



Annual Report 2019-20



James Paget University Hospitals NHS Foundation Trust

Annual Report and Accounts 2019/20

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

Contents

<i>A year of change, growth and development: The Chair's Report</i>	<i>6</i>
<i>Performance Report.....</i>	<i>8</i>
Paget's People and our patient focus	8
Our purpose	9
Our objectives	10
Risks.....	13
Working in partnership to achieve the best for our patients.....	13
How we have performed.....	14
Going concern	16
Post year-end events and looking ahead	16
<i>Accountability report: Directors' report</i>	<i>18</i>
Our Board of Directors.....	18
The Code of Governance	25
Audit Committee	28
NHS Improvement's well-led framework.....	30
<i>Developing services for our patients.....</i>	<i>32</i>
Financial disclosures	42
<i>Remuneration Report.....</i>	<i>46</i>
Annual statement on remuneration	46
Senior Managers' Remuneration Policy	47
Annual Report on remuneration	49
Senior Managers salaries and benefits	52
Senior Managers pension entitlements	53
<i>Staff Report.....</i>	<i>55</i>
The 5 Year People Strategy	55
Recruitment – Attracting the Right People.....	56
Recognising our staff.....	57
Data and policies	59
The national Staff Survey	63
Equality and diversity	65
Other disclosures	66
Modern Slavery Act 2015	69
<i>Council of Governors and our membership</i>	<i>70</i>
Our structure and gaining assurance	70
Our members	74
<i>Glossary/Abbreviations</i>	<i>77</i>
<i>Useful contacts and how to get here.....</i>	<i>78</i>

A year of change, growth and development: The Chair's Report



Anna Davidson
Chair of the Trust

Looking back on the year 2019/20, I've been struck by the many changes and challenges which the organisation has been simultaneously tackling alongside an ambitious set of strategic objectives that we set ourselves to help deliver improved services for the whole population of Norfolk and Waveney.

Over the year we have introduced important changes to the management team, prepared for the annual Care Quality Commission (CQC) inspection, developed and delivered important partnership initiatives, all whilst managing increases in demand for urgent services and maintaining largely good performance outcomes throughout.

One of the most significant and influential events of the past year was the appointment of our new Chief Executive, Anna Hills, from 1 August 2019, following an international recruitment campaign. Anna seamlessly transitioned from interim Chief Executive to the permanent role, using her existing knowledge and experience within the organisation to enable her to become effective immediately. She has been supported by a talented team of Executive Directors which have included a new Chief Operating Officer, Director of Strategy and Integration, Executive Lead for Workforce, Director of Governance and Transformation and, most recently, a new Director of Nursing, whom we welcomed at the beginning of April 2020.

The Executive Team has continued to balance active system partnership development with a keen focus on the continuous quality improvement of services to patients, on building a better understanding of the wellbeing needs of our staff and on ways to further develop and support them. Underpinning all this has been the prudent and pragmatic management of our finances and our buildings.

Our complimentary CQC inspection report at the end of 2019 provided strong external assurance that our combined efforts are delivering fruit. It was extremely rewarding to see the recognition of the improvements our staff had made since the previous inspection, resulting in the achievement of outstanding ratings in two of the five domains, with good ratings in all the others. We were the only acute trust in the east of the region to achieve such a positive assessment.

In fact, good progress has been made across all four ambitions within the Trust's strategy over the year, with all objectives being fully or partially achieved. In particular, I am pleased to note progress made in the last quarter of the year towards a joint single clinical strategy across the three acute trusts and the successful launch of the first phase of the acute services integration programme, culminating in new shared services between the three acute hospitals for Urology and between ourselves and the Norfolk and Norwich University Hospitals NHS Foundation Trust for Ear, Nose and Throat (ENT).

These initiatives are clear evidence of our ongoing commitment to partnership working across all the health and care organisations in Norfolk and Waveney. They also demonstrate our firm belief that the only way to meet the needs of the population we serve in the future is by finding new ways of working, embracing the benefits of technology, reducing waste and working sustainably across the system.

The swift and severe onset of the COVID-19 pandemic in the last few months of this financial year has brought many unprecedented challenges and precipitated seismic changes to the way in which our hospital functions. It has undoubtedly been a traumatic time for all health and care staff across the world. I would like to pay particular tribute to the collective professionalism and skill of all our staff at James Paget, for the way in which they have pulled together in extremely difficult circumstances, smiling through adversity and exuding calmness and kindness not only to patients and their families but also to colleagues.

Whilst the pace of change throughout the pandemic has been extreme, much of the transformation will be beneficial to patients and staff in the longer term. It will be important for us in the coming years to reflect on what we have learned and ensure that we retain the many things that have changed for the better. The pandemic will continue to impact our communities throughout 2020/21 and beyond, so we will need to continuously review and adapt our strategies and plans going forwards. We are looking forward to this challenge and to the year ahead.

Performance Report

Paget's People and our patient focus

The Trust's Chair has already set out a summary of the past year. I was extremely pleased to accept the permanent role of Chief Executive having undertaken the interim role since March 2019. My Executive Team continues to develop and support me in ensuring implementation of our strategy.

Anna Hills
Chief Executive



I am passionate about ensuring that the patients of Great Yarmouth and Waveney continue to receive the care that they need across the health and care partnership, and for that care to continue to improve.

We are working even more closely with the other two local acute trusts as we develop the Hospital Services Strategy. We now have a single clinical team as part of the Norfolk and Waveney service for ENT and Urology. We have seen primary care develop with the Primary Care Networks now in place, groups of GP practices working together. We are part of the Great Yarmouth and Waveney Local Delivery Group, working with our partners to develop services for patients. This includes working with County and Borough Councils, Healthwatch, General Practitioners (GPs), community providers, and the voluntary sector. Working together will enable us to implement the vision set out in the NHS Long Term Plan.

As well as looking to the future and ensuring that our services are sustainable and continue to evolve, this year the Board prioritised staff engagement. We wanted to change the way in which our most valuable asset – those that choose to work at the Paget to provide support to our patients – could have more opportunities to let us know their thoughts on specific issues. Our aim was for our staff to work with us and confirm what would make their working lives better.

Over 150 managers, our leadership forum, came together prior to the launch of our first online conversation – Paget's People – which went live in September 2019. This was even more successful than I had hoped. Our staff engaged with the new online platform and contributed 247 ideas, 817 comments and 6,794 votes. We worked with our facilitators, Clever Together, to refine all of these ideas. Our leaders came together again in the autumn and helped create the action plan that we continue to work on.

I meet regularly with the team to ensure progress is being made. A newsletter started in October to keep everyone in touch with the changes we were making. Some action was taken immediately, some is being considered as part of longer term projects. Whilst our second conversation didn't go ahead as scheduled due to the pandemic, we are planning to use the same process early in 2020/21 to continue to support our staff in the coming months.

I am very pleased to present a range of service developments in this year's report, all made possible by the team working ethic that we have in place, and our vision to focus on our patients at all times. Management of the pandemic from late in the financial year has meant some work being placed on hold. This will be picked up in 2020/21 as we focus on continued management of patients with the virus and our gradual recovery of services. I would echo Anna's comments about our fantastic staff who, despite challenging circumstances and their own anxieties for their patients, themselves and their families, have continued to do the best that they can for our patients.

Our purpose

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.

Our vision has changed mid-year as a result of listening to views that emerged during our first online staff conversation. It is now *'to be outstanding in everything we do'*. The original vision statement was felt rather long and difficult to remember.

In addition, staff felt the values and behaviours were inconsistently described, causing confusion. We therefore decided to review how these were presented alongside the revised vision.



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. Our activities are overseen by NHS England/NHS Improvement (NHSE/I) and by legislation. Our quality of care is assessed by the Care Quality Commission (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 under 11,000 public and staff members
- Council of Governors: We have 28 Governors including the Chair of the Board of Directors 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. Great Yarmouth and Waveney covers a population of just over 250,000 local residents, from Martham in the North, to Southwold in the South. The geography spans two counties – Great Yarmouth and Gorleston in Norfolk, and Lowestoft and South Waveney in Suffolk. The population has a higher number of people over 65 years – 25% compared to 18% as the England average.

Great Yarmouth and Waveney faces particular challenges relating to health, including deprivation and the impact on life expectancy in some areas, with levels of long term conditions such as diabetes, COPD and lifestyle factors such as obesity higher than the national average. These factors have, and will continue to shape the priorities of the whole Norfolk and Waveney health and social care system.

Our objectives

Our priority is always the care we provide to our patients and how we look after our staff. Each year the Board of Directors sets objectives for the next 12 months to ensure the right 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 review 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. The format of the BAF and reporting to the Board was enhanced this year so it was easier to track progress and to see where further action was required.

Due to the COVID-19 pandemic, the last BAF presented to the Board was in February 2020. Performance against the objectives was on track prior to the pandemic, and by year-end not everything was achieved that we had planned.

An assessment of our performance is set out below – some elements will continue into 2020/21.

Ambition 1 - Deliver the best possible level of safe and effective care

Objective	Assessment of performance
Deliver the quality priorities for 2019/20 in line with the Quality Improvement Strategy	Objectives either delivered or on track for planned delivery in 2020/21
Deliver the 2019/20 Objectives of the Clinical Strategy	Objectives either delivered or to be included in the Hospital Services Strategy being developed across the three Norfolk Acute Trusts
Develop and agree a single clinical strategy across the three Norfolk acute Trusts, reflecting the priorities of the Long Term Plan	Although good progress has been made, the impact of COVID-19 has delayed some aspects of progress. Work remains underway for continued implementation in 2020/21 with the Board being regularly updated

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

Objective	Assessment of performance
Develop and start resourcing a 10 year workforce plan to deliver Trust Objectives	Delivered and on track for implementation in 2020/21
Agree a robust and comprehensive organisational development plan, fully engaging staff, delivering in-year objectives to plan	Delivered and on track for implementation in 2020/21
Agree, resource and commence delivery of a plan to underpin staff wellbeing, ensuring our staff are supported and appropriately trained	Delivered and on track for implementation in 2020/21
Deliver the 2019/20 Education Strategy objectives and the 2019/20 objectives of the Trust's People Strategy	Delivered and on track for implementation in 2020/21

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




Objective	Assessment of performance
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)	Ongoing and reported monthly to the Board through standard reporting
Align, where appropriate, the Trust IT strategy with the STP Digital Roadmap	Completed June 2019
Deliver the 2019/20 objectives of the Trust's Commercial Strategy	Delivered in part and will continue in 2020/21
Deliver the 2019/20 objectives of the Trust's Site Development and Estates Strategy including securing required funding and the estates staff resources to deliver the future aspects of the strategy {Revised objective}	Delivered in part and will continue in 2020/21

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

Objective	Assessment of performance
Complete the first stages of Acute Services Integration	Delivered and will continue in 2020/21
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	Delivered and will continue in 2020/21
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	Progress - not applicable as transferred to Norfolk and Waveney Health and Care Partnership
Deliver the objectives of the Trust's Research Strategy	Good progress in 2019/20 and will continue for 2020/21

In March 2020, the Board considered the planned objectives for the coming year. Whilst these have been approved, the milestones and timeframes presented at that time were not agreed due to the COVID-19 pandemic.

The position will be reviewed in July 2020 when recovery options are clearer. It may be that the objectives already set will require significant amendment.

Trust Objectives 2020/21	
	<p>Objective 1</p> <ul style="list-style-type: none"> • To deliver the Trust's nine Quality Priorities across the three national domains for patient safety, clinical effectiveness and patient experience • Improve our care for those at End of Life – using the ReSPECT process for our patients • Reduce avoidable delays for patients (ambulance delays; length of time as an inpatient, timely outpatient appointments) • Improve the experience and timeliness of diagnostic assessment • Develop and improve the clinical services provided by the Trust so we offer the best services to our patients in a sustainable way • Ensure effective recovery arrangements are in place following the COVID-19 pandemic.
	<p>Objective 2</p> <ul style="list-style-type: none"> • Develop a five year People and Culture Strategy which drives workforce improvements supporting staff to deliver high quality patient care • Deliver a high performing recruitment service • Achieve significant improvements in our staff survey results by aiming to be in the top third of hospitals in the country for our results • Improve the health and wellbeing of our staff through a comprehensive programme to support physical and mental wellbeing • Transform the Trust's approach to building effective management capability through implementation of compassionate leadership and performance management • Use innovative approaches to staff engagement to support the delivery of patient centred services through a well-informed and empowered workforce • Provide greater opportunities for our staff through a comprehensive programme of education and work with partners to develop centres of excellence
	<p>Objective 3</p> <ul style="list-style-type: none"> • Ensure financial sustainability of the Trust through delivery of our financial plan 2020/21 • Deliver the commercial opportunities to generate additional financial and other opportunities for the Trust • Develop our site including options for redevelopment of the hospital • Deliver the objectives of the Trust Digital Strategy • Work with partners to deliver the STP Digital Strategy
	<p>Objective 4</p> <ul style="list-style-type: none"> • Work with the three acute Trusts to develop a single Hospital Services Strategy to transform services so they are sustainable and remove unwarranted variation • Through the Board Working Group of the three acute Trusts, develop a longer term strategic plan for closer acute collaboration • Ensure the Acute Collaboration Programme Board effectively oversees underpinning programme boards • With health and social care partners, agree and commence the transition to become an Integrated Care System in 2020/21 • Deliver the objectives of the Trust's Research Strategy (building on our research culture, financial stability and become leaders of research)

Risks

The Board considers the Trust's significant risks at each of its meetings. In year these have included high levels of staff sickness, failure to deliver Referral to Treatment standards, breaches of 52 week patient waiting times, 2 week wait cancer performance and failure to achieve the A&E 4 hour access standards.

At year end, there were three extreme risks on the risk register. The Annual Governance Statement, within the financial statements, provides more detail.

Working in partnership to achieve the best for our patients

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

The pace of change in the NHS is significant. The Board has continued to spend time on its strategic thinking and the longer term view as we cannot work in isolation. As part of the Norfolk and Waveney Health and Care Partnership, our strategy and objectives are aligned with other organisations. We are working with the other two acute Trusts in Norfolk as can be seen from our objectives.

