area and there is limited fluctuation. The Board receives an annual update. There had been a delay this year as our internal IT team worked on improving functionality. A new interactive e-reporting system was implemented which enables us to target members more effectively. When this was considered in December 2018, it confirmed that the 16-35 year old category is under-represented, which was already a priority in the membership strategy.

As at 31 March 2019, the staff membership is 3,643, with the public membership at 7374, giving a total of 11,017. This is a slight reduction on last year's figure of 11,372.

Membership strategy 2018-20
The strategy was approved by the Council of Governors and the Board of Directors in January 2018.

1. Enhance engagement with the Trust's membership and the wider public	
Rationale: Public Members are not currently engaged as evidenced by the 10% turn out in the summer 2017 Governor elections – accepting that this in line with other trust elections rather than the Trust being an outlier.	
Priority	
a.	Enhance the Governor presence by encouraging feedback and debate through effective use of the Trust's social media accounts, particularly Facebook
b.	Maximise effectiveness of existing communication mechanisms by implementing direct e-contact through a Governors' email address governors@jpaget.nhs.uk and reviewing all membership communications and their frequency
c.	Implement a more strategic and consistent approach to engagement with GP Patient Participation Groups and other groups, including Healthwatch
d.	Refocus staff governors to ensure effective processes are in place to canvas staff views and support wider staff engagement improvements

2. Ensure that the public and Trust members have the opportunity to engage in strategic discussion
Rationale: The member/public voice in strategic debates on the future of services is essential, in addition to views of Governors. This strengthens the Trust's position in moving forward with appropriate, sustainable services for our patients and as part of the Norfolk and Waveney Sustainability and Transformation Plan.
Priority
a. Agree a process for strategic questioning and gathering of feedback

3. Monitor the Trust's membership data, focusing on those areas of under-representation
Rationale: Monitoring the Trust's membership and how representative it is in comparison with the local population is a regulatory requirement. This detailed information supports priority setting and focus of resource, such as enhanced recruitment, targeted engagement events within the Trust's catchment area.
Priority
a. Resolve current membership data quality issues
b. Enhance engagement with young people to ensure they have a voice in future service plans
c. Hold membership engagement events annually to provide opportunities to engage with Governors and to seek member/ public views on strategic questions

4. Support continuous improvement of the patient experience
Rationale: Learning from our patients' experience of the care they receive is a Trust priority, always focusing on the needs of the patient and recognising that whilst in hospital they are vulnerable. We want every contact to count. A new programme of opportunities is in place, the effectiveness and frequency of which will be regularly reviewed to ensure that Governors avoid becoming too operational or undertaking the role of the Patient Advice and Liaison Service and remain working at a strategic level with the Board of Directors.
Priority
a. Undertake regular surveys under the leadership of the patient experience team
b. Bi-monthly Meet the Governor sessions held encouraging engagement and seeking views on agreed strategic questions

With the support of Governors, and particularly the Lead/Deputy Lead Governor co-ordinating, real progress is being made:

- The Governors' email is now used on all communications
- Whilst Governors had planned to focus on social media, we are actually using the Trust's Facebook account and making sure all communications are highlighted, together with dates of meetings and Governor events
- New links have been made with GP patient participation groups (PPGs) and attendance in some surgery waiting areas has been particularly successful
- The Deputy Lead Governor prepares a briefing after each Council meeting which is circulated to a wide range of contacts, including PPGs
- The Gorleston Community Magazine has very kindly included the content of the Governor e-newsletter, Inside Story, in two of its editions recently, with a circulation of 3,000
- Staff Governors have been focussing their attention on their Freedom to Speak Up Guardian role – which is now being reviewed – and this has left very limited time to take forward engagement with staff in the way that they had envisaged. It is hoped that this will change in the remaining 18 months of their term of office

- A strategic question has been confirmed and is being used successfully in all engagement events and responses have been received with feedback utilised at the Trust and sent to the STP communications team.

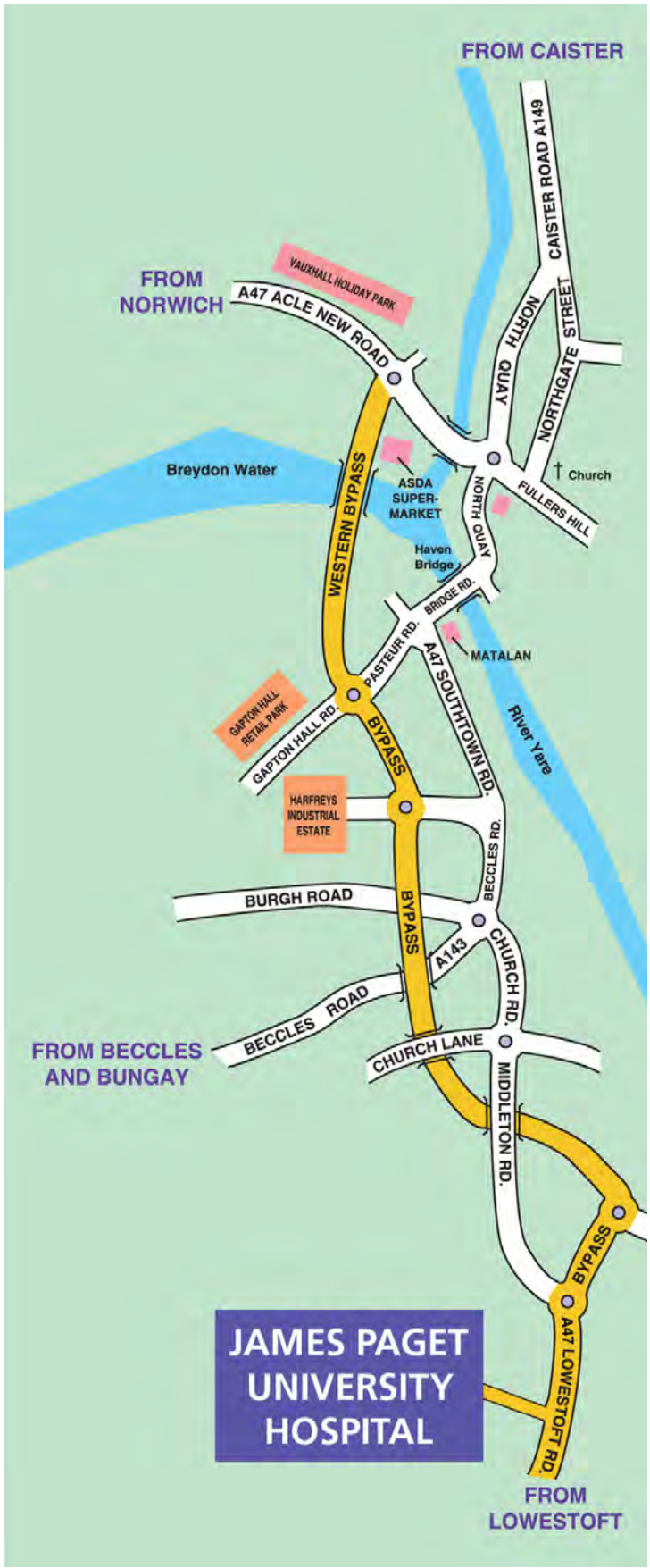
  In Norfolk and Waveney we are looking for all organisations to work together much more closely – called an integrated care system – what is most important to you when you think of the healthcare you receive?

- Membership data quality resolved with new reporting mechanism in place
- Young person's membership form developed and in use. Links with the Waveney Youth Parliament are being explored with the help of one of our appointed governors; our Governor lead is also engaging with the local Colleges and plans to support Fresher's Week in the autumn
- Limited external membership events were undertaken in 2018. Events have been taking place in early 2019 with a programme currently being finalised for this summer across the membership area
- Priority 4a and 4b have been discontinued in favour of more informal events outside of the hospital. Any concerns in relation to patient experience will be dealt with through the Trust Secretary or more formally through the Non Executive Directors at Council meetings.

Glossary/Abbreviations

A&E	Accident and Emergency, part of the Emergency Department
Acute	Rapid onset, severe symptoms and brief duration
AmbU	Ambulatory Unit
Audit	A continuous process of assessment, evaluation and adjustment
BAF	Board Assurance Framework
BCG	Boston Consulting Group
CCG	Clinical Commissioning Group
C Diff	Clostridium difficile
CQC	Care Quality Commission
Capital	Spending on land and premises and provision, adaptation, renewal, replacement or demolition of buildings, equipment and vehicles
Commissioning	Process of acquiring/buying services to meet the health needs of the local population
ED	Emergency Department
FTE	Full time equivalent (staffing)
GPs	General Practitioners
GSF	Gold Standards Framework
HMT	Her Majesty's Treasury
Inpatient	A patient admitted to hospital for a period of treatment or to undergo an operation. Patients would stay in hospital for 24 hours or more
ICS	Integrated Care System
KPIs	Key Performance Indicators
LWAB	Local Workforce Actions Board
NED	Non Executive Director
N&R	Nomination and Remuneration
NHSI	NHS Improvement, oversees foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care
Outpatient	Provided on an appointment basis without the need to be admitted to or stay in hospital, e.g. assess need for further treatment, follow up appointment after a period of treatment
PPG	Patient participation group
PA	Personal Assistant/Physicians Associate
PSF	Provider Sustainability Fund
RTT	Referral to Treatment
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Partnership
UoR	Use of Resources
UEA	University of East Anglia
YTD	Year to date

Useful contacts and how to get here



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NHS
James Paget
University Hospitals
NHS Foundation Trust

Quality Report 2018/19

#Proud of the Paget

Contents

FOREWORD

What is a Quality Report

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Report and includes the requirements of the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012. Quality Accounts (and hence this report) aim to increase public accountability and drive quality improvement within NHS organisations. They do this by getting organisations to review their performance over the previous year, identify areas for improvement, and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year.

Quality consists of three areas which are essential to the delivery of high quality services:

- How safe the care is (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

Some of the information in this Quality Report is mandatory – this report contains all of NHS Improvement's detailed requirements for quality reports – but most is decided by patients and carers, Foundation Trust Governors, staff, commissioners, regulators, and our partner organisations, collectively known as our stakeholders.

Scope and structure of the Quality Report

This report summarises how well the James Paget University Hospitals NHS Foundation Trust ('the Trust') did against the quality priorities and goals we set ourselves for 2018/19. It also sets out those we have agreed for 2019/20 and how we intend to achieve them.

This report is divided into three Parts, the first of which includes a statement from the Chief Executive and looks at our performance in 2018/19 against the priorities and goals we set for patient safety, clinical effectiveness and patient experience.

Part 2 sets out the quality priorities and goals for 2019/20 for the same categories and explains how we decided on them, how we intend to meet them, and how we will track our progress.

Part 2 also includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality. It also includes a description of audits we have undertaken and our research work. We have also looked at how our staff contribute to quality.

Part 3 sets out how we identify our own priorities for improvement and gives examples of how we have improved services for patients. It also includes performance against national priorities and our local indicators.

The annexes at the end of the report include the comments of our external stakeholders including:

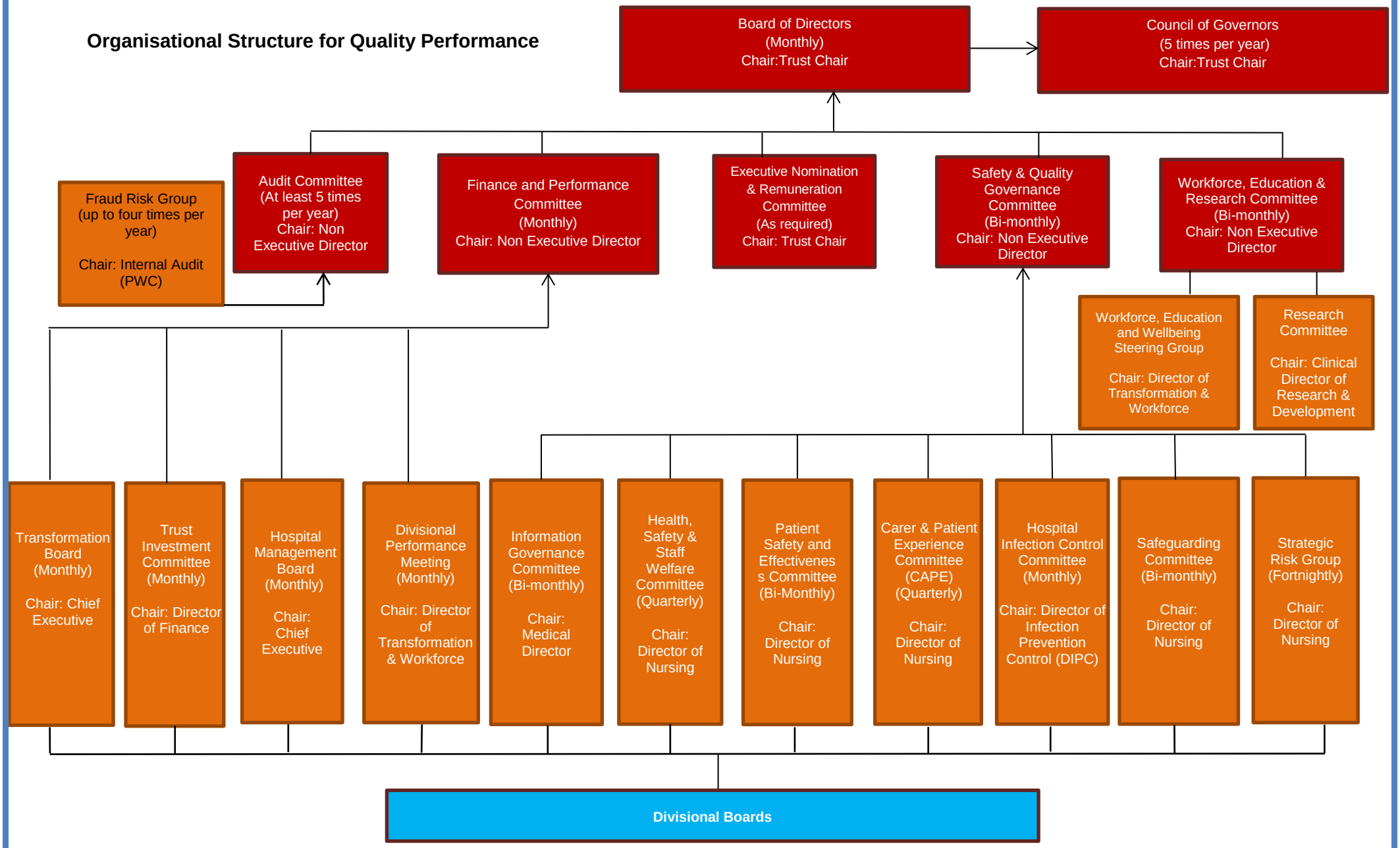
- Great Yarmouth and Waveney Clinical Commissioning Group
- Healthwatch Norfolk
- Healthwatch Suffolk
- Council of Governors
- Health Overview and Scrutiny Committee

The annexes also include a glossary of terms used.

Any text shown in blue boxes is a compulsory requirement to be included in the Quality Report as mandated within NHS Improvement's Annual Quality Accounts Regulations.

If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Director of Nursing by calling 01493 452759 or emailing julia.hunt@jpaget.nhs.uk.

Organisational Structure for Quality Performance



Part 1

Statement on Quality from the Chief Executive

The James Paget University Hospitals NHS Foundation Trust aims to provide safe and effective care at all times. This means that patient safety and quality are at the heart of everything we do. Our staff are central to delivering the care standards that we expect every patient to receive.

2018/19 has certainly been a year of significant change, with many developments taking place to ensure that our services are fit for the future. I am proud of what we have developed during the last year to further improve the quality and safety of our services. I am delighted to have the opportunity to share with you some of our achievements in this Quality Report.

The Trust has achieved a 'Good' rating for the quality of care it provides for patients, following an inspection by the Care Quality Commission (CQC). The team of inspectors visited the hospital in July 2018 and inspected three clinical areas: medical care; maternity; and end of life care. The inspectors assessed whether services were safe, effective, caring, responsive and well-led. Throughout the report, there are references to the compassion, dignity and kindness shown to patients by staff across the hospital and I remain extremely proud of everyone who has helped us maintain our position as a 'Good' hospital.

Over the last year the Trust has won a number of awards including:

- National Osteoporosis Society - Hilary Noakes Award for outstanding achievement - Sue Lowther, Radiographer;
- Nursing Times Workforce Awards – Developing A future Workforce - Education and Practice Development;
- 'WeNurses' list of 100 outstanding nurses – Julia Hunt, Director of Nursing.

Due to increasing demand on the Emergency Department we have expanded our 'Emergency Floor' to allow further integration between services including, A&E, Ambulatory Care, EADU, Ward 16 and out of hours GP services. The new look Ambulatory Care Unit was opened in November 2018 and is a brand-new purpose built facility which is double the size of the old unit and can see three times as many patients.

I would like to take this opportunity to thank our staff, once again, as without their hard work and commitment we would not have achieved the successes we have set out in this Quality Report.

Christine Allen
Chief Executive (April 2018 to February 2019)
James Paget University Hospitals NHS Foundation Trust

Our Trust Priorities for 2019/20 have been developed to ensure that we deliver the best possible level of safe and effective care for our local population, working in partnership with our local health and social care colleagues.

As part of the Trust's continued commitment and focus on quality improvement we are looking to embed the Quality Improvement (QI) Hub to support our staff to transform services in order to enhance the delivery of sustainable quality health care and to embed excellence.

We will focus on supporting our staff to deliver compassionate care throughout all interactions with Trust services, including at the end of life, introducing best practice such as the Gold Standard Framework and 'Butterfly volunteers' to enable this.

Quality and safety remain our priority and as we move into 2019/20, we look forward to another year of continued focus on improvements in the quality of care and experience for our patients.

To the best of my knowledge, the information in this document is accurate

Anna Hills
Chief Executive (March 2019 onwards)
James Paget University Hospitals NHS Foundation Trust

Part 2

Priorities for improvement and statements of assurance from the Board

In this section we describe our priority areas for quality improvement for 2019/20. We explain how we have chosen our priorities, what we set out to do, what we have done in previous years and how we will monitor progress with the priorities throughout the year.

In this section we have included all of the mandatory statements of assurance as required under the NHS (Quality Accounts) Regulations 2010 and associated amendments 2011, 2012, 2017 and 2018.

In this section we have included our performance against a core set of indicators. For each indicator we have included data for the last two reporting periods and, where available and/or applicable, have included the national average for the same and those NHS Trusts with the highest and lowest figures for the same.

2.1 Priorities for improvement 2019/20

The Board of Directors has agreed the following key priorities under the three domains of quality for 2019/20. These have been identified from and/or aligned to:

- Trust Quality Improvement Strategy 2018-2023
- The Care Quality Commission (CQC) five Key Lines of Enquiry (KLOE)
    - Safe
    - Effective
    - Caring
    - Responsive
    - Well-led
- Governors/Trust Members/local population feedback via questionnaire
- Quality Report priorities 2018/19
- Issues identified from the CQC Quality Assurance Framework
- NHS Long Term Plan
- Priorities identified by:
    - NHS England
    - NHS Improvement
    - Health Education England
    - Public Health England
    - National Institute for Health and Care Excellence (NICE)

The public and patients are involved in identifying risk and bringing this to the attention of the Foundation Trust in a variety of ways, including:

- Via Healthwatch;
- Via our Council of Governors (involved in setting the priorities within the Quality Report);
- Priorities Questionnaire sent to all members via post, media and Trust website;
- The Trust Board of Directors has continued to include a patient story at each monthly meeting to help identify, manage and mitigate key risks;
- Patients and relatives are involved in addressing issues identified through complaints, claims, Patient Advice and Liaison (PALS) and incidents via involvement in action planning;
- Patient Satisfaction Surveys.

Public Stakeholders are involved in managing risk which impacts on them, for example:

- There are Foundation Trust meetings at all levels with members of the Clinical Commissioning Group at which risk is assessed;
- Health Overview and Scrutiny Committees;
- Partnership working with Social Services;
- Joint working with other health and social care providers including Norfolk & Norwich University Hospitals NHS Foundation Trust, Queen Elizabeth Hospital King's Lynn, East of England Ambulance Service NHS Trust, Norfolk and Suffolk NHS Foundation Trust, and East Coast Community Health Community Interest Company.

Patient Safety

a) Improve the timeliness of the investigation of incidents

What we set out to do (Priority):
Improve the timeliness of the investigation of incidents
Why we chose this (Rationale):
• Closing within agreed timescales allows for early learning from and prevention of repeat incidents • Number of incidents outstanding closure was a focus of the CQC inspection in August 2018 • Another Trust has recently been fined by not carrying out their statutory Duty of Candour obligations within defined timescales
What we intend to achieve (Goal):
Reduction in the number of incidents awaiting closure outside of Trust timescales as defined by the Adverse Events Policy
How we will deliver and monitor progress:
• Figures received monthly by clinical Divisions • Figures reported monthly to Board of Directors in the Quality Report
Responsible Person:
Director of Nursing

Baseline data

As of 4th April 2019, 89% of all incidents had been closed, a slight decrease of 1% on February:

Month and year	Incidents closed (%)
Dec-18	84
Jan-19	88
Feb-19	90
Mar-19	89

Actions

Numerous actions are in place to promote incident closure:

- The Corporate Governance team are devising a process to allow central closure of the admitted-with tissue viability incidents to allow clinical teams to concentrate on the incidents occurring within their departments e.g. for February 2019, 23% (n=160) of all incidents reported were under the tissue viability heading with 75% (n=123) of these being admitted-with;
- The Corporate Governance team support closure of Serious Incidents (SIs) and any incidents that have had a Root Cause Analysis (RCA) prior to them being escalated as outstanding closure e.g. Hospital Attributable Thrombosis (HAT) incidents, Internal SIs etc.;
- Incident reporting is discussed monthly at Specialty and Divisional governance forums; this includes the percentage of those incidents still under investigation;
- Work is ongoing within the Divisions to close all long-standing incidents.

b) Embed the Quality Improvement (QI) Hub as a platform for QI methodology and achieve QI as a business-as-usual culture within the organisation

What we set out to do (Priority):
Embed the Quality Improvement (QI) Hub as a platform for QI methodology and achieve QI as a business-as-usual culture within the organisation
Why we chose this (Rationale):
• Quality Improvement Strategy year 2 aims and our continued commitment and focus on quality improvement • to transform organisational culture • to support change in order to enhance the delivery of sustainable quality health care and to embed excellence
What we intend to achieve (Goal):
• Further reduction in harm events as measured by the six harms categories • Improved processes and outcomes • Improved networks with other organisations and shared learning • To be seen as a leading light in Quality Improvement among our peers
How we will deliver and monitor progress:
• Through the Head of Compliance and Quality Improvement and the newly-appointed Quality Standards Lead, we will implement a structured and co-ordinated approach to develop and implement a 12 month project • Staff engagement in QI • Conduct a scoping exercise of all Quality Standards and support staff to take on QI projects as a result • Improvement measures will be designed for each project and the results of these will be monitored through the Patient Safety and Effectiveness Committee (PSEC)
Responsible Person:
Director of Nursing

Baseline data

This is a new piece of work hence there is no baseline data.

Actions

The following actions are to be undertaken:

- Increase the pace and scale of implementation by mobilising the QI hub;
- Deliver a training and education plan aimed at building QI knowledge and practice using 'live' projects;
- Presentation of QI projects at a symposium in June 2019;
- Increase awareness and build support for increasing QI activity across the trust, using the full range of communications channels to enthuse and energise all staff.

c) Review and optimise clinical governance within the divisions

What we set out to do (Priority):
Review and optimise clinical governance within the divisions
Why we chose this (Rationale):
• There are currently variations in how medical governance is carried out within the clinical divisions • To ensure that learning from incidents, complaints etc. is shared among all medical colleagues
What we intend to achieve (Goal):
• Cross-professional governance within the clinical divisions • Robust dissemination of learning between and across teams and specialties
How we will deliver and monitor progress:
• Assistant Medical Directors will provide regular updates to the Medical Director who will then report to the Board of Directors on progress • Monitor attendance at and feedback from new or revised meetings.
Responsible Person:
Medical Director

Baseline data

Clinical governance processes are currently undertaken throughout the divisions and sharing of learning does occur, however, this is currently very much a nurse led process within some specialties.

Actions

The following actions are to be undertaken:

- To review the divisional governance processes that are currently in place within the Divisions to disseminate learning between and across teams and specialities. To be undertaken via forms such as mapping exercises and surveys;
- Following the initial review of the governance processes to develop an action plan with the Assistant Medical Directors.

d) Improve seven-day service provision in line with the NHS Improvement Board assurance framework for seven day hospital services, November 2018

What we set out to do (Priority):
Improve seven-day service provision in line with the NHS Improvement *Board assurance framework for seven day hospital services, November 2018*
Why we chose this (Rationale):
To improve care for our patients consistently across seven days
What we intend to achieve (Goal):
• An improvement in our seven-day-service metrics • Consistent, high quality care across seven days
How we will deliver and monitor progress:
Performance against the metrics will be received and reported quarterly to the Board of Directors
Responsible Person:
Medical Director

Baseline data

The Q1 2018 results of performance for the 4 priority standards were as follows:

Standard 2
The overall proportion of patients seen and assessed by a suitable consultant within 14 hours was 73%, with weekdays at 73% and weekends at 71%.

Standard 8
The proportion of patients who required and received a once daily consultant directed review was 69% although there was considerable variance in the data by week day and specialty. The proportion of patients who required and received twice daily consultant directed reviews was 100%

Standard 5
Nine out of nine diagnostic services met the standard for timely 24 hour access, seven days a week.

Standard 6
Nine out of nine consultant directed interventions met the standard for timely 24 hour access, seven days a week.

Actions

The Board of Directors has agreed a plan to meet the contractual requirement to achieving compliance to the four priority standards by March 2020. Achieving compliance to the other standards is included in this and the aim is that these will be delivered using a team approach, led by key stakeholders and leads.

Clinical teams are aware of the standards and a number of work streams are already in place e.g. SAFER. This will enable targeted improvements within specialties and across services.

We have agreed an audit plan for standards 2 and 8 during quarter 1 2019/20.

Clinical Effectiveness

a) Achieve implementation of as many NICE guidelines and Quality Standards as possible by completing actions linked to existing gap analyses and reporting updates to the central database in the Clinical Audit and Effectiveness Department, unless intentional decisions not to implement guidance have been agreed.

What we set out to do (Priority):
Achieve implementation of as many NICE guidelines and Quality Standards as possible by completing actions linked to existing gap analyses and reporting updates to the central database in the Clinical Audit and Effectiveness Department, unless intentional decisions not to implement guidance have been agreed.
Why we chose this (Rationale):
• Extensive gap analyses and action plans are now in place against NICE guidelines and Quality Standards, but many are out of date and updates have not been received. • There are many smaller gaps which may have already been achieved but there is no evidence of this due to the lack of updates. • There are also other gaps which are not being highlighted and discussed to a great enough degree to be able to make progress.
What we intend to achieve (Goal):
• Update or close out-of-date actions from existing gap analyses for NICE guidelines and Quality Standards. • An increase in the overall Trust rate of relevant NICE guidance implementation • The number of overdue areas for update will be reported on in particular with the overall aim to reduce this by 50%.
How we will deliver and monitor progress:
• Clinical leads and specialty Leadership Teams will discuss the monthly Specialty Reports and co-ordinate responses from the relevant people. • The Clinical Audit team will support the recording of required information and reporting of updates. • Figures on overall and specialty implementation rates will be fed back to the Divisions for reporting at Patient Safety and Effectiveness Committee (PSEC). • Overall NICE implementation rates are reported to Board of Directors as well as PSEC.
Responsible Person:
Medical Director

Baseline data

Number of non-implemented NICE guidelines / Quality Standards (excluding those agreed as intentionally non-implemented):	114
Number of which are overdue for updates on action plans:	86/114(75%)
Total number of individual action points requiring update contained in these guidelines:	426

Actions

The following actions are to be undertaken:

- Clinical Audit and Effectiveness Team to attend divisional and specialty governance meetings to assist with updating and closing NICE gap analyses.

b) Improve the level of scrutiny and governance processes in relation to submissions for National Audits

What we set out to do (Priority):
Improve the level of scrutiny and governance processes in relation to submissions for National Audits
Why we chose this (Rationale):
Recent Outlier alerts have been received that have highlighted that data quality might be a reason for the outlier status rather than true results.
What we intend to achieve (Goal):
Improved National Audit results where data quality may have been an issue previously
How we will deliver and monitor progress:
• Scope the submission methods for all National Audits • Develop and implement data quality assurance (QA) checks as part of the submission process • If issues are found following data review then spot-check audits will be undertaken to evidence where improvements are made
Responsible Person:
Medical Director

Baseline data

Recent Outlier alerts have been received that have highlighted that data quality might be a reason for the outlier status rather than true results.

Actions

The following actions are to be undertaken:

- Scope the submission methods for all National Audits;
- Develop and implement data quality assurance (QA) checks as part of the submission process;
- If issues are found following data review then spot-check audits will be undertaken to evidence where improvements are made.

Patient Experience

a) Introduce condolence cards for bereaved relatives

What we set out to do (Priority):
Introduce condolence cards for bereaved relatives
Why we chose this (Rationale):
Following the release of the National Guidance on Learning from Deaths the Trust would look to improve the engagement and experience of bereaved relatives
What we intend to achieve (Goal):
Enhanced experience for bereaved relatives
How we will deliver and monitor progress:
• Bereavement co-ordinators to log the number of cards and who they give them out to e.g. wife, brother etc. • The Patient Experience team will monitor any feedback received and will be reported to the Board of Directors via the Quality and Safety Report
Responsible Person:
Director of Nursing/ Medical Director

Baseline data

This is a new piece of work hence there is no baseline data.

Actions

The following actions are to be undertaken:

- Prototypes of wording and cards to be developed by publishers;
- Bereavement co-ordinators to log the number of cards and who they give them out to e.g. wife, brother etc.;
- The Patient Experience team will monitor any feedback received and will be reported to the Board of Directors via the Quality and Safety Report.

b) Explore the introduction of Butterfly Volunteers to support patients at the end of life and their families

What we set out to do (Priority):
Explore the introduction of Butterfly Volunteers to support patients at the end of life and their families
Why we chose this (Rationale):
• NHS Long Term Plan – using volunteers differently • To make sure that no patient has to die alone • To enhance support and reassurance for next of kin, relatives etc.
What we intend to achieve (Goal):
An enhanced end of life experience for patients, relatives and carers
How we will deliver and monitor progress:
• There is a monitoring process integral to the Anne Robson Trust if this initiative is introduced • Progress will be discussed at EOL Strategic meeting and Carer and Patient Experience Committee
Responsible Person:
Director of Nursing

Baseline data

This is a new piece of work hence there is no baseline data.

Actions

The following actions are to be undertaken:

- Initial meetings held with the Anne Robson Trust;
- A bid to be submitted to the innovation fund;
- A Butterfly Volunteer coordinator role will be created which will be separate from the established Volunteer Coordinator role.

c) *Review and implement revised carer awareness training to support enhanced recognition and support for carers*

What we set out to do (Priority):
Review and implement revised carer awareness training to support enhanced recognition and support for carers
Why we chose this (Rationale):
This is featured as part of the NHS Long Term Plan
What we intend to achieve (Goal):
• Make sure carers get all available support and recognition for caring for patients within our Trust • To enhance patient and carer experience as a result
How we will deliver and monitor progress:
Family Carers update report to Carer and Patient Experience Committee (CAPE) bi-annually
Responsible Person:
Director of Nursing

Baseline data

This is a new piece of work hence there is no baseline data for the Trust.

Actions

The following actions are to be undertaken:

- Norfolk Carers Matter, Suffolk Family Matters and Louise Hamilton Centre Carer Leads to plan the way forward and to hold initial discussions;
- Development of the carer awareness training programme;
- Liaise with a peer organisation that has implemented the model successfully.

d) Initiate the implementation of the Gold Standard Framework (GSF) for end of life care

What we set out to do (Priority):
Initiate the implementation of the Gold Standard Framework (GSF) for end of life care
Why we chose this (Rationale):
• End of life care remained as Requires Improvement at the most recent CQC inspection • GSF is the only recognised information source for end of life care for CQC hospital inspectors
What we intend to achieve (Goal):
• Enhanced patient and carer experience • More patients dying in their place of choice • Improvement in the Trust CQC rating for end of life care
How we will deliver and monitor progress:
There are milestones throughout the two-year national programme that will be reported to the End of Life Care Strategic Group and through to the Safety and Quality Governance Committee
Responsible Person:
Medical Director/ Director of Nursing

Baseline data

The Trust has fully commissioned the implementation roll out of the Gold Standard Framework (GSF). Over the next 18 months (from November 2018 onwards) six workshops will be undertaken which include actions to embed the following principles into practice:

- Workshop 1 - Overview of end of life care and baseline audits at organisational, staff and patient level;
- Workshop 2 - Identification and recognition of patients entering end of life;
- Workshop 3 - Assessment and advance care planning;
- Workshop 4 – Plan - living well – cross boundary care and communication, Plan – dying well – Five priorities of care and carer / bereavement support;
- Workshop 5 - Embedding practice – reflection and sharing of good practice;
- Workshop 6 - Embedding practice – follow up audit and evaluation.

Workshops 1 and 2 have already been undertaken which has resulted in the development of a task and finish group to take forward learning from the collaborative workshop, led by a practice development nurse with extensive experience of the GSF and implementation processes. Actions achieved since the commencement of the collaborative include completing the baseline audits and developing communication boards for staff in the ward areas. We have achieved a high level of multidisciplinary involvement in the programme rollout which has contributed to sharing of information and a greater understanding of the GSF and anticipated improvements in care delivery. We aim to achieve year on year improvements in our end of life of audits.

Actions

The following actions are to be undertaken:

- Development of GSF care plans representing the different phases (green, amber, red) and associated interventions for consideration;
- Public facing communications boards;
- Advanced care planning.

Supplementary to the GSF collaborative work, actions are being taken to complement our strategic ambitions for end of life care in the Trust. This includes implementation of the Swan model, Butterfly Volunteers, introduction of condolence cards and a review of the decor in side rooms and relative areas.

2.2 Statements of Assurance from the Board

During 2018/19 the James Paget University Hospitals NHS Foundation Trust provided and/or sub-contracted **58** relevant health services, [listed in the table below].

The James Paget University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in **all** of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents **100%** of the total income generated from the provision of relevant health services by the James Paget University Hospitals NHS Foundation Trust for 2018/19.

Specialties and services:	
Accident and Emergency (A&E)	Gynaecology
Anaesthetics	Haematology
Antenatal screening	Hyperbaric services
Audiology	Intensive Care Services
Bereavement Services	Maternity services
Blood Transfusion	Medical illustration
Breast Surgery	Neonatology
Cardiology	Nephrology and renal dialysis
Care of the Elderly	Obstetrics
Children's Centre	Oncology
Clinical Measurement	Ophthalmology
Community Dental Services	Oral Surgery
Community midwifery	Paediatric Surgery
Community Paediatric Service	Paediatrics
Continence and Stoma Care	Pain Management
Coronary Care	Palliative Care
Dental and Orthodontics	Parentcraft
Dermatology	Pharmaceutical services
Diabetes	Rehabilitation
Diabetic Liaison	Respiratory Medicine
Diagnostic Imaging	Rheumatology
Ear, Nose and Throat	Safeguarding children
Endocrinology	Sandra Chapman Centre
Endoscopy	Stroke Services
Fertility services	Therapies e.g. physiotherapy
Gastroenterology	Trauma and Orthopaedics
Gastro-intestinal Surgery	Urology
General Medicine	Vascular Surgery
General Surgery	

Clinical Audits and National Confidential Enquiries

During 2018/19 **47** national clinical audits and **4** national confidential enquiries covered relevant health services that James Paget University Hospitals NHS Foundation Trust provides.

During that period James Paget University Hospitals NHS Foundation Trust participated in **45** national clinical audits and **4** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that James Paget University Hospitals NHS Foundation Trust was eligible to participate in during 2018/19 are as follows: [see table below].

The national clinical audits and national confidential enquiries that James Paget University Hospitals NHS Foundation Trust participated in during 2018/19 are as follows: [see table below].

The national clinical audits and national confidential enquiries that James Paget University Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry [where available].

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
Adult Community Acquired Pneumonia	Yes	Yes	100%
Case Mix Programme (CMP)	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls	Yes	Yes	100% (2/2)
Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database (NHFD)	Yes	Yes	100%
Feverish Children - Care in Emergency Departments	Yes	Yes	56% (67/120)
Inflammatory Bowel Disease (IBD) Registry	Yes	No	A decision was made to take part in the IBD Bioresource project instead, in line with a number of other Trusts. This replicates the majority of data required for the IBD Registry
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%
Major Trauma Audit (TARN)	Yes	Yes	For the period January – November 2018, the case ascertainment was 74-88%[1].

[1] Estimated case ascertainment based on HES data, exact case ascertainment is not available.

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	100%
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	Approximately 90%
National Asthma and COPD Audit Programme (NACAP) – Adult Asthma Secondary Care	Yes	Yes	100%
National Asthma and COPD Audit Programme (NACAP) – Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Yes	Yes	For the period 01/04/18 - 30/09/18, the case ascertainment is 38%[2]
National Asthma and COPD Audit Programme (NACAP) – Paediatric Asthma Secondary Care	Yes	N/A	Audit listed in Quality Accounts but did not take place during 2018/19.
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation	Yes	Yes	Data collection is ongoing
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	No	A business case for additional administrative support was successful but the post was not recruited to in time to enable participation for this financial year.
National Audit of Care at the End of Life (NACEL)	Yes	Yes	101% (81/80)
National Audit of Dementia – Dementia Care in General Hospitals	Yes	Yes	106% (53/50)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Yes	100%
National Bowel Cancer Audit (NBOCA)	Yes	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	Yes	99%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Yes	Yes	100%
National Comparative Audit of Blood Transfusion Programme – Management of Massive Haemorrhage	Yes	Yes	100% (5/5)
National Diabetes Audit - Adults: National Inpatient Audit (NaDIA)	Yes	Yes	100% (audit of hospital characteristics data only)
National Diabetes Audit – Adults: NaDIA Harms	Yes	Yes	For the time period 01/05/18 - 28/02/19, 100% (3/3) of cases of DKA, HHS and Diabetic Foot Ulcers have been reported. It has not been possible to submit episodes of hypoglycaemic rescue as cases cannot be identified retrospectively.

[2] Estimated case ascertainment based on HES data, exact case ascertainment is not available.

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
National Diabetes Audit - Adults: National Core (NDA) (Collection of 2017/18 Data)	Yes	Yes	22% (287/~1300)
National Diabetes Audit - Adults: National Core (NDA) (Collection of 2018/19 Data)	Yes	Yes	To be confirmed. Data collection is ongoing
National Diabetes Audit - Adults: National Pregnancy in Diabetes Audit	Yes	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	Figures due for publication end of April 2019.
National Heart Failure Audit	Yes	Yes	Approximately 70%
National Joint Registry (NJR)	Yes	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Data collection is ongoing; we are on target to achieve 100% case ascertainment
National Mortality Case Record Review Programme	Yes	N/A	Audit listed in Quality Accounts but data was not collected during 2018/19.
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
National Oesophago-gastric Cancer (NAOGC)	Yes	Yes	Data collection for 2018/19 is ongoing. The most recent case ascertainment figure available as reported in the 2018 annual report is for the period April 2015 – March 2017 and is 81-90%[3]
National Ophthalmology Audit – Adult Cataract Surgery	Yes	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100%
National Prostate Cancer Audit	Yes	Yes	100%
Non-Invasive Ventilation – Adults	Yes	Yes	100%
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) – Antibiotic Consumption	Yes	Yes	100%
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) – Antimicrobial Stewardship	Yes	Yes	100% (120/120)
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	For the period April – December 2018, the case ascertainment was band A (90%+)[4]
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	100%
Seven Day Hospital Services	Yes	Yes	100% (164/164)
Surgical Site Infection Surveillance Service	Yes	Yes	100%

[3] Estimated case ascertainment based on HES data, exact case ascertainment is not available.

[4] Estimated case ascertainment based on HES data, exact case ascertainment is not available.

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
Vital Signs in Adults – Care in Emergency Departments	Yes	Yes	101% (121/120)
VTE Risk in Lower Limb Immobilisation – Care in Emergency Departments	Yes	Yes	99% (119/120)
BAUS Urology Audits: Nephrectomy	No	N/A	
BAUS Urology Audits: Cystectomy	No	N/A	
BAUS Urology Audits: Female Stress Urinary Incontinence	No	N/A	
BAUS Urology Audits: Radical Prostatectomy	No	N/A	
BAUS Urology Audits: Percutaneous Nephrolithotomy (PCNL)	No	N/A	
Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database	No	N/A	
National Asthma and COPD Audit Programme (NACAP) – Asthma Primary Care	No	N/A	
National Asthma and COPD Audit Programme (NACAP) – Chronic Obstructive Pulmonary Disease (COPD) Primary Care	No	N/A	
National Audit of Anxiety and Depression	No	N/A	
National Audit of Intermediate Care (NAIC)	No	N/A	
National Audit of Pulmonary Hypertension	No	N/A	
National Bariatric Surgery Registry	No	N/A	
National Cardiac Audit Programme - Adult Cardiac Surgery	No	N/A	
National Cardiac Audit Programme - Cardiac Rhythm Management (CRM)	No	N/A	
National Cardiac Audit Programme - National Audit of Percutaneous Coronary Interventions (PCI)	No	N/A	
National Cardiac Audit Programme - National Congenital Heart Disease (CHD) – Adults and Paediatric work streams	No	N/A	
National Clinical Audit of Psychosis	No	N/A	
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	No	N/A	
National Comparative Audit of Blood Transfusion Programme – Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children	No	N/A	
National Diabetes Audit - Adults: National Diabetes Footcare Audit (NDFA)	No	NA	

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
National Vascular Registry	No	N/A	
Neurosurgical National Audit Programme	No	N/A	
Paediatric Intensive Care (PICANet)	No	N/A	
Prescribing Observatory for Mental Health (POMH-UK) (all work streams)	No	N/A	
UK Cystic Fibrosis Registry	No	N/A	

The reports of **21** national clinical audits were reviewed by the provider in 2018/19 and James Paget University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Some actions from national clinical audits:

Learning Disability Mortality Review Programme
- Reasonable adjustments section added to eHR to ensure patients requiring the provision of reasonable adjustments are clearly identified.

National Bowel Cancer Audit
- Complete implementation of the 'Gold Standard Framework' launched in October 2018

National Emergency Laparotomy Audit (NELA)
- Increased consultant presence in theatre for high risk patients
- New pathway is devised and implemented for all emergency surgical patients (admission, operative care, post-op care and discharge).
- New electronic booking form devised to improve communication for all laparotomies and risk stratify all patients.

National Heart Failure Audit
- Further discussion regarding patient flow and measures put in place to ensure adequate heart failure nurse support available.

National Hip Fracture Database (NHFD)
- JPUH are continually reviewing the capacity for further trauma theatres and the utilisation of National Confidential Enquiry into Patient Outcome and Death (NCEPOD) theatre for patients identified as appropriate for first on the NCEPOD theatre list.
- Provision is being made to recruit therapy assistant practitioners to support workload and improve our performance for prompt mobilisation after surgery.

National Ophthalmology Audit
- Business case to be developed to expand the use of Medisight across the department to maximise the recording of VA data for every operation.

National Oesophago-gastric Cancer Audit (NOGCA)
- Audit of the number of patients not completing palliative chemotherapy and the reason for this and the number of patients receiving best supportive care surviving for more than 3 months.

2017 Transfusion Associated Circulatory Overload Audit (TACO)
- TACO checklist to be updated to include age, chronic liver disease, liver dysfunction and weight.

The reports of **141** local clinical audits were reviewed by the provider in 2018/19 and James Paget University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Some actions from local clinical audits:

Re-audit on Door to Needle Time for Stroke Thrombolysis - Current Delays

- Audit results and proposed action plan presented at Clinical Governance Meeting and to Stroke Nurses.
- Thrombolysis proforma now implemented
- Discuss the possibility of having a "thrombolysis crash bleep" for a stroke nurse and a medical Senior House Officer (SHO) to alert incoming patients potentially suitable for thrombolysis

Is our discharge summary sufficient enough for heart failure patients?

- A sticker/prompt will be produced and displayed next to the computers on ACU, Ward 2, EADU and the Ambulatory Unit to prompt staff to use the 'THE WET TO DRY' mnemonic[5] when completing discharge summaries for heart failure patients. This will provide more structure in terms of what information should be included to help achieve good compliance in documentation.

Audit to establish whether level 2 and 3 patients on ITU are receiving agreed rehabilitation goals within 4 days

- Develop a business case for a full time physiotherapist post on ICU to allow more time to complete the required tasks.
- Team leader to assess compliance on a weekly basis and provide prompts when needed.

Audit on Investigations of children with newly diagnosed diabetes

- A pro-forma (Blood Bottles Guide) has been attached to the Newly Diagnosed Type 1 Diabetes Care Pathway for Children and Young People detailing the blood tests to be performed, volume and tube colour.

Sudden Infant Death Syndrome (SIDS) Antenatal Stickers Re-audit

- SIDS advice/discussion sticker is now included on E3, the maternity computerised record system.
- Discussion points have been included as a tick box to prompt at 36 weeks gestation.

Acute Kidney Injury (AKI) recognition, assessment, management and follow up

- Finalise changes and launch new fluid output chart alongside AKI sticker in conjunction with teaching from the Critical Care Outreach Team.

Documentation of Blood Transfusion on eDischarge Letters at JPUH

- Changes to the eDischarge system are in progress to prompt for information about blood transfusions to be documented in the patient's discharge summary.

Urinary Incontinence in Neurological Disease

- A new system is in place to ensure stroke patients' continence is reviewed at 2 weeks.

[5] **Mnemonic - "THE WET TO DRY" - T**ype (Systolic/ Diastolic), **H**eart Rate and Blood pressure on discharge, **E**CG changes, **W**eight (admission and discharge), **E**jection Fraction, **T**rigger, **T**reatment (Device/Transplant), **O**ngoing Heart Failure Nurse follow up, **D**rug (BB, Ace or K sparing or reason not given), **R**enal function on discharge,**Y**our advice (education & vaccination)

National Confidential Enquiries

NCEPOD – What is it?

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care for the benefit of the public. They do this by undertaking confidential surveys and research covering many different aspects of care and making recommendations for clinicians and management to implement.

Title	Aim	Relevant to JPUH Services	Trust participation	Percentage of Cases Submitted
Acute Bowel Obstruction	To identify remedial factors in process of care of patients with both large and small intestinal obstruction	Yes	Yes	Please note this study is still open and the figures have not been finalised.
Long-term ventilation in children, young people and young adults	To identify remedial factors in the care of patients before their 25th birthday who are receiving, or have received, long-term ventilation (LTV).	Yes	Yes	Please note this study is still open and the figures have not been finalised.
Perioperative Diabetes	The aim of this study is to identify and explore remediable factors in the process of care in the peri-operative management of surgical patients with diabetes across the whole patient pathway from referral for surgery (elective) or admission to hospital (emergency) to discharge from hospital.	Yes	Yes	100% (7 out of 7)
Pulmonary Embolism	To identify and explore avoidable and remedial factors in the process of care for patients diagnosed with pulmonary embolism.	Yes	Yes	100% (6 out of 6) (Please note this study is still open and the figures have not been finalised)

Participation in Clinical Research

Participants were recruited across **39** different studies in 16 specialties as designated by the National Institute for Health Research (NIHR). Studies recruited to in 2018/19 are being undertaken by 19 Good Clinical Practice (GCP) trained Principal Investigators supported by a team of 20 clinical and non-clinical members of the Research & Development Department.

The department continues to work with the pharmaceutical industry and has undertaken commercially funded studies in ophthalmology, diabetes, gastroenterology, paediatrics and cardiology.

The number of patients receiving relevant health services provided or sub-contracted by James Paget University Hospitals NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee:

(Figures based on projected final recruitment as confirmed figures will not be available until end April 2019)

Commissioning for Quality and Innovation (CQUIN) Framework

CQUIN – What is it?

CQUIN means Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. This means that a proportion of our income depends on achieving quality improvement and innovation goals agreed between the Trust and its commissioners.

A proportion of James Paget University Hospitals NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between James Paget University Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019-20 and for the following 12-month period are available electronically at: https://www.england.nhs.uk/wp-content/uploads/2019/03/CQUIN-Guidance-1920-080319.pdf

The projected amount of income received for 2018/19 is: **£3,214,000** however this is subject to final Commissioners review and assessment of achievements.

The amount of income received for the associated payment in 2017/18 was: **£3,482,000**

Care Quality Commission (CQC)

CQC – What is it?

The CQC are the independent regulator of health and social care in England.

They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

James Paget University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is with no conditions attached to registration.

The Care Quality Commission **has not** taken enforcement action against James Paget University Hospitals NHS Foundation Trust during 2018/19.

James Paget University Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Secondary Uses Service

Secondary Uses Service – What is it?

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

James Paget University Hospitals NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - **99.74%** for admitted patient care
  - **99.86%** for outpatient care and
  - **98.82%** for accident and emergency care
- which included the patient's valid General Medical Practice Code was:
  - **100%** for admitted patient care
  - **100%** for outpatient care and
  - **100%** for accident and emergency care.

Information Governance Assessment Report

Information Governance – What is it?

Information Governance (IG) is the way in which the NHS handles all information and in particular the personal and sensitive information of patients and staff.

Following strict IG guidelines enables the Trust to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care to our patients.

James Paget University Hospitals NHS Foundation Trust's Information Governance Assessment Report overall score for 2018/19 was graded as 'Standards Exceeded'.

The table below shows 2018/19 results against previous years:

Year	2017 Result (IGT version 14)	2018 Result (IGT version 14.1)	2019 Result (Data Security and Protection Toolkit)
Overall Result	80% (Satisfactory) (45 out of 45 answered)	94% (Satisfactory) (45 out of 45 answered)	Standards Exceeded (40 out of 40 answered)

Payment by Results

Payment by Results – What is it?

Payment by Results (PbR) is the rules-based payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.

PbR currently covers the majority of acute healthcare in hospitals, with national tariffs for admitted patient care, outpatient attendances, accident and emergency (A&E), and some outpatient procedures.

James Paget University Hospitals NHS Foundation Trust **was not** subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Data Quality

James Paget University Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

The Trust recognises the importance of data quality to assist in the Trust achieving its strategic ambitions and has set up a Data Quality team to drive improvements in data quality across the Trust.

2.3 Reporting against core indicators

Summary hospital-level mortality indicator (SHMI)

Summary hospital-level – What is it?

The SHMI shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant. It covers all English acute non-specialist providers.

The dataset used to calculate the SHMI includes all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital. The expected number of deaths is calculated from a risk-adjustment model developed for each diagnosis grouping that accounts for age, gender, admission method and comorbidity (any other illnesses or conditions).

The lower the SHMI figure, the better the outcome for patients

	JPUH 2016/17	JPUH 2017/18	**JPUH 2018/19**	National Average 2018/19	Highest SHMI for Foundation Trusts	Lowest SHMI for Foundation Trusts
(a) Value and (banding) of the SHMI for the Trust	118.23 (higher than expected)	116.4 (higher than expected)	**111.5 (as expected)**	100	126.81	69.17
(b) % of patient deaths with palliative care coded at either diagnosis or specialty level	21.3%	23.4%	**23.8%**	33.8%	59.5%	14.3%

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Data is taken from Caspe Healthcare Knowledge Systems (CHKS) iCompare which uses Secondary Users Service (SUS) Hospital Episode Statistics (HES) data which is audited on an annual basis by external auditors.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ A significant improvement programme has been undertaken across 2018/19, led by the Trust's Medical Director and overseen by the Mortality Surveillance Group. A Mortality Operational Group comprising of Clinical, Nursing, Governance and Informatics representatives has been established. Planning to continue this work in the form of a 2019/20 Improvement Plan has been undertaken.

Learning from Deaths

During 2018/19 we continued to monitor our governance arrangements for learning from deaths and we have been working to implement the guidance for involving bereaved families and carers. We achieved the agreed actions on our Mortality Strategy Implementation Plan which is monitored at the Mortality Surveillance Group (MSG) monthly and reported to the Safety and Quality Governance Committee.

Item 1: During 2018/19 **1145** of the James Paget University Hospitals NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

269 in the first quarter;
265 in the second quarter;
292 in the third quarter;
319 in the fourth quarter.

Item 2: By **31/03/2019, 279** case record reviews and **6** investigations have been carried out in relation to **346** of the deaths included in item 1.

In **three** cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

107 in the first quarter;
85 in the second quarter;
71 in the third quarter;
16 in the fourth quarter [at the time of reporting].

Item 3: **Three** representing **0.26%** of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

Zero representing 0% for the first quarter;
One representing 0.3% for the second quarter;
Two representing 0.6% for the third quarter;
Zero representing 0% for the fourth quarter [at the time of reporting].

Item 4 - A summary of what the provider has learnt from case record reviews and investigation is conducted in relation to the deaths identified in item 3

In line with our policy, we have responded to flags or warning signals from external mortality reports and internal intelligence using a combination of targeted case reviews, investigating data quality issues and impact on coding and performing care pathway reviews as appropriate.

The themes from the analysis of case record reviews and investigations correspond to those in similar trusts and include:

- Insufficient medical assessment;
- Delays in obtaining support from senior decision makers;
- Failure to recognise that it was time to introduce palliation/end of life care;
- Delays in performing tests;
- Incomplete/poor documentation in the medical records;
- Death Certificate inaccuracies;
- Care pathway issues.

Item 5 – A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 4)

The Trust has implemented the Learning from Deaths Policy and monitored the effectiveness of this.

Where possible we have tracked our themes to improvement programmes and projects to maximise the opportunity for improvement and risk reduction. Examples include:

- Improving the response to deterioration - included within the rollout of the national early warning score system;
- Improving our ability to recognise dying - included in the Gold Standard Framework for End of Life Care;
- Reducing inaccuracies in death certificates - included in the outcomes for the Medical Examiner Service.