The Partnership has prepared a response to the NHS Long Term Plan published last year, setting out its priorities for the next five years to deliver the expectations required. This will be further modified in light of the longer term impact of COVID-19. The national plan sets out a clear direction for integrated care and we are fully engaged in the work that is required, including the formation of an Integrated Care System (ICS), which is reflected in the Trust's Strategy. The partnership goals are:

1. To make sure that people can live as healthy a life as possible. This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.
2. To make sure that you only have to tell your story once. Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
3. To make Norfolk and Waveney the best place to work in health and care. Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Whilst significant progress has been made, the current pandemic and the plans that will be required to recover from it have had a huge impact on our strategy. The system plan to recover is in its early stages as we seek to re-introduce elective care alongside the continued treatment of patients with the virus and the Government restrictions which we anticipate will be in place for some months.

How we have performed

Assurance is provided to each meeting of the Board. This monitoring covers national, contractual, quality and performance standards plus the local performance metrics that the Board has agreed to monitor.

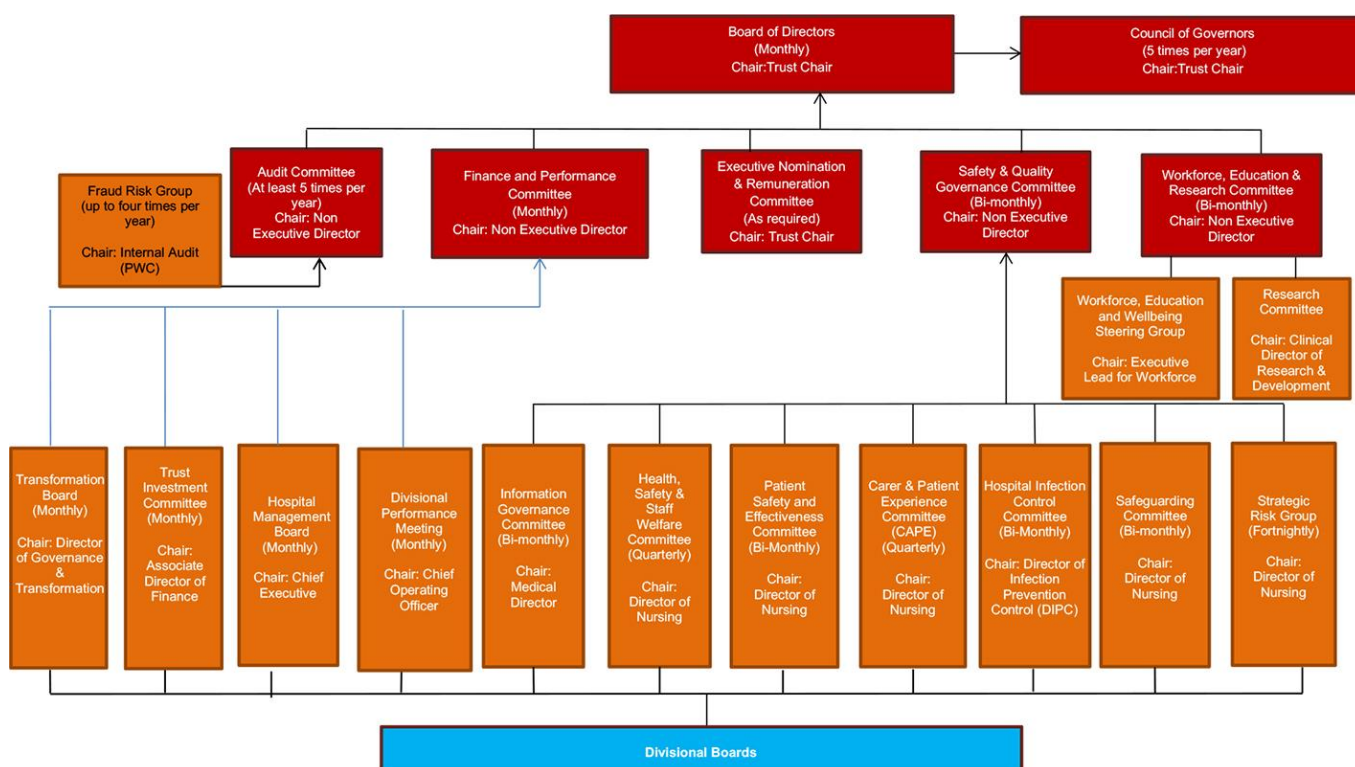
Due to the COVID-19 pandemic, the last full operational performance report considered was in February 2020, the position as at 31 January. At that time 66% - 20 - of the agreed metrics had been achieved, which meant that 10 had not. Emergency Department performance remained challenging with attendances higher than the previous year. Ambulance conveyances and non-elective admissions were similar to the previous year, whilst non-elective length of stay had increased and delayed discharges continued. This means that patient flow in the hospital was challenging at that time.

In relation to cancer care, there had been a 13% increase in referrals in January 2020 which had placed pressure on services. At that time, the Trust was on track to achieve its planned waiting list size at the end of March.

The report that is presented to the Board is detailed. It includes the dashboard of metrics, together with a detailed summary on each one that is not being achieved. This includes trends, benchmarking information, action taken and the action planned to recover performance. A three year activity trend is presented which shows that previous increases in demand in A&E have continued.

Activity	2017/18	2018/19	2019/20
Elective Inpatients	4,022	4,048	3,287
Day Cases	31,342	32,562	31,539
Non-Elective	27,525	29,476	29,522
Outpatients	204,515	220,014	210,712
A&E (Emergency Department)	77,678	80,866	81,728

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



The final position against the key performance indicators (KPIs) we measure is presented:

	Indicator	Threshold 2019/20	JPUH 2019/20
1	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92% 13,464 patients	69.99% 12,456 patients
2	A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge	95%	84.69%
3	All cancers: 62 day wait for first treatment from:	urgent GP referral for suspected cancer	85% 76.28%
		NHS Cancer Screening Service referral	90% 95.69%
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%	99.11%
14	C difficile: trajectory	24	24
20	Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliance	Compliance

The KPIs 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 operational performance reports in detail. The Safety and Quality Governance Committee considers all quality-related and clinical governance issues. 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.

Details of the Audit Committee can be found on page 28 and the Executive Nomination and Remuneration Committee on page 51.

A full review of our governance processes and the meetings is underway with revised processes taking effect for the Hospital Management Board, the operational decision making body, from April 2020. Further streamlined processes will be implemented as required in early 2020/21 to enhance the assurance already provided to the Board.

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 2020, 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. This is consistent with the Department of Health Group Accounting Manual guidance which states that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

The Board has agreed expenditure budgets for 2020/21 and this also formed the basis of the draft annual financial plan which was submitted to NHS England/NHS Improvement as part of the 2020/21 Operating Plan before that process was paused to tackle the COVID-19 pandemic. The revised financial regime put in place for the NHS for 2020/21 provides NHS organisations with greater assurance over future funding for the continued provision of NHS services. In respect of income funding for the forthcoming year a block contract has been put in place and could be extended. The Board is reviewing the financial position on at least a monthly basis as the situation develops during 2020/21.

After making enquiries, the directors have a reasonable expectation that the NHS Foundation 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.

Post year-end events and looking ahead

On 19 March 2020 the Prime Minister announced a range of measures to be implemented to tackle the COVID-19 Level 4 national pandemic. The entire United Kingdom was asked to change their usual way of life. This included students putting their education on hold and people being asked not to socialise in the normal way. The aim was to ensure that the NHS could cope and treat those patients developing the virus and to save lives.

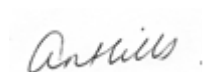
The changes required have had a major impact on everyone. Any non-urgent appointments and operations were initially cancelled to make way for video consultations where this was possible. Visitors to our hospital were severely limited. Staff were required to wear Personal Protective Equipment (PPE) to ensure that they and their patients were safe. Those who were judged as vulnerable and at higher risk of contracting the virus were shielded for a 12 week period. Home working became a part of our lives. Testing began and continues to increase.

At the time of writing key worker testing has been underway for some weeks. All admissions to hospital will now be tested. The most important element in stopping the spread has been washing hands and social distancing – keeping two metres apart from another person unless they are within your own household.

The Level 4 national incident operates within the Civil Contingencies Act 2004. We have implemented all national guidance and requirements, submitted the daily returns as requested, and we continue to manage the Trust's response with daily tactical and strategic meetings to ensure that decision making is appropriate.

After nearly four years in the role of Director of Nursing, Julia Hunt, announced her plans to retire at the end of March 2020. Paul Morris was appointed as her successor, joining the Trust on 1 April 2020. Due to the pandemic, Julia has continued to support us with her wealth of experience, undertaking the role of Director of Infection Prevention and Control on a part time basis until the end of June.

Recovery planning across Norfolk and Waveney is now underway. This will include re-starting appointments and elective operations in a planned way to ensure that our staff and our patients are safe. It will require further changes to how the hospital operates. As this work develops and changes are being considered, we will engage with our staff and our local community to ensure that they are fully aware of what is required and why.



Anna Hills
Chief Executive and Accounting Officer
23 June 2020

Accountability report: Directors' report

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 way that the organisation works is set out in its corporate governance framework which includes the Constitution, Board and Council Standing Orders, Standing Financial Instructions and Scheme of Delegation. This confirms the decision making process and financial limits.

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. A clear schedule of business is in place and regularly reviewed. This is supported by monthly review meetings between the Chair, Chief Executive and Trust Secretary which includes future planning and development.

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 organisation's Provider Licence are being met. Compliance was confirmed most recently in February 2020. 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, either formally or informally through the Board Seminar. 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. These changes have seen significant additional engagement with staff and patients over the last two years, which has enabled the Board to consider the requirements of individual services. This has been very well received by staff. The Board continues to receive six monthly updates on these new processes, the most recent in November 2019. This process will be reviewed as part of the post pandemic planning and review of patient engagement and feedback mechanisms during 2020/21.

This is a summary of the most recent updates to the Board:

Board engagement – this is what members of staff have said



James Paget
University Hospitals
NHS Foundation Trust

I enjoyed showing you around and presenting a small part of what we do in a varied job It is a shame you weren't able to stay longer to see some of the challenges we sometimes have

I found it very beneficial. I was able to be open and honest about our work and ward running and felt my views and opinions were welcomed and respected. The issues for improvements that were discussed were taken seriously and acted on very promptly. I welcome further visits in future

....it was good to have one of the Directors come to the department and for me to explain how we as a department run and what our aims and challenges are.....

The Respiratory Physiology team were very pleased to have taken part in the '60 Minute Challenge' with members of the James Paget Board. The team enjoyed the opportunity to showcase the performance and developments of the Sleep and Lung Function services and discuss ways in which our visitors could support us to continue to innovate and improve the service.

We were pleased to welcome a Board member and to see that our work is valued..... enabled me to explain the issues I have and to show how we are providing a proactive service..... One of the things that the Board member took away is now progressing

Please get involved – if you are interested in a visit, contact Ann Filby, Head of Communications and Corporate Affairs, on ext 2162

Board Engagement/visibility



James Paget
University Hospitals
NHS Foundation Trust

In the last six months, these visits have taken place:

- **Walk in my shoes:** Apprenticeships; finance – payroll; Switchboard; PMA; Junior Doctor; Pharmacy.
- **60 Minute Challenge:** Clinical Care Outreach; Ultrasound, Breast Care Nursing; Workforce Transformation
- **Board to Ward/Enhanced Board to Ward:** Wards 3, 4, 5, 12, 16; ICU; Day Care Unit; Clinical Coding; Pharmacy; PACs team/ENT outpatients; Commercial/Contracting
- **Departmental presentations to the Board in public:** Endoscopy, Schwartz Rounds; Trauma & Orthopaedics

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.

Five meetings have been held in public. The meeting scheduled for March 2020 came just after the COVID-19 pandemic began and whilst the Board was due to meet in public, this took place in private, virtually. Revised governance arrangements were put in place which included an amended Board Business Continuity Terms of Reference. The governance and assurance process for management of Board responsibilities was further enhanced during April 2020. This was to ensure that the primary focus during this challenging period was the effective management of services and the safety of staff and patients. Board Committees were suspended, with all critical business to be considered through the Board.

More informal monthly Board Seminars are held for briefing, mandatory training and strategic development. A review of the 2019/20 programme confirmed that this time remains important to support an effective Board, enabling the discussion and reflection that is not possible at a formal Board meeting due to the time constraints. The priority is strategic debate as we move ahead with a more integrated health and care system. The outline programme is agreed each year and is flexible to meet new requirements, with effectiveness reviewed at every meeting. The outline schedule for 2020/21 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 staff and our patients. Membership and attendance at the Board of Directors is set out below:

Voting Board Members	
	<p>Anna Davidson - Chair</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 STP partnerships, business developments and joint ventures.</p>
Executive Directors	
	<p>Anna Hills - Chief Executive</p> <p>Chief Executive from 1 March 2019 prior to taking up the permanent appointment from 1 August 2019.</p> <p>Appointed on the Board from December 2013 as Associate Director; Director of Governance from October 2015, Deputy Chief Executive from 1 April 2018 having undertaken the role for six months in 2017.</p> <p>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.</p> <p>Responsibilities: Accounting Officer</p>
	<p>Mark Flynn - Director of Finance</p> <p>Appointed April 2014</p> <p>Mark has worked at the hospital since 2007 initially 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.</p> <p>He is a Fellow Chartered Certified Accountant (FCCA) and is also a member of the Association of Accounting Technicians (MAAT).</p> <p>Responsibilities: Finance; Contracting; Procurement; Commercial Strategy; Estates and Facilities; Sustainability: Energy Carbon Management; Charitable Fund; Counter Fraud.</p>
	<p>Julia Hunt – Director of Nursing</p> <p>Appointed December 2016 (Acting role from May 2016)</p> <p>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.</p> <p>The majority of Julia's nursing practice has been in emergency medicine.</p> <p>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;</p> <p>Non-medical education; Chaplaincy.</p>