The Trust has fully complied with the requirement to externally report mortality data.

The Trust has adopted and fully implemented the use of the recommended Royal College of Physicians (RCP) Structured Judgement Review Methodology. We have also implemented an internal system for notification of deaths with recording and escalation of any care concerns raised by the staff or families and carers to enable us to select them for case note review.

The Trust has continued to share the learning from case note reviews and investigations with clinical teams and involved clinical staff in designing and delivering improvement actions.

The Trust has appointed a Lead Medical Examiner who has established local procedures in preparation for the launch of a Medical Examiner Service from 1st April 2019. It is expected that 100% of deaths will be screened during 2019/20.

In order to address local system issues the Trust continues to seek opportunities to collaborate with local providers and the Clinical Commissioning Group in order to identify and agree how best to undertake joint reviews in 2019/20.

With regard to the use of data the Trust has continued to investigate cases in specialty categories where the number of observed deaths exceeded the expected and undertaken coding reviews as appropriate.

Where the data suggested that there could be quality of service issues the Trust has commissioned clinical service reviews of specialties in order to investigate potential flags from data reports.

We set up a Data Quality Team to provide timely and in-depth analysis and liaison between clinical coders and clinicians.

The Trust plans to bring on stream some developments to help identify and treat known issues including:

- We will use the introduction of a board assurance framework for seven day services to improve the timeliness and quality of senior reviews and also to investigate the timeliness of investigation decisions and reporting;
- We plan to establish an internal multi-professional panel for the review of deaths in people with learning disability;
- We will undertake care pathway reviews to a consistent and effective methodology so that our findings reliably support quality improvements in 2019/20 and beyond;
- We will continue to collaborate with other providers to seek opportunities to implement system wide learning;
- We will monitor the implementation of the Medical Examiner Service by participating in a national research project;
- We will review the effectiveness of divisional and specialty mortality groups;
- We will continue to support quality improvement projects and initiatives which will maximise our ability to learn from deaths.

Item 6 – An assessment of the impact of the actions described in item 5 which were taken by the provider during the reporting period

The Trust's mortality governance processes and the impact of this was the subject of external scrutiny during the year. We have been able to provide assurance of a robust process for learning from deaths and we also achieved a reduction in our SHMI score.

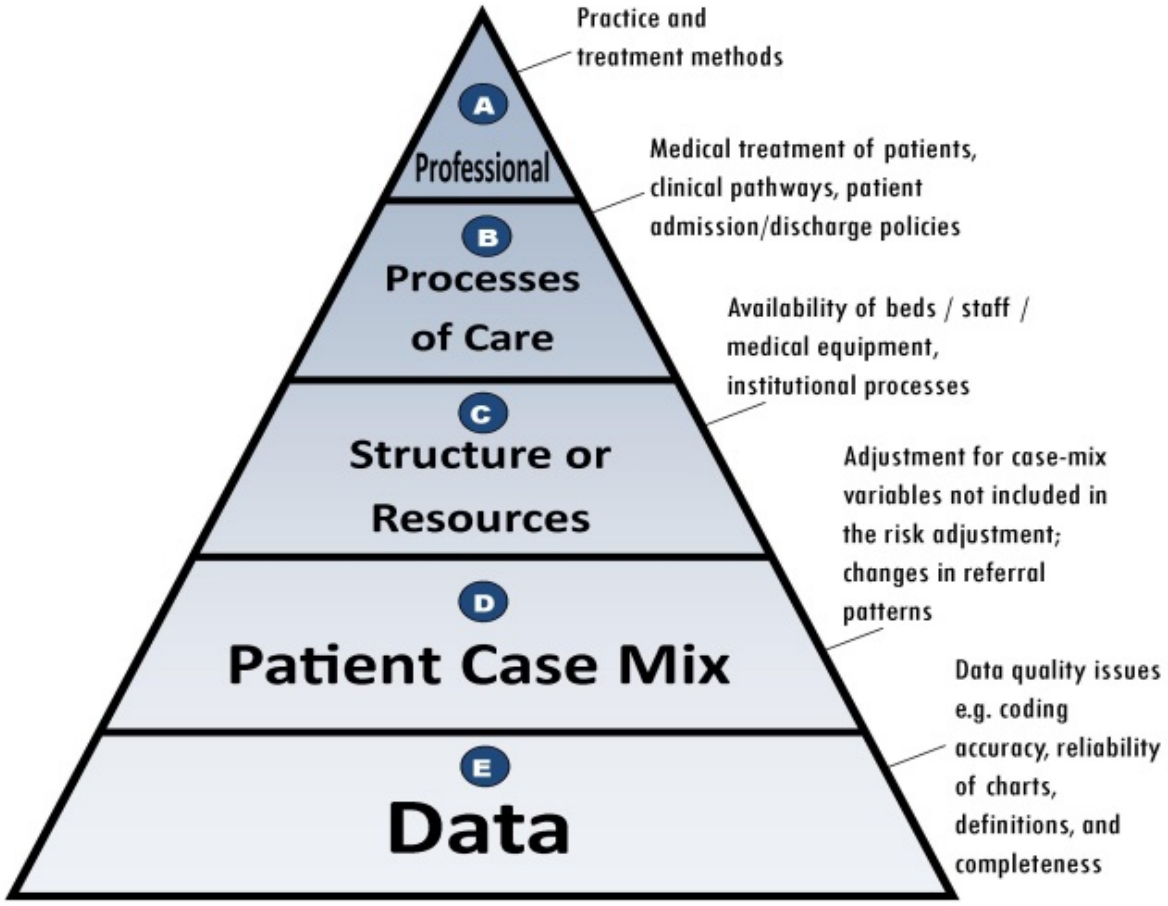
We are continuing with our strategic intent to equip our staff with quality improvement skills and knowledge which will help them go further, faster in their ability to effect change.

Item 7: **47** case record reviews and **6** investigations were completed after 1st April 2018 which related to deaths which took place before the start of the reporting period.

Item 8: **0** representing **0%** of the patient deaths before the reporting period, were reviewed after 1st April 2018 and are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the outcomes of mortality case reviews using a Trust-developed review tool, as well as the outcomes of Root Cause Analyses based on incidents relating to patient deaths.

Item 9: **One** representing **0.7%** of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

The Trust has planned its improvement programme around the 'Pyramid for Improvement' which is an evidence-based multi-faceted approach that simultaneously investigates data, case mix, structure or resources, processes of care and clinical practice and treatment.



Patient reported outcome measures (PROMs)

PROMs – What is it?

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The four procedures are

i. groin hernia surgery
ii. varicose vein surgery
iii. hip replacement surgery
iv. knee replacement surgery

PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected from patients through PROMs questionnaires before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

PROMs participation rates

	JPUH 2016/17	JPUH 2017/18	JPUH 2018/19
Groin hernia surgery	81%	No longer collected	No longer collected
Varicose vein surgery	19%	No longer collected[6]	No longer collected
Hip replacement surgery	49%	81.9%	84.9%
Knee replacement surgery	55%	96.1%	95.9%

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- See actions below.

James Paget University Hospitals NHS Foundation Trust has taken/intends to take the following actions to improve these percentages, and so the quality of its services, by:

✓ The PROMS process was reviewed during 2017/18 and resulted in a significant and continued increase in PROMS participation rates

[6] Varicose vein and groin hernia PROMS are no longer collected following a consultation undertaken by NHS England.

Hospital re-admissions

Hospital re-admissions – What is it?

Includes patients readmitted to a hospital within 28 days of discharge from that same hospital or from a hospital which forms part of the same Trust.

	JPUH 2016/17	JPUH 2017/18	JPUH 2018/19	National Average 2018/19	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Patients aged 0-15 years	8.33%	7.73%	**8.83%**	12.07%	Data not available	
Patients aged 16 or over	6.64%	6.72%	**6.89%**	7.05%	Data not available	

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Data is taken from Secondary Uses Service/Hospital Episode Statistics data which is audited on an annual basis by external auditors.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ The SAFER (**S**enior review, **A**ll patients, **F**low, **E**arly discharge, **R**eview) campaign was launched in June 2018 and readmissions continue to be a focus.

Responsiveness to the personal needs of patients

What is the standard?

This indicator is based on data from the National Inpatient Survey and forms part of the NHS Outcomes Framework (Domain 4) 'Ensuring People Have a Positive Experience of Care'

The indicator is based on questions from the inpatient survey under the domains:

- Access and waiting
- Safe, high quality, coordinated care
- Better information, more choice
- Building closer relationships
- Clean, comfortable, friendly place to be

The scores are out of 100. A higher score indicates better performance: if patients reported all aspects of their care as "very good" we would expect a score of about 80, a score around 60 indicates "good" patient experience. The score is the average of the domain scores.

JPUH 2016/17	JPUH 2017/18	**JPUH 2018/19**	**England score 2017/18**
67.8	65.2	Data not due to be published until August	68.6

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is based on questions from the National Inpatient Survey and patients have scored the Trust highly on the five aspects taken as part of this indicator;
- The Trust score is in line with the national average indicating a 'good' patient experience.

James Paget University Hospitals NHS Foundation Trust intend to take the following actions to improve these percentages, and so the quality of its services, by:

✓ An action plan is in place and bespoke surveys are carried out in response to the national survey.

Venous thromboembolism (VTE) risk assessment

Venous thromboembolism – What is it?

A clot within a blood vessel is called a thrombus and the process by which it forms is known as thrombosis. It can be damaging as it might block the flow of blood. Also, part of the clot might break away and block a blood vessel further along, cutting off the blood supply to important organs.

Deep vein thrombosis (DVT) is the formation of a blood clot in one of the deep veins within the body, such as in the leg or pelvis. This kind of thrombosis can occur after surgery and may cause redness, pain and swelling.

Pulmonary embolism (PE) is a serious condition in which the arteries leading from the heart to the lungs become blocked. It can occur when a blood clot breaks away from its original location and travels to the lungs. Symptoms may include sharp chest pain, shortness of breath and coughing up blood.

The process by which blood clots occur and travel through the veins is known as venous thromboembolism (VTE), the collective term for DVT and PE.

What is the standard required?

Percentage of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool. The final indicator value for this is 97%.

Month	Trust Target	2018/19	Variation
April 2018	97%	**98.11%**	+1.11%
May 2018	97%	**98.49%**	+1.49%
June 2018	97%	**98.42%**	+1.42%
July 2018	97%	**97.66%**	+0.66%
August 2018	97%	**97.59%**	+0.59%
September 2018	97%	**98.46%**	+1.46%
October 2018	97%	**97.24%**	+0.24%
November 2018	97%	**97.22%**	+0.22%
December 2018	97%	**98.17%**	+1.17%
January 2019	97%	**97.06%**	+0.06%
February 2019	97%	**97.26%**	+0.26%
March 2019	97%	**97.74%**	+0.74%

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- There are robust systems and process in place to ensure patients receive an appropriate VTE risk assessment on admission.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ The Trust is consistently exceeding the national 95% target and the local stretch target of 97%.

Clostridium difficile *(C.difficile)*

C.difficile – What is it?

C.difficile is a type of bacteria (germ) that can cause infection of the digestive system resulting in diarrhoea. *C.difficile* infections are usually caused by antibiotics; hence the majority of cases happen in a healthcare environment, such as a hospital or care home. Older people are most at risk from infection - people aged over 65 account for three quarters of all cases. In recent years, the number of *C.difficile* infections has fallen rapidly.

What is the standard?

This measure shows the rate per 100,000 bed days of cases of *C.difficile* infection that have occurred within the Trust amongst patients aged two years or over during the reporting period.

The lower the figure, the lower the number of *C.difficile* cases.

	JPUH 2016/17	JPUH 2017/18	JPUH 2018/19	National Average 2018/19	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Rate per 100,000 bed days *C.diff* infection	13.95	11.59	**11.39**	13.65	91.00	0
Number of cases of *C.diff* infection	19	16	**15**	31	138	0

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Continuing strong focus on prevention as well as control;
- Symptomatic carriers are isolated so the Trust is proactive in controlling the risk.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ Encouraging prudent use of antibiotics through:
- Antibiotic policies;
- Encouraging the use of narrow-spectrum antibiotics;
- Limiting the duration of antibiotics usage;
- Encouraging intravenous to oral switch.

The ceiling for *C.difficile* hospital attributable cases for 2018/19 was 16. There have been 15 *C.difficile* cases in total since 1st April 2018. Of these, five cases have been successfully appealed and two are currently in RCA stages.

Patient Safety Incidents

Patient Safety Incident – What is it?

A Patient Safety Incident (PSI) is any untoward incident that happens involving a patient whilst they are on Trust premises or in Trust care e.g. a patient fall.

Harm definitions

The Trust uses the nationally recognised definitions of harm as described by the National Patient Safety Agency (NPSA)

No Harm	-	An incident has occurred but with no harm as a result
Minor Harm	-	Minor injury or illness requiring minor intervention (treatment)
Moderate Harm	-	Moderate injury requiring professional intervention
	-	Increase in length of hospital stay by 4–15 days
Major Harm	-	Major injury leading to long-term incapacity or disability
	-	Increase in length of hospital stay by more than 15 days
	-	Mismanagement of patient care with long term effects
Death	-	Incident leading to death

	JPUH 2016/17	JPUH 2017/18	**JPUH 2018/19**	Highest score for Acute (non-specialist) trusts (Apr 18 to Sep 18)[7]	Lowest score for Acute (non-specialist) trusts (Apr 18 to Sep 18)
Number of patient safety incidents	4622	5028	**5141**	23692	566
				JPUH [Apr 18 to Sep 18] 2457	
Rate per 1000 bed days	32	38	**38**	107.4	13.1
				JPUH [Apr 18 to Sep 18] 36.7	
Percentage of incidents resulting in Major Harm	0.2%	0.2%	**0.2%**	0.9%	0%
				JPUH [Apr 18 to Sep 18] 0.2	
Percentage of incidents resulting in Death	0.06%	0.1%	**0.05%**	0.6%	0%
				JPUH [Apr 18 to Sep 18] 0.0	

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Incident reporting as a whole has increased by 6% in 2018/19 compared to 2017/18.

[7] This date range has been selected as this is the most current data available from the National Reporting and Learning Service.

There is always scope to improve safety culture. Evidence for potential under-reporting (Figure 1) and reporting rate (Figure 2) are indirect indicators of potential problems with culture or reporting. They can be affected by many factors - for example, the services provided, populations served, and local safety issues and concerns. Increased reporting over time may indicate an improved reporting culture (Figure 2).

Figure 1 – Potential under-reporting of incidents to the NRLS, October 2017 to March 2018**:**

The Trust is shown in the bold black circle above and this shows that the NRLS can see no evidence that the Trust is potentially under-reporting.

Figure 2 – Reporting rate per 1000 bed days this period compared to last period:

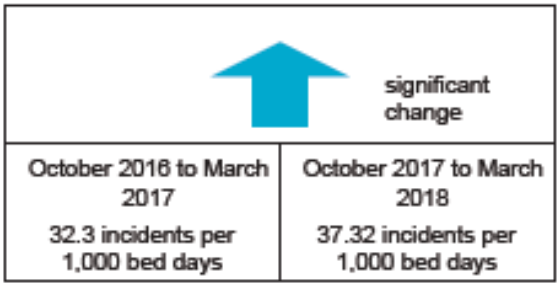
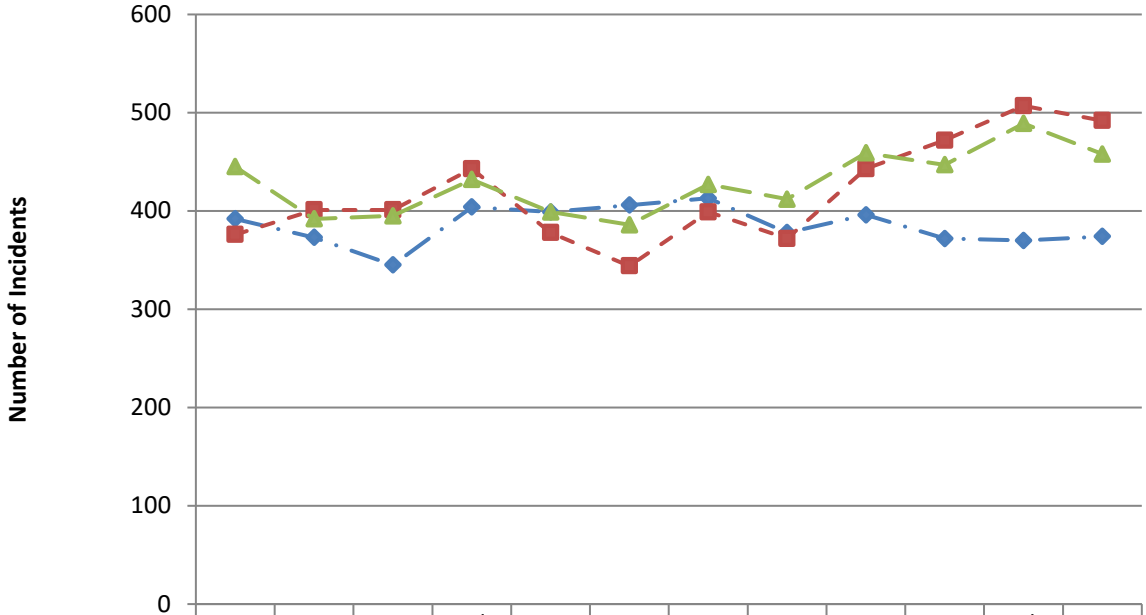


Figure 2, above, shows that the Trust reported 5.02 incidents per 1000 bed days **more** than the same time period the previous year. This shows that there has been a significant change in reporting patterns over the two periods.

Patient Safety Incidents 2016/17 to 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	392	373	345	404	399	406	413	378	396	372	370	374
2017/18	376	401	401	443	378	344	399	372	443	472	507	492
2018/19	445	392	395	432	399	386	427	412	459	447	489	458

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- ✓ Continue to share learning from incidents, including areas of good practice.
- ✓ Supporting staff with the reporting and managing process to show how uncomplicated it can be.
- ✓ Provide extra support when negative comments are made to alleviate the negativity and ascertain where it originates from.
- ✓ Attending learning forums to promote incident reporting and address any queries directly.

Friends and Family Test - Patient

Friends and Family Test – What is it?

The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

	Trust Score March 2019		Trust response rate March 2019	NHS England Score February 2019		NHS England response rate February 2019
Area	% recommended	% not recommended		% recommended	% not recommended	
A&E	87	9	4.68%	85	9	12.2%
Inpatients & Daycases	97	1	21.08%	96	2	24.6%
Maternity (combined)	95	2	18.78%	96	1	-
Outpatients	96	1	17.45	94	3	-
Trust Summary	96	1	15.84%	-	-	-

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- ✓ For all areas our patients are more likely to recommend and less likely to not recommend than the England average evidencing to a better than average patient experience.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- All areas of the Trust review the qualitative comments received via the FFT returns. Actions to address themes are monitored via the Carer and Patient Experience Committee (CAPE).

Friends and Family Test (FFT) - Staff

What is the standard?

Staff are asked to respond to two questions. The 'Care' question asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The 'Work' question asks how likely staff would be to recommend the NHS service they work in to friends and family as a place to work. Staff FFT is conducted on a quarterly basis (excluding Quarter 3 when the existing NHS Staff Survey takes place).

	JPUH 2016/17	JPUH 2017/18	**JPUH 2018/19**	England 2018/19	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Care	82%	88%	**85%**	80%	100%	43%
Work	70%	73%	**68%**	63%	100%	25%

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The trust continues to be higher than the national average for both staff recommending the Trust as a place to receive 'Care' and a place to work.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ The Trust is developing a Staff Engagement Programme to maximise opportunities to gain quantitative and qualitative feedback from staff.

NHS Staff Survey – Key Finding 21[8]

	2017	**2018**		Trust improvement/ deterioration
	JPUH	**JPUH**	Benchmarking group (trust type) average	
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion[9]	88%	**91.7%**	83.9%	3.4% Improvement
	Higher score = better			

NHS Staff Survey – Key Finding 26

	2017	**2018**		Trust improvement/ deterioration
	JPUH	**JPUH**	Benchmarking group (trust type) average	
KF26 percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	27%	**22.1%**	20%	4.9% Improvement
	Lower score = better			

[8] For results and actions arising from the NHS Staff Survey, please refer to the Trust Annual Report and Accounts 2018/19
[9] For the Workforce Race Equality Standard https://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/

Seven Day Services

What is the standard?

The seven day services programme is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

Patients across England will see a revolution in hospital care with the introduction of seven day consultant-led services that are delivered consistently over the coming years.

Please refer to page 9 as the Trust has agreed a 2019/20 quality priority relating to improving seven-day service provision in line with the NHS Improvement Board assurance framework for seven day hospital services, November 2018.

Freedom to Speak Up: Raising Concerns (Whistleblowing)

Freedom to Speak Up: Raising Concerns - What is it?

Raising concerns or whistleblowing is the term applied to a situation where an individual raises concerns about safety, malpractice or wrongdoing at work. In the context of the NHS, the term refers to NHS staff raising concerns about issues which may affect patients, the public, other staff or the organisation. The NHS Constitution was updated in March 2012 to include an expectation that NHS staff will raise concerns as early as possible and a pledge that NHS employers will support all staff in raising concerns, responding to and where necessary, investigating the concerns raised.

The Trust fully embraces 'speaking up' and our processes have been launched across the organisation by the executive directors. All staff at induction are provided with a freedom to speak up card which details all the ways available to raise any concerns they may have at any time during their time at the Trust. This is reiterated by the Chief Executive and Chairman on the first day of the corporate induction programme.

The Trust has a Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy in place. Staff who raise a genuine concern under this policy are not at risk of losing their job or suffering any form of reprisal as a result. The Trust will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully staff into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action. Provided staff are acting honestly, it does not matter if they are mistaken or if there is an innocent explanation for their concerns.

Staff are offered the option of raising their concerns confidentially, including a confidential email address which is accessed by the Chief Executive and executive lead for workforce only. This means that the identity of the individual raising the concerns will remain confidential, unless required to be disclosed by law. Concerns can also be raised anonymously, without providing a name. Anyone who works at the Trust can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

In many circumstances the easiest way for a concern to be resolved will be to raise it formally or informally with the line manager (or lead clinician or tutor) and this is also encouraged. However, in some instances this may not be appropriate and the Trust has six Freedom to Speak Up Guardians that can be contacted (details of which are included within the Trust policy). If concerns still remain after this, staff are advised to contact our executive director or non-executive director with responsibility for whistleblowing. Staff can also contact their professional body or trade union representative. The Trust policy also advises staff that they are able to raise their concern externally and the contact details for the national helpline are provided, if they do not feel comfortable raising this internally.

Part 3

Review of Quality 2018/19

This section details how we have done against the targets we set for 2018/19 in our 2017/18 Quality Report. Where relevant we have included what we said within the 2018/19 Quality Report as an easy reference for the data included. Where possible we have included historical performance and where available we have included national benchmarks.

This section includes other information relevant to the quality of services we have provided over 2018/19

This section shows how we have done when external inspectors/regulators have visited the Trust. The details include remedial action that has been identified following these visits/inspections.

This section shows our performance against the relevant indicators and thresholds set out in NHS Improvement's Risk Assessment Framework

Summary of Achievement of Quality Priorities 2018/19

1.	Pan-Domain Objective	
a	To develop a training programme to equip staff with a Quality Improvement toolkit	Achieved

2.	Patient Safety	
a	Establish a Medical Examiner Service.	Achieved
b	To identify services and specialties that have accreditation programmes other than those required for registration or certification	Achieved
c	Develop a range of options and approaches to maximise recruitment and retention forecasts. To review the current ward-based clinical staffing infrastructure and make recommendations to inform and deliver a five year workforce plan	Achieved

3.	Clinical Effectiveness	
a	Learning from clinical audit: develop and apply consistent processes to ensure findings from clinical audits result in action, learning and sustained improvements in practice	Achieved
b	To audit compliance with the Trust's Safety Checklists for Invasive Procedures (SCIPs)	Achieved

4.	Patient Experience	
a	Improve communication and information to relatives and carers	Achieved
b	Offer patients/relatives the opportunity to be engaged in investigatory processes following serious incidents	Achieved
c	Develop opportunities for patient involvement in service improvement/ redesign	Achieved

Pan-Domain Objective

a) To develop a training programme to equip staff with a Quality Improvement toolkit

This Quality Priority has been **achieved**. A quality improvement implementation plan has been developed by the Head of Compliance and Quality Improvement. A scoping exercise took place to identify staff who have 'Quality Improvement' in their job title, what quality improvement projects are currently in progress across the Trust and to identify staff able to contribute to delivering training and coaching. In addition, a launch event for the quality improvement strategy was held on the 17th October 2018 to inform staff in attendance of the ambitions embedded into the strategy and enable discussion of how these will be progressed.

Awareness raising sessions continue using both planned and ad hoc opportunities as they present. We are exploring the feasibility of externally facilitated quality improvement training to targeted groups during 2019/20. Please also refer to our 2019/20 Quality Priority on page 7 relating to the Quality Improvement Hub.

Patient Safety

a) Establish a Medical Examiner Service.

This Quality Priority has been **achieved**. A Medical Examiner commenced in post in December 2018 and the service became fully operational from 1st April 2019.

A process is in place to screen every death and with the support of an officer, engage with the bereaved, the Coroner and the medical teams to review why the patient died and what the next steps are in each case.

b) To identify services and specialties that have accreditation programmes other than those required for registration or certification

This Quality Priority has been **achieved**.

The following areas have been identified within the Trust requiring accreditation under the United Kingdom Accreditation Service (UKAS):

- Radiology;
- Audiology;
- Cardiac Physiology;
- Respiratory and Sleep Physiology.

A business case is in development to include accreditation fees, systems and support to undertake the accreditation.

c) Develop a range of options and approaches to maximise recruitment and retention forecasts. To review the current ward-based clinical staffing infrastructure and make recommendations to inform and deliver a five year workforce plan

This Quality Priority has been **achieved**. The following actions have taken place in relation to recruitment:

- Two cohorts of Trainee Nursing Associates have commenced apprenticeship training since September 2018 with a sum total 15 trainees in post. A third cohort of 21 trainees commenced the programme in February taking the overall total to 36;
- Review of the ward based clinical infrastructure is in progress;
- Reviewing options to increase registered nurse bank capacity;
- Reviewing options for Band 4 workforce;
- Exploring opportunities for delivery of complete pathways i.e. apprentice HCA through to Registered Nurse (RN);
- Second cohort of Level 6 Nursing Degree Apprentice programmes commenced in February 2019;
- Continuation of RN scholarship and exploring midwifery scholarship opportunities;
- Entering into the planning stages of junior and senior academy programmes.

The Trust is reviewing retirement forecasts and initiating a succession planning scoping exercise. There is exploratory work underway into a range of incentives to retain staff e.g. a year 2 preceptorship internal ‘transfer window’.

Clinical Effectiveness

a) Learning from clinical audit: develop and apply consistent processes to ensure findings from clinical audits result in action, learning and sustained improvements in practice

This Quality Priority has been **achieved**.

Overall implementation of action plans for the financial years 2017/18 and 2018/19:

	High Risk		Moderate Risk		Low Risk		Total	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Number of audit action plans implemented	11%	100%	38%	85%	29%	81%	31%	83%

The Clinical Audit and Effectiveness team continue to offer support, advice and guidance with the development of quality action plans.

b) To audit compliance with the Trust's Safety Checklists for Invasive Procedures (SCIPs)

This Quality Priority has been **achieved**. Audits commenced in December 2018 of the procedures listed below carried out during August 2018. The audits are to ascertain whether SCIP forms have been completed for the procedures:

- chest drains;
- lumbar punctures;
- epidurals;
- punch biopsy.

The audit has demonstrated that departments regularly undertaking invasive procedures are completing the SCIP form well. Results below:

- 98% of all fields in the SIGN IN section complete (106/108 forms)
- 91% of all fields in the TIME OUT section complete (98/108 forms)
- 94% of all fields in the SIGN OUT section complete (101/108 forms)

An action plan has been developed following the audit results and a spot check of Pain Clinic and Ward 8 where there were a number of forms not being completed fully will be undertaken.

Patient Experience

a) Improve communication and information to relatives and carers

This Quality Priority has been **achieved**. It has been agreed that the Head of Patient Experience and Engagement will be the internal line manager for the Suffolk Family Carer Support Worker to enable assistance to be provided in a timely way on any issues of escalation. Whilst the Trust does not currently have a dedicated Trust Carer Lead, support is currently accessible via the Family Carer Support Worker who is based on site three days a week. Having this available support on site enables carers to gain the help required to facilitate an improved patient experience.

Staff training to support communication is being promoted:

- Sage and Thyme;
- Conflict Resolution;
- Resilience;
- Holding difficult conversations;
- Customer Service.

Bespoke patient survey questions are being aligned to National Survey questions where applicable.

A bespoke survey was conducted for patients attending the Sandra Chapman Unit, aligned to the National Cancer Patient Survey questions during June 2018, specific to communication and information. Survey questions asked patients whether they felt that they had been given enough information about their diagnosis, information about side effects of treatment and information about response to treatment. Findings are detailed below, evidencing overall positive feedback from patients:

Question	Yes	Yes, to some extent	No
Were you given enough information about your diagnosis?	91%	9%	N/A
Were you given enough information about side effects of treatment?	84%	16%	N/A
Were you given enough information about your response to treatment?	84%	13%	2%

b) Offer patients/relatives the opportunity to be engaged in investigatory processes following serious incidents

This Quality Priority has been **achieved**. The Trust currently has a process in place via Duty of Candour to inform patients/relatives when serious incidents have occurred and to inform them that a root cause analysis (RCA) will be undertaken. They are also offered a copy of the report upon completion of the investigation. The Trust does, however, need to take additional steps to offer patients the opportunity to be involved during the investigatory process itself.

c) Develop opportunities for patient involvement in service improvement/ redesign

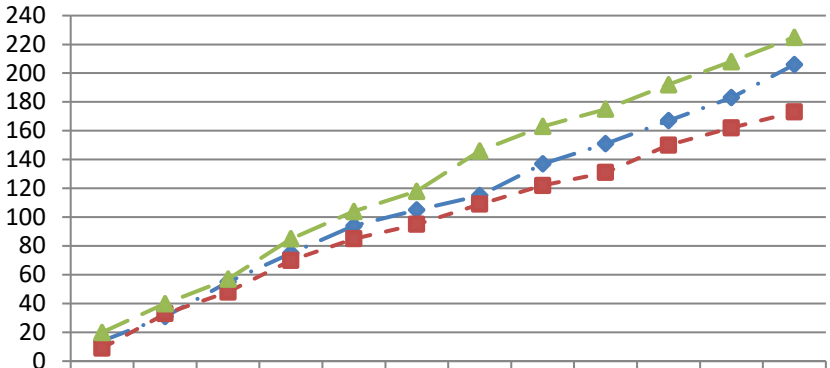
This Quality Priority has been **achieved**. The User Group have met four times and to date, members of the User Group have been involved in Education and Practice team recruitment and a review of the emergency surgery pathway.

Whilst the group is operational already, it is still evolving, with the aim that in the near future it will also be chaired by a service user.

A Listening Organisation

Learning from Complaints

Cumulative Complaints 2016/17 to 2018/19

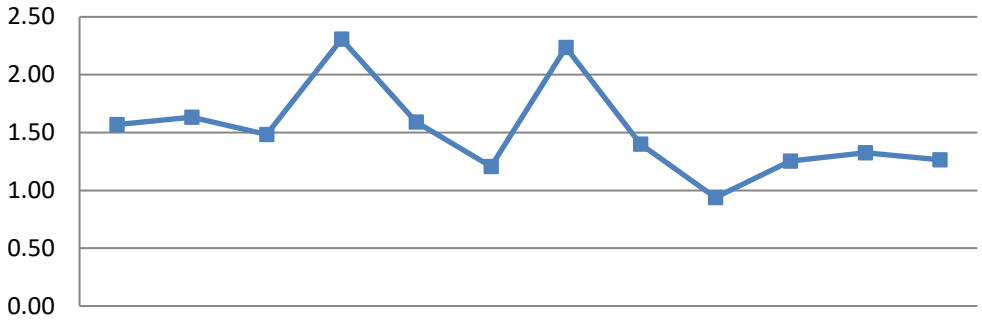


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 (Total = 206)	14	31	55	75	94	105	115	137	151	167	183	206
2017/18 (Total = 173)	9	33	48	70	85	95	109	122	131	150	162	173
2018/19 (Total = 225)	20	40	57	85	104	118	146	163	175	192	208	225

Complaints handling is carried out as per the NHS Complaints procedure. Written acknowledgement is sent to the complainant within three working days. Telephone contact with the complainant is made by the Complaints Investigator wherever possible to discuss the issues and assess response timescale parameters. Wherever possible the Trust tries to adhere to a 60 day response timeframe, however, response time is agreed with the complainant at the start of the process. At initial contact and at closure, complainants are offered the opportunity to meet with senior staff to discuss the complaint in detail to support early and final resolution respectively.

The number of formal complaints received during the past year has increased compared to previous years. However, despite increased operational pressures experienced in year, the complaints per 1000 bed days remain stable as shown in the graph below.

Complaints per 1000 bed days 2018/19



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Complaints per 1000 bed days	1.57	1.63	1.48	2.31	1.59	1.21	2.24	1.40	0.94	1.25	1.33	1.27

Acknowledgement times to complaints 2016/17-2018/19

Days to Acknowledge	2016/17	2017/18	2018/19
0	81	59	38
1	118	101	130
2	6	9	48
3	1	4	9
Total	206	173	225

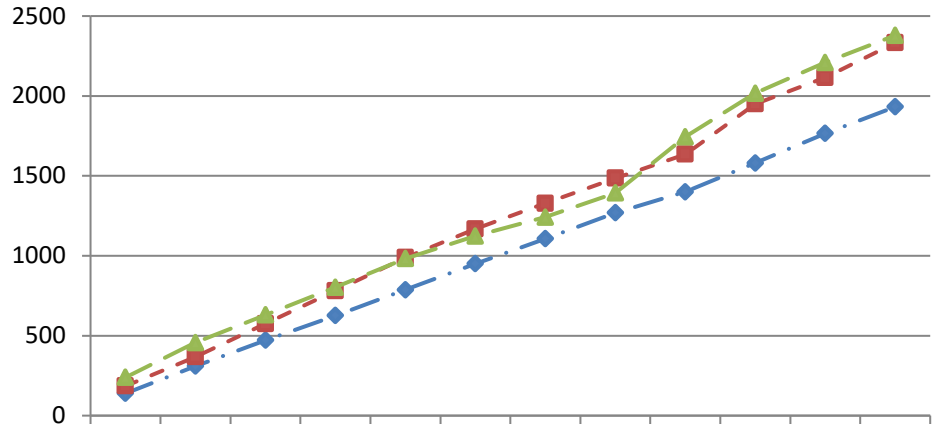
The complaints team work in collaboration with the Divisional teams to ensure that there is an agreed, informative response provided which covers all the issues raised. Complaints are reviewed by members of the Executive Team before Chief Executive sign-off.

As a Trust, we monitor performance against complaints handling Key Performance Indicators[10]. Numbers of complaints, themes and those areas attributable are covered in detail within governance meetings to ensure that learning takes place and actions are implemented when complaints are upheld/partially upheld. Monthly Trust communications to staff now also provide complaints data.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service is available to support local resolution of queries or concerns which not only improves the experiences of service users by helping to resolve any issues as soon as possible, but also helps keep the number of formal complaints the organisation receives to a minimum.

Cumulative PALS enquiries 2016/17 to 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 (Total = 1932)	139	309	472	626	787	950	1107	1269	1400	1580	1766	1932
2017/18 (Total = 2332)	185	368	575	781	988	1168	1328	1485	1635	1950	2115	2332
2018/19 (Total = 2379)	239	457	630	803	982	1124	1242	1393	1745	2017	2209	2379

Compliments

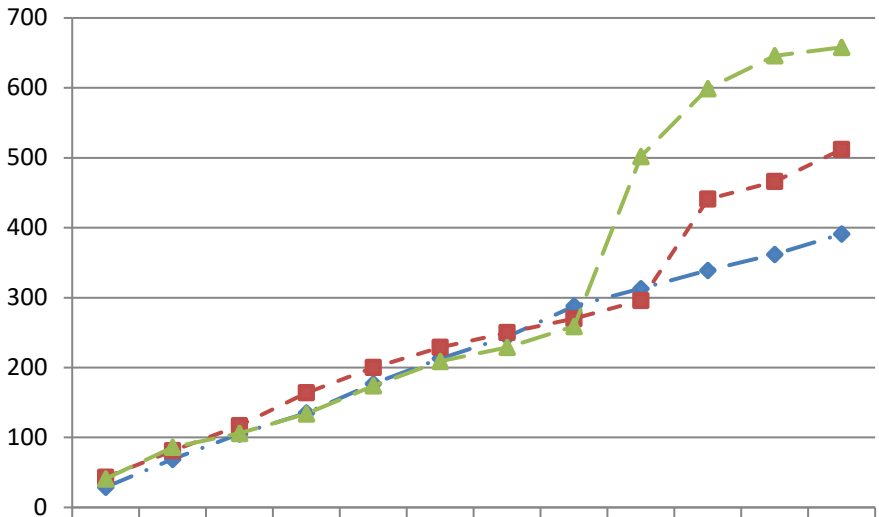
Compliments are received into the Trust via many sources. The Chief Executive receives written compliments which are recorded on our risk management system via our PALS team. In addition compliments are received direct to our PALS team or via the compliments email address, compliments@jpaget.nhs.uk. The email address can be used by members of the public, staff and other organisations to share information about what works well.

Compliments data is shared Trust wide in monthly Leadership Brief communications to ensure staff are updated about the positive feedback the Trust receives.

In addition the patient experience team support data capture of compliments at Divisional and departmental level by producing a data capture template which is populated by the operational/clinical staff as compliments are received.

[10] A Key Performance Indicator is a measurable value that demonstrates how effectively a Trust is achieving key business objectives.

Cumulative Compliments 2017/18 to 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 (Total = 391)	29	69	105	135	177	213	244	288	313	339	362	391
2017/18 (Total = 512)	43	81	117	164	200	229	250	270	296	441	466	512
2018/19 (Total = 658)	41	86	106	134	174	209	229	259	502	599	646	658

The sudden increase in compliments during December was due to thank you cards being sent from departments and wards to be logged corporately (thank you cards do not generally have a date on; therefore they are logged as the date they were added onto Ulysses system).

Examples of compliments received

'From beginning to end the staff were prompt caring professional; big shout out to a member of staff in the A & E department made me feel at ease, but on a whole I cannot find a single thing wrong and all the staff were outstanding'

'To all of the wonderful staff on Ward 9. Thank you for your compassion, attention, dedication and superb care at this most difficult time. We really appreciate it. The care encompassed the whole family'

Patient experience measurement tools

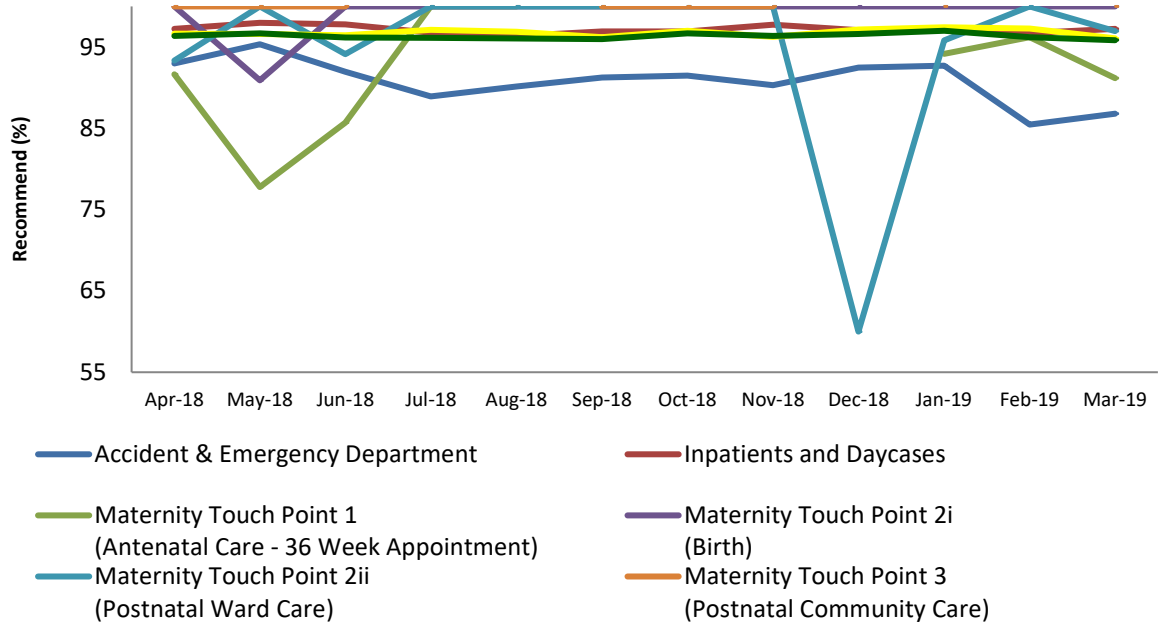
Friends and Family Test – What is it?

The NHS Friends and Family Test (FFT), launched in 2013, was created to help providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous for patients to give their views after receiving care or treatment across the NHS.

Patients are asked how likely they are to 'recommend our ward/department to a friend or family member should they require similar care or treatment' and their experience is scored based on a six-point scale. The categories are: 'Extremely likely', 'Likely', 'Neither likely nor unlikely', 'Unlikely', 'Extremely unlikely' and 'Don't Know'.

Patients also have the opportunity to explain their ranking by adding comments, and may be asked some follow-up questions. This is important, because service providers can only make changes if they know exactly what is or isn't working.

Friends and Family Test Score 2018/19



Maternity experienced a 14% decline in recommend rates during December with **86%** of respondents stating that they would recommend services to family and friends A 14% decline was also evidenced from respondents who stated that they would not recommend services. This was investigated and it was discovered that the maternity responses totalled only 14 in number for December which equates to a response rate of 2.03%. This will ultimately impact overall recommend scores due to the lower number of responses.

Whilst FFT feedback predominantly evidences that patients would recommend services to family and friends, the Trust continues to explore where improvements can be made in relation to those that would not recommend our services based on any narrative detail provided in the FFT responses. Actions have been devised and undertaken between the Patient Experience team and Maternity services to improve response rates.

Family carers

The Trust has a Family Carer Support and Information Worker based at the Trust, three days each week. Her role is to ensure family carers are identified and supported whilst in hospital and during the discharge process. The Family Carer Support and Information Worker liaises with Carers Matter Norfolk and the Louise Hamilton Centre Carer Lead to ensure a joined up approach to service delivery is achieved. A family carer is someone who provides unpaid care to a family member, friend or neighbour who could not manage without their help.

Patient Surveys

Feedback from National Surveys is reported to the Carer and Patient Experience Committee (CAPE) and the themes identified are looked at alongside other feedback data received into the Trust. During 2018/19 the National Surveys which were published are detailed below. Divisions are required to look at the findings and formulate action plans to address key issues identified.

National Inpatient Survey 2017

The final response rate for the Trust was 48%.

Overall findings

Although there were 71 questions included in the survey; not all questions are scored, as some are considered 'routing questions' only. However, out of those questions that were scored; the Trust scored in the lowest 20% of all Trusts in 15 of the questions and in the highest 20% for nine of the questions. For all other questions the Trust scored in line with other Trusts (intermediate 60% of all Trusts).

Actions

A detailed action plan was developed and delivered to address the key areas where the Trust had deteriorated against its own previous performance and where scores had been in the lower 20% of all Trusts, focusing on the themes therein. These included: Improving information and communication to patients; medicines management and supporting discharge arrangements.

National Cancer Patient Experience Survey 2017

The National Cancer Patient Survey is commissioned by NHS England and runs annually. This is the seventh iteration of the survey, first undertaken in 2010. The full report illustrates the Trust scores for each question and compares these against national performance to help Trusts understand their own performance; identifying areas for local improvement. Service users are asked to rate their care on a scale of 0 (very poor) – 10 (very good). The Trust scored an average rating of 8.8. The Trust had a response rate of 65% compared to a national response rate of 63%, with an adjusted sample size of 409 respondents.

The annual survey provides valuable patient feedback on services and enables the Trust to further develop quality services for patients who access cancer services. Based on patient responses, the survey identifies issues highlighted by patients where perception of services needs improvement whilst also identifying significant areas of very good practice.

Overall findings

Overall results for the Trust are positive with the Trust scoring within the expected range for most areas. In addition, overall, the Trust scored higher than the expected range in three areas and lower than the expected range in two areas.

Actions

Key actions included:

- Improving processes to ensure GPs are provided with enough information about the patient's condition and treatment
- Ensuring that taking part in cancer research has been discussed with the patients

National Maternity Survey 2018

The national maternity survey 2018 was published during January 2019. All women over the age of 16 years and who had a live birth during the month of February 2018, irrespective of the place of birth (e.g. hospital or homebirth), were including in the sample. The National response rate was 36.8% of a total of 17,611 women. The JPUH survey achieved a response rate of 37% with a total of 300 women included in the sample (108 surveys were returned).

Overall findings

There is a mixture of scores evident but overall there are more improvements than declines seen. The majority of declined scores are within the labour and birth section of the survey with the most improvements being related to care at home:

- 7 scores in the top 20% of trusts;
- 14 of the scores were within the bottom 20% of trusts;
- Remaining scores were within the middle 60% of trusts.

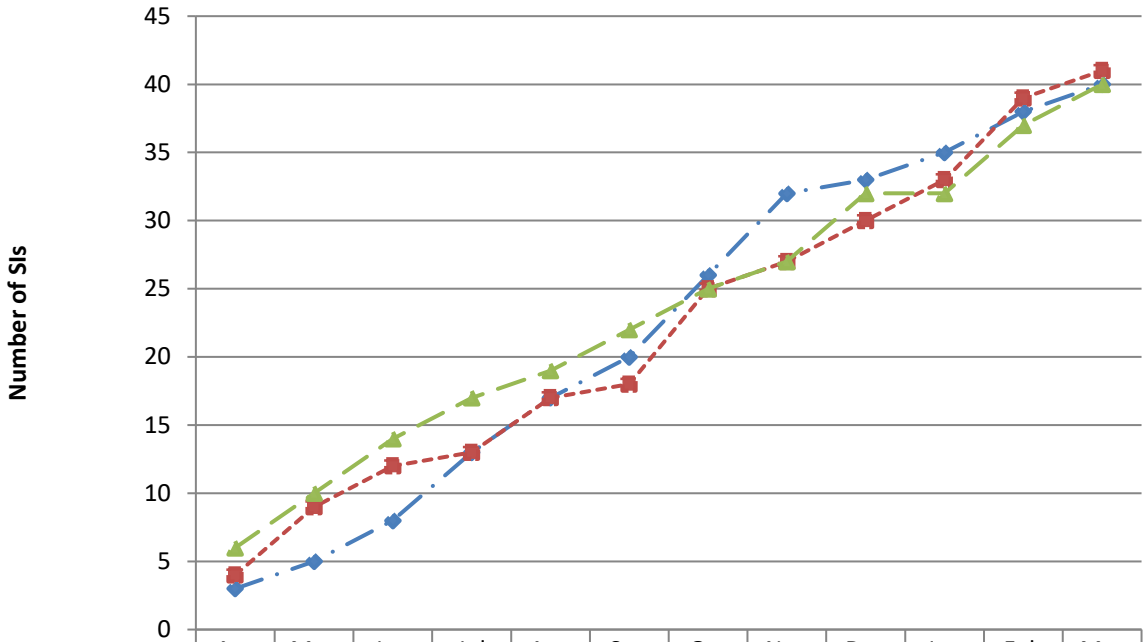
Actions

A detailed action plan has been drafted to address the key areas where the Trust has deteriorated against its own previous performance and where scores are in the lower 20% of all Trusts.

A Learning Organisation

Serious Incidents

The Serious Incidents (SI) Register contains formal SIs, which must follow the agreed reporting process to our Commissioners. The SI process has been followed in terms of providing three-day updates and root cause analysis investigation reports within the required timescales to the Commissioners (or via prior agreement), throughout 2018/19.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	3	5	8	13	17	20	26	32	33	35	38	40
2017/18	4	9	12	13	17	18	25	27	30	33	39	41
2018/19	6	10	14	17	19	22	25	27	32	32	37	40

Never Events

The Trust has reported **one** Never Event as having occurred in 2018/19. This incident is as follows:

Summary	Actions taken
Medications Were Given Down an NG Tube Incorrectly Located in the Lungs	Investigation ongoing Immediate actions taken: • Appropriate supportive treatment was established • Incident report was completed by Staff Nurse involved and full documentation of incident was made in the electronic notes by the nurse in the bed-space and the nurse in charge of the shift; • Duty of Candour conversation was undertaken with the patient's family; • Staff involved have been approached to understand what prompted their clinical decision making; .

Duty of Candour

Duty of Candour – What is it?

The Trust is obligated to comply with the Duty of Candour when a patient under the Trust's care suffers Moderate Harm, Major Harm or dies as a result of an adverse incident under.

- the Health and Social Care Act 2008 (Regulated Activities) Regulations: Regulation 20
- Service Condition 35 of the NHS Standard Contract

Essentially this means patients must be informed when an adverse event happens whilst they are in our care.

The initial Duty of Candour (DoC) conversation with the patient/their family/carer must take place within 10 working days of the incident occurring (or the Trust becoming aware of the incident).

Promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers.

Francis said*: "Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered. Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it".*

The Trust remains fully committed to delivering the 'Being Open' policy and has developed a process for identifying incidents which are required to be communicated to patients in a different way under the Duty of Candour definitions. Below is a summary of compliance with this process for 2018/19:

Month	№ of notifiable incidents	Number of Patients informed		Number of patients not informed[11]
		Within timescale	Outside timescale (breach)	
April 2018	3	2	1	0
May 2018	6	6	0	0
June 2018	2	1	1	0
July 2018	1	1	0	0
August 2018	6	6	0	0
September 2018	1	0	1	0
October 2018	4	4	0	0

[11] Cases where a decision has been taken not to inform a patient or their family/carers or the patient is unable to partake in the conversation, are made on compassionate grounds

Month	№ of notifiable incidents	Number of Patients informed		Number of patients not informed[11]
		Within timescale	Outside timescale (breach)	
November 2018	3	3	0	0
December 2018	0	N/A	N/A	N/A
January 2019	4	4	0	0
February 2019	0	N/A	N/A	N/A
March 2019	1	0	0	1
Total	**31**	**27**	**3**	**1**

Rota Gaps and Improvement Plan

What is the standard?

Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires: "a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account".

Rota gaps

All rotas are revered by the Medical Staffing team and with specialty clinical input, a decision as to whether gaps are covered internally, by external locum or, rarely, remain vacant are risk assessed.

The Guardian of Safe Working submits regular reports to the Workforce, Education and Research Committee (WERC) to identify breaches in regards to working hours, natural breaks etc. and actions agreed by the specialty to resolve these.

Vacancies in staffing (Deanery and substantive posts) cause the majority of rota gaps; others include special leave e.g. maternity/paternity and sickness. Plans to decrease these are reported monthly in the Medical Directors report to the Board of Directors and the recruitment strategy to address this is below.

Improvement plan

The focus on medical recruitment continues to remain a high priority. The monthly Medical Workforce meeting continues led by the Medical Director. Attendees consist of Divisional Operations Directors, Assistant Medical Directors, Finance, Transformation and Head of Medical and Temporary Staffing to continue to discuss strategies in the recruitment of medical staff and identifying obstacles which hinder recruitment making it difficult to recruit and potentially compromise retention, work continues with this group initiative.

In order to support the recruitment objectives the following local recruitment initiatives are being considered to enhance the recruitment to a number of long term and short term medical vacancies throughout the Trust:

- Local incentives - accommodation, research capacity, annualised contracts are all being explored;
- Transport pick up from the airport for overseas doctors – this is now in place to ensure that the new employees feel welcomed by the Trust;
- We have recently supported removal/relocation/visa costs for some of our more recent overseas doctors who are bringing their young families;
- Local and international advertising campaign continues;

- Overseas recruitment campaign in India and further afield to attract doctors to the Trust;
- Reward payments, financially or contractually;
- Introduce new Specialty Posts with spot salaries for hard to recruit areas;
- Meet and greet service on arrival for our international colleagues when joining the Trust by their clinical colleagues;
- Career pathways, support with Certificate of Eligibility for Specialist Registration etc. by an identified lead;
- Over recruitment in specialties where there are expected leavers/retirements etc.

External Inspections

Patient-Led Assessments of the Care Environment (PLACE)

The 2018 Patient-Led Assessments of the Care Environment (PLACE) programme commenced at the James Paget University Hospital on 16th May 2018.

In the accordance with the Prime Minister's commitment in 2012 to give patients a real voice in assessing the quality of healthcare, including the environment for care, at least 50% of those involved in undertaking assessments must meet the definition of a patient.

Members of the Trust Council of Governors and members of Trusts are eligible to act as 'patient representatives' within their own Trust.

The assessment covers ten ward areas, six outpatient departments and A&E and assess against the following criteria awarding the following scores:

Domain	Score 2016	Score 2017	Score 2018	National Average 2018
Cleanliness	99.13%	98.38%	99.31%	98.47%
Food/Ward	93.40%	90.16%	91.39%	90.50%
Organisation Food	80.55%	88.80%	79.24%	90.00%
Privacy, Dignity and Wellbeing	73.63%	83.68%	73.21%	84.20%
Condition, Appearance and Maintenance	93.41%	94.02%	94.71%	94.30%
Dementia	74.01%	76.71%	81.90%	78.90%
Disability	81.94%	82.56%	82.95%	84.20%

Organisation Food

This section is completed by the Trust and covers many questions regarding standards within Food and Catering Services, such as Government Buying Standards, 10 key characteristics of Good Nutritional Care, Patient nutritional screening, menu choice and meal timings, dietician involvement with the service, condiments served and drinks offered.