	<p align="center">Dr Hazel Stuart - Medical Director</p> <p align="center">Appointed from 5 March 2018</p> <p>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.</p> <p>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.</p> <p>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.</p>
	<p align="center">Joanne Segasby - Chief Operating Officer</p> <p align="center">Joined the Board as Acting Chief Operating Officer from 1 April 2019; permanent in the role from 1 July 2019.</p> <p>A registered nurse, Joanne has worked in the NHS for 25 years, carrying out clinical work in Accident and Emergency and Critical Care, at Ipswich, Addenbrooke's and the Norfolk & Norwich University Hospitals.</p> <p>She has held managerial roles in Cancer Services, as General Manager in Women and Children's Services and was Operational Director for Surgery at the Norfolk & Norwich University Hospital since 2014.</p> <p>She joined the James Paget team in October 2018 as Associate Chief Operating Officer.</p> <p>Responsibilities: Operational delivery and performance, Performance Management Framework; Hospital Management Board; Emergency Preparedness and Business Continuity; Security Director; Decontamination;; Informatics; Health Records.</p>
	<p align="center">Karen Hansed – Director of Governance and Transformation (interim)</p> <p align="center">Appointed December 2019.</p> <p>Karen has held a number of senior roles whilst working at PwC and in the NHS. She brings a wealth of knowledge and experience having worked in the NHS for over 17 years. During her career, she has focused her time on identifying sustainable quality improvements for patients and staff to reduce unwarranted clinical variations. In addition, her roles have involved liaising with staff to identify new ways of working to achieve efficiency and productivity improvements across a range of clinical and non-clinical areas. Karen has also had operational experience working as a Divisional Director at an acute hospital trust.</p> <p>Responsibilities: Risk and Governance, Complaints, Litigation, PALS, Clinical Audit and Effectiveness, Incidents, Serious Incidents, Never Events, Compliance (CQC, NHSI etc.), Patient Safety, NICE guidance, NPSA alerts, Health & Safety and Transformation.</p>
	<p align="center">Jonathan Barber – Director of Strategy and Integration</p> <p align="center">Appointed February 2018 (six months fixed term, extended), permanent role from 1 March 2019</p> <p>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.</p> <p>Jonathan is Vice Chair of a Housing Association and has held a number of other non-executive positions.</p> <p>Responsibilities: Strategic Planning, Trust lead for the Norfolk and Waveney Health and Care Partnership; Partnership working.</p>
<p align="center">Trust Secretary</p>	
	<p align="center">Ann Filby - Head of Communications and Corporate Affairs</p> <p align="center">Appointed to Trust 2006; Head of Communications from September 2010</p> <p>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 took over responsibility for the Trust's corporate office supporting the Board of Directors and management of Freedom of Information requests.</p> <p>Ann is an accredited PR practitioner and Member of the Chartered Institute of Public Relations.</p> <p>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.</p>

Non Executive Directors Appointed by the Council of Governors for a three year term of office	
	<p>Stephen Javes – Non Executive Director</p> <p>Appointed by the Council of Governors for his first three year term of office from 1 January 2019 until 31 December 2021.</p> <p>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 chaired Community Action Suffolk for part of the year and from March 2020 chairs the Lowestoft Places Board.</p> <p>Responsibilities: Chair of the Board's Audit Committee.</p>
	<p>Paula Kerr - Non Executive Director</p> <p>Appointed by the Council of Governors for her first three year term of office from 1 November 2016 until 31 October 2019; reappointed for a second three year term from 1 November 2019 to 31 October 2022.</p> <p>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.</p> <p>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.</p> <p>Responsibilities: Safeguarding.</p>
	<p>Professor Nicola Spalding - Non Executive Director, representing the University of East Anglia</p> <p>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.</p> <p>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 lectures 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.</p> <p>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.</p> <p>Responsibilities: Chairs the Board's Workforce, Education and Research Committee; workforce; chairs the Trust's Remarkable People Organising Committee; Non executive lead for Raising Concerns incorporating local Freedom to Speak Up Guardianship.</p>
	<p>Roger Margand - Non Executive Director</p> <p>Appointed by the Council of Governors for his first three year term of office from 1 September 2017 until 31 August 2020</p> <p>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.</p> <p>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.</p> <p>Responsibilities: Chair: Board's Finance and Performance Committee.</p>
	<p>Professor David Scott - Non Executive Director; Senior Independent Director</p> <p>Appointed by the Council of Governors for his first three year term of office from 1 September 2017 until 31 August 2020</p> <p>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. David's last role was for the Clinical Commissioning Group (CCG).</p> <p>Responsibilities: Chair's the Board's Safety and Quality Governance Committee; Mortality; Care of the Dying (End of Life); Medical Revalidation; CEA Awards; Quality; Infection Prevention.</p>

Board changes during the year

Trust Chair Anna Davidson has been reappointed for a further three year term of office from May 2020. Non Executive Directors Paula Kerr and Nicola Spalding have also been reappointed for second terms. Professor David Scott was reappointed as Senior Independent Director in January 2020 for the remainder of his term of office.

There have been a number of Executive Director changes in year:

- Anna Hills was appointed as the permanent Chief Executive from 1 August having undertaken the interim role since March 2019
- From November 2019, Andrew Palmer, Director of Transformation and Workforce, took up a 12 month secondment with the Norfolk and Waveney Health and Care Partnership. Karen Hansed joined the Trust as the interim Director of Governance and Transformation, in December
- Jo Segasby took on the role of Chief Operating Officer on an interim basis on 1 April 2019 and was appointed into the permanent role from 1 July following an external recruitment process

- Mark Flynn, Director of Finance, reduced his hours to four days a week from 1 August 2019. His responsibilities were revised to enable a focus on our commercial work. He is supported by Associate Director of Finance Ed Taylor, who took on the day to day operational finance role whilst Mark remains the Board accountable officer for finance. Ed also attends the Board to provide professional support, whilst he is not a Board member
- Graeme Armitage took the Executive Workforce Lead role on a part time temporary basis from 12 November 2019. He attends the Board and provides professional guidance, whilst he is not a Board member.

The annual review of Board effectiveness includes levels of attendance. This was considered at the end of November 2019 when there were no concerns raised about any individual Board member's record. Where a member is not able to attend a meeting, the reasons are confirmed with the Chair and Trust Secretary. For those Non Executive Directors that are employed, it can be challenging when last minute issues arise.

Attendance at the Board of Directors' meetings is set out overleaf.

The Chair ensures that meetings are held with the Non Executive Directors only, without the Executive Directors, as necessary. During the pandemic, these are taking place on a weekly basis.

The Executive Team meets separately, chaired by the Chief Executive as the Accounting Officer, on a weekly basis.

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. This sets out how all our processes fit together and how 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.

The Trust Constitution was revised in November 2019 and approved by both the Council and the Board in line with requirements.

Board of Directors 2019-20													
Name	Job Title	26/04/19	24/05/19	29/06/19	26/07/19	27/09/19	01/11/19	29/11/19	31/01/20	28/02/20	27/03/20	Meeting Count	% Attend
		Private		Private			Private			Private			
Members													
Anna Davidson	Chair	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100.00
Anna Hills	Chief Executive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100.00
Mark Flynn	Director of Finance	Y	Y	Y	Y	A	Y	Y	Y	Y	Y	9	90.00
Julia Hunt	Director of Nursing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100.00
Hazel Stuart	Medical Director	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	9	90.00
Joanne Segasby	Chief Operating Officer	Y	A	Y	Y	Y	Y	Y	Y	A	A	7	70.00
Professor David Scott	Senior Independent Director	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	9	90.00
Roger Margand	Non Executive Director	Y	Y	A	A	Y	Y	A	Y	A	Y	6	60.00
Professor Nicola Spalding	Non Executive Director	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100.00
Paula Kerr	Non Executive Director	Y	A	Y	Y	A	Y	Y	Y	Y	Y	8	80.00
Stephen Javes	Non Executive Director	Y	Y	A	Y	Y	A	Y	Y	A	Y	7	70.00
Non Voting Members													
Jon Barber	Director of Strategy and Integration	Y	Y	Y	Y	Y	Y	Y	Y	Y	A	9	90.00
Karen Hansed	Director of Governance and Transformation								Y	Y	A	2	66.67
Andrew Palmer	Director of Transformation and Workforce	Y	Y	A	Y	Y	Y					5	83.33
Ann Filby	Head of Communications and Corporate Affairs	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	100.00
In attendance													
Graeme Armitage	Executive Lead for Workforce							Y	Y	Y	A	3	75.00

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 minuted at the next Board meeting. This includes signing up to the Board's Code of Conduct. It forms part of the annual review of the CQC's Fit and Proper Person 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 meeting papers, and these are available on the Trust's website.

This process has been enhanced to include all the Trust's nominated decision makers in line with national guidance. The Audit Committee continues its oversight of the Trust's processes including declarations and hospitality, with an annual review of policy effectiveness. There are over 200 decision makers in the organisation who are asked to make an annual return. The register has been published at least annually in line with the guidance. The aim now is to publish any changes in the register of decision makers at least six monthly and ideally on a quarterly basis.

An additional module for the Electronic Staff Record was due for implementation during March 2020. Once this is available, our processes have been revised, and all staff have access to the self-service functionality, this will enable a more streamlined approach to declarations. Due to the pandemic, this work is currently on hold. The policy is due for a full review and audit during 2020/21.

The declarations 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 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. There have been no significant changes in the commitments that would affect the Chair's ability to carry out her role. Nicola Spalding is an appointment from the University of East Anglia. As a senior employee of an organisation that has a material business relationship with the Trust, she would not strictly meet the legal criteria for independence. However, Nicola has continuously demonstrated her strategic focus on issues relating to the Trust as a whole and its context within the wider Suffolk system. On this basis the Board has confirmed the independence of the Chair and all Non Executive Directors for the year to 31 March 2020.

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. This is kept under review.

There was a revision to the UK Corporate Governance Code during 2018 which has not yet resulted in a revised Code of Governance. The Trust Secretary advises the Board on any best practice considerations in-year and where processes can be streamlined or enhanced.

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:

Sections 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 18
- The Council of Governors' membership and number of meetings can be found from page 70. 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. At least 1½ hours of each Council meeting held in public is taken up with presentations to Governors on the main elements within each Non Executive Director's portfolio area. This is enhanced with a Chief Executive's report and a Lead Governor's update, with full discussion and questioning from Governors
- Information on Governors' engagement as part of the membership strategy can be found at page 74
- Governors' involvement in developing the forward plan can be found at page 71. We hold a workshop each January to discuss potential Trust priorities for the coming year. There is generally a short private part of each Council meeting which enables free discussion on strategic issues, including the Norfolk and Waveney Health and Care Partnership, closer working with the two Norfolk acute trusts and priorities in response to the NHS Long Term Plan. Use of a 'strategic question' during membership engagement has enabled our local community views to be taken account of as more integrated working is being considered. More detail can be found in the membership section from page 74
- Appointments and performance reviews are included within the Remuneration Report from page 46
- 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
- In relation to Board diversity 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 number of Executive Director roles. We do however want to enhance our processes and will be looking to implement reverse mentoring. This would mean some or all Board members being linked with a member of staff to consider what it feels like to be from another culture or to be identified in one or more of the nine protected characteristics set out in the Equality Act 2010. This is currently on hold due to the pandemic.

Section C: Accountability

- Requirements are discharged through this annual report and regulatory submissions to NHS England/NHS Improvement
- Information on the Audit Committee and effectiveness of the Trust's system of internal controls can be found at page 28
- The External Auditors, KPMG, have been in place for three years. They have been appointed for a further one year prior to a full tender process taking place. The Council of Governors approved the Audit Committee's recommendation at their meeting in October 2019, with a timetable and process confirmed for 2020/21.

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 part of the Norfolk and Waveney Health and Care Partnership and lead on a number of work streams. Details of this can be found throughout this report
- The Board has considered its strategic position in detail and has taken a lead in setting out a vision for longer term partnership working. Last year this was shared with the other two acute trusts, the Health and Care Partnership leadership and included in our objectives. We were instrumental in proposing and arranging the first three Trust Board meeting in November 2019 when future priorities and working arrangements were considered and a way forward confirmed. A Board Sub Group meeting was held in early 2020 with further progress to be made during 2020/21
- In addition to the number of Board members attending each Council meeting, 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 can be escalated
- Board engagement opportunities include 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 them carry out their role if we can. Details of recent feedback and visits can be found at page 19
- Progress on the membership strategy is set out on page 74. This is presented to the Council and the Board annually, most recently in January 2020, and includes a brief analysis of the membership
- 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 is not required for Non Executive reappointments
 - 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.

Audit Committee

Stephen Javes, Non Executive Director, has been Chair of the Audit Committee throughout 2019/20. 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 is responsible for reviewing the annual financial statements and recommending these to the Board for approval. It 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, 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. Progress against the plan is reviewed at each meeting to enable the Committee to seek sufficient assurance on progress. A detailed description of the work of internal audit for the year is provided in the Annual Governance Statement, overall assurance that “risk management processes and internal controls in relation to business critical areas are generally satisfactory”.

The external auditors for the Trust for 2019/20 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, the 2019/20 audit represents a one year extension to the initial three year term of engagement with KPMG. External audit services will be subject to a full market evaluation and tendering exercise during 2020/21.

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.

Audit Committee 2019-20									
Name	Job Title	20/03/19	15/05/19	04/07/19	04/09/19	06/11/19	05/02/20	Meeting Count	% Attend
Members									
Substantive NED Attendance									
Stephen Javes	Chair/Non Executive Director	Y	Y	Y	Y	A	Y	5	83.33
David Scott	Senior Independent Director	A	Y	A	Y	Y	N	3	50.00
Roger Margand	Non Executive Director	Y	Y	Y	Y	Y	Y	6	100.00
Non Substantive NED									
Paula Kerr	Non Executive Director								
Nicola Spalding	UEA Appointed Non Executive								
Other JPUH Attendees									
Gareth Davies	Financial Accountant	A	Y	Y	Y	Y	Y	5	83.33
Mark Flynn	Director of Finance	Y	Y	Y	Y	A	Y	5	83.33
Anna Hills	Chief Executive	Y	Y	A	Y	A	N	3	50.00
Ed Taylor	Deputy Director of Finance	A	Y	Y	A	Y	A	3	50.00
External Attendees									
Alyssia Blake/Hayley Ward	PwC	Y	A	Y	Y	Y	Y	5	83.33
Charlotte Dillaway/Andy Grimby	Head of Internal Audit - PwC	Y	A	Y	Y	Y	Y	5	83.33
Juliette Meek/Lenka Carbonell-Marvan	Local Counter Fraud - PwC	Y	A	Y	Y	Y	A	4	66.67
Representative	KPMG	Y	Y	A	A	Y	Y	4	66.67
Representative	KPMG	A	Y	Y	Y	A	Y	4	66.67
Occasional Attendees									
Anna Davidson	Trust Chair								
Hazel Stuart	Medical Director								
Isobel Watts	PwC								
Joanne Segasby	Chief Operating Officer								
Andrew Palmer	Director of Transformation & Workforce	Y							
Julia Hunt	Director of Nursing								
To complete attendance enter Y N or A (case-sensitive). Attendance and percentage formulas are already in place.									
Members of the audit committee should aim to attend all scheduled meetings but must attend at least 75% of all meetings each financial year.									