Area	Trust position
Condiments – are there a range of 4 or more condiments available?	A maximum of three is provided. As most condiments are high in sugar, especially sauces the Trust chooses to limit availability.
Patients choose their breakfast at the point of service	Patients choose their breakfast the day before. This helps with menu planning and delivery.

Area	Trust position
The daily choice at breakfast is 6 or more items	We offer two cereals, bread, porridge, and fruit.
Patients choose their lunch at point of service	Patients choose their lunch that morning. This helps menu planning and delivery.
The lunch meal consists of three courses	Our menus consist of two courses – always a hot and cold main course and a hot and cold dessert
The earliest dinner time is 5:30pm	The first ward will receive their meals at approximately 5:15pm
Patients can choose tea and coffee and at least three other hot and/or cold drinks for example herbal teas	Patients can choose tea or coffee and are offered fruit juice in the mornings and a milky drink in the evening.

We will:

✓ Review our position against these criteria in six months. To date the Trust has not received any negative feedback on any of the above elements so no actions are to be taken as a result, our patients continue to receive a good choice of food and drink.

Privacy, Dignity and Wellbeing

This section covers:

- Whether the wards have single rooms with ensuite bathrooms
- Whether patients are dressed to protect dignity
- Television access
- Radio access

We will:

✓ Incorporate the need for access to radios within ward and side room refurbishment as part of the Site Strategy

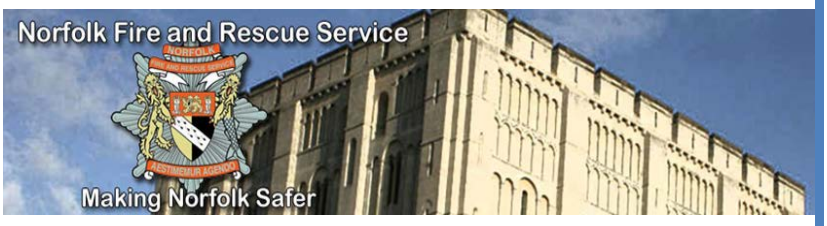
✓ Address the need to ensure that day rooms are decorated to provide a relaxing environment as part of the Site Strategy

Environmental Health

2000 meals are provided to patients, visitors and staff each day. All are home-cooked, on site using local ingredients and suppliers wherever possible.

On 18th October 2018 the Trust underwent an inspection and was awarded five stars for our food hygiene rating. This was an increase from our previous four star award.

Norfolk Fire and Rescue Service



The annual fire inspection by Norfolk Fire and Rescue Service took place on the 7th March 2019. The external Fire Officer was satisfied with all areas inspected and this has been confirmed in writing to the Director of Nursing.

Getting it Right First Time (GIRFT)

In 2012, Professor Tim Briggs published a report entitled 'Getting it right first time' (GIRFT) which considered the current state of England's orthopaedic surgery provision and suggested that changes could be made to improve pathways of care, patient experience, and outcomes with significant cost savings. The report took the view that this approach has the potential to deliver a timely and cost effective improvement in the standard of orthopaedic care across England.

The programme has been extended to include other disciplines. The ambition of the programme is to identify areas of unwarranted variation in clinical practice and/or divergence from the best evidence. The work will culminate in a report and set of national recommendations aimed at improving quality of care and also reducing expenditure on complications, litigation, procurement and unproven treatment.

Cardiology

A cardiology GIRFT visit took place on 28th February 2019 and a follow up review took place on 3rd April 2019 to discuss what initial support and actions could be taken forward between JPUH and the wider GIRFT team. We are still as yet, to receive the finalised GIRFT action plan from the GIRFT team.

Initial support and actions discussed included:

- Ongoing support with acute services integration programme work;
- Support with conducting patient experience activity;
- Support with consultant recruitment campaigns;
- Litigation review, with support from GIRFT expert;
- Access to best practice case studies and national reports via GIRFT support, with a view to developing a best practice case study for the service.

Once the full report has been received an action plan will be developed.

Breast

The Breast GIRFT visit took place on 13th April 2018. An action plan was developed following this inspection with the following actions to be addressed:

- Review coding to more accurately reflect breast surgery workload and allow better operational and strategic service planning and maximize appropriate revenue;
- Review Cancer Outcome and Services Dataset with regard to trial participation;
- Review higher range of haematoma in wide local excision and implant reconstruction;
- Look into whether more could be done to bring down mastectomy rates;
- The Trust is in the lowest band for patients >=70 who have mastectomy with immediate reconstruction;
- Undertaken an audit as the Trust is in the highest band for second breast excision on same breast <1yr;
- If continuing to undertake pedicled flaps need to enter data into National Flap Register.

ICU / HDU

The ICU/HDU GIRFT visit took place on the 27th March 2019. We are awaiting the report from the visit and any actions required will be detailed in an action plan.

Joint Advisory Group on Gastrointestinal Endoscopy (JAG)

The JAG accreditation assessment took place on the 31st May 2018 and accreditation was successful.

Antenatal and Newborn Screening Quality Assurance Inspection

The Antenatal and Newborn Screening Quality Assurance inspection took place on 31st January 2019. Three immediate actions were identified and these were remedied and closed within a seven day timescale. Significant work has been completed on the failsafe database and analysis of the systems and processes in place to ensure the system is a true failsafe. Progression of implementing the Maternity IT system has been delayed due to staffing issues but an interim measure has been put in place whilst recruitment takes place.

Pharmacy rated as Good by the General Pharmaceutical Council (GPhC)

The General Pharmaceutical Council undertook their inspection of the Pharmacy Department on 5th February 2019 and rated the Pharmacy as Good for the premises standard for registered pharmacies. The principles that were included within the inspection included governance, staffing, premises, services (including medicines management) and equipment and facilities.

Staff Sickness Absence - Governors' indicator

What is the indicator?

This indicator measures staff sickness absence levels (bearing in mind the impact this can have on patients) and the reasons for sickness absence.

Background

Sickness absence levels for February 2019 were reported at 4.76% (provisional) compared to January 2019 which was recorded as 5.36%. The rolling 12 month sickness absence rate is 4.77% compared to 4.30% for the same period last year. The main reason for sickness absence continues to be stress and anxiety.

Monthly sickness absence rates for the last 12 Months:

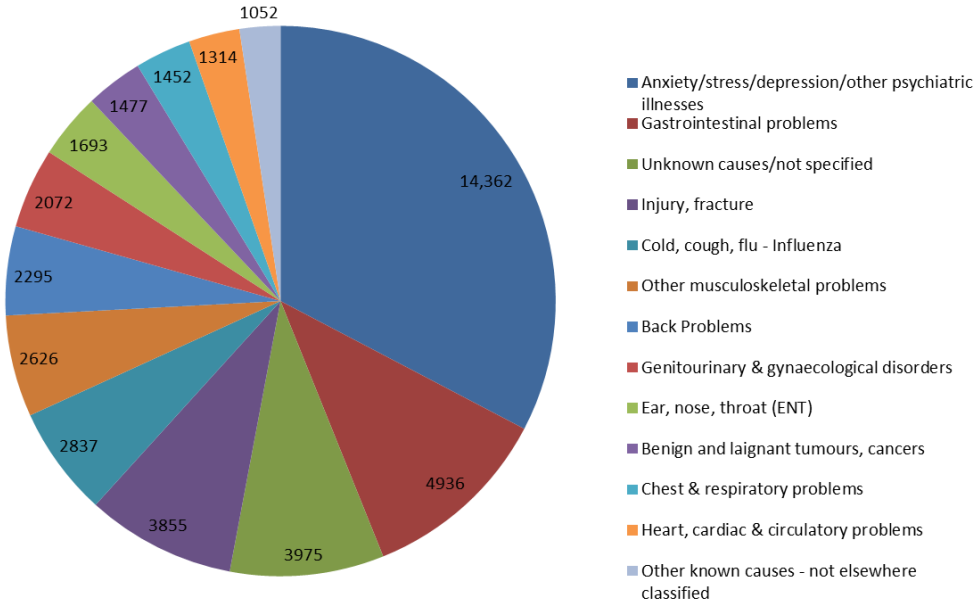
											Updated	Provisional
	Mar -18	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan-19	Feb-19
Trust Target	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50
Trust Sickness	4.38	4.42	4.42	4.64	5.10	5.11	4.73	4.74	4.76	4.62	5.36	4.76

Rolling 12 months percentage = 4.77%

Short and Long Term Absence %:

Performance Indicator	Jan 2019 Updated	Feb 2019 Provisional
Long Term Sickness FTE %	2.63%	3.22%
Short Term Sickness FTE %	2.73%	1.54%
Total Sickness FTE % (3.5% Trust Target)	5.36%	4.76%

The below pie chart highlights the main reasons for sickness absence over the past 12 months. [12]



What we are doing about it

Actions being taken to address staff sickness absence levels include:

- Workforce Officers will continue to dedicate their time to focus on sickness absence, this will include additional support to all divisions in reducing sickness absence;
- Revision of policy to focus on supporting those at work and preventing sickness absence;
- Health and wellbeing events have been held to support staff particularly through winter, and have been aimed at emotional wellbeing;
- A three hour workshop is being run in February and March for managers on “Resilience and Mental Stamina – a toolkit for the task”.

The Trust’s workforce committees are focused on continuing to support our staff to remain at work, and will oversee the actions necessary to achieve this.

[12] 1000 & over fte days lost by reason 12 months ending February 2019

NHS Improvement's Governance Indicators

Performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement. For 2018/19 these are:

Indicator		Threshold 2018/19	JPUH 2018/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		92%	86.14%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge[13]		95%	89.22%
All cancers: 62 day wait for first treatment from[14][15]:	urgent GP referral for suspected cancer	85%	80.74%
	NHS Cancer Screening Service referral	90%	97.81%
C difficile: variance from plan		17	15
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)[16]		1	1.115 (as expected)
Maximum 6-week wait for diagnostic procedures		1%	0.58%
Venous thromboembolism (VTE) risk assessment		95%	97.77%

For definitions for all Indicators, please see Appendix 1 of the *Single Oversight Framework: appendices (Updated November 2017)* or via the link: https://improvement.nhs.uk/resources/single-oversight-framework/

[13] The full definition for this mandated indicator can be found on page 84
[14] The full definition for this mandated indicator can be found on page 84
[15] Latest available data is April 2018 to February 2019
[16] Latest available data is October 2017 to September 2018

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Annex 1

Statements from Commissioners, local Healthwatch Organisations and Overview and Scrutiny Committees

Great Yarmouth and Waveney Clinical Commissioning Group

Great Yarmouth & Waveney Clinical Commissioning Group as a commissioning organisation of JPUH supports the organisation in its publication of a Quality Account for 2018/19. We are satisfied that the Quality Account incorporates the mandated elements required based on available data. The information contained within the Quality Account is reflective of the Trust over the previous 12 month period.

In our review, we have taken account of the clinical quality improvement priorities identified for 2019/20 and support the identified improvement objectives in the quality and safety of care provided to Great Yarmouth & Waveney residents. The Trust will do this by:

- **Improving Patient Safety;**

The Trust will improve the timeliness of the investigation of incidents. This will optimise opportunities for learning, including the sharing of improvements across the system to reduce potential harms. Incident closure will be monitored via the Clinical Divisions and Board of Directors via the Quality Report. The Corporate Governance team will develop a system that allows for improved focus on the management of episodes relating to pressure area incidents, specifically to prioritise focus on prevention.

The Trust will achieve a Quality Improvement, (QI) culture and embed the QI Hub as the platform for QI methodology, using the full range of communication channels available.

This will be achieved through; improved cross organisational working to share learning, a demonstrable reduction in harm events, improved processes and ultimately better patient outcomes. The Trust have newly appointed a Quality Standards Lead to progress a twelve month project to review all the quality standards and support staff in related improvement work. Improvement measures will be monitored via the Patient Safety and Effectiveness Committee.

The Trust will review and optimise clinical governance within the divisions to ensure a consistent effective approach to learning from incidents and complaints. This will ensure all relevant clinical teams share learning and jointly build improvement strategies.

In line with the NHS Improvement Board Assurance Framework, the Trust will improve seven day service provision via developing existing seven-day-service metrics. Performance will be monitored quarterly, via the Board of Directors.

These improvements to patient safety will ensure that services provided to patients will enhance their care by the provision of best practice.

- **Improving Clinical Effectiveness;**

The Trust will increase the overall implementation rate of relevant NICE guidance and improvement standards. This will be achieved through completion of actions resulting from the existing gap analysis and action plans. The Clinical Audit Team will support staff to report updates and progress will be uploaded to a central data base and monitored via the Patient Safety and Effectiveness Committee.

The Trust will seek to improve the quality of data for submission to national audits. A system of quality assurance checks will be built in to the submission process. This will ensure that audits reflect the quality of service provision accurately in order to focus quality improvements to deliver impact.

- **Improving Patient Experience;**

Initiatives will be implemented to improve the experience of bereaved relatives, these will include the introduction of condolence cards. These will be monitored for feedback to support service improvement and include contact details for further support.

Reflecting the NHS Long Term Plan to creatively use volunteers, the Trust will explore the introduction of Butterfly Volunteers to support patients, relatives and carers at the end of life. Volunteers would have a designated coordinator.

The Trust will also improve patient experience through training to support enhanced identification and support for carers, this will include the development of a carer awareness training programme. Implementation of the Gold Standard Framework continues and will be reported via the End of Life Strategic Group and the Safety and Quality Governance Committee.

2018/19 Quality Priorities

Great Yarmouth and Waveney CCG also notes the quality priorities identified within the previous Quality Account for 2018/19.

We commend the Trust on the achievement of all of their Quality Priorities set for 2018/19. The CCG recognises particularly the considerable work the Trust have undertaken to understand and improve its mortality data. The establishment of the Medical Examiner role, associated posts and cross-organisational collaborative working to improve learning from deaths, is to be commended.

The Great Yarmouth & Waveney Clinical Commissioning Group looks forward to working with the JPUH during 2019/20 to further develop and sustain quality improvements within the organisation and more widely across the system.

Yours sincerely

Rebecca Hulme
Chief Nurse
Director of Children, Young People and Maternity
Director of Infection Prevention and Control

Council of Governors

The Council of Governors welcomes the opportunity to add our comments to the Quality Report. This demonstrates how well the Trust has been and is currently performing. I encourage **ALL** to read it. It gives you assurance that good quality care and delivery of services is being maintained and constantly improved upon.

The James Paget University Hospitals NHS Foundation Trust (JPUH) continues to experience increased pressure on its services, with a year on year increase in emergency department attendances. Patients are presenting with an increasing complex set of conditions, requiring high degrees of personalised care. It is important that patients get the care they require, but equally as important is to get them home as quickly and as safely as possible once recovered.

Mortality

There have been improvements relating to the Mortality Statistics as a result of concentrated efforts to improve coding. Time for coding deceased notes has improved from 40 days to 4 days over the past year, a remarkable achievement. The Trust has appointed a Medical Examiner in accordance with best practice. Governors heard from the Medical Director this year on all the work being done to improve our coding. As a Council we are kept updated on developments through the Non Executive Directors and I and other Governors regularly attend Board meetings to hear the discussion on performance and quality issues on which this report is based.

In addition, we would like to highlight a range of quality improvements that we should be proud of, discussed at Council during the year, with further detail included within the annual report:

The co-ordinated care hub
Opening during 2018/19, whilst opened officially in April 2019, it brings together Trust Staff, Health, Social Care and Voluntary Organisations in one building. This ensures one referral into the team with a multi-disciplinary approach to discharging a patient, a wonderful example of staff working collaboratively for the good of the patient. Focus is on "Home First" and "Discharge to Assess". This means more people can recover and receive support at home.

Other clinical improvements
Other clinical Improvements to benefit patients saw the completion of the expansion of the Ambulatory Care Unit in November 2018, opened by Professor Keith Willett. This enabled patients to be treated and returned home without the need for an overnight stay. The Discharge Unit is having positive effects in terms of patient flow.

Main site improvements
Benefits to patients with main site improvements:

- Dementia Friendly Ward redecoration
- Memory Walk
- Refurbishment of the Aubergine restaurant
- Opening of the Marks & Spencer's Shop and Café.

The Trust receives a percentage of profits as well as rental for the space, and this money is used to improve patient care and facilities, one of them being the new toilet facilities in the main foyer, modern and suitable for all visitors to use. Work continues through the £2 million investment to our front door services and ward refurbishment programme to ensure that facilities are fit for the future.

The Trust continues to actively support the Norfolk and Waveney STP. Working closely with other Trusts, particularly the Norfolk and Norwich University Hospitals NHS Foundation Trust. It ensures some of the services most "At Risk" are jointly supported. The Trust is also working with local partners to respond to the new integrated care system approach, bringing health and social care providers together. The aim is to help people to stay healthy at home, in time reducing the number of people using the Trust Emergency Services.

Governors
There has been improved Governor Engagement with Trust Members and members of the public. "Meet the Governor" is now out in the community, meeting patients at GP Surgeries and members of the public at local libraries or anywhere else we are invited. This is proving to be more productive with regard to gathering and giving information, and ensuring local people can provide their feedback on our services.

CQC inspection

Congratulations to all staff in achieving a 3rd "Good" Rating and a "Good" Rating in the new category "Well Led".

And finally

On behalf of the Governors, I would like to take this opportunity to thank all Staff for their hard work and for all their great achievements, despite having to work under such extreme pressures.

Jane Harvey
Lead Governor

Healthwatch Norfolk & Healthwatch Suffolk Joint Response

Healthwatch Norfolk (HWN) welcomes the opportunity to review the draft James Paget University Hospitals NHS Foundation Trust (JPHFT) Quality Account (QA) and to comment on the quality of the services commissioned locally to meet the needs of residents in the Norfolk and Suffolk area.

We note that the last CQC inspection report, dated 6th December 2018, rated the Trust as overall good. We would like to commend the Trust for its work in ensuring that this rating has been retained since the last inspection. Of special note are areas of outstanding practice recognised in maternity services and end of life care. We are aware of the Trust's commitment to delivering high quality care and to focus on continuous improvement (especially on those areas where the CQC ranking has dropped since the last inspection) and acknowledge the work that is currently taking place to make the required positive changes.

Please see below our comments on the QA:

Contents Page: This is very helpful in enabling the reader to find their way around the sections of the document.

Foreword: The explanatory foreword detailing the rationale, scope and structure of the QA sets the tone for the whole documents and is very helpful to the layperson in terms of the purpose and content of the document; so too of great value is the organochart simplifying the organisational structure and accountabilities for quality performance. This denotes strong governance leadership throughout the organisation. We note however that the arrows are currently only pointing to the top of the tree. Might we suggest these arrows are changed to bidirectional, intimating the Trust's flow of information both up *and down* the organisation, as is exemplified by the many examples of good quality practice throughout the QA?

A query – do expert patients make up the membership of any of the committees?
We also welcome the statement at the end of the foreword page detailing how to access text in different formats/languages. It might be helpful to make this more visible and prominent?

Statement of Quality from the Chief Executive: Though not currently available, we note from the foreword that this will contain a statement from the CEO and will also look at the Trust's performance in 2018/19 against the priorities set. We will assume that this will be written in a similar clear way as the remaining document, enabling a concise overall view.

2.1 *Priorities for improvement 2019/20:* It is excellent to note that the Trust's key quality priorities have been identified from/aligned with the Quality Improvement Strategy and the latest CQC inspection findings; so too feedback from service users.

We note that Healthwatch is cited as a communication conduit for patient feedback and the support for risk identification. We welcome the strengthening of our links and will support the Trust in any way it feels helpful and appropriate, to enhance our communications with the Trust and its service users.

Details of the Trust's specific priorities: Though there is a great deal of information shared. the underpinning rationales/goals/methodologies are set out well and clearly defined; so too the baseline data and KPIs to measure progress against the defined indicators.
Via the priority 'review and optimise clinical governance within the divisions', it is encouraging and reassuring to note the Trust's intention to share best practice and learning across the organisation.

We also welcome the initiatives set out in the 'Patient Experience' subsection, relating directly to end of life care, an area felt by the CQC to require some focus.

2.3: *Reporting against core indicators (PROMS);* We note the continuing high participation rates in this regard. Just a query – are the outcomes/quality of care results available in the public domain? If so, might they be also published alongside?

2.3: *Reporting against core indicators (NHS Outcomes Framework Domain 4):* The explanation of how this overall score should be interpreted is very helpful. It would be interesting to learn the 18/19 score as it emerges and hope that it will increase to the average England score (or even exceed it!).

2.3: *Reporting against core indicators (FFT Staff):* The data indicates lower percentages of staff recommending the Trust both for care and as a workplace in 2018/19 than the previous year. The QA states that actions have been taken to improve the percentages, however we cannot find any further reference within the document. We also note that, whilst the Trust is performing higher than the England average, there remains some way to go to attaining the 100% target achieved by some Foundation Trusts!

Part 3: Summary of Achievements: All objectives and achievements are set out clearly and it is encouraging to note that all have been achieved. It would be very helpful to have detailed assurances on how all of the work towards achievement will continue to ensure ongoing compliance whilst focussing on new/revised KPIs for the next year.

Part 3: Learning from Complaints: Both compliments and complaints show an increase during the last year. The report states it being a challenging year. There is a statement as to the process of handling complaints; however it is unclear how the complaints have been handled, what changes have been made to mitigate further recurrence and how shared learning from complaints has taken place across the Trust.

Part 3: Duty of candour: We welcome improvements made by the Trust in respect of compliance with its Duty of Candour

Part 3: Freedom to Speak up: It would be very helpful to have examples of where staff may have successfully raised concerns and where positive changes have been accordingly made.

Part 3: SHMI and Learning from Deaths: This is a very detailed and informative report.

Conclusion

At this time of significant drive for improvement, unprecedented change to both the national and local healthcare provision – all against a backdrop of significant financial constraints, the need for a strong underpinning quality governance strategy and structure has never been greater. We are confident that JPH will continue to strive to achieve the highest standards, achievable via their Quality strategy and plan as defined within this robust QA.

Thank you for allowing Healthwatch Norfolk the opportunity to review the draft JPH Quality Account for 2018/19. We feel that the priorities for improvement as set out in this draft QA are significantly comprehensive, challenging and robust to drive any required improvement. The presentation and layout of the document clarifies how improvement has been measured in the past and how it will be continuously evaluated against KPIs in the future. We also trust that all the learning from the achievement of last year's priorities will continue to underpin and strengthen the Trust's quality agenda over the coming years.

We are especially pleased to note the significant involvement of service users in developing and driving forward the quality agenda and look forward to continuing to work with JPH in ensuring that the views of patients, their families and carers are central to the Trust's quality improvement work and to make recommendation for and support change, where appropriate.

Alex Stewart
Chief Executive
May 2019

Health Scrutiny Committee

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2018/19. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. The Committee has taken the view that it would be appropriate for Healthwatch Suffolk to consider the content of the Quality Accounts for this year, and comment accordingly.

County Councillor Jessica Fleming
Chairman of the Suffolk Health Scrutiny Committee

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Annex 2

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2018 to 20/05/2019
    - papers relating to quality reported to the board over the period April 2018 to 20/05/2019
    - feedback from commissioners dated 16/05/2019
    - feedback from governors dated 15/05/2019
    - feedback from local Healthwatch organisations dated 16/05/2019
    - feedback from Overview and Scrutiny Committee dated 25/04/2019
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25/05/2018
    - the 2016 national patient survey 07/03/2017
    - the 2017 national staff survey 09/03/2018
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 17/05/2019
    - CQC inspection report dated 06/12/2018

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements on preparing the Quality Report.

By order of the Board

20/5/19 Date _____ Chair

21/5/19 Date _____ Chief Executive

20/5/19 Date _____ Director of Finance

20/5/19 Date _____ Acting Chief Operating Officer

20/5/19 Date _____ Medical Director

20/5/19 Date _____ Director of Nursing

21/5/19 Date _____ Director of Strategy & Integration

20/5/19 Date _____ Director of Transformation & Workforce

Glossary of terms and abbreviations

Term	Meaning
A&E	Accident and Emergency Department
ACU	Acute Cardiac Unit
C.difficile or *C.diff*	*Clostridium difficile*
CAPE	Carer and Patient Experience Committee
CHD	Congenital Heart Disease
CHKS	Caspe Healthcare Knowledge Systems
CMP	Case Mix Programme
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement and Innovation
CRM	Cardiac Rhythm Management
DVT	Deep Vein Thrombosis
EADU	Emergency Admission and Discharge Unit
ENT	Ear, nose and throat
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
FY	Foundation Year
GCP	Good Clinical Practice
GPhC	General Pharmaceutical Council
GIRFT	Getting it right first time
HAT	Hospital Acquired Thrombosis
HES	Hospital Episode Statistics
IBD	Inflammatory Bowel Disease
IG	Information Governance
IGT	Information Governance Toolkit
IT	Information Technology
JAG	Joint Advisory Group
JPUH	James Paget University Hospitals NHS Foundation Trust
KF	Key Finding
KLOE	Key Lines of Enquiry
MINAP	Myocardial Ischaemia National Audit Project
N/A	Not applicable
NCA	National Comparative Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NED	National Endoscopy Database
NELA	National Emergency Laparotomy Audit
NG	NICE Guidance
NHFD	National Hip Fracture Database
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NNUH	Norfolk and Norwich University Hospital NHS Foundation Trust
NPDA	National Paediatric Diabetes Audit
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning Service

Term	Meaning
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PCNL	Percutaneous nephrolithotomy
PE	Pulmonary Embolism
PICANet	Paediatric Intensive Care Audit Network
PLACE	Patient-Led Assessments of the Care Environment
PROMs	Patient Reported Outcome Measures
PSEC	Patient Safety and Effectiveness Committee
PSI	Patient Safety Incident
QI	Quality Improvement
QS	NICE Quality Standard
RAG	Red/Amber/Green
RCA	Root Cause Analysis
ROP	Retinopathy of prematurity
SAFER	Senior review, All patients, Flow, Early discharge, Review
SHMI	Summary hospital level mortality indicator
SHOT	Serious Hazards of Transfusion
SI	Serious Incident
SSNAP	Sentinel Stroke National Audit Programme
STP	Sustainability and Transformation Plan
StR	Specialty Registrar
TACO	Transfusion Associated Circulatory Overload
TARN	Trauma Audit and Research Network
UK	United Kingdom
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent

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NHS Improvement mandated indicator definitions

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Detailed descriptor[17]

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Data definition

All cancers two-month urgent referral to treatment wait

Numerator

Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

Denominator

Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitutional measures).

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany *Everyone counts: planning for patients 2014/15 - 2018/19* and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf

Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf

Additional information

This indicator is as required to be reported by the *Risk Assessment Framework*:

[17] Cancer referral to treatment period start date is the date the acute provider receives an urgent (two-week wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment starts if the patient is subsequently diagnosed. For further detail refer to technical guidance at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131880

A&E four-hour wait: waiting time is assessed on a provider basis, aggregated across all sites: no activity from off-site partner organisations should be included. The four-hour waiting time indicator applies to minor injury units/walk-in centres.