A review of how Board Committees operate post COVID-19 is being undertaken early in 2020/21. This will include revising work plans and re-confirming the attendance requirements for the Board and its Committees.

NHS Improvement's well-led framework

Following our CQC Well-led inspection in October 2019 we were pleased to be awarded a second Good rating. This review covers the quality of leadership at every level and how well we manage the governance of the organisation. We continue to seek improvements and aspire to be Outstanding.

The CQC rated us Good because:

Are services well led?

- All of the core services we inspected were rated as good for well-led.
- Governance processes were fully effective. Staff had regular opportunities to meet, discuss and learn from the performance of the service. Risks and issues were escalated promptly, and mitigating actions were taken quickly to reduce the impact of risks identified.
- The executive team and managers were visible and approachable throughout all core services.
- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development.
- All staff were committed and supported by managers to continually learn and improve their service. They had a good understanding of quality improvement methods and the skills to use them.

Is the organisation well led?

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust board had the appropriate range of skills, knowledge and experience to perform its role.
- The board and senior leadership team had set a clear strategy, vision and values that were at the heart of all the work within the trust. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- There was a culture of high quality, sustainable care. Staff felt supported, respected and valued.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The executive directors were aware of the risks within the organisation and ensured learning from incidents, complaints and safeguarding alerts was shared to drive forward improvements.
- The trust used information to gain assurance and measure improvement in the quality of its services.
- The trust included and communicated effectively with staff, there was good engagement with the public.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the services.

External review of governance arrangements

The last review was undertaken in 2016. On receipt of the final report in December 2016 a full action plan was implemented and completed.

In January 2020 the planning process began for a second review. The Board considered the scope and a timetable. This is on hold until the CQC revises their well-led framework and once normal working resumes following the initial stages of the pandemic.

Developing services for our patients

The Board's Safety and Quality Governance Committee considers quality issues in more detail, with regular reporting to the Board.

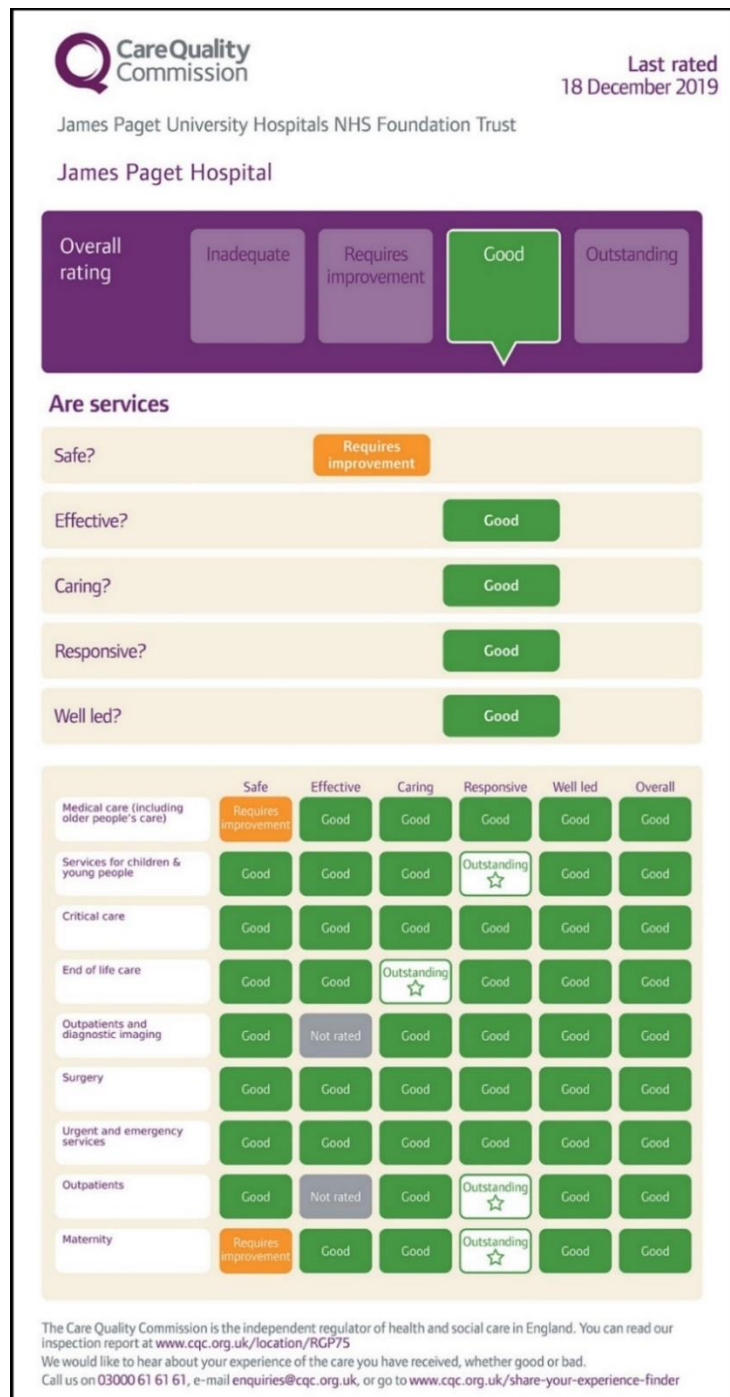
The CQC monitors the quality of care that we provide. We have enhanced our processes year on year and regard the inspections as our 'time to shine'. We ask our staff to raise any concerns with us, and to talk to the inspectors, taking pride in the care that we deliver.

We were very pleased to see improvements confirmed when this year's report was published. Following the inspection, we have amended our own processes with our Hospital Management Board taking the lead in monitoring progress and planning for each inspection.

Inspectors found no breaches of any legal requirements or elements of care in need of urgent attention.

The Safe domain remains as 'Requires Improvement' despite completion of the actions required. Neither medical care nor maternity core services were re-inspected this year, whilst all the areas inspected were rated as Good or Outstanding.

Two issues were highlighted by the CQC this year. One related to the timeframes for complaints. The second related to ensuring that medical records are not accessible to people who are not authorised to view them. Both issues have been resolved and the CQC advised.



The Trust's strategic objectives and details of partnership working were set out earlier in this report. Here are some examples of where improvements are being made to benefit our patients.

- **Acute Services Integration Programme (ASI)**

The Trust continues to work with the other two acute Trusts in Norfolk. This programme aims to address immediate sustainability issues facing some key clinical services. There are three core objectives for the four specialties that the programme has prioritised:

- Establish a single clinical team
- Move to a single contract with commissioners
- Develop a single waiting list.

The key priority has been to tackle some of the specialties that faced the greatest changes and to form a more sustainable and equitable service by forming a single clinical team across the trusts. This has resulted in the single clinical leadership of Urology and ENT to become Norfolk and Waveney services, with the Norfolk and Norwich University Hospitals NHS Foundation Trust as lead provider.

Services transferred from our Trust 'as is'. Service development and improvement plans are being established, outlining immediate priorities over the next 12 months. This will become part of the Hospital Services Strategy (HSS). There has already been successful recruitment to new joint posts and job plans are being harmonised. The 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.

Due to the COVID-19 pandemic, the planned transfer of Haematology and Oncology is currently on hold. We are continuing to use this period productively, with a number of actions identified that we can progress in early 2020/21. This will help us to build on the foundations of the programme, so that when the system is able to return to business as usual we are well positioned to make rapid progress.

This will complete the first phase of the ASI programme. It is agreed that this work would be rolled into the HSS and then tackle services that face the greatest changes in the post COVID period. Single clinical policies are also being developed across the three Trusts that would support equitable services for patients and better enable the cross-site working of staff.

- **Hospital Services Strategy**

Work began in late 2019 on this strategy across all three acute Trusts in Norfolk and Waveney. An independent Medical Director was appointed from outside our own healthcare system, someone with experience in this area. Due to the pandemic, they have returned to their own system and our Director of Strategy and Integration is chairing this work going forward. Proposed governance arrangements are currently being considered. We are committed to exploring opportunities for closer collaborative working across all three Trusts.

- **Our Commercial Strategy**

There have been a number of developments in line with the Board approved strategy:

- Using the income from the first two years of the M&S shop, new toilet facilities have opened in the main foyer including a Changing Places facility
- Whilst it was not possible to confirm an external partner to enhance development and management of the hospital's estate, we are taking forward a number of discussions. We have also been successful in receiving funding to build a business case for a new hospital build
- Significant time has been spent on considering and re-launching the Trust charity on 14 February 2020. The Raise a Rainbow appeal focuses on Emergency Department developments initially, with a new website - www.jpaget-charity.org.uk - which features a host of inspiring stories, fundraising ideas and practical advice for those wishing to support their local hospital. All Board members are Trustees of the charity and ensure its effective management to meet the Charity aims – its work is detailed in a separate annual report available later in the year



**RAISE A
RAINBOW**
FOR THE PAGET

Registered Charity No: 1050406

- We are reviewing how we can maximise the revenue from advertising, whilst not impacting on the information that our patients rely on
- External training has taken place to enable a full review of our strategy, which was due to be considered by the Board this summer.
- The upgrade of our staff residences is under discussion with the current focus on a redesign to be clear what is required
- Car parking expansion is at an early stage, with some improvements made in-year
- Other income generation schemes to benefit patients, visitors and staff.
- An external training provider supported us with one day's training to date. Further development, and preparation of a revised commercial strategy, is currently on hold.

- **Research**

Clinical research experts at our hospital have played a key role in several important research trials during the last year. Their work included:

- participation in a European trial aimed at countering life-threatening peanut allergies in children, for which there are currently no treatments available. Peanut allergy is one of the most common food allergies and affects more than 6 million people in Europe and America. People with the allergy can suffer severe and potentially life-threatening reactions if they ingest even a small amount of peanut. Two local patients, both in their teens and being treated for peanut allergies at the James Paget, were put forward for the trial, known as ARTEMIS

- taking a lead role in the completion of a five-year global study looking at the effectiveness of a treatment to prevent blindness. The LUMINOUS study involved more than 30,000 patients worldwide – 11,000 in the UK – to evaluate the effectiveness of a treatment to combat the effects of wet Age-related Macular (AMD) Degeneration, which is the primary cause of blindness in the western world
 - Participating in the world's largest study looking at depression and anxiety as one of the recruitment centres for the Genetic Links to Anxiety and Depression (GLAD) Study, led by the National Institute of Health Research (NIHR) Mental Health BioResource and researchers at King's College London
 - Clinical research midwives were appointed at the end of 2019 and successfully recruited to the Big Baby study to find out if labour should be started a little earlier for women with babies who appear to be a little bigger than expected.
- **Education and practice development** continues to develop as we strive for excellence. The James Paget has become nationally known for its innovation, with an annual multi-professional education conference taking place for the second year. Three of our top nurses were presented with awards at the conference – Julia Hunt, Director of Nursing, received the prestigious Chief Nursing Officer's Gold award recognising her dedication and commitment to the hospital over a number of years. Sharon Crowle, Head of Education Practice and Development, and Claire Whitehouse, Lead Nurse for Research, both received Silver Awards.



We have invested to ensure that a range of opportunities and pathways are available for our staff and those new to the NHS. Our Junior Academy continues to provide a range of activities in a half-day session for 14-15 year olds to inspire them to join the NHS. The Senior Health and Care Academy for 17-19 year olds is a six month programme of attendance twice a month experiencing a range of clinical sessions such as resuscitation, and life skills such as CV writing and interview techniques. Our Senior Healthcare Academy Awards Ceremony in December 2019 saw England's Chief Nursing Officer Ruth May join us to present certificates to the students. This was the second group of students to graduate.



Ruth May said; "The pride and the passion that I've seen here today has really touched me. It was wonderful to hear the students' stories and ambitions for the future. One of my key priorities is our workforce and it has been interesting hearing about the Academy and the experiences of those taking part."

- **A series of 'bystander' Cardio Pulmonary Resuscitation sessions** were held in the hospital – giving local people the opportunity to learn the basics of CPR. The free training was given by a team of our emergency consultants, nurses and practitioners and was held in the hospital's foyer. These have given dozens of people the opportunity to learn potentially life-savings skills, which could prove vital in the event of a medical emergency. The sessions were supported by local charity Heart 2 Heart Norfolk.
- **The introduction of Butterfly Volunteers** to give compassionate companionship for patients as they approach the end of their lives. They can provide support through being a regular visitor for those who may not have close family or friends, or by giving family members the opportunity to have a break. The James Paget worked closely with the Anne Robson Trust, who are the only charity in the UK doing this work, to recruit and train the first volunteers for our hospital.



No one should die alone

Butterfly Volunteers providing Compassionate Care at the end of life

Who are Butterfly Volunteers?
Butterfly Volunteers provide company and companionship to hospital patients in the last days and hours of their lives. The volunteers are drawn from the local community and they are from all backgrounds, genders and ages. Some may have supported their own loved ones at the end of their life, and they all have a compassionate and empathetic nature. Many, but by no means all, have experience working in the caring community. All Butterfly Volunteers are trained to undertake this role and have specific knowledge of the hospital they are volunteering in.

Be part of an amazing team...
"Thank you for the time you spent with my Mum. I am so grateful she had someone when she died. It has made losing her just that little bit easier." Patients daughter
"Butterfly Volunteers are angels - just a wonderful idea, and so much needed!" Ward Sister
"I really enjoy my role as a Butterfly Volunteer. I saw the need when my Dad died in hospital a few years ago and I am so grateful for the opportunity to support patients and families at this difficult time." Butterfly Volunteer

If you would like more information, please contact:
John Gilligan, Butterfly Coordinator
James Paget University Hospital
01493 453546
Ext. 3546
Email john.gilligan@jpaget.nhs.uk

annerobsontrust.org.uk

Copyright Anne Robson Trust 2018 Registered Charity in England and Wales (1078325)

- **The Swan Model** was adopted to enhance care at our hospital for people approaching the end of life and their families. Originally developed at The Pennine Acute Hospitals NHS Trust, this offers dedicated support to patients in the last days of life, and to their families before and after their loved one has died. It is recognised that end of life care is difficult for patients and their relatives and there are many choices to be made. The Swan Model aims to give support to understand the choices, as well as giving patients options on how and where they wish to be cared for as they approach the end of their lives. The model is designed to give a personalised approach that is all about the little things that can make a patient's stay more comfortable, in a way that is important to them. This also supports our staff by giving them permission to do things differently, such as enabling patients to have their pet visit them in the hospital.
- **Keeping hospital appointments** – a campaign was launched to highlight the importance of keeping appointments after more than 20,000 people did not turn up for their outpatient visit during the previous year and failed to contact the hospital to say that they could not attend. It was also in response to 250 patients not attending hospital for scheduled surgery and again not getting in touch with the hospital. Failure to attend appointments and procedures wastes both time and money – and not getting in touch to cancel in reasonable time means the hospital cannot re-allocate them to another patient. As part of the campaign, posters were put in all public waiting areas across the hospital to spell out the implications when patients fail to attend scheduled appointments and procedures and do not notify the hospital in advance.