Paragraph 6.8 of the NHS England guidance referred to above gives further guidance on inclusion of a type 3 unit in reported performance:

> *We are an acute trust. Can we record attendances at a nearby type 3 unit in our return?*
>
> *Such attendances can be recorded by the trust in the following circumstances.*
>
> *a) The trust is clinically responsible for the service. This will typically mean that the service is operated and managed by the trust, with the majority of staff being employees of the trust. A trust should not assume responsibility for reporting activity for an operation if the trust's involvement is limited to clinical governance.*
>
> *b) The service is run by an IS provider on the same site as a type 1 unit run by the trust. This would need to be agreed by the parties involved, and only one organisation should report the activity.*

Where an NHS foundation trust has applied criterion (b) and is including type 3 activity run by another provider on the trust site as part of its reported performance, this will therefore be part of the population of data subject to assurance work.

In rare circumstances there may be challenges in arranging for the auditor to have access to the third party data in these cases. In this scenario the NHS foundation trust may present an additional indicator in the quality report which only relates to its own activity and have this reported indicator be subject to the limited assurance opinion.

Numerator

The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as:
(Total number of unplanned A&E attendances) – (Total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge)

Denominator
The total number of unplanned A&E attendances

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution Measures).

Indicator format

Reported as a percentage

Independent auditor's report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

We have been engaged by the Council of Governors of James Paget University Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of James Paget University Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge;
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers;

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners; not yet received;
- feedback from governors, not yet received ;
- feedback from local Healthwatch organisations, not yet received ;
- feedback from Overview and Scrutiny Committee, not yet received ;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2018 national patient survey, dated February 2019;
- the 2017 national staff survey, dated June 2018;
- Care Quality Commission Inspection, dated 6 December 2018;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated March 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of James Paget University Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and James Paget University Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by James Paget University Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Botanic House
100 Hills Road
Cambridge
CB2 1AR

23 May 2019

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NHS
James Paget University Hospitals
NHS Foundation Trust

Financial Statements

for the year ended 31 March 2019

#Proud of the Paget

Contents

Statement of Accounting Officer's Responsibilities

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

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

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

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

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

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.

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

Chief Executive
20 May 2019

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of James Paget University Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in James Paget University Hospitals NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has in place a Risk Management and Assurance Strategy which makes it clear that overall leadership and responsibility for risk management is placed with the Chief Executive. The Audit Committee receives reports and assurance from the directors and managers as appropriate, concentrating on the over arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. In addition, responsibility for specific risk management areas has been assigned to the following key Committees and Groups;

- Audit Committee;
- Safety and Quality Governance Committee;
- Finance and Performance Committee;
- Workforce, Education and Research Committee;
- Transformation Board;
- Hospital Management Board;
- Patient Safety and Effectiveness Committee;
- Health & Safety and Staff Welfare Committee;
- Fraud Risk Group;
- Information Governance Committee;
- Hospital Infection Control Committee;
- Carer and Patient Experience Committee;
- Safeguarding Committee;
- Divisional Boards; and
- Divisional Governance Groups.

The Trust has a Clinical Quality Risk Assessment (CQRA) process in place to ensure that any new change project, whether arising from cost saving initiatives or otherwise, has been rigorously assessed for the impact on the quality of patient services. All CQRAs are signed off by the Director of Nursing and Medical Director before changes are implemented.

The Strategy also identifies individual Executive Directors, Deputy Directors, Divisional Directors, all managers and all employees and clearly defines their role and responsibilities within the risk management framework. The Board of Directors has clearly articulated that it has no appetite to tolerate any extreme risks on the risk register and worked under the following Risk Appetite statement during 2018/19: The Trust will not accept risks that materially impact on patient safety. However, the Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has greatest appetite to pursue innovation and challenge current working practices and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment. Monthly reporting to the Board of Directors focusses on any extreme risks and the actions being taken to mitigate them. The Trust's Board Assurance Framework sets out the principal risks to delivery of its strategic objectives. Regular review of the Board Assurance Framework is undertaken which includes an analysis of whether achievement of the strategic objectives is on track and if not, whether the Board has the appetite to re-focus priorities in order to ensure compliance.

A range of risk management training is provided to staff and there are policies in place to describe their roles and responsibilities in relation to the identification and management of risk. The Trust also records and manages risks using a computer software package called Safeguard, specifically designed to record and track progress of risks electronically in real time and nominated key staff are responsible for ensuring this system is kept up to date.

An introduction to the Safeguard reporting system is provided for staff at induction together with information on what should be reported and when. This is supplemented by bespoke training sessions for individuals, departments and staff groups upon request or if deemed necessary following incidents. Periodically awareness raising is also undertaken in relation to incident reporting including when new national guidance is issued, such as for Never Events. All incidents are fully investigated and ways to cascade the learning are included in action plans signed off and monitored at Divisional level. During the year, the Trust continued to provide bespoke training sessions on Root Cause Analysis investigation for staff and has focussed on improving the timeliness of investigations.

All relevant policies are available on the Trust's intranet. Written guidelines are also disseminated, covering all components of risk management.

The risk and control framework

The James Paget University Hospitals NHS Foundation Trust's integrated Risk Management and Assurance Strategy is reviewed by the Audit Committee and the Safety and Quality Governance Committee. The Risk Management and Assurance Strategy and associated policies set out the key responsibilities for managing risk within the organisation, including the ways in which the risk is identified, evaluated, updated and controlled.

All staff are responsible for responding to incidents, hazards, complaints and near misses in accordance with the appropriate policies. Local Clinical Governance and Risk Groups are responsible for identifying and managing local risks and overseeing the management of adverse incidents. Management teams are responsible for reviewing risk mitigation action plans and ensuring they are implemented through business planning and other established routes.

The Board of Directors has delegated responsibility to the Audit Committee for monitoring and reviewing risk processes. Other key features include:

- There is an integrated reporting system for all types of adverse incident;
- There is a requirement for identification within all terms of reference of all committees, action groups and other working groups for every type of risk and adverse event to be reported;
- The Audit Committee and all other Board Committees receive reports and instigate action to deal with risks which have been identified; and
- There is a comprehensive corporate Risk Register which is available at each meeting of the Board of Directors and high and extreme risks and any changes to the risks within the register over the previous month are highlighted.

The Trust's Board Assurance Framework sets out the principal risks to delivery of its strategic objectives. The Executive Director with delegated responsibility for managing and monitoring each risk is clearly identified. The Board Assurance Framework identifies the assurances available to the Board of Directors in relation to the achievement of the Trust's key priorities and objectives. The principal risks to the delivery of these objectives are mapped to key controls. The Board of Directors requires both the assurance that the Board Assurance Framework identifies those actions required to address gaps in control and assurance, and the development and implementation of action plans.

Risk appetite and tolerance of risk is determined via a risk estimation matrix which has been developed for use throughout the Trust for identifying risks, maintaining progress and monitoring the risk register and plans. The Trust's risk management approach establishes the appetite for risk, and also determines whether risks are to be accepted or not. Where it is determined that risks are to be managed, priorities are assigned with resources and timescales for remedial action. The full risk register is available to the Board of Directors at each meeting. All Board Committees review high and extreme risks at each meeting and approve all additions, closures and amendments to the corporate risk register. The Audit Committee reviews and receives assurance at each meeting from the relevant Executive Director in relation to their key risks to their portfolio annually on a rolling basis.

Issues related to data security are monitored by the Information Governance Committee which also reports to the Safety and Quality Governance Committee, and reviews both risks and adverse incidents at every meeting.

In relation to the risks around European Union Exit, the Trust has received regular correspondence and advice from co-ordinating national NHS bodies. The Trust has completed a risk assessment which is subject to regular review through the risk register. The Trust has complied with all guidance issued by the Department of Health and Social Care on this matter.

The Trust has an overarching People Strategy which looks to the medium and long term workforce planning and supply. This is supported by the Trust's recently approved 2019/20 strategic ambitions and objectives. Specifically the Trust has implemented and continuing to invest in digitising its workforce systems including TRAC, e-Roster and supporting e-Job planning systems. In terms of operational assurance, daily dynamic risk assessment reviews are undertaken for nursing and allied health professionals to ensure suitable and safe staffing levels. The Trust undertakes regular establishment reviews underpinned by national guidance, best practice and professional judgement and provides significant assurance to the Board of Directors via dedicated reports which are in the public domain.

Developing Workforce Safeguards (NHSI 2018) sets out a clear accountability framework for NHS organisations in relation to expectations for the delivery of best practice standards for workforce deployment and planning. A gap analysis has taken place at the Trust to ascertain compliance with the recommendations in relation to the nursing workforce. The current position for nursing has been highlighted to the Board of Directors in public. Further analysis will be undertaken with respect to other relevant professions during 2019. The Board of Directors also receives a monthly Medical Director report with respect to recruitment challenges and solutions regarding the medical workforce.

The Trust is well represented at its Local Workforce Action Board and is working with local STP partners exploring opportunities for future workforce development.

The Trust undertakes an active Organisational Development programme to talent map and develop our future leadership.

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

As of 31 March 2019 there were no extreme risks identified by the Foundation Trust on its risk register. However, the Board of Directors does have concerns over the risks to staffing caused by vacancies and sickness, and at the time of writing an assessment of this risk is in progress.

The Trust also records and manages incidents using the computer software package Safeguard, specifically designed to record and track progress of incidents electronically in real time and nominated key staff are responsible for ensuring this system is kept up to date. As described above, there is an extensive training and awareness programme in place which has fostered a culture where incident reporting is encouraged. The Trust reported 40 Serious Incidents during 2018/19 (2017/18 - 41), all of which were subject to full root cause analysis investigation and actions have been taken to prevent recurrence. Further detail can be found in the Trust's Quality Report. The most recent report from the National Reporting and Learning System shows that for incidents reported between 1st April 2018 and 30th September 2018 that there is no evidence for potential under-reporting at the Trust, which means that the level of reporting is what is expected of a Trust of this type and size.

Public Stakeholders are involved in managing risk which impacts on them, for example:

- There are Foundation Trust meetings at all levels with members of the Trust's lead Clinical Commissioning Group at which risk is assessed;
- Health Overview and Scrutiny Committees;
- Partnership working with Social Services; and
- Joint working with other Trusts i.e. Norfolk & Norwich University Hospitals NHS Foundation Trust, East of England Ambulance Service NHS Trust, Norfolk and Suffolk NHS Foundation Trust, Queen Elizabeth Hospital King's Lynn NHS Trust and East Coast Community Health Community Interest Company.

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

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

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). 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 internal audit work methodology highlights areas as advisory where inefficiencies or good practice have been identified.

The Trust has in place a Local Counter Fraud Specialist whose work plan includes providing information to and engaging with staff, prevention through the work of the Fraud Risk Group, including fraud specific risk assessments, and holding to account through investigations. The Counter Fraud Standards Self Review Toolkit has been reviewed and an overall return was scored as green with no standards being assessed as red and three as amber out of a total of twenty three.

The Trust's transformation methodology and approach identifies and highlights any potential for the furtherance of economy, efficiency and effectiveness and is balanced and further assured through the clinical quality risk assessment process.

The Board of Directors has also received assurances on the use of resources from agencies outside the Trust including NHSI. NHSI requires the Board of Directors to self-assess, and scores the Trust in accordance with the Single Oversight Framework. Other assurances obtained during the year have included reviews conducted by Royal Colleges, the Getting it Right First Time (GIRFT), and the CQC well led inspection.

The Trust further obtains assurance of its systems and processes and tests efficiency through benchmarking by membership of NHS Providers and the NHS Benchmarking Network where other bodies share good practice. Also, the Trust continues to participate in the nationally mandated reference cost collection exercise which, amongst other purposes, provides information on the relative efficiency and assessment of productivity. 2017/18 reference cost data was published during the year in which the Trust achieved a reference cost score of 101.

NHSI's drive to implement the recommendations from Lord Carter of Coles report on unwarranted variation provides another source of benchmarking assurance. The Trust has in place governance arrangements to oversee internal projects to implement recommendations as and when new information is released to the Model Hospital portal.

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

Information Governance

During the year 2018/19 the Trust had no serious incident relating to information governance, which is in line with 2017/18 and reflects the Trust's continued vigilance. The Trust had no incidents classified as Level 2 in the Information Governance Incident Reporting Tool.

The General Data Protection Regulations (GDPR) have applied since 25 May 2018 and the Trust has been compliant with these regulations. A detailed review of the Trusts GDPR Programme was performed by the Trust's internal auditors during 2018/19 and they identified areas of good practice and highlighted areas for improvement. The Trust continues to embed good practice.

Annual Quality Report

The directors are required under the Health Act 2009, the National Health Service (Quality Accounts) Regulations 2010 (as amended) and the Health and Social Care Act 2012 to prepare Quality Accounts for each financial year. NHSI (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

In preparing these accounts, directors are required to take steps to satisfy themselves that:

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with relevant requirements and guidance issued by NHS Improvement.

To satisfy these requirements the Safety and Quality Governance Committee reviews a draft Quality Report where there is the opportunity to shape the content and detail. The Trust's external auditors are also involved in reviewing each formal draft and their comments are acted upon. The content and style is adapted each year based upon feedback from users and other stakeholders including Governors and commissioners to ensure a balanced view is presented.

The systems in place to collect and report on quality metrics culminate in a detailed performance, quality and safety report which is presented at each public Board meeting. Each key performance indicator (KPI) that the Board monitor is assigned to a committee of the Board whose work plan is shaped around the key risks and these KPIs. There are monthly performance meetings between the Executive and Divisional Management focussing on quality and performance metrics. Reporting by clinical divisions to Patient Safety and Effectiveness Committee, Health & Safety and Staff Welfare Committee, and the Carer and Patient Experience Committee also maintains oversight of the key priorities for Quality as per the Quality Report throughout the year.

The Trust developed a Quality Improvement Strategy for 2018 – 23 which is aligned to the Trust's over-arching 5 year strategy. The key priorities for quality each year are designed to deliver the aims of the Quality Improvement Strategy and divisional reporting to the executive committees is designed to demonstrate progress with achievement of these aims and objectives. A suite of policy documents are in place and available to staff via the Trust's intranet to support delivery of the Trust's Quality Strategy.

The Board receives monthly performance reports on quality as well as patient access targets. There is a data quality framework associated with each key performance indicator, and the Board also receives detailed quality and safety reports monthly.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Trust's Quality Report.

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 the content of the Quality Report attached to this annual report and other 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, the Safety and Quality Governance Committee and Finance and Performance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed through confirmation by NHS Improvement via monthly monitoring on the Trust's compliance with its Single Oversight Framework. Throughout the year the Trust has been classified as being within segment 2.

The Board of Directors reviewed the 2018/19 Board Assurance Framework throughout the year, and received regular reports on risk management, performance management and clinical governance. Of the ten published strategic objectives, eight were fully achieved, one was partially achieved and one was not assessed due to national changes in-year. The objective partially achieved was to 'develop a capacity and demand assessment to ensure the Trust's delivery of contractual and regulatory activity requirements, addressing any known shortfalls in our workforce and fully utilising our infrastructure'. Activities to deliver this objective included Consultant job planning and the sustainability and service review programme. Consultant job planning progressed well in-year and, whilst final sign off has not yet been completed, this is to ensure consistency across all job plans. The sustainability and service review programme was suspended to enable resource to be diverted to the mortality work and other projects. Significant time was given to the BCG demand and capacity work with a far reaching outcome; several GIRFT reviews were undertaken, and a Use of Resources review and inspection; review of Model Hospital. Acute Services Integration across the system had also involved some of the Trust's most challenged services. The strategic objective to develop an Integrated Care Organisation (ICO) model in Great Yarmouth and Waveney was not assessed due to national changes and publication of the NHS Long Term Plan.

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

The internal audit programme was developed by the Trust's internal auditors on a risk based approach in consultation with the Trust's Executive Team and Audit Committee. The internal audit programme involved reviews in areas considered by the Trust to be higher risk, including operational areas which had not previously been audited and from which the Trust would gain the most value from the audit work. As well as approving this plan, the Audit Committee has also received a report detailing the alternative sources of assurance on the risks not covered by the internal audit programme.

An internal audit review of temporary staffing resulted in medium risk overall, where two low risk and three medium risk findings were reported. Trust management acknowledged these audit findings and implemented remedial actions. An internal audit follow-up review of Information Governance and GDPR was carried out as a piece of work which did not produce a risk rating, but concluded that work had been done to reduce the orignial risks identified. Similarly the internal auditors carried out a review of the Trust's key financial systems during 2018/19 without providing a risk rating, but which provided assurance on the adequacy of controls.

An internal audit review into IT disaster recovery (ITDR) and business continuity resulted in high risk overall, with one high risk and four medium risk findings reported. Trust management acknowledged these audit findings and improvements will be made to ITDR programme governance during 2019/20. An internal audit review into Consultant job planning during 2016/17 received an overall report classification of high risk. A further follow-up review carried out in 2018/19 identified that the number of high risk findings has reduced from two to one, with the overall risk remaining as a high. Whilst the last review acknowledges that progress has been made in reducing the risks, the Trust continues to address the remaining high risk finding through continued work on the implementation of an e-job plan IT system.

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

The Trust has a well developed Clinical Audit Forward Plan which is based upon prioritised audits to ensure national recommendations are embedded as well as the learning from significant events. The Clinical Audit Forward Plan has been monitored by the Board of Directors and has remained on track throughout the year.

The CQCs assessment of the Trust in December 2018 included a Well Led rating of 'good', which is the same rating as in the previous inspection. Medical care stayed the same and was rated as 'good', Maternity was also rated as 'good', whilst End of Life care went down from 'good' to 'requires improvement'. The Trust also for the first time received a Use of Resources assessment in 2018 which was rated as 'requires improvement', meaning that the Trust's first combined rating for quality and use of resources was assessed as 'good' overall. The CQC identified many positives in their report to the Trust, but also identified specific issues which the Trust will address to make improvements. As of May 2019 the Trust has delivered all of the actions for areas where the CQC stated we must make improvements, and for other areas where the recommendation was that the Trust should make improvements, these are on target to be delivered in accordance with the improvement action plan.

Internal Audit have completed their program of internal audit work for the year ended 31 March 2019. Their work identified low, moderate and two high risk findings. Based on the work they have completed, the main opinion of Internal Audit is "Generally satisfactory with some improvements required". Governance arrangements, risk management processes and internal controls in relation to business critical areas are generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control. In relation to Consultant job planning there remain some weaknesses in planning which could put the achievement of organisational objectives at risk, and in relation to IT disaster recovery there are some weaknesses in governance which could put the achievement of organisational objectives at risk.

Conclusion

As described throughout the governance statement above, the Trust is aware of its significant internal control issues and the Board has responded to all the final reports issued and has developed action plans with clear ownership of the issues together with its regular review of governance. The action plan to address the Consultant job planning issues continues to be implemented, whilst an action plan to address the IT disaster recovery issues will be implemented during 2019.

I believe this to be a balanced statement of the governance arrangements within the Trust during 2018/19.

Chief Executive
20 May 2019

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of James Paget University Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Group and the Trust's affairs as at 31 March 2018/19 and of the Group and Trust's income and expenditure for the year then ended; and
- the Group and the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

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

Overview		
Materiality: Group financial statements as a whole	£3.96m (2017/18:£3.65m) 2% (2017/18: [1.9%) of [Income from operations]	
Coverage	100% (2017/18:99.8%) of group income	
Risks of material misstatement		**vs 2017/18**
Recurring risks	Valuation of Land and Building	◄►
	Recognition of NHS and non-NHS income	◄►
	New: Fraudulent expenditure recognition	▲

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on:the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows:

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
Land and Buildings £44.6million; 2017/18: £41.2 million *Refer to pages 22 to 24 (accounting policy) and pages 38 to 40 (financial disclosures).*	**Valuation of Land and Buildings:** The Trust's land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are valued on the modern equivalent asset basis. The appropriate valuation of land and buildings relies on: the expertise of the valuer, and the accuracy of the records provided to the valuer to prepare the valuation; There is a risk that land and buildings values are materially misstated, therefore our work focus on whether the basis of valuation as at 31 March 2019 is appropriate. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.	Our procedures included: — **Assessing valuer's credentials**: critically assessing the scope, qualifications, experience and independence of the Trust's external valuer — **Methodology choice**: critically assessing the valuation basis of the Lowestoft Road land and buildings by comparing to our own expectations based on our knowledge of the client and experience of the industry in which it operates to ensure they were appropriate — **Review of assumption:** assessing the external valuer's opinion of materiality with regards to the BCIS build cost and locational weighting assumptions, comparing the valuer's findings to indices provided by internal valuation specialists and other external data to ensure they w ere appropriate; and — **Indicators of impairment:** Reviewing Board meeting minutes to identify any changes in use or indicators of impairment of the Trust's land and/or buildings, which could lead to a change in the valuation.
NHS and non-NHS Income £200.1 million; 2017/18 £190.2 million *Refer to page 22 (accounting policy) and pages 29 to 31 (financial disclosures).*	**Completeness, existence and accuracy of NHS and non-NHS income :** £173.7 million (87%) of the Trusts income came from commissioners (Clinical commissioning Groups (CCGs) and NHS England.) The majority of this income is contracted on an annual basis, however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). There is a risk providers recognise income to which they are not entitled and that cannot be supported by actual activity levels undertaken during the year. Insufficient provision may be made for potential fines levied by commissioners, especially where agreement has not been reached during the year. An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. 'Mismatch' reports are available setting out discrepancies between the submitted balances from each party in transactions and variances over £300k are required to be reported to the National Audit office to inform the audit of the Department of Health consolidated accounts. The trust report income of £17.7million from other activities, primarily education and training, research and development, or other activities. There is a risk that the Trust recognises income to which it is not entitled, or in the wrong year.	Our procedures included: — **Test of detail:** obtaining the outcome of the agreement of balances exercise with other NHS bodies. Where there were material mismatches we sought explanations and supporting evidence to verify the Trust's entitlement to the receivable; — **Test of Detail:** we obtained copies of the signed contracts in place for the largest CCG commissioners and NHS England. For a sample of contracts, we reconciled the income per the contract to actual income recognised I the year and agreed variances — **Test of Detail:** we agreed a sample of items relating to other income activities to source documentation and agreed their treatment as other income; and — **Test of Detail**: we assessed the Trust's assumptions behind the provision against available data on historic payment performance of counterparties and our own knowledge of recent bad debts affecting the NHS sector.

	The risk	Our response
Fraudulent expenditure recognition	**Risk of Fraud:**	Our procedures included:
£205 million; 2017/18: £196 million	There is a risk that the Trust may seek to improve it's financial position from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period through understatement of liabilities at year end).	— **Segregation of duties:** we have considered the application of appropriate segregation of duties in the accounts payable process (i.e. the approval of purchase orders and invoices for payment) between those responsible for delivering services and those preparing the financial statements (Finance Team) which helps to prevent fraudulent manipulation of expenditure;
Refer to pages 22 to 24 (accounting policy) and pages 32 to 44 (financial disclosures).	We consider the risk to specifically relate to accruals and provisions, as they represent the key mechanism for management to manipulate year-end outturn. These areas can also be a key area of judgement, especially where there is dispute with commissioners	— **Test of detail:** we compared provisions and accruals recognised at the previous year-end against actual outturn, to evaluate management's ability to accurately estimate year-end liabilities and have performed a year-on-year review of accruals and provisions, and seek explanation for significant movements; — **Test of detail:** we tested payments made and invoices received in April 2019 to identify whether they indicate that an accrual or provision is missing from the 31 March 2019 Statement of Financial Position; and have performed a sample test of accruals and provisions to supporting evidence to ensure these are accurate and valued appropriately.

3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £3.96 million (2017/18: £3.65 million), determined with reference to a benchmark of operating income (of which it represents approximately 2.0%; 2017/18: 1.9%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

Materiality for the parent Trust's financial statements as a whole was set at £3.96 million (2017/18: £3.65 million), determined with reference to a benchmark of operating income (of which it represents approximately 2.0%; 2017/18: 1.9%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.198 million (2017/18:(£0.183 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

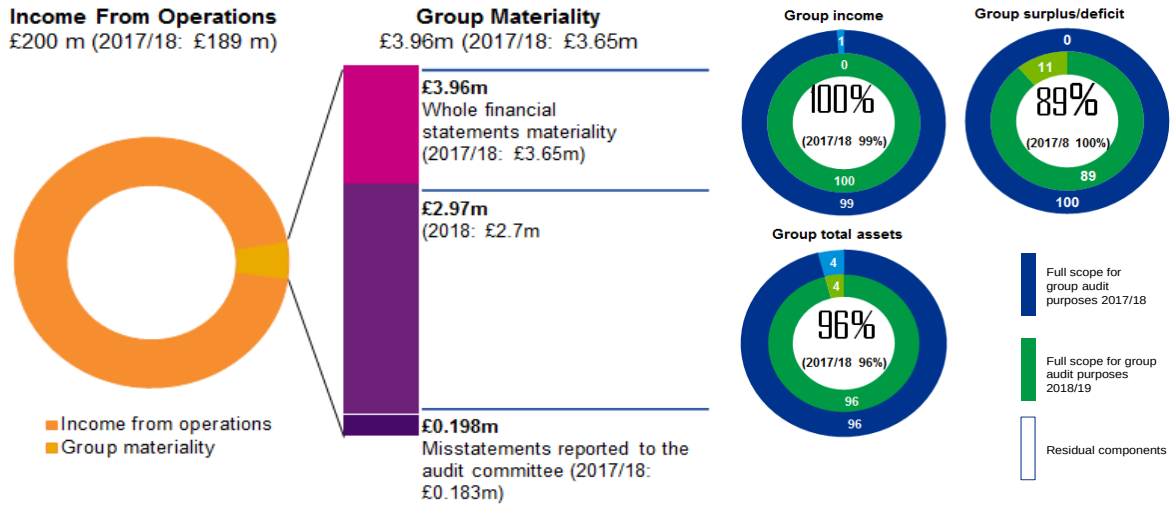
Of the group's 2 (2017/18: 2) reporting components, we subjected 1 (2017/18: 1) to a full scope audit for group reporting purposes The components within the scope of our work accounted for the percentages illustrated on the next page.

The remaining 0% of total group revenue, 11% of group profit before tax and 4% of total group assets is represented by one reporting component, which does not represent more than 10% of any of total group revenue, group profit before tax or total group assets.

For the residual component, we performed analysis at an aggregated group level to re-examine our assessment that there were no significant risks of material misstatement.

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

continued



4. We have nothing to report on 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 dissolve the Group or 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 their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. 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 absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Group or the Trust will continue in operation

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Group's and Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement on Page 2 of the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Group and Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, 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 Group and parent Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Group and parent Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006; or
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in these respects.

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

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), 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 the 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 the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in 2018/19, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out below together with the findings from the work we carried out on each area.

	Description	Work carried out and Judgements
Financial Sustainability	When forming our value for money conclusion we consider the in-year performance of the Trust and it's future financial sustainability. The Trust reported a deficit for 2018/19 and is forecasting a surplus for 2019/20 In forming our value for money opinion in 2018/19 we considered the following areas: - The results of regulators work; - The cash position of the Trust and any exceptional measures undertaken to manage this position; - The Trusts financial performance against the agreed control total and against internal budgets; and - The Trusts 2019/20 plan and longer term	Our Planned response - Reviewing 2018/19 financial outturn against budget and achievement of cost improvement schemes against plan; - Reviewing the cash position of the Trust and any exceptional measures undertaken to manage this position - Review of the five year financial strategy; and - Review of the regulators work. **Our findings on this risk area:** The Trust has incurred a deficit of £5.7m against an initial budgeted deficit of £6.8m. The Trust achieved £9.7m of its £9.9m cost improvement plan target. The shortfall was primarily driven by an increase in non-elective admissions preventing planned elective activity (~£4m). The Trust managed its cash position throughout the year, with cash and cash equivalents of £8.3m as at 31 March 2019; In 2019/20, the Trust is forecasting a surplus of £1.5m. The Trust prepared a five year financial strategy in the prior year, setting out its plans and initiatives to improve its financial position. This strategy includes pursuing opportunities identified in the Financial Improvement Review and cost savings plans supported by reformation of a Finance PMO. NHS Improvement's Single Oversight Framework segments Trusts according to the level of support each trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. The Trust remains in segment 2, consistent with the prior year.

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

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

We certify that we have completed the audit of the accounts of James Paget University Hospital NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

SBeavis

Stephanie Beavis
for and on behalf of KPMG LLP (Statutory Auditor)

23 May 2019

Chartered Accountants
Dragonfly House
2 Gilders Way
Norwich
NR3 1UB

Foreword to the Accounts

James Paget University Hospitals NHS Foundation Trust

These accounts for the year ended 31 March 2019 have been prepared by the James Paget University Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Chief Executive
20 May 2019

Statement of Comprehensive Income

	Note	**Group Year Ended 31 March 2019 £ 000**	Group Year Ended 31 March 2018 £ 000	**Trust Year Ended 31 March 2019 £ 000**	Trust Year Ended 31 March 2018 £ 000
Operating income from continuing operations	4.2	**200,148**	190,200	**200,621**	189,703
Operating expenses of continuing operations	5	**(205,625)**	(196,190)	**(205,326)**	(195,877)
Operating (deficit)		**(5,477)**	(5,990)	**(4,705)**	(6,174)
Finance costs					
Finance income	8	**171**	143	**65**	36
Finance expense - financial liabilities	9 / 21.1	**(171)**	(43)	**(171)**	(43)
Public Dividend Capital - dividends payable		**(1,326)**	(1,365)	**(1,326)**	(1,365)
Net finance costs		**(1,326)**	(1,265)	**(1,432)**	(1,372)
Gains/(losses) of disposal of assets		**464**	290	**464**	290
(Deficit) for the year		**(6,339)**	(6,965)	**(5,673)**	(7,256)
Other comprehensive income					
Impairments		**-**	-	**-**	-
Revaluations		**908**	-	**908**	-
Fair Value gains/(losses) on Available-for-sale financial investments		**147**	(36)	**-**	-
Total comprehensive income/(expense) for the year		**(5,284)**	(7,001)	**(4,765)**	(7,256)

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

Note to statement of comprehensive income/(expense)

Total comprehensive income/(expense) as above		**(5,284)**	(7,001)	**(4,765)**	(7,256)
Less reserve movements in other comprehensive income/(expense)	a	**(1,055)**	36	**(908)**	-
Total comprehensive income/(expense) before reserve movements		**(6,339)**	(6,965)	**(5,674)**	(7,256)
Surplus/(deficit) excluding impairments		**(6,339)**	(6,965)	**(5,674)**	(7,256)
Less other non-operating income	b	**(4,784)**	(4,364)	**(4,784)**	(4,364)
Net underlying Surplus/(Deficit)	c	**(11,123)**	(11,329)	**(10,458)**	(11,620)

a This is the total of the three items shown in other comprehensive income.
b This is the non recurrent provider sustainability fund income received by the Trust in 2018/19 and sustainability and transformation fund income 2017/18.
c The net underlying deficit for the organisation excluding adjustments for non-recurrent impairment charges and PSF income.

The notes on pages 21 to 51 form part of these accounts.

Statement of Financial Position

	Note	Group As at 31 March 2019 £ 000	Group As at 31 March 2018 £ 000	Trust As at 31 March 2019 £ 000	Trust As at 31 March 2018 £ 000
Non-current assets					
Intangible assets	12	**2,709**	2,773	**2,709**	2,773
Property, plant and equipment	13	**61,410**	55,407	**61,410**	55,407
Other investments	13.5	**2,764**	3,200	**-**	-
Trade and other receivables	15.2	**405**	205	**405**	205
Total non-current assets		**67,288**	61,585	**64,524**	58,385
Current assets					
Inventories	14.1	**2,942**	2,814	**2,942**	2,814
Trade and other receivables	15.1	**12,575**	9,565	**12,562**	9,852
Non-current assets held for sale and assets in disposal groups	13	**-**	78	**-**	78
Cash and cash equivalents	16	**8,769**	10,473	**8,312**	9,583
Total current assets		**24,286**	22,930	**23,816**	22,327
Current liabilities					
Trade and other payables	17.1	**(19,016)**	(16,565)	**(18,964)**	(16,463)
Borrowings	18.1	**(1,018)**	(459)	**(1,018)**	(459)
Provisions	21.1	**(285)**	(939)	**(285)**	(939)
Other liabilities	17.3	**(83)**	(1,496)	**(83)**	(1,496)
Total current liabilities		**(20,402)**	(19,459)	**(20,350)**	(19,357)
Total assets less current liabilities		**71,172**	65,056	**67,990**	61,356
Non-current liabilities					
Trade and other payables	17.2	**(5)**	(27)	**(5)**	(27)
Borrowings	19.2	**(12,798)**	(2,431)	**(12,798)**	(2,431)
Provisions	21.3	**(1,241)**	(1,342)	**(1,241)**	(1,342)
Total non-current liabilities		**(14,044)**	(3,800)	**(14,044)**	(3,800)
Total assets employed		**57,128**	61,256	**53,946**	57,555
Financed by taxpayers' and others' equity					
Charitable funds reserves		**3,182**	3,701	**-**	-
Public dividend capital		**50,488**	49,332	**50,488**	49,332
Revaluation reserve	22	**3,751**	2,843	**3,751**	2,843
Income and expenditure reserve		**(293)**	5,380	**(293)**	5,380
Total taxpayers' and others' equity		**57,128**	61,256	**53,946**	57,555

The financial statements on pages 15 to 50 were approved by the Board on 20 May 2019 and signed on its behalf by:

Chief Executive

Director of Finance

Consolidated Statement of Changes in Taxpayers' Equity

	Public Dividend Capital £ 000	Revaluation Reserve £ 000	Income and Expenditure Reserve £ 000	Trust Total £ 000	Charitable Funds Reserves £ 000	Group Total £ 000
Taxpayers' equity at 1 April 2018	49,332	2,843	5,380	**57,555**	3,701	**61,256**
Surplus/(Deficit) for the year	-	-	(6,614)	**(6,614)**	275	**(6,339)**
Revaluations - property, plant and equipment	-	908	-	**908**	-	**908**
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	**-**	147	**147**
Other - charitable funds consolidation	-	-	941	**941**	(941)	**-**
Public Dividend Capital received	1,156	-	-	**1,156**	-	**1,156**
Other reserve movements	-	-	-	**-**	-	**-**
Taxpayers' equity at 31 March 2019	**50,488**	**3,751**	**(293)**	**53,946**	**3,182**	**57,128**

Taxpayers' equity at 1 April 2017	47,829	2,843	12,640	**63,312**	3,910	**67,222**
Surplus/(Deficit) for the year	-	-	(8,104)	**(8,104)**	675	**(7,429)**
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	**-**	(36)	**(36)**
Public Dividend Capital received	1,503	-	-	**1,503**		**1,503**
Other - charitable funds consolidation	-	-	848	**848**	(848)	**-**
Other reserve movements	-	-	(3)	**(3)**	-	**(3)**
Taxpayers' equity at 31 March 2018	**49,332**	**2,843**	**5,380**	**57,555**	**3,701**	**61,256**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve

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

Consolidated Statement of Cash Flows

	Group Year Ended 31 March 2019 £ 000	Group Year Ended 31 March 2018 £ 000	Trust Year Ended 31 March 2019 £ 000	Trust Year Ended 31 March 2018 £ 000
Cash flows from operating activities				
Operating (deficit) from continuing operations	**(5,477)**	(5,990)	**(4,705)**	(6,174)
Operating surplus	**(5,477)**	(5,990)	**(4,705)**	(6,174)
Non-cash income and expense:				
Depreciation and amortisation	**5,161**	4,758	**5,161**	4,758
Impairments	**-**	-	**-**	-
(Increase)/decrease in trade and other receivables	**(3,169)**	3,207	**(2,882)**	2,979
(Increase)/decrease in Inventories	**(128)**	(182)	**(128)**	(182)
Increase/(decrease) in trade and other payables	**1,709**	1,648	**1,709**	1,648
Increase/(decrease) in other liabilities	**(1,413)**	724	**(1,413)**	724
Increase/(decrease) in provisions	**(755)**	(746)	**(755)**	(746)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	**625**	(623)	**-**	-
Other movements in operating cash flows	**(39)**	-	**(39)**	-
Net cash generated from operating activities	**(3,486)**	2,796	**(3,052)**	3,006
Cash flows from investing activities:				
Interest received	**65**	36	**65**	36
Purchase of intangible assets	**(482)**	(470)	**(482)**	(470)
Purchase of property, plant and equipment	**(5,829)**	(4,806)	**(5,829)**	(4,806)
Sales of property, plant and equipment / AHFS	**482**	350	**482**	350
Net cash (used in) investing activities	**(5,764)**	(4,890)	**(5,764)**	(4,890)
Cash flows from financing activities:				
Public dividend capital received	**1,156**	1,503	**1,156**	1,503
Public dividend capital repaid	**-**	-	**-**	-
Loans received from the Department of Health	**8,232**	-	**8,232**	-
Movement in other loans	**185**	-	**185**	-
Capital element of finance lease rental payments	**(601)**	(340)	**(601)**	(340)
Interest paid	**-**	-	**-**	-
Interest element of finance lease	**(73)**	(39)	**(73)**	(39)
Interest element of Private Finance Initiative obligations	**-**	-	**-**	-
PDC Dividend paid	**(1,354)**	(1,276)	**(1,354)**	(1,276)
Net cash (used in) financing activities	**7,545**	(152)	**7,545**	(152)
Increase/(decrease) in cash and cash equivalents	**(1,705)**	(2,245)	**(1,271)**	(2,035)
Cash and cash equivalents at 1 April	**10,473**	12,718	**9,583**	11,617
Cash and cash equivalents at 31 March	**8,769**	10,473	**8,312**	9,583

Notes to the Accounts

1 Significant Accounting policies and other information

1.1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the NHS Foundation 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 DHSC Group Accounting Manual 2018-19, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The Trust plan for 2019/20 includes deficit support loan funding from the Department of Health and there has been no indication that this funding would not be provided. Long term planning and realistic plans for future transformation savings delivery provide the necessary assurance that the Trust is a going concern.

1.1.2 Accounting convention

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

1.1.3 New and revised IFRSs applied in the current year

Both IFRS 9 Financial Instruments and IFRS 15 Revenue from Contracts with Customers have been applied in the current period and have affected amounts reported or disclosed in these financial statements.

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

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

1.1.5 Critical accounting judgements and key sources of estimation uncertainty

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

1.1.6 Critical judgements in applying accounting policies

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

- The Trust does not have any contractual arrangements that contain material embedded leases that are required to be capitalised under IFRIC 4.
- The Trust has used component lives based on historic data provided by the District Valuer to depreciate building and dwellings on a component basis.
- The Trust has estimated the provisions for pensions relating to former staff using estimates provided by the NHS Pensions Agency provided at the time of the member's early retirement. These are updated if the member dies or if it becomes apparent that the provision is not sufficient to meet the liability.
- The Trust has estimated the provisions for pensions relating to former staff using estimates provided by the NHS Pensions Agency provided at the time of the member's early retirement. These are updated if the member dies or if it becomes apparent that the provision is not sufficient to meet the liability.
- The last full market valuation of land and building assets was carried out by Montagu Evans LLP, and was applied on 1st March 2019 based on an alternate site, modern equivalent asset basis.

1.1.7 Sources of estimation uncertainty

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

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

- The Trust will need to estimate the amount of its liability. In the case of legal claims, for example, it uses the advice of experts but the actual amount of the liability will not be known until the outcome of the litigation.
- The Trust will need to estimate the probability of a liability existing. The outcome of litigation may be uncertain but the Trust will use the advice of its experts on whether it is probable that it will be found liable.
- In the cases of pension and other benefits payable in the future, an estimate will be made of the length of time that payment will be required to be made, to estimate the present value of the estimated future payments.

1.2 Basis of consolidation

1.2.1 NHS Charitable Funds

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

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

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

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

1.2.2 Other Subsidiaries

Entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position. Appropriate adjustments are made on consolidation where the subsidiary’s accounting policies are not aligned with the Trust or where the subsidiary’s accounting date is not coterminous.

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

1.2.3 Associates

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

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

1.2.4 Joint arrangements

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

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

1.2.5 Joint ventures

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

1.2.6 Joint Operations

Joint operations are arrangements in which the trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The trust includes within its financial statements its share of the assets, liabilities, income and expenses.

1.3 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.
In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard The Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires The Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

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

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred. The method adopted to assess progress towards the complete satisfaction of a performance obligation is an amount of revenue is recognized for the transfer of goods and services in an amount equal to the consideration it receives or expects to receive.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

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

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

1.4 Expenditure on employee benefits

1.4.1 Short-term employee benefits

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

1.4.2 Pension costs - NHS Pension scheme

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

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.

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

1.5 Other expenses

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

1.6 Property, plant and equipment

1.6.1 Recognition

Property, plant and equipment is capitalised if:

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

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

1.6.2 Measurement

Valuation

All property, plant and equipment is measured initially at cost, representing the cost 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 that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis.
- Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.
- The latest land and building asset valuation undertaken was carried out by Montagu Evans LLP, and was applied on 1st March 2019.
- Non-property assets are carried at depreciated historic cost as a proxy for fair value.

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

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

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

1.6.2 Subsequent expenditure

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

1.6.3 Depreciation, amortisation and impairments

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

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

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

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

Buildings	30 to 150 years	Transport Equipment	8 years
Dwellings	30 to 60 years	Information Technology	3 to 8 years
Plant and Machinery	3 to 16 years	Furniture and Fittings	8 to 11 years

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

1.6.4 Donated assets

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

1.6.5 Government grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.7 Intangible assets

1.7.1 Recognition

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

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

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

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

1.7.2 Measurement

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

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

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

1.8 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.8.1 The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Net Expenditure.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.8.1 The Trust as lessor

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value, using the First In, First Out (FIFO) method.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of [positive 0.10]% (2017-18: positive 0.24%) in real terms. All general provisions are subject to three separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A short term rate of [positive 0.54]% (2017-18: negative 2.42% in real terms) for inflation adjusted expected cash flows up to and including 5 years
- A medium term rate of [positive 1.13]% (2017-18: negative 1.85% in real terms) for inflation adjusted expected cash flows over 5 years up to and including 10 years
- A long term rate of [positive 1.99]% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows over 10 years.

All 2018-19 percentages are in nominal terms with 2017-18 being the last financial year that HM Treasury provided real general provision discount rates.

1.11.1 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

1.11.2 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 Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.12 Financial assets

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

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

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.12.1 Financial assets at amortised cost

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

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

1.12.2 Financial assets at fair value through other comprehensive income

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

1.12.3 Financial assets at fair value through profit and loss

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

1.12.4 Impairment

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

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

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

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

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.13 Financial liabilities

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

1.13.1 Other financial liabilities

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

1.14 Public dividend capital

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

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

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

- donated assets (including lottery funded assets)
- average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility)
- any PDC dividend balance receivable or payable.

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

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

In accordance with the requirements laid down by the Department of Health (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 thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.15 Value Added Tax

Most of the activities of the trust are outside the scope of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 Corporation Tax

Income from commercial activities is subject to corporation tax under section 519A Income and Corporation Taxes Act 1988 (519A ICTA 1988), as amended by section 148 of the Finance Act 2004. However, provision of Healthcare authorised under section 43 of the National Health Service Act 2006 is not treated as commercial income. The total non-healthcare related activities carried out by the Foundation Trust during the period which are deemed to be commercial activities are not subject to corporation tax because annual taxable profits are below the de minimus limit of £50,000.

1.17 Foreign currencies

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

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

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note **25** to the accounts.

1.19 Losses and special payments

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

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

1.20 Events after the reporting period

The James Paget University Hospitals NHS Foundation has had no material events after the 31st March 2019 which require adjustment or disclosure in these financial statements.

2 Segmental reporting

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

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

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

3 Subsidiaries

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

This Trustee arrangement satisfies the relevant tests of control under IAS 27 and therefore the Charitable Fund is a subsidiary of the Foundation Trust. The Foundation Trust has prepared group accounts for the year ended 31 March 2019

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

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

4 Operating income

4.1 Income from activities analysed by service type

		Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
Elective income		**29,843**	28,053
Non elective income		**44,132**	46,010
Outpatient income		**26,310**	24,642
A&E income		**9,179**	9,117
Other NHS clinical income		**68,332**	62,589
Private patient income		**781**	1,028
AfC pay award central funding		**1,958**	-
Other clinical income		**883**	1,020
	Note 4.2	**181,418**	172,459

		Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
4.2 Analysis of operating income by source			
Income from activities			
NHS Foundation Trusts		**3,966**	3,718
NHS Trusts		**2**	8
Clinical Commissioning Groups and NHS England		**173,713**	166,684
NHS Other		**1,979**	-
Non NHS:			
Private patients		**781**	1,028
Overseas patients	Note 4.4	**47**	48
NHS injury scheme *		**635**	757
Other		**295**	216
Total income from activities		**181,418**	172,459
Other operating income from contracts with customers:			
Research and development		**701**	871
Education and training (excluding notional apprenticeship levy income)		**7,410**	6,868
Non patient care services to other NHS bodies		**254**	255
Provider Sustainability Fund income**		**4,784**	4,364
Other non-contract operating income:			
Catering		**741**	987
Education and training - notional income from apprenticeship fund		**217**	41
Rental revenue from operating leases	Note 4.3	**178**	125
Accommodation		**817**	797
Car parking		**1,226**	1,173
Charitable and other contributions to expenditure		**152**	-
Miscellaneous		**1,782**	915
NHS Charitable Funds: Incoming Resources excluding investment income		**468**	1,345
Total other operating income		**18,730**	17,741
Total operating income		**200,148**	190,200

* NHS Injury Scheme income is subject to a provision for expected credit losses of 21.89% (2017/18 - 11.00%) to reflect expected rates of collection.

** Provider Sustainability Fund income of £4,784,000 has been allocated to the Trust on a non-recurrent basis during 2018/19 (2017/18 Sustainability and Transformation Funding - £4,364,000) to support the financial position of the Trust, and is excluded from the financial performance assessment of the organisation.

	Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
4.3 Operating lease income		
Rents recognised as income in the period	**178**	125
	178	125

4.3 Operating lease income - continued

Future minimum lease receipts due:

	Year Ended 31 March 2019			
	Land	**Buildings**	**Other**	**Total**
Within 1 year	**-**	**198**	**-**	**198**
Between 1 and 5 years	**-**	**768**	**-**	**768**
After 5 years	**-**	**1,272**	**-**	**1,272**
	-	**2,238**	**-**	**2,238**

	Year Ended 31 March 2018			
	Land	Buildings	Other	Total
Within 1 year	-	99	-	99
Between 1 and 5 years	-	216	-	216
After 5 years	-	154	-	154
	-	469	-	469

4.4 Overseas visitor income

	Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
Income recognised in this year	**47**	48
Cash payments received in-year (relating to invoices raised in current and previous years)	**54**	37
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	**166**	152

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

	Year Ended 31 March 2019 £ 000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**352**
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	**100**

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

	31 March 2019 £ 000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
Within one year	**83**
After one year, not later than five years	**-**
After five years	**-**
Total revenue allocated to remaining performance obligations	**83**

5 Operating expenses

	Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
Services from NHS Bodies	**277**	387
Purchase of healthcare from non-NHS bodies	**523**	531
Employee expenses - executive directors	**1,002**	1,463
Employee expenses - non-executive directors	**127**	120
Employee expenses - staff	**136,578**	128,582
Drug costs	**19,471**	19,996
Supplies and services - clinical (excluding drug costs)	**16,265**	15,535
Supplies and services - general	**2,618**	2,500
Establishment	**1,678**	1,584
Transport	**107**	90
Premises	**5,850**	5,150
Increase / (Decrease) in provision for impairment of receivables	**(212)**	636
Change in provisions discount rate	**(22)**	21
Inventories write down	**91**	52
Rentals under operating leases	**212**	281
Depreciation on property, plant and equipment	**4,483**	4,105
Amortisation on intangible assets	**678**	652
Audit fees - statutory audit*	**63**	61
Audit fees - Charitable Fund Accounts	**5**	5
Internal Audit and Local Counter Fraud Services	**86**	82
Clinical negligence	**7,007**	6,818
Legal fees	**161**	271
Consultancy costs	**564**	187
Training, courses and conferences	**1,301**	969
Patient travel	**49**	53
Operating lease expenditure (net)	**212**	281
Insurance	**111**	131
Other contracted services	**248**	260
Losses, ex gratia and special payments	**2**	9
Other	**5,796**	5,071
NHS Charitable funds: Other resources expended	**294**	307
	205,625	196,190

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

6 Operating leases

6.1 Lease payments recognised as an expense in the period

	Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
Minimum lease payments	**212**	281
Contingent rents	**-**	-
Sublease payments	**-**	-
	212	281

6.2 Total of future minimum lease payments due:

	Year Ended 31 March 2019			
	Land £ 000	**Buildings £ 000**	**Other £ 000**	**Total £ 000**
Within 1 year	**-**	**-**	**102**	**102**
Between 1 and 5 years	**-**	**-**	**190**	**190**
After 5 years	**-**	**-**	**-**	**-**
	-	**-**	**292**	**292**

	Year Ended 31 March 2018			
	Land £ 000	Buildings £ 000	Other £ 000	Total £ 000
Within 1 year	-	-	90	90
Between 1 and 5 years	-	-	164	164
After 5 years	-	-	1	1
	-	-	255	255

7 Employee expenses and numbers

7.1 Employee expenses

	Permanent £ 000	**Year Ended 31 March 2019 Other £ 000**	**Total £ 000**	Year Ended 31 March 2018 £ 000
Salaries and wages	**105,132**	**1,396**	**106,528**	101,555
Social security costs	**10,402**	**-**	**10,402**	9,885
Apprenticeship levy	**531**	**-**	**531**	499
Employer contributions to NHS Pensions	**12,506**	**-**	**12,506**	11,772
Pension cost - other	**23**	**-**	**23**	10
Agency / contract staff	**-**	**8,220**	**8,220**	6,938
	128,594	**9,616**	**138,210**	130,659
Employee expenses recharged to other organisations	**(393)**	**-**	**(393)**	(401)
Employee expenses capitalised as part of assets	**(237)**	**-**	**(237)**	(213)
	127,964	**9,616**	**137,580**	130,045

7.2 Directors' remuneration

	Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
Directors' remuneration	**1,180**	1,183
Employer contributions to NHS Pensions Agency	**104**	95
Benefits in kind	**10**	7
Total number of directors to whom benefits are accruing under:		
Money purchase pension schemes	**-**	1
Defined benefit pension schemes	**6**	10

Further details on directors' remuneration are given in the remuneration report on pages 44 to 52 of the Annual Report.

7.3 Average number of employees

	Year Ended 31 March 2019 Permanent Number	Other Number	Total Number	Year Ended 31 March 2018 Number
Medical and dental	**127**	**179**	**306**	297
Ambulance Staff	**-**	**-**	**-**	1
Administration and estates	**476**	**19**	**495**	477
Healthcare assistants and other support staff	**435**	**5**	**440**	428
Nursing, midwifery and health visiting staff	**1,105**	**118**	**1,223**	1,202
Scientific, therapeutic and technical staff	**279**	**7**	**286**	276
Agency Staff	**-**	**71**	**71**	62
Bank Staff	**-**	**150**	**150**	155
	2,422	**549**	**2,971**	2,898
Of which number of employees engaged on capital projects	**8**	**-**	**8**	6

Total nursing, midwifery and health visiting staff numbers for 2018/19, including all nursing, midwifery and health visiting bank and agency staff are 1,371 (2017/1817 - 1,342). Total Medical and dental staff numbers for 2018/19, including all Medical and dental agency staff are 331 (2017/18 - 319).

7.4 Staff exit packages

There has been no non contractual staff exit packages during the year ended 31 March 2019 with a value of £nil (Year ended 31 March 2018 one, £48,000).

7.5 Retirements due to ill-health

During the year ending 31 March 2019 there were no (2017/18 - three) early retirements from the Trust agreed on the grounds of ill-health. The additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) for 2017/18 was £157,000.

7.6 Retirement benefits

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

8 Finance income

	Year Ended 31 March 2019 £ 000	Year Ended 31 March 2018 £ 000
Interest on cash deposits	**65**	36
NHS Charitable funds: investment income	**106**	107
	171	143

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

9 Finance expenditure

Interest expense:		
Loans from the Department of Health and Social Care	**27**	-
Other loans	**6**	-
Finance leases	**137**	39
Total interest expense	**170**	39
Unwinding of discount on provisions	**1**	4
Total finance costs	**171**	43

10 Impairment of assets recognised as operating expenses

There were no impairments recognised in operating expenses for the period ending 31st March 2019 (2017/18 £nil)

11 Interests in Joint Operations

The James Paget University Hospitals NHS Foundation Trust has a 22% interest in a joint operation for the provision of pathology services in Norfolk known as Eastern Pathology Alliance (EPA). The arrangement has been effective from 1st November 2013, and has not involved the establishment of a separate entity.

The Trust has recognised its interest in the joint operation using the line-by-line reporting format for proportionate consolidation. This means that included within income from activities in note 4.1 is £3,516,000 (2017/18 £3,447,000) representing a 22% share of EPA revenue, and included within operating expenses in note 5 is £6,852,000 (2017/18 £6,711,000) representing a 22% share of the operating costs of EPA.