James Paget
University Hospitals
NHS Foundation Trust

Don't be a 'no show'



Last year
24,120
Outpatient
Appointments
at a cost of
£150
per appointment
were missed, that's
£3,618,000
which should have
been spent on
patient care

If you cannot keep your appointment, please give us **at least three days' notice** so that we can offer this opportunity to another patient in need of our care.

Please call the telephone number listed on your letter to cancel your appointment

- **A range of initiatives to support winter** to ensure that we could continue to focus on our patients as the numbers of patients requiring our care grows. We worked with organisations across the Norfolk and Waveney health and care partnership to prevent unnecessary hospital attendances/admissions and to provide the right care in the right place at the right time. This included:
 - Maximising the number of patients who could receive 'same day emergency care' without being admitted to hospital
 - Our expanded Ambulatory Care Unit continued to see more patients, some of which were referred from the Accident and Emergency Department (A&E)
 - Increased Early Intervention Team therapy service, operating six days a week, to help more patients leave hospital and get home more quickly
 - Extended pharmacy services
 - Use of escalation beds and a strong focus on discharge through the Integrated Discharge Hub

- **#HomeFirst** - we joined health and social care organisations across Norfolk and Waveney to launch a new campaign to promote the benefits of recovering at home, in your own bed, after surgery or inpatient treatment. This aims to explain why patients should make sure they can leave hospital on their Expected Discharge Date (EDD), rather than spending a prolonged spell in a hospital bed.
- **Emergency Department redevelopment** plans were confirmed over six phases:
 - Phases 1 and 2 have been completed with the introduction of GP streaming and enhancement of Ambulatory Care and the Operations Centre
 - Phase 3 – redesign of our Majors area to increase the number of bays from five to 11 and a range of other improvements
 - **For the future** - Phase 4, Minors and paediatrics; Phase 5 – Waiting area and reception.
- **Harnessing technology** – a new x ray machine is now in place providing high quality images to help with patient diagnosis. The Philips Azurion 7 was installed as part of a six-month project which saw an existing x-ray room totally re-built so that clinicians can maximise use of the new unit. The Azurion is a 'fluoroscopy' machine which means that it not only takes static x-ray images, but can also capture 'real-time' moving imagery. Images are captured by the unit's C-Arm which can move in various directions and can be angled to get specific images. The machine is housed in an extensively re-designed room, which has been brought up to the right specifications to allow clinicians to use it to perform a range of procedures, including renal stents.
- **Time to change** – in December 2019 we signed the Time to Change pledge. This is England's largest and most ambitious programme to change public attitudes about mental health. It ensures that there is accessible support in the workplace through initiatives such as the creation of Wellbeing Champions, self-help workshops and training. Signing the pledge was a straightforward way to demonstrate our commitment to our employees' mental health and creating an environment where they can be open about it.



let's end mental health discrimination

- **Digital workforce transformation**, including systems to manage our internal medical bank, developments to eRoster to enable better planning of those staff available and streamlining our recruitment process
- **Technology** – our IT team has led a range of improvements that impact on our staff and patients such as increasing the number of laptops available to enable working from home; virtual clinics for patients; planning for the Electronic Patient Record and ensuring that our cyber security processes are constantly reviewed.

Improvements in patient/carer information

This year there have been a number of developments to enhance the services that we provide to our patients:

- **Patients attending the Board meetings** – a patient story has been a long standing part of our Board meetings. In the last few months we have re-introduced patients attending in person to share their personal experiences of accessing services. This has begun in private only, taking account of the patients' wishes to enable them to share their personal story in a safe environment. The patient is supported to provide a balanced overview of their experiences, which opens up the opportunity for two-way dialogue between the patient and Board members. To date, this has worked very well.
- **Butterfly Volunteers** – as described previously.
- **Schwartz Rounds** have been introduced in collaboration with the Point of Care Foundation to support staff wellbeing, proven to have a positive impact on patient care. These provide a structured forum where all staff, both clinical and non-clinical, can come together to discuss the emotional and social aspects of working in healthcare using their individual experiences.
- **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 patient flow through the hospital and elective activity, appropriate use of services, public health campaigns and also the day to day developments that our staff lead for patients' benefit. Engagement has increased significantly during the pandemic. As the pandemic progressed early into 2020/21 we have also supported our patients through sharing a number of films including 'The NHS is Open for Business'.

Our Facebook page in particular also provides an easily accessible feedback opportunity for service users, from which feedback can be shared with relevant teams as soon as practically possible. The communications team works closely with the patient engagement team to ensure that responses are provided in a timely way.

- **A virtual patient information committee** swiftly reviews and ratifies essential patient information leaflets. Whilst there are always improvements to be made, in particular to the time it takes for leaflets to be completed, this is working well. This ensures that all information is reviewed so that it is easy to understand and all the relevant information is available, such as what to do if a patient has concerns, addition of contact information and the details of any risks to a certain procedure.
- **Condolence cards** enhance Trust communication with bereaved relatives.
- **Enhanced use of translation services** to ensure key messages are displayed and delivered in the Trust's top five most used languages.
- **Feedback opportunities/activities** as detailed in the Trust's Quality Report/Board reports.
- **Trust website** updates continue to progress to ensure that information provided is current and accessible. A process is in place to ensure that 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.
- **The map of our hospital site** has been fully updated for all our visitors. As well as large displays throughout the hospital, printed copies are available to take away.

Complaints Handling

We know that we don't get it right every time for our patients. Where this is the case, we want to learn from it and improve our processes. Patients are encouraged to raise concerns with us and our management of complaints is in line with the NHS Complaints procedure. Any complaint received is 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. Those raising a complaint are given the opportunity to express any desired outcome they would wish, following a complaint investigation.

The complaints team works with the Divisional and Executive teams to ensure that detailed responses are provided and that all aspects of the complaint are addressed. Each complaint is reviewed by members of the Executive Team before the Chief Executive signs the final response letter.

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 any further resolution required.

As a Trust, KPIs are used 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 number of complaints and the themes are reviewed by the Board on a monthly basis as part of the Quality and Safety report. An annual complaints report is also presented to the Board.

This year, we have seen a significant challenge in meeting our 60 day response timeframe. This was due to some personnel changes, and a backlog of complaints to be dealt with at the end of the summer. This was discussed at the Board, and whilst resolving the situation was a priority, it was important not to reduce the quality of the investigation and the responses being received by complainants. A plan was developed and the backlog was addressed within three months. Additional resources have now been added to the team to ensure that a further backlog does not build up.

Consultation with other groups/other activities

A dedicated Service User Group is in place, which meets quarterly, and gives the opportunity for service users to comment on user feedback and offer support for any quality improvement initiatives from a patient perspective.

Members have had the opportunity to contribute to various initiatives since the group's development, which include participation in the annual PLACE assessment – Patient-Led Assessments of the Care Environment programme. This is an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings undertaken by teams made up of staff and a minimum of 50 per cent members of the public - patient assessors. This reviews quality against common guidelines and standards to look at the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Members of the Group have also attended at Board to share their own personal experiences of accessing services and have reviewed key patient and care information.

Here are some of the other mechanisms that we use:

- **Governors** attend local GP Patient Participation Groups and engage and obtain feedback on services from the wider membership and the public as part of their membership engagement. The Governors share bespoke feedback with the Patient Experience Lead so that positive and required improvement comments can be appropriately shared and actions implemented, as necessary.
- **Healthwatch Suffolk** carry out fortnightly-monthly engagement visits co-ordinated by the Head of Patient Experience. This provides Healthwatch with the opportunity to visit different departments and speak with service users in person to gain their experiences regarding the service that they have received. The Trust Chair, Chief Executive and Trust Secretary also meet with the Chief Executives of Healthwatch Norfolk and Suffolk on a quarterly basis. They also form part of the system-wide discussions to enhance patient engagement opportunities.
- **Carers** - we continue to work in collaboration with the external carer agencies to ensure Family Carers are signposted and obtain the required support to fulfil their caring roles. This has included ensuring that information is available to our staff during the pandemic for both Suffolk and Norfolk.
- **Public engagement events** have taken place throughout the year to support patients and service users. These have included 'Living with and Beyond Cancer' to enable networking and empowerment and a Butterfly Volunteer information and recruitment event to support collaborative working with the Anne Robson Trust.
- **Enhancing patient engagement** is being discussed as part of the Hospital Services Strategy work and local implementation of the NHS Long Term Plan. This is considering how we can communicate with, involve and engage with patients and local people, particularly those who would welcome being more involved. Discussion is already underway with representatives of the three acute trusts, the Norfolk and Waveney Health and Care Partnership, Norfolk and Waveney Clinical Commissioning Group and Healthwatch Norfolk.
- A **Senior Programme Manager – Mental Health** has been appointed to lead strategic plans to improve support for patients accessing services, who also have mental health needs.

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 2019/20 or 2018/19.

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 %
2019/20	15,514	12,557	81%	65,161	35,157	54%
2018/19	11,377	9,358	82%	56,040	29,670	53%

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 %
2019/20	949	459	48%	42,551	14,888	35%
2018/19	2,216	1,567	71%	43,358	17,847	41%

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 33.

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 £(5.1)m for 2019/20 excluding the impact of consolidating its charitable funds (2018/19 deficit: £(5.7)m). Excluding the impact of non-recurrent Provider Sustainability Funding (PSF) and Marginal Rate Emergency Tariff (MRET income of £8.1m (2018/19 (PSF) income £4.8m), the underlying net deficit for 2019/20 is £(6.7)m (2018/19 £(10.5)m deficit). This is illustrated as set out below:

Non-operating income includes £4.2m of PSF income which is performance related and non-recurrent in nature. The scheme for allocating PSF income to provider trusts during 2019/20 was based on financial performance targets only. The financial performance element was to achieve a specified Control Total deficit for each quarterly period. The Trust achieved the financial target for the whole year.

Capital investments

The Trust's key capital investments during 2019/20 are shown below. A total of £7.6m was invested during the year including £2.9m on IT hardware and software schemes. There was also £1.4m spent on the Fluoroscopy room. This investment replaced equipment purchased in 2004, provides improved image quality and supports improved accessibility for local patients.

Capital Investments 2019/20	£'000
Fluoroscopy Room	1,401
IT Investments	1,312
Equipment replacement	1,288
Estates Work	1,073
Data Centre & Cloud	670
Offsite Housing	633
Windows 10	609
Pharmacy Robot	357
Core Network	279
Total	7,622

Cash and financing

The Trust's non-consolidated cash position reduced by £0.8m during 2019/20, with cash and cash equivalents of £7.5m held at 31 March 2020. Of the £10.1m of capital expenditure, £0.4m 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 £3.1m 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 2020 the Trust has £14.7m of borrowings, including £7.3m of planned deficit support loans from the Department of Health and Social Care all of which was required during 2018/19. There was a £1m loan repayment during 2019/20 and no further borrowing of this nature was required during 2019/20 or is planned for 2020/21. During 2020/21 existing DHSC interim revenue loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow a repayment of the full £7.3m. There is also £7.4m 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 £2.2m as at 31 March 2020. The Trust also has finance lease contracts in place for Radiology equipment of £2.0m in total.

Savings and transformation

The Trust has delivered £8.0m in efficiencies during the year against a transformation plan target of £9.3m. This was a mixture of recurrent and non-recurrent efficiencies, worth £5.9m of one-off savings, and £2.1m of savings on a permanent basis. The full year impact of the permanent savings is £2.9m, and the in-year 2019/20 savings represents 3.4% 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.

This framework was replaced by the NHS Oversight Framework in August 2019. It set out how regional teams will review performance to identify support needs across Sustainability and Transformation Partnerships and Integrated Care Systems.

• Segmentation

During the entire year 2019/20 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 18 May 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHSE/I 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 UoR 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	2019/20 Scores				2018/19 Scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	4	4	2	2	4	4	4	4
	Liquidity	2	2	1	3	1	3	3	3
Financial efficiency	I&E margin	4	4	3	2	4	4	4	4
Financial controls	Distance from financial plan	1	1	1	2	1	2	2	2
	Agency spend	3	2	2	2	3	3	2	2
Overall scoring		3	3	2	2	3	3	3	3

This year's UoR assessment report published by the CQC in December rated the Trust as Good following a full assessment by NHS England/NHS Improvement held in September. This was an improvement on the previous year's Requires Improvement rating, and the first time that a combined Quality and Use of Resources rating was given.

The assessment team found that we had improved our financial position by reducing the Trust deficit, and was on track to achieve a surplus by the end of 2019/20, with additional funding received for meeting its plan during the year. We had also demonstrated further workforce and service productivity improvements since the last assessment.

Planning for our next assessment was already underway prior to the COVID-19 pandemic. This work is currently on hold pending further information on the reinstatement of the annual inspection programme.



Anna Hills
Chief Executive
23 June 2020

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.

In September 2019, NHSE/I published new guidance, Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts, which had a bearing on the Trust's policy this year. Only one change was required to ensure alignment with this guidance, a slight increase in remuneration for three Non Executive Directors from £12,800 to £13,000, and a revised salary range for the Chair but no salary change. Those Non Executive Directors already in receipt of additional allowances in recognition of their Committee level responsibilities retained them. This formed part of this year's annual benchmarking review and was fully discussed with the Council of Governors.

Executive Directors' salaries were evaluated in February 2020. This was later than usually considered with the national announcement on the Very Senior Manager (VSM) pay review only received at the end of January. Changes were made after full consideration, in line with the conditions set nationally, with an annual award and non-consolidated one off lump sum to reflect the national Agenda for Change agreement implemented earlier in the year. This was backdated to 1 April 2019.

In-year, the Trust also moved from a Small to Medium Trust with its turnover increased to £207m. A full benchmarking exercise was undertaken, taking account of the national lower median and upper quartile salaries for different sized Trusts and this remuneration policy.

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

There were no significant awards made to past senior managers during 2019/20, 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.

Further detail on our diversity and inclusion policies can be found within the Staff Report.

Senior Managers' Remuneration Policy

Executive Remuneration Policy 2019/20

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 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 and national pay review as it relates to Very Senior Managers, 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 regulatory guidance. 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.

Senior Managers' Remuneration

- 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 1 November 2019

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, benchmarking is required against the information published by regulators and NHS Providers.
- 4.3 The current rates of pay are as set out below, and take account of guidance published by NHS England and NHS Improvement in September 2019:

Board role	Requirement	Days per month	Salary	
Trust Chair	Statutory	10	Lower quartile	£44,100
			Median	£47,100
			Upper quartile	£50,000
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	£13,000	
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 Non Executive 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 10 October 2019

Approved by Council of Governors, 8 November 2019

Annual Report on remuneration

Further details of each Board member and their term of office can be found within the Directors' Report from page 20.

Induction and performance reviews

Each Board member undertakes a full induction programme. This is reviewed and updated prior to 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 strategic ambitions, meeting the longer term strategy aims 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. This year Foundation Trusts were encouraged to use the new national process for NHS Trusts, which involves seeking guidance from the Regional Director and using a nationally prescribed process to assess competencies, with feedback sought from individuals from other organisations who work closely with the Chair. These requirements were implemented alongside those elements of the long standing process already in place and reviewed annually. The feedback element of the new process was undertaken.

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 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.

Individual development and learning requirements are addressed with a Director's line manager.

Any gaps or additional learning for the Board as a whole 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 strategic developments.

Due to the pandemic, all performance reviews are currently on hold.

Governors' Nomination & Remuneration (N&R) Committee

The Committee led on three Non Executive reappointments this year, Trust Chair Anna Davidson and Non Executive Directors Nicola Spalding and Paula Kerr.

Each appointment is made in line with the Council approved selection process. This is initially for a three year term of office. In relation to reappointments for a further three year term, this is presented to the Committee and the Council of Governors for approval. It relies on the latest performance assessment of an individual and an overview of their achievements in their first term of office.

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:

Governors' Nomination & Remuneration Committee					
Name	Job Title	13/06/19	10/10/19	Meeting Count	% Attended
Anna Davidson	Chair	Y	Y	2	100.00
Jane Harvey	Lead Governor (Public)	Y	Y	2	100.00
Lyn Gibbs	Deputy Lead Governor (Public)	Y	Y	2	100.00
Michael Field	Public Governor	Y	Y	2	100.00
Andrew Gowen	Public Governor	Y	Y	2	100.00
Jean Macheath	Public Governor	Y	Y	2	100.00
Stuart Brooks	Public Governor	Y	Y	2	100.00
Devender Khurana	Staff Governor	Y	Y	2	100.00
Neil James	Appointed Governor	Y	Y	2	100.00
James Reeder	Appointed Governor	A	Y	1	50.00
In Attendance					
Ann Filby	Head of Communications and Corporate Affairs	Y	Y	2	100.00

Executive Nomination & Remuneration Committee

Details of the Executive appointments made this year can be found at pages 22-23. 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:

Executive Nomination & Remuneration Committee							
Name	Job Title	26/04/19	1/11/19	29/11/19	28/02/20	Meeting Count	% Attend
Anna Davidson	Chair	Y	Y	Y	Y	4	100.00
David Scott	Senior Independent Director	Y	Y	A	Y	3	75.00
Stephen Javes	Non Executive Director	Y	A	Y	A	2	50.00
Paula Kerr	Non Executive Director	Y	Y	Y	Y	4	100.00
Roger Margand	Non Executive Director	A	Y	A	A	1	25.00
Nicola Spalding	Non Executive Director	Y	Y	Y	Y	4	100.00
Executive Directors in attendance							
Anna Hills	Chief Executive	Y	Y	Y	Y	4	100.00
In attendance							
Ann Filby	Head of Communications and Corporate Affairs (Meeting Administrator)	Y	Y	Y	Y	4	100.00
Graeme Armitage	Executive Lead for Workforce			Y	Y	2	100.00

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

Table of disclosure	2019/20	2018/19
Governors		
The total number of governors in office	23	26
The number of governors receiving expenses in the reporting period; and	2	3
The aggregate sum of expenses paid to governors in the reporting period.	245.62	£279.48
Directors		
The total number of directors holding office during the year	15	16
The number of directors receiving expenses in the reporting period; and	13	15
The aggregate sum of expenses paid to directors in the reporting period.	£14,673.36	£13,248.43

Senior Managers salaries and benefits

	Year Ended 31st March 2020	Year Ended 31st March 2020	Year Ended 31st March 2020	Year Ended 31st March 2020	Year Ended 31st March 2020	Year Ended 31st March 2020	Year Ended 31st March 2019	Year Ended 31st March 2019	Year Ended 31st March 2019	Year Ended 31st March 2019	Year Ended 31st March 2019	Year Ended 31st March 2019
	Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits		Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits	TOTAL (a to e)
	(bands of £5,000) £000	to nearest £100 £	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	to nearest £100 £	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
Mrs C Allen Chief Executive to 28/02/19							175 - 180	0	0	0	0	175 - 180
Mr M Flynn Director of Finance	105 - 110	0	0	0	22.5 - 25.0	130 - 135	125 - 130	0	0	0	25.0 - 27.5	150 - 155
Mr P Hargrave Non Executive Director, Senior Independent Director until 31/03/19							15 - 20	1,600	0	0	0	15 - 20
Mrs A Hills Chief Executive from 01/03/19	155 - 160	200	0	0	100.0 - 102.5	255 - 260	115 - 120	0	0	0	25.0 - 27.5	145 - 150
Mrs J Hunt Director of Nursing until 31/03/20	110 - 115	0	0	0	0	110 - 115	110 - 115	0	0	0	0	110 - 115
Dr WH Stuart Medical Director	185 - 190	0	0	0	177.5 - 180.0	360 - 365	185 - 190	0	0	0	310.0 - 312.5	495 - 500
Mr A Palmer Director of Transformation and Workforce until 03/11/19	60 - 65	0	0	0	20.0 - 22.5	85 - 90	100 - 105	0	0	0	5.0 - 7.5	105 - 110
Mr S Javes Non Executive Director	10 - 15	400	0	0	0	10 - 15	00 - 05	0	0	0	0	05 - 10
Ms AL Davidson Chair	45 - 50	3,100	0	0	0	50 - 55	50 - 55	2,900	0	0	0	50 - 55
Mr GE Wilde Chief Operating Officer until 31/03/19							115 - 120	0	0	0	0	115 - 120
Mrs PR Kerr Non Executive Director	10 - 15	1,300	0	0	0	10 - 15	10 - 15	1,400	0	0	0	15 - 20
Mr RP Margand Non Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Professor NJ Spalding Non Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	700	0	0	0	10 - 15
Mr J Barber Director of Strategy and Integration	100 - 105	0	0	0	35.0 - 37.5	135 - 140	90 - 95	0	0	0	45.0 - 47.5	135 - 140
Mrs L Burton Associate Director of Workforce from 01/03/18 to 31/01/19							80 - 85	0	0	0	10.0 - 12.5	90 - 95
Professor D Scott Non Executive Director	10 - 15	1,700	0	0	0	15 - 20	15 - 20	1,300	0	0	0	15 - 20
Mrs K Hansed Director of Governance and Transformation from 02/12/19	35 - 40	0	0	0	27.5 - 30.0	65 - 70						
Ms J Segasby Chief Operating Officer from 01/07/19	85 - 90	0	0	0	95.0 - 97.5	180 - 185						
Mr E Taylor Associate Director of Finance from 01/07/19	70 - 75	100	0	0	65.0 - 67.5	135 - 140						

The table above is subject to audit.

None of the senior managers above were in receipt of performance-related bonuses or long-term performance-related bonuses during the reporting period. Eight employees have been paid more than the highest paid director (2018/19 nine).

Dr WH Stuart's total remuneration paid by the entity as disclosed above, includes £56,100 paid in relation to her clinical duties and not in relation to her managerial role.

The taxable expense payments consist of all expense allowances subject to UK income tax, such as car mileage allowances.

The annual increase in pension related benefits disclosed above represents the increase or (decrease), adjusted for inflation, between the amounts as at 31 March 2019 and the amounts as at 31 March 2020. 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 2019/20 was £187,500 (2018/19 - £187,500). This was 7.74 times (2018/19 - 8.03) the median remuneration of the workforce, which was £24,214 (2018/19 - £23,363). Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but it does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The median remuneration is based on an annualised, full-time equivalent basis for all employees at the reporting period date, however this calculation excludes overtime or enhancement payments.

Remuneration ranged from £17,652 to £161,770 (2018/19: £17,460 to £191,001) excluding locum employees. Including locum employees the remuneration ranged from £17,652 to £342,720, calculated by annualising the month 12 locum payments made to employees.

Senior Managers pension entitlements

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 2020 (bands of £5,000) £'000	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £'000	(e) Cash Equivalent Transfer Value at 1 April 2019 £'000	(f) Real increase in Cash Equivalent Transfer Value £'000	(g) Cash Equivalent Transfer Value at 31 March 2020 £'000	(h) Employer's contribution to stakeholder pension £'000
Mrs A Hills Chief Executive	5.0 - 7.5	10.0 - 12.5	35 - 40	80 - 85	517	87	629	0
Mr M Flynn Director of Finance	0.0 - 2.5	0.0 - 0.0	20 - 25	35 - 40	313	13	348	0
Mrs J Hunt Director of Nursing	0.0 - 2.5	0.0 - 2.5	40 - 45	120 - 125	944	18	999	0
Mr A Palmer Director of Transformation and Workforce until 03/11/19	0.0 - 2.5	0.0 - 0.0	30 - 35	60 - 65	453	9	493	0
Mr J Barber Director of Strategy and Integration	0.0 - 2.5	0.0 - 0.0	10 - 15	0 - 0	148	20	185	0
Dr WH Stuart Medical Director	7.5 - 10.0	22.5 - 25.0	80 - 85	240 - 245	1629	223	1901	0
Mrs J Segasby Chief Operating Officer from 01/07/19	2.5 - 5.0	5.0 - 7.5	45 - 50	105 - 110	693	57	803	0
Mr E Taylor Associate Director of Finance from 01/07/19	2.5 - 5.0	2.5 - 5.0	20 - 25	50 - 55	323	37	391	0
Mrs K Hansed Director of Governance and Transformation from 02/12/19	0.0 - 2.5	0.0 - 0.0	10 - 15	5 - 10	136	3	164	0

The table above is subject to audit.

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 2020 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.

The policy on 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
23 June 2020

Staff Report

The 5 Year People Strategy

As part of our 5 Year People Strategy we aim to thrive and succeed in giving our patients the very best care through a workforce that is responsive and adaptable. In order to meet these challenges and continue to deliver high quality services, it is essential that our workforce supports a modern NHS fit for the 21st century.

To this end, the Trust's people strategy has been updated to reflect the national People Plan and local health system developments. The Strategy focusses on the workforce requirements for the next five years including strengthening the workforce team, building greater workforce planning capability, linking education and service developments together and establishing the Trust's profile as an excellent employer. Systems and processes are changing to enable the workforce teams to provide a wide range of support to managers and frontline staff. This includes automation of our transactional work to improve efficiency and value for money. Changes that have been implemented through the year include:

- TRAC recruitment system
- e-Roster developments
- Improved workforce analytics.

Through the strategy, the Organisational Development team have led on a number of staff wellbeing initiatives that are supporting staff at work and creating a more open culture. They include:

- Paget's People listening and engagement events
- Wellbeing Champions
- Health promotion and mental health support projects.



The strategy is reviewed annually by the Board's Workforce, Education and Research Committee and updated to take account of the Trust's strategic direction/ambitions, ensuring our workforce can meet the demands and challenges of providing services to our patients and communities.

Recruitment – Attracting the Right People

The recruitment of all groups of staff remains a challenging area for the NHS and this Trust is no exception. As such we continue to review innovative ways to consider the skills requirements, the workforce development of our services, improve recruitment processes and the time to hire new employees into the Trust. Our recruitment team has implemented a computer system, TRAC, to automate some of the recruitment process and have begun to streamline their processes in line with best practice. We have also provided all managers with recruitment training to ensure they have the required skills and competencies to undertake effective recruitment and selection.

Candidates who apply for positions with us are required to meet the minimum criteria associated with our person specifications and have 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 our workforce is fit for purpose in terms of competencies to be able to deliver services to the level and quality we expect.

To support our approach to diversity we have an Equalities 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 reviews new and exciting pathways in line with service needs and good practice. We also analyse our workforce data regularly and are developing our workforce planning capability. This enables the workforce team to support managers to build the skilled workforce that we need to continue to provide high quality health care. The types of new roles we have been planning to introduce in the last 12 months include:

- **Assistant Practitioners**
Additional capacity for patient care operating at a high level than healthcare assistants
- **Nurse Associates**
Bridging the gap between healthcare assistants and registered nurses and providing a range of skills within our multidisciplinary teams
- **Advanced Clinical Practitioners**
Delivery of advanced clinical practice e.g. within our Emergency Department
- **Nursing Degree Apprenticeships**
Enabling people to train to become registered nurses.

We apply a range of flexible working practices, including part-time hours, term-time contracts and job sharing arrangements, wherever the particular requests of individuals can be met without compromising our service delivery. We continue to build upon our 'Grow your own' strategy for nursing including the development of our academy. In addition, we are raising the profile of the 'retire-and-return' option for experienced staff to continue working for us after they reach retirement age.

Although an improving position, we continue to experience intermittent rota gaps across a range of Medical staff rotas. We will continue to develop alternative workforce models, such as further recruitment of Physicians Associates, to support the specialties and the medical workforce.

Work continues with the Junior Doctors Forum to identify opportunities to improve working practices for this group of staff.

Recognising our staff

The Trust is the largest employer in the Great Yarmouth and Waveney area with over 3,200 people working for us. We believe our staff are essential to providing the best possible care to our patients and communities. We are therefore continuously reviewing our workforce requirements so that we can adapt to the changes required in how services are delivered.

We have in place a number of plans to support our staff and managers and these are regularly reviewed and updated in line with current best practice. There is always scope for improvement and as such we are taking forward initiatives that focus our culture towards always putting patients first and creating a safe, diverse and supportive working environment for all our staff.

The Trust's Remarkable People Awards

Outstanding achievements, dedication and quality care were celebrated again at this year's awards in October. Some 240 guests attended the awards ceremony, held at a new venue, The Ocean Room in Gorleston, with around 480 nominations from both patients and staff. The change in venue enabled us to extend the number of staff joining us, and this was widely regarded as our most successful event yet.

All the awards were presented by Chief Executive Anna Hills and Trust Chair Anna Davidson, with the exception of the Governors' Award for Outstanding Service which was presented by lead governor Jane Harvey. The evening was compered by Medical Director Hazel Stuart, and Director of Nursing, Julia Hunt, in her last event prior to her retirement as Director of Nursing in March 2020.

The event was streamed on the Trust's Facebook page enabling a much wider group of staff to participate and see the ceremony live.



Long Service Awards

Long-serving James Paget staff are recognised each year for their dedicated service at an awards ceremony. Staff who have served 25 years or 40 years with the hospital, its predecessors, or the wider NHS are all included.

Each member of staff was presented with a certificate, an engraved paperweight and a pin badge by members of the Executive Team with refreshments and cake.

The awards planned for early 2020/21 have currently been postponed due to the COVID-19 pandemic.

Employee of the Month

This staff recognition scheme has been in place for almost three years, recognising those who have shown a particular dedication to supporting our services and patients. This was implemented 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.

Recognition for all of our staff during the challenges of the COVID-19 pandemic is currently being considered.



Data and policies

Staff Numbers - contracted as at 31 March 2020

Workforce 31.03.20	Male (fte)	Female (fte)	Total (fte)
Directors and very Senior Managers	8.80	14.00	22.80
Employees	703.27	2261.34	2964.61
Total	712.07	2275.34	2987.41

Staff Costs analysis

	Year Ended 31 March 2020			Year Ended 31 March 2019
	Permanent £ 000	Other £ 000	Total £ 000	£ 000
Salaries and wages	112,622	1,041	113,663	106,528
Social security costs	11,005	-	11,005	10,402
Apprenticeship levy	6,369	-	6,369	531
Employer contributions to NHS Pensions	7,070	-	7,070	12,506
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	5,807	-	5,807	-
Pension cost - other	37	-	37	23
Agency / contract staff	-	7,797	7,797	8,220
	142,910	8,838	151,749	138,210
Employee expenses recharged to other organisations	(493)	-	(493)	(393)
Employee expenses capitalised as part of assets	(201)	-	(201)	(237)
	142,216	8,838	151,054	137,580

The table above is subject to audit.

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 all issues that they have. This includes identifying improvements to the way staff are supported when on sick leave and focussing on better sickness management within our divisions.

Reports on the latest position are presented to the monthly Board of Directors' meeting and our information is published by NHS Digital on the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Sickness Absence	Year 2019/20
Percentage of Long Term (over 28 days)	2.96%
Percentage of Short Term	1.77%
Average Working Days Lost (ESRBI Average Absence Days (FTE) per FTE)	17.33%
Percentage of staff with no sick leave	30.34%

Top Sickness Reasons	Year 2019/20	
	% (of all sickness)	% (of all the available)
S10 Anxiety/stress/depression/other psychiatric illnesses	25.20%	1.20%
S28 Injury, fracture	9.70%	0.46%
S25 Gastrointestinal problems	9.30%	0.44%
S11 Back Problems	6.50%	0.31%
S13 Cold, Cough, Flu - Influenza	6.20%	0.29%
S99 Unknown causes / Not specified	6.10%	2.90%

Staff policies

The application of Trust workforce policies is in line with the legal requirements currently in place and also with regard to national guidance e.g. advice from NHS Employers and NHSE/I. The policies that have been applied through the year include:

- **Recruitment Policy, Equality and Diversity Policy** - fair consideration to all applicants who request employment taking into account any disability and having regard to their particular aptitudes and abilities.
- **Equality and Diversity Policy, Managing Attendance Policy** - continuing the employment and arranging appropriate training for employees who have become disabled persons during the period. In addition, for the training, career development and promotion of disabled employees, with a supporting Equality and Diversity Policy Action Plan taken forward in the financial year.
- **Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy** – providing employees systematically with information on matters of concerns to them as employees. In addition to this policy, active promotion of the ‘Speak Up Guardians’ continues along with the appointment of a Lead Freedom to Speak up Guardian to support further promotion of this service with direct access to the Board of Directors who receive monthly reports.

Supporting our staff – Speaking up



We are committed to achieving the highest possible standards of service. Therefore, speaking up about any concern staff may have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for all individuals.

In the Freedom to Speak Up (FTSU) survey carried out here in September 2018, out of 37 respondents:

- **27.03%** of staff said they would prefer one named full time Freedom to Speak Up Guardian
- **37.84%** of staff said they would prefer a group of named dedicated FTSU Guardians employed to undertake the role specifically
- **35.14%** said they would prefer to continue with staff governors.

As a result of this survey, the decision was made to appoint a dedicated Freedom to Speak Up Guardian for one year working 19 hours per week. The Lead Guardian was appointed in September 2019 and started in their role in late November, working alongside the staff governors and the chaplain as existing Guardians.

Since being in post the Lead Guardian has been visiting wards/departments and attending team meetings to raise awareness. Posters and flyers have also been produced to circulate around the Trust. Liaising with other leads in the local area and attending regional networking events supports their knowledge and learning.

The Lead Guardian has introduced a proforma to be used for cases requiring investigation to ensure a consistent response. This will be accompanied by a formal closing letter/email. A questionnaire has been produced to gain feedback on the FTSU process and any suggestions for improvement are welcomed. In line with Serious Incidents/Never Events the aim is to investigate and provide feedback for all concerns raised within 45 working days.

The Lead Guardian has ready access to the Chief Executive, Executive team and FTSU Non Executive Director lead for advice and support to unblock any barriers. Reporting to the Board in private on the cases continues, with the Lead Guardian to report in person to the Board meeting held in public, twice a year, from 2020/21. The full report will detail current cases, key themes, updates to national guidance and provide assurance that the Freedom to Speak up agenda is being met.

- **Change Management, Redeployment and Redundancy Policy** - consulting all employees and/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. This policy is also applied where changes in the organisation's management structure are made or where services changes are required. Regular formal meetings continue with employee representatives for non-medical employee groups through our Joint Partnership Forum, whilst an established Local Negotiating Committee is in place for medical staff.
- **Health and Safety Policy, Occupational Health - Surveillance Policy** – this provides information on the Trust's health and safety performance and that of our occupational health provider. The workforce team also hold regular contract management meetings with our Occupational Health provider to address any emerging issues and to improve the level of service available to managers and staff. Significant employee safety issues are reported from the Board's Workforce, Education and Research Committee to the Trust's Safety and Quality Governance Committee which in turn is responsible for monitoring the frequency and trends of all patient and staff safety incidents and other reportable incidents, including serious incidents and RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
- **Anti-fraud and Corruption Policy** – this covers important information on policies and procedures with respect to counter fraud and corruption. 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 any member of staff found to have committed a fraudulent act. The Trust will also attempt to recover any losses incurred by fraudsters, 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.

The Board of Directors aims to ensure that a risk and fraud awareness culture exists in the Trust through our Local Counter Fraud Specialist. To this end 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.

The national Staff Survey

The NHS staff survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. The survey asks staff about their experiences and provides essential information about our staff's views of working at the James Paget.

In 2019, we made the decision to move from a sample set of staff completing the survey to include all eligible staff. This more than doubled the number who had received the survey in previous years to 3,180. We also introduced the use of electronic surveys for approximately 800 staff with the remaining receiving a paper copy. Staff were asked a series of questions regarding their experiences at work under 12 headings including – Equality, Diversity & Inclusion; Health & Wellbeing and Safe Environment. The results are benchmarked against the Trust's previous years' responses and other acute trusts.

Feedback from the survey helps us measure the wellbeing of those who work for us and identifies areas where improvements can be made. Final figures released in December 2019 showed the response rate improved to 40%. The increase was mainly attributed to the targeted work conducted by the Staff Engagement Practitioner, the Engagement team and the introduction of the Engagement Ambassadors.

The majority (33%) have worked for the Trust for over 15 years and of the 1,278 respondents, Admin and Clerical staff group (29.2%) and Registered Nursing and Midwifery (28.7%) had the highest number of responses. In respect of our other staff groups the responses were Additional Clinical Services (17.6%) Medical & Dental (7.9%), Estates & Ancillary (7.0%), AHP – Allied Health Professionals (5.6%), Scientific & Technical (2.8%) and Healthcare Scientists (1.3%) respectively.

The gender and age split are reflective of our workforce as a whole, with 78% of respondents being female, 20% male and 2% preferring not to disclose. The highest age response was from the 51-65 age category.

Respondents split by ethnicity were 88% White, 6% Asian/Asian British, 1% other ethnic groups, 0.86% Black or Black British and Chinese and "Mixed" ethnic group 0.70%. 17 respondents (1.33%) preferred not to state. This data is reflective of our current overall workforce.

The survey benchmarking group results are presented overleaf. Like many organisations, our results highlighted areas where we scored similarly or lower than the previous year and a number of areas where we scored above the sector average. Nationally, Trust staff survey scores have fallen over the 2018 results and although the Trust's score in a number of areas had remained the same, we are taking seriously the need for further engagement with our staff and are listening to their views and supporting developments that will create an effective working environment for all.

	2019/2020		2018/2019		2017/2018	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Staff Engagement	6.9	7.0	7.1	7.0	7.1	7.0
Equality, diversity & inclusion	8.9	8.9	9.3	9.1	9.0	9.1
Health and wellbeing	5.7	5.8	6.1	5.9	6.5	6.0
Immediate managers	6.5	6.8	6.7	6.7	6.7	6.7
Morale	6.1	6.1	6.3	6.4	6.1	
Quality of appraisals	5.0	5.5	5.2	5.4	5.4	5.3
Quality of care	7.2	7.4	7.5	7.4	7.4	7.5
Safe environment – bullying and harassment	7.5	7.9	7.6	7.9	7.7	8.0
Safe environment – violence	9.2	9.4	9.2	9.4	9.1	9.4
Safety culture	6.5	6.6	6.5	6.6	6.6	6.6

We have used the results from the survey to shape a number of key areas of work across the Trust including the development of new leadership and management development programmes.

Data gathered by the survey is used by the CQC, the Department of Health and Social Care and other NHS bodies for benchmarking and improvement.

Occupational Health

Through an external provider, a range of services are offered including pre-employment checks, immunisation programme, management and self-referral schemes and access to fast track physiotherapy services.

In addition, the service provides a comprehensive Employee Assistance Programme which includes a confidential 24 hour telephone helpline, short-term counselling sessions, an online portal and legal and financial advice. These services are in place to ensure our staff have access to a range of wellbeing interventions at any point whilst they are working for us. We work closely with the provider to ensure that the service continues to meet our needs.

Equality and diversity

As a Trust we are committed to equality and diversity, ensuring that for all our staff we have in place workforce policies that support the minimisation of discrimination. We have embraced the changes to the Equality Act 2010 that replaced the previous anti-discrimination laws with a single Act. It simplified the law and removed inconsistencies to make it easier for people to understand and comply. It also strengthened the law to help tackle discrimination and inequality.

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. In this respect there are three main aims that public bodies have a duty to ensure, they are:

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

We have responded to the provision within the Act by ensuring that equality and diversity issues are considered in our strategic and operational decision making. This includes a robust Clinical Quality Risk Assessment (CQRA) process, maintaining the need for equality and diversity on the agenda of the Board's Safety and Quality Governance Committee 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 and report annually on the gender pay gap, with an associated action plan. Continuous improvements are also made through the use of the Trust staff survey results. Details can be found through the Gender pay gap service or on our website at these links
<https://gender-pay-gap.service.gov.uk/>
<https://www.jpaget.nhs.uk/media/493419/Gender-Pay-Gap-Report-2019.pdf>

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.

Ethnicity – All Staff (at 31 March 2020)

Ethnic Group	FTE	%
White British	2177.35	72.88%
All 'White' ethnicity other than 'White British'	264.59	8.86%
All 'Mixed' ethnicity	35.51	1.19%
All 'Asian' groups	348.44	11.66%
All 'Black' ethnicity	41.48	1.39%
All other ethnic groups	63.77	2.14%
Declined to disclose	56.28	1.88%
Grand Total	2987.42	100.00%

Other disclosures

Off Payroll Engagements

All substantive employees are paid through our payroll. Any off payroll engagements are subject to risk based assessments 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	2019/20
	Number of engagements
No of existing engagements as of 31 March 2020	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 NHSE/I as required. There have been 17 staff exit packages during 2019/20.

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies £000	Number of other departures agreed	Cost of other departures agreed £000
<£10,000	0	0	14	50
£10,000 - £25,000	0	0	3	36
£25,001 - £50,000	0	0	0	0
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	0	0
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	0	0	17	86

Exit packages: non-compulsory departure payments

	Agreement Numbers 2019/20	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	15	64
Exit payments following employment tribunals or court orders	2	22
Non-contractual payments requiring HMT approval	0	0
Total	17	86
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0

Trade union facility time disclosures

Working relationships with our trade union colleagues are important to the way we work as a trust and in line with our values and behaviours. We therefore provide facilities for those recognised trade unions to be able to carry out the support they provide for our staff. At present we have a full time officer and a part time officer for our Staff Side.

The Chief Executive and Executive Lead for Workforce meet monthly with all staff side representatives and this is used to raise any concerns they may have and also to agree how these are to be addressed. This forum is also used to outline any staff consultations that are required and to discuss future plans.

- Relevant Union Officials**

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
10	1.63

- Percentage of time spent on facility time**

Percentage of time	Number of employees
0%	Zero staff
1-50%	8 staff
51-99%	1 staff
100%	1 staff

- **Percentage of pay bill spent on facility time**

	Figures
Total cost of facility time	£66,630
Total pay bill	£151,054,000
Percentage of the total pay bill spent on facility time	0.04%

- **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 2019/20 which had a contract value greater than £50,000 in relation to advice provided to the Trust.

One was provided by Attain Health Management and was for acute speciality services integration support procured by the Trust on behalf of the Norfolk and Waveney Health and Care Partnership (£226,000). Another was provided by Dearden HR for workforce services (£72,000) and the third was provided by Clever Together Lab for support of improved staff engagement (£60,000).

Total expenditure on management consultancy during the year was £434,000 (2018/19: £564,000) as shown in note 5 on page 32 of the financial statements.

Modern Slavery Act 2015

The Act is designed to consolidate various offences relating to human trafficking and slavery. Its provisions create the requirement for an annual statement that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36million per annum, the NHS is obliged to comply with the Act. This statement has been included in previous years and was reviewed most recently in January 2020.

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

The aim of this statement is to demonstrate that the Trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the Procurement Department taking responsibility for overall compliance.

James Paget University Hospitals NHS Foundation Trust provides services from its main hospital site and other sites where it operates services from. The Trust's annual turnover is over £165million and we employ over 3800 permanent and fixed term contract staff.

We have zero tolerance of slavery and human trafficking and are committed to maintaining and improving systems, processes and policies to avoid complicity in human rights violation and to prevent slavery and human trafficking in our supply chain.

The Trust policies, procedures, governance and legal arrangements are robust, ensuring that proper checks and due diligence are applied in employment procedures to ensure compliance with this legislation. We also conform to the NHS employment check standards within our workforce recruitment and selection practices. This strategic approach incorporates analysis of the Trust's supply chains and its partners to assess risk exposure and management on modern slavery.

To ensure a high level of understanding of the risks of modern slavery and human trafficking in our supply chains and our business, we will provide training to our Procurement staff.

In addition, the Trust is meeting its supply chain commitments on slavery and human trafficking by undertaking the following steps during the year:

- For all Terms and Conditions, including specific clauses that reflect our obligations under the Modern Slavery Act 2015
- Including relevant pass/fail criteria for all Procurement led tender processes and new vendor requests
- Up-skilling the Procurement and Supplies Team on the implications of the Act in order that they can support the wider organisation on its implementation
- Communicating to all high risk suppliers providing an overview of the legislation, stating our intent and future expectations
- For those contracts deemed to be of high risk, including the specific Right to Audit against the obligations of the Modern Slavery Act 2015
- The Trust employs within the UK and overseas too and we treat all our employees consistently across the Trust by the Workforce Directorate. The Trust pays above the national living wage i.e. the minimum wage set by the Government
- Risks to James Paget University Hospitals NHS Foundation Trust associated with this Act are managed in accordance with the Trust's Risk Management Policy.

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 elected Council began its term of office on 1 August 2017 and completes the three years on 31 July 2020. The Constitution contains a limit of two, three year terms of office for any Governor, in line with best practice.

The elections were due to take place in the summer of 2020 for a 1 August start, with an independent provider appointed. Due to the pandemic, these were put on hold in late March 2020 as there was concern that this wouldn't represent a sufficiently democratic process with the public and staff focussed on managing and stopping the spread of the virus. The public events planned were no longer possible. At the time of writing, this is being reviewed with a change likely to the Trust Constitution to take account of a pandemic situation.

The Council role

Governors are responsible for representing the interests of members and partner organisations in the governance of the Trust and holding the Non Executive Directors to account for the performance of the Board of Directors to account. 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, confirmed through an internal election process. They were the interim post holders – the two Public Governors with the most votes at election in 2017 – and are in place 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 – the Chief Executive at every meeting, other members of the Executive Team as required, and Non Executive Directors for each meeting.

As previously mentioned in this report, Non Executive Directors have been presenting at each Council meeting on their Committee or leadership roles as a Board member for over two years, a process that provides sufficient assurance to Governors.

There is a long standing process for Governors to ask questions at any time outside of a Council meeting.

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, which are managed through the Governors' Nomination and Remuneration Committee.

The Committee's report to Council continues to be 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. 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.

Governors are fully involved 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. Governors' views are also taken into account in the forward plan, whilst this year that process is on hold. Governors have been fully updated on the processes and plans to implement the NHS Long Term Plan in the Norfolk and Waveney Health and Care Partnership. The work that Governors have been doing over the last year, and the rich feedback they have received from the use of our 'strategic question' – see more in the membership section on page 74 – has meant that these views have been taken account of in the system-wide planning.

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. Governors are also encouraged to attend meetings of the Board of Directors in public, with attendance at least annually part of their role commitment.

This year we only held one development day – in October 2019 – starting with a 'getting to know you' session. This has been in place for most of this Council's term and has proved very popular. The Trust Secretary finds something different for each session, and it enables Governors to work in groups and then to feed back to the whole Council. The agenda for these sessions takes account of any needs identified through the Governors' Committee, feedback from previous events and any concerns raised by individual Governors.

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, NHSE/I, that sufficient training has been provided.

A Council of Governors' Code of Conduct is in place. A number of refinements were made early in the year. The Council approved the revised Code in May 2019 with all Council members required to formally sign up to the latest version.

Some of our Council of Governors 2017-20



Membership of the Council during the year and attendance at meetings is set out overleaf.

The Council has operated with some vacancies in-year with no further elections held.

Council of Governors								
Name	Job Title	10/05/19	12/07/19	08/11/19	15/01/20	11/03/20	Meeting Count	%Attend
Anna Davidson	Chair	A	Y	Y	Y	Y	4	80.00
Jane Harvey	Lead Governor	Y	Y	Y	Y	Y	5	100.00
Lyn Gibbs	Deputy Lead	Y	Y	A	Y	Y	4	80.00
Jose Bamonde	Public Governor	N	Y	A	Y	Y	3	60.00
Stuart Brooks	Public Governor	Y	Y	A	Y	Y	4	80.00
Iain Ferguson	Public Governor	Y	Y	Y	Y	Y	5	100.00
Dr Michael Field	Public Governor	A	Y	Y	Y	Y	4	80.00
Andrew Gowen	Public Governor	Y	Y	Y	A	Y	4	80.00
Jean Macheath (until 30.01.20)	Public Governor	Y	Y	Y			3	100.00
Sheena McBain	Public Governor	Y	A	A	Y	Y	3	60.00
Jan McCarrick	Public Governor	A	Y	Y	Y	Y	4	80.00
Bryan Watts	Public Governor	Y	A	Y	Y	A	3	60.00
Leigh Beuttell	Staff Governor	Y	A	Y	Y	Y	4	80.00
Steven Duffell (until 11.06.19)	Staff Governor	A					0	0.00
Devender Khurana	Staff Governor	A	Y	Y	Y	A	3	60.00
John Smith (until 31.01.20)	Staff Governor	Y	Y	A	Y		3	75.00
Penny Carpenter (until 24.09.19)	Appointed Governor	Y	Y				2	100.00
Emma Flaxman Taylor	Appointed Governor	Y	Y	A	Y	Y	4	80.00
Neil James	Appointed Governor	A	Y	A	A	A	1	20.00
James Reeder	Appointed Governor	A	Y	Y	Y	Y	4	80.00
Mary Rudd	Appointed Governor	A	A	Y	Y	Y	3	60.00
Hayden Thirtle (started 24.09.19)	Appointed Governor			Y	Y	Y	3	100.00
In attendance								
Ann Filby	Head of Communications and Corporate Affairs	Y	Y	Y	Y	Y	5	100.00
David Scott	Senior Independent Director	Y	Y	Y	Y	Y	5	100.00
Stephen Javes	Non Executive Director	A	Y	A	Y	Y	3	60.00
Paula Kerr	Non Executive Director	Y	Y	Y	Y	Y	5	100.00
Roger Margand	Non Executive Director	A	Y	Y	A	Y	3	60.00
Nicola Spalding	Non Executive Director	Y	A	Y	Y	Y	4	80.00
Anna Hills	Chief Executive	Y	Y	A	Y	A	3	60.00
Ed Taylor	Associate Director of Finance (for Chief Executive)					Y	1	100.00

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 has been 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 data 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 Council and the Board received an annual update in January 2020.

As at 31 March 2020, the staff membership is 3,999, with the public membership at 6978, giving a total of 10,977. This is a slight reduction on last year's figure of 11,017.

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 is 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, progress continues to be made.

Membership remains under-represented within the 16-35 year old group, in some Council ward areas more than others. This was already included within the priorities and activity in this area is being widened to other locations, and evenings, in an attempt to engage more effectively with this group.

In relation to future planning of acute services we are keen to ensure patient involvement from the start and links to the Trust's User Group have been considered. This continues the work that Governors have been doing in gaining rich feedback from local people on the strategic question. This will be reviewed as part of the work on the Hospital Services Strategy.

Progress this year includes:

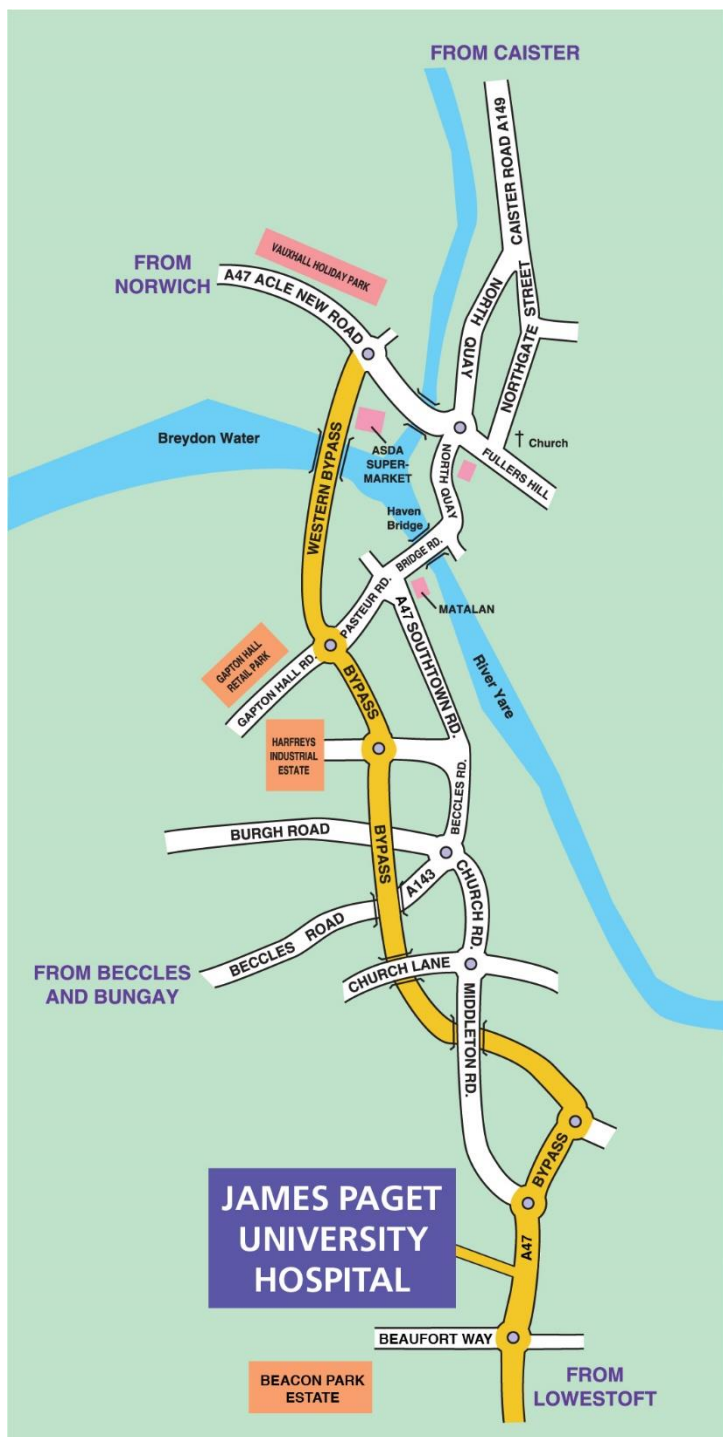
- Having some space in supermarkets in major towns with priority given to arranging engagement opportunities in those areas where there is significant under representation in the 16-35 year old group
- The Governors' email is now used on all communications

- 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
- Responses to the strategic question continue as mentioned earlier in this report:
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?
- The Deputy Lead Governor prepares a briefing after each Council meeting which is circulated to a wide range of contacts, including GP Patient Participation Groups (PPGs)
- The Governors newsletter Inside Story continues to be prepared by the Lead/ Deputy Lead Governor
- Your Trust News was sent to all member households in April and October 2019 and copies are displayed in the hospital
- The Gorleston Community Magazine has very kindly included the content of the Governor e-newsletter, Inside Story, in its editions, with a circulation of 3,000
- Staff comments received from the Staff Governor monthly engagement have been taken account of within the staff engagement action planning, some of which also came up in the Paget's People online conversation. Less formal engagement also highlights issues for discussion
- Priority 4a and 4b have been discontinued in favour of more informal events outside of the hospital. Any concerns in relation to patient experience are dealt with through the Trust Secretary or more formally through the Non Executive Directors at Council meetings
- The membership strategy document itself will be simplified prior to the new Council later in the year with an initial focus on those elements remaining.

Glossary/Abbreviations

A&E	Accident and Emergency, part of the Emergency Department
Acute	Rapid onset, severe symptoms and brief duration
AMD	Age-related Macular Degeneration
AmbU	Ambulatory Unit
ASI	Acute Services Integration programme
Audit	A continuous process of assessment, evaluation and adjustment
BAF	Board Assurance Framework
C Diff	Clostridium difficile
COPD	Chronic Obstructive Pulmonary Disease, a group of lung conditions
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQRA	Clinical quality risk assessment
Capital	Spending on land and premises and provision, adaptation, renewal, replacement or demolition of buildings, equipment and vehicles
Commissioning	Acquiring/buying services to meet the health needs of the population
ED	Emergency Department
EDD	Expected date of discharge
ENT	Ear, Nose and Throat
FTE	Full time equivalent (staffing)
FTSU	Freedom to Speak Up
GPs	General Practitioners
HMRC	HM Revenue & Customs
HSS	Hospital Services Strategy
Inpatient	A patient admitted to hospital for a period of treatment or to undergo an operation, staying in hospital for 24 hours or more
ICS	Integrated Care System
IT	Information Technology
KPIs	Key Performance Indicators
M&S	Marks & Spencer retail
MRET	Marginal Rate Emergency Tariff
NED	Non Executive Director
N&R	Nomination and Remuneration
NHSE/I	NHS England/NHS Improvement, regulatory oversight of all NHS organisations 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
PPE	Personal protective equipment used during the COVID-19 pandemic
PPG	Patient participation group
PA	Personal Assistant/Physicians Associate
PSF	Provider Sustainability Funding
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RTT	Referral to Treatment
STP	Sustainability and Transformation Partnership – the Norfolk and Waveney Health and Care Partnership
UoR	Use of Resources
UEA	University of East Anglia
VSM	Very Senior Manager
YTD	Year to date

Useful contacts and how to get here



James Paget University Hospitals
NHS Foundation Trust
Lowestoft Road
Gorleston
Great Yarmouth
Norfolk
NR31 6LA

01493 452452
Website: www.jpaget.nhs.uk

Ann Filby
Head of Communications &
Corporate