	Assets Under Construction £ 000	Software Licences £ 000	Other £ 000	Total £ 000
12 Intangible assets				
12.1 Intangible assets 2018/19				
Cost or valuation at 1 April 2018	173	6,286	30	**6,489**
Additions - purchased	505	33	-	**538**
Additions - leased	-	57	-	**57**
Additions - donated	19	-	-	**19**
Reclassifications	(111)	111	-	**-**
Disposals	-	(260)	-	**(260)**
Cost or Valuation at 31 March 2019	**586**	**6,227**	**30**	**6,843**
Amortisation at 1 April 2018	-	3,697	19	**3,716**
Provided during the year	-	673	5	**678**
Disposals	-	(260)	-	**(260)**
Amortisation at 31 March 2019	**-**	**4,110**	**24**	**4,134**
Opening net book value at 1 April 2018				
Purchased	173	2,258	11	2,442
Finance leases	-	278	-	278
Donated	-	25	-	25
Government granted	-	28	-	28
Total NBV at 1 April 2018	173	2,589	11	2,773
Closing net book value at 31 March 2019				
Purchased	586	1,791	6	**2,383**
Finance leases	-	287	-	**287**
Donated	-	15	-	**15**
Government granted	-	24	-	**24**
Total NBV at 31 March 2019	**586**	**2,117**	**6**	**2,709**
12.2 Intangible assets 2017/18				
Cost or valuation at 1 April 2017	11	6,099	30	**6,140**
Additions - purchased	368	21	-	**389**
Additions - donated	-	34		**34**
Reclassifications	(206)	206	-	**-**
Disposals	-	(74)	-	**(74)**
Cost or Valuation at 31 March 2018	**173**	**6,286**	**30**	**6,489**
Amortisation at 1 April 2017	-	3,124	14	**3,138**
Provided during the year	-	647	5	**652**
Impairments	-	-	-	**-**
Disposals	-	(74)	-	**(74)**
Amortisation at 31 March 2018	**-**	**3,697**	**19**	**3,716**
Opening net book value at 1 April 2017				
Purchased	10	2,621	16	2,647
Finance leases	-	324	-	324
Donated	-	32	-	32
Government granted	-	-	-	-
Total NBV at 1 April 2017	10	2,977	16	3,003
Closing net book value at 31 March 2018				
Purchased	173	2,258	11	**2,442**
Finance leases	-	278	-	**278**
Donated	-	25	-	**25**
Government granted	-	28	-	**28**
Total NBV at 31 March 2018	**173**	**2,589**	**11**	**2,773**

Notes to the Accounts

continued

13 Property, plant and equipment

13.1 Property, plant and equipment 2018/19

	Land	Buildings (excluding dwellings)	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture and Fittings	Total Trust
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Cost or valuation at 1 April 2018	2,816	37,691	2,589	2,654	21,829	603	14,286	1,405	**83,873**
Additions - purchased*	-	-	-	5,291	828	14	5	-	**6,138**
Additions - leased	-	-	-	-	2,766	-	227	-	**2,993**
Additions - donated	-	-	-	321	20	-	18	27	**386**
Reclassifications	-	4,022	261	(4,934)	343	-	261	47	**(0)**
Revaluations	374	(2,910)	(34)	-	-	-	-	-	**(2,570)**
Disposals	-	-	-	-	(1,560)	(10)	(2,609)	-	**(4,179)**
Cost or Valuation at 31 March 2019	**3,190**	**38,803**	**2,816**	**3,332**	**24,226**	**607**	**12,188**	**1,479**	**86,640**
Accumulated depreciation at 1 April 2018	-	1,795	107	-	14,741	376	10,397	1,050	**28,466**
Provided during the year	-	1,707	99	-	1,801	28	776	72	**4,483**
Reclassifications	-	(6)	6	-	-	-	-	-	**-**
Revaluations	-	(3,353)	(204)	-	-	-	-	-	**(3,557)**
Disposals	-	-	-	-	(1,543)	(10)	(2,609)	-	**(4,162)**
Accumulated depreciation at 31 March 2019	**-**	**143**	**8**	**-**	**14,999**	**394**	**8,564**	**1,122**	**25,230**
Opening net book value at 1 April 2018									
Purchased	2,816	33,387	2,482	2,374	3,832	227	2,969	220	48,307
Finance leased	-	-	-	-	1,613	-	860	-	2,473
Government granted	-	559	-	-	2	-	4	33	598
Donated	-	1,950	-	280	1,641	-	56	102	4,029
Total NBV at 1 April 2018	2,816	35,896	2,482	2,654	7,088	227	3,889	355	55,407
Closing net book value at 31 March 2019									
Purchased	3,190	35,961	2,808	3,281	3,561	213	2,644	209	**51,867**
Finance leased	-	-	-	-	4,113	-	916	-	**5,029**
Government granted	-	525	-	-	0	-	3	18	**546**
Donated	-	2,174	-	51	1,553	-	60	130	**3,968**
Total NBV at 31 March 2019	**3,190**	**38,660**	**2,808**	**3,332**	**9,227**	**213**	**3,623**	**357**	**61,410**

* For consolidation purposes purchased additions includes assets funded from donations of £404,000

Notes to the Accounts

continued

13.2 Property, plant and equipment 2017/18

	Land	Buildings (excluding dwellings)	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture and Fittings	Total Trust
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Cost or valuation at 1 April 2017	2,894	36,982	2,589	913	21,349	549	13,070	1,414	**79,760**
Additions - purchased**	-	-	-	3,625	304	123	146	-	**4,198**
Additions - leased	-	-	-	-	981	-	-	-	**981**
Additions - donated	-	-	-	493	77	-	6	-	**576**
Reclassifications	-	709	-	(2,377)	526	-	1,132	10	-
Transfers to/from assets held for sale*	(78)	-	-	-	-	-	-	-	**(78)**
Disposals	-	-	-	-	(1,408)	(69)	(68)	(19)	**(1,564)**
Cost or Valuation at 31 March 2018	**2,816**	**37,691**	**2,589**	**2,654**	**21,829**	**603**	**14,286**	**1,405**	**83,873**
Accumulated depreciation at 1 April 2017	-	136	7	-	14,695	415	9,632	979	**25,864**
Provided during the year	-	1,659	100	-	1,402	30	833	81	**4,105**
Disposals	-	-	-	-	(1,356)	(69)	(68)	(10)	**(1,503)**
Accumulated depreciation at 31 March 2018	**-**	**1,795**	**107**	**-**	**14,741**	**376**	**10,397**	**1,050**	**28,466**
Opening net book value at 1 April 2017									
Purchased	2,894	34,232	2,582	914	4,180	134	2,347	264	47,547
Finance leased	-	-	-	-	779	-	1,028	-	1,807
Government granted	-	600	-	-	3	-	5	48	656
Donated	-	2,013	-	-	1,692	-	58	123	3,886
Total NBV at 1 April 2017	2,894	36,845	2,582	914	6,654	134	3,438	435	53,896
Closing net book value at 31 March 2018									
Purchased	2,816	33,387	2,482	2,374	3,832	227	2,969	220	**48,307**
Finance leased	-	-	-	-	1,613	-	860	-	**2,473**
Government granted	-	559	-	-	2	-	4	33	**598**
Donated	-	1,950	-	280	1,641	-	56	102	**4,029**
Total NBV at 31 March 2018	**2,816**	**35,896**	**2,482**	**2,654**	**7,088**	**227**	**3,889**	**355**	**55,407**

* During the period ended 31 March 2018 The land was re-classified as assets held for sale:
- asset held for sale relates to the land (NBV £78,000) and Buildings (NBV £nil) of the Lowestoft Hospital site
- the Trust discontinued use of Lowestoft Hospital during 2016/17 and has been actively marketed for sale during 2017/18

** For consolidation purposes purchased additions includes assets funded from donations of £582,000

13.3 Analysis of property, plant and equipment

Land, building and dwelling assets were subject to a full valuation carried out by the Trust's externally appointed independent valuers on an alternate site basis as at 1st March 2019.

There were no net impairments during 2018/19 (2017/18 - £nil), £nil (2017/18 - £nil) has been recognised in operating expenses, and £nil (2017/18 - £nil) has been recognised directly in equity during the period.

13.4 Analysis of revalued property, plant and equipment

	Land	Buildings (excluding dwellings)	Dwellings	Total
	£ 000	£ 000	£ 000	£ 000
Net book value of PPE in the revaluation reserve				
As at 1 April 2018	**1,179**	**595**	**1,069**	**2,843**
Movement in year	**295**	**443**	**170**	**908**
As at 31 March 2019	**1,474**	**1,038**	**1,239**	**3,751**
As at 1 April 2017	1,179	595	1,069	2,843
Movement in year	-	-	-	-
As at 31 March 2018	1,179	595	1,069	2,843

13.5 Investments

	Year Ended 31 March 2019	Year Ended 31 March 2018
	£ 000	£ 000
NHS Charitable funds: Other investments		
Carrying value at 1 April	**3,200**	3,151
Acquisitions in year - other	**405**	529
Movement in fair value of Available-for-sale financial assets recognised in Other Comprehensive Income	**147**	(36)
Disposals	**(988)**	(444)
Carrying value at 31 March	**2,764**	3,200

14 Inventories

14.1 Inventories recognised in current assets

	Total as at 31 March 2019	Total as at 31 March 2018
	£ 000	£ 000
Drugs	**1,108**	1,140
Consumables	**1,812**	1,652
Energy	**22**	22
	2,942	2,814

14.2 Inventory Movements

Carrying Value at 1 April	**2,814**	2,632
Additions	**30,058**	30,337
Inventories recognised in expenses	**(29,839)**	(30,062)
Write down of inventories recognised as an expense	**(91)**	(93)
	2,942	2,814

At 31st March 2019 the Charitable Funds held inventories of £nil (31st March 2018 £nil)

	Total as at 31 March 2019 £ 000	Total as at 31 March 2018 £ 000
15 Trade and other receivables		
15.1 Current trade and other receivables		
Contract receivables*	**11,924**	-
NHS trade receivables - revenue*	**-**	2,578
Accrued income*	**-**	5,546
Allowance for impaired contract receivables / assets*	**(1,007)**	-
Provision for impaired receivables	**-**	(1,316)
Prepayments	**976**	848
Operating lease receivables	**-**	11
PDC dividend receivable	**37**	8
VAT receivable	**268**	225
Other receivables - revenue	**329**	1,630
NHS Charitable funds: Trade and other receivables	**48**	35
	12,575	9,565
15.2 Non-current trade and other receivables		
Contract receivables*	**464**	-
Allowance for impaired contract receivables / assets*	**(102)**	-
Provision for impaired receivables	**-**	(467)
Prepayments	**43**	44
Other receivables	**-**	628
	405	205

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

15.3 Allowances for credit losses

Allowances as at 1 April - brought forward	**1,783**	1,305
New allowances arising	**709**	1,085
Changes in existing allowances	**(116)**	-
Reversals of allowances	**(1,220)**	(449)
Amounts utilised	**(47)**	(158)
Provision at 31 March	**1,109**	1,783

IFRS 9 and IFRS 15 are adopted without restatement therefore the comparative analysis for 2017/18 is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result the classification differs when compared to 2018/19.

16 Cash and cash equivalents

	Trust Total 2019 £ 000	Charitable Funds Total 2019 £ 000	Trust Total 2018 £ 000	Charitable Funds Total 2018 £ 000
At 1 April	**9,583**	**890**	11,617	1,101
Net change in year	**(1,271)**	**(433)**	(2,034)	(211)
At 31 March	**8,312**	**457**	9,583	890
Broken down into:				
Cash at commercial banks and in hand	**28**	**457**	80	890
Cash with the Government Banking Service	**8,284**	**-**	9,503	-
Cash and cash equivalents as in SoFP	**8,312**	**457**	9,583	890
At 31 March	**8,312**	**457**	9,583	890

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. Total cash and cash equivalents for the group as at 31 March 2019 are £8,769,000 (31 March 2018 - £10,473,000).

17 Trade and other payables

17.1 Current trade and other payables

	Total as at 31 March 2019 £ 000	Total as at 31 March 2018 £ 000
NHS payables - revenue	**398**	587
Amounts due to other related parties - revenue	**2,141**	1,762
Trade payables - capital	**1,026**	256
Other trade payables	**3,079**	2,874
Receipts in advance	**1,232**	-
Social security costs payable	**1,514**	1,404
Other taxes payable	**1,226**	1,198
Other payables	**2,699**	2,754
Accruals	**5,649**	5,628
NHS Charitable funds	**52**	102
	19,016	16,565

17.2 Non-current trade and other payables

Other payables	**5**	27
	5	27

Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 19. There was no loan interest payable as at 31 March 2018

17.3 Other liabilities - current

Deferred income: contract liabilities	**83**	1,496
	83	1,496

18 Reconciliation of liabilities arising from financing activities

	Loans From DHSC	Other Loans	Finance Leases	Total
Carrying value at 1 April 2018	-	-	2,890	**2,890**
Cash movements:				
Financing cash flows - payments and receipts of principal	8,232	-	(601)	**7,631**
Financing cash flows - payments of interest	-	-	(73)	**(73)**
Non-cash movements:				
Additions	-	256	3,094	**3,350**
Interest charge arising in year	-	-	64	**64**
Other changes	26	(71)	-	**(45)**
Carrying value at 31 March 2019	**8,258**	**185**	**5,374**	**13,817**

19 Borrowings

19.1 Current borrowings

		Total as at 31 March 2019 £ 000	Total as at 31 March 2018 £ 000
Loans from DHSC		**26**	-
Other loans		**128**	-
Obligations under finance leases	Note 20	**864**	459
		1,018	459

19.2 Non-current borrowings

		Total as at 31 March 2019 £ 000	Total as at 31 March 2018 £ 000
Loans from DHSC		**8,232**	-
Other loans		**57**	-
Obligations under finance leases	Note 20	**4,509**	2,431
		12,798	2,431

20 Finance lease obligations

Obligations under finance leases where the trust is the lessee

	Total as at 31 March 2019 £ 000	Total as at 31 March 2018 £ 000
Minimum finance lease payments due:		
no later than one year	**1,033**	534
later than one year and no later than five years	**4,537**	2,498
later than five years	**435**	153
Gross finance lease liabilities	**6,005**	3,185
Finance charges allocated to future periods	**(631)**	(295)
Net finance lease liabilities	**5,374**	2,890
Net finance lease liabilities are due:		
no later than one year	**864**	459
later than one year and no later than five years	**4,090**	2,283
later than five years	**420**	148
	5,374	2,890

21 Provisions

21.1 Provision for liabilities and charges

	Pensions - Early Retirement	Pensions - injury benefits*	Other Legal Claims	Other	**Total as at 31 March 2019**	Total as at 31 March 2018
	£ 000	**£ 000**	**£ 000**	**£ 000**	**£ 000**	£ 000
At 1 April	724	718	58	781	**2,281**	3,022
Change in the discount rate	(8)	(14)	-	-	**(22)**	21
Arising during the year	34	24	24	148	**230**	860
Utilised during the year	(58)	(42)	(27)	(781)	**(908)**	(550)
Reversed unused	(41)	-	(15)	-	**(56)**	(1,076)
Unwinding of discount	1	-	-	-	**1**	4
At 31 March	**652**	**686**	**40**	**148**	**1,526**	2,281
Expected timing of cash flows						
Within 1 year	57	40	40	148	**285**	939
Between 1 and 5 years	229	160	-	-	**389**	388
After 5 years	366	486	-	-	**852**	954
Total	**652**	**686**	**40**	**148**	**1,526**	2,281

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within Pensions - other staff

21.2 Current provisions

	Total as at 31 March 2019	Total as at 31 March 2018
	£ 000	£ 000
Pensions - other staff	**57**	60
Pensions - injury benefit	**40**	40
Other legal claims	**40**	58
Other	**148**	781
At 31 March	**285**	939

21.3 Non-current provisions

Pensions - other staff	**595**	666
Pensions - injury benefit	**646**	676
At 31 March	**1,241**	1,342

21.4 Clinical negligence liabilities

£78,037,000 is included in the provisions of the NHS Litigation Authority at 31 March 2019 (31 March 2018 - £74,070,000) in respect of clinical negligence liabilities of the Foundation Trust.

21.5 Contingent liabilities

The Trust has £14,000 of contingent liabilities at 31 March 2019 (31 March 2018 - £49,000) in respect of potential excess payments for NHS Litigation Authority claims for Public and Employer Liability claims outstanding where timing is expected to be within the next 12 months.

22 Revaluation reserve

	Property, plant and equipment 2019	**Total 2019**	Property, plant and equipment 2018	Total 2018
	£ 000	**£ 000**	£ 000	£ 000
At 1 April	**2,843**	**2,843**	2,843	2,843
Revaluations	**908**	**908**	-	-
At 31 March	**3,751**	**3,751**	2,843	2,843

23 Financial instruments

23.1 Analysis of financial assets and liabilities by category

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total
	£ 000	£ 000	£ 000	£ 000
Carrying values of financial assets				
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	11,608	-	-	**11,608**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	8,312	-	-	**8,312**
Consolidated NHS Charitable fund financial assets	505	2,764	-	**3,269**
Total financial assets as at 31 March 2019	**20,425**	**2,764**	**-**	**23,189**

	Loans and receivables	Total
	£ 000	£ 000
Financial assets as at 31 March 2018		
NHS trade and other receivables excluding non financial assets	2,578	2,578
Non-NHS trade and other receivables excluding non financial assets	7,855	7,855
Cash and cash equivalents	9,583	9,583
NHS Charitable funds: financial assets	4,119	4,119
Total financial assets as at 31 March 2018	24,135	24,135

£(212,000) of impairment loss reversals on loans and receivables (31 March 2018 - £636,000 loss) has been recognised within operating expenses during the year under the decrease in provision for impairment of receivables within note 5.

	Held at amortised cost	Held at fair value through I&E	Total book value
	£ 000	£ 000	£ 000
Liabilities as per Statement of Financial Position			
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
DHSC loans	**8,258**	**-**	**8,258**
Borrowings (excluding finance leases)	**185**	**-**	**185**
Obligations under finance leases	**5,373**	**-**	**5,373**
Trade and other payables excluding non financial liabilities	**12,204**	**-**	**12,204**
IAS 37 provisions which are financial liabilities	**1,339**		**1,339**
NHS Charitable funds	**52**	**-**	**52**
Total financial liabilities as at 31 March 2019	**27,411**	**-**	**27,411**

	Other financial liabilities	Total
	£ 000	£ 000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Obligations under finance leases	2,890	2,890
NHS trade and other payables excluding non financial assets	587	587
Non-NHS trade and other payables excluding non financial assets	13,302	13,302
NHS Charitable funds	100	100
Total financial liabilities as at 31 March 2018	16,879	16,879

	As at 31 March 2019 £ 000	As at 31 March 2018 £ 000
23.2 Maturity of financial liabilities		
Financial liabilities maturing in		
one year or less	**12,141**	14,420
more than one year but not more than two years	**587**	486
more than two years but not more than five years	**13,684**	1,825
more than five years	**1,000**	148
	27,412	16,879

	Book value as at 31 March 2019 £ 000	Fair value as at 31 March 2019 £ 000
23.3 Fair value of financial assets and liabilities		
Financial assets		
Consolidated NHS Charitable funds	**2,764**	**2,764**
Total	**2,764**	**2,764**
Financial liabilities		
Non-current trade and other payables excluding non financial liabilities	**5**	**5**
Loans	**8,443**	**8,443**
Total	**8,448**	**8,448**

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

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

24 Third party assets

The Foundation Trust held £4,000 cash at bank and in hand at 31 March 2019 (31 March 2018 - £4,000) which relates to monies held on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts. Gross inflows and outflows during the reporting period are £nil and £nil respectively (2016/17 - £3,000 and £nil).

25 Financial commitments

25.1 Capital commitments

The Foundation Trust has £716,000 of contractual capital commitments as at 31 March 2019 mainly related to building schemes in progress (31 March 2018 - £2,302,000 mainly buidling schemes in progress).

25.2 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) during 2018/19 as follows, analysed by the period during which the commitment expires:

	2019 £ 000
Expiry in less than one year	**3,006**
Expiry in more than one year but less than five years	**566**
Expiry in more than five years	**0**
Total	**3,572**

26 Related party transactions

26.1 Key management personnel compensation

	Year Ended 31st March 2019 £ 000	Year Ended 31st March 2018 £ 000
Salaries and other short term benefits	**1,336**	1,339
Post employment benefits	**104**	95
Total	**1,440**	1,434

Key management personnel has been interpreted as all the executive, non-executive and non-voting directors of the Trust.

26.2 Related party payments, receipts and balances

During the year none of the Board members or members of the key management staff, or parties related to them, have undertaken any material transactions (other than employment benefits) with the James Paget University Hospitals NHS Foundation Trust.

All bodies within the scope of the Whole Government Accounts (WGA), including the James Paget University Hospitals NHS Foundation Trust are considered to be under the common control of the UK government, and are therefore considered to be related parties. Within the group structure of WGA, the immediate parent of the Trust is the Department of Health. The James Paget University Hospitals NHS Foundation Trust also acts as the corporate Trustee of the James Paget University Hospitals Charitable Fund and in accordance with the charity's declaration of trust, members of the Foundation Trust's Board of Directors act as ex-officio Trustees of the Charitable Funds. In accordance with note 1.2 the Charitable Fund has been consolidated into these group accounts and is therefore no longer reported as a related party. The values of transactions with these entities are detailed below:

	Payments 31st March 2019 £ 000	Payments 31st March 2018 £ 000	**Receipts 31st March 2019 £ 000**	Receipts 31st March 2018 £ 000
Value of transactions with other related parties				
Non-consolidated subsidiaries and associates / joint ventures	**25,006**	23,606	**244**	279

	Amounts payable 31st March 2019 £ 000	Amounts payable 31st March 2018 £ 000	**Amounts receivable 31st March 2019 £ 000**	Amounts receivable 31st March 2018 £ 000
Value of balances with other related parties				
Non-consolidated subsidiaries and associates / joint ventures	**167**	4,236	**481**	251
Value of balances with related parties in relation to doubtful debts	-	-	**-**	10

Paragraph 25 of IAS 24 allows entities which are related parties because they are under the same government control to reduce the volume of the detailed disclosures. The GAM interprets this such that DHSC group bodies must disclose the Department of Health and Social Care as the parent department and provide a note of the main entities within the public sector with which the body has had dealings, but that no information needs to be given about these transactions.
In line with this, these related parties notes only collect details of transactions and balances with bodies or persons outside of the whole of government accounts boundary.

27 Losses and special payments

	31 March 2019 Total no of cases Number	31 March 2019 Total value of cases £000's	31 March 2018 Total no of cases Number	31 March 2018 Total value of cases £000's
Losses:				
Losses of cash	**1**	**-**	1	-
Bad debts and claims abandoned	**52**	**1**	12	-
Damage to buildings, property etc. (including stores losses).	**6**	**25**	1	5
Total Losses	**59**	**26**	14	5
Special Payments:				
Extra contractual to contractors	**-**	**-**	1	3
Ex gratia payments	**18**	**16**	17	13
Special Severance payments	**-**	**-**	1	48
Total Special Payments	**18**	**16**	19	64
Total losses and special payments	**77**	**42**	33	69

28 New Accounting Standards

28.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £1,306k.

28.1 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

29 Charitable Funds summary statements 2018/19

29.1 Summary Statement of Financial Activities

	IFRS Year Ended 31 March 2019 £ 000	Charity Consolidation Eliminations*	Year Ended 31 March 2019 £ 000
Incoming Resources: excluding investment income	**468**	-	**468**
Total operating income	**468**	-	**468**
Employee benefits:			
- expended with the Foundation Trust	**(94)**	94	**-**
Other resources expended			
- with the Foundation Trust	**(847)**	847	**-**
- with bodies outside the NHS	**(294)**	-	**(294)**
- audit fee (payable to the external auditor)	**(5)**	-	**(5)**
Total operating expenditure	**(1,240)**	941	**(299)**
Incoming Resources: investment income	**106**	-	**106**
Net (outgoing) / incoming resources before other recognised gains and losses	**(666)**	941	**275**
Fair value gains / (losses) on investment assets	**147**	-	**147**
Net Movement in funds	**(519)**	941	**422**

29.2 Summary Balance Sheet

Non-current assets			
Other Investments	**2,764**	-	**2,764**
Total non-current assets	**2,764**	-	**2,764**
Current assets			
Trade and other receivables	**48**	-	**48**
Cash and cash equivalents	**457**	-	**457**
Total current assets	**505**	-	**505**
Current liabilities			
Trade and other payables	**(87)**	-	**(87)**
Total current liabilities	**(87)**	-	**(87)**
Net assets	**3,182**	-	**3,182**
Funds of the charity			
Restricted funds:	**97**	-	**97**
Unrestricted funds:			
Unrestricted income funds	**2,514**	-	**2,514**
Revaluation reserve	**571**	-	**571**
Total Charitable Funds	**3,182**	-	**3,182**

Charitable Funds are presented under UK GAAP and are consistent with SORP 2015. In restating the charity accounts to be consistent with the IFRS based accounting policies of the Foundation Trust, the commitments accrual of £486,000 (2017/18 £776,000) reported under UK GAAP has been removed. The separate accounts of the Charity can be found on the Charity Commission website.

* Consolidation eliminations illustrate the impact on the balances of the group accounts, and do not impact on the underlying performance of the Charitable Fund which retains a movement in funds of (£379,000), and net assets of £2,696,000.

30 Charitable Funds summary statements 2017/18

30.1 Summary Statement of Financial Activities

	IFRS Year Ended 31 March 2018 £ 000	Charity Consolidation Eliminations*	Year Ended 31 March 2018 £ 000
Incoming Resources: excluding investment income	**1,345**	-	**1,345**
Total operating income	**1,345**	-	**1,345**
Employee benefits:			
- expended with the Foundation Trust	**(119)**	119	**-**
Other resources expended			
- with the Foundation Trust	**(1,194)**	729	**(465)**
- with bodies outside the NHS	**(307)**	-	**(307)**
- audit fee (payable to the external auditor)	**(5)**	-	**(5)**
Total operating expenditure	**(1,625)**	848	**(777)**
Incoming Resources: investment income	**107**	-	**107**
Net (outgoing) / incoming resources before other recognised gains and losses	**(173)**	848	**675**
Fair value gains / (losses) on investment assets	**(36)**	-	**(36)**
Net Movement in funds	**(209)**	848	**639**

30.2 Summary Balance Sheet

Non-current assets			
Other Investments	**3,200**	-	**3,200**
Total non-current assets	**3,200**	-	**3,200**
Current assets			
Trade and other receivables	**35**	-	**35**
Cash and cash equivalents	**890**	-	**890**
Total current assets	**925**	-	**925**
Current liabilities			
Trade and other payables	**(424)**	322	**(102)**
Total current liabilities	**(424)**	322	**(102)**
Net assets	**3,701**	322	**4,023**
Funds of the charity			
Restricted funds:	**183**	-	**183**
Unrestricted funds:			
Unrestricted income funds	**2,964**	-	**2,964**
Revaluation reserve	**554**	-	**554**
Total Charitable Funds	**3,701**	-	**3,701**

Charitable Funds are presented under UK GAAP and are consistent with SORP 2015. In restating the charity accounts to be consistent with the IFRS based accounting policies of the Foundation Trust, the commitments accrual of £776,000 (2016/17 £672,000) reported under UK GAAP has been removed. The separate accounts of the Charity can be found on the Charity Commission website.

* Consolidation eliminations illustrate the impact on the balances of the group accounts, and do not impact on the underlying performance of the Charitable Fund which retains a movement in funds of (£330,000), and net assets of £2,926,000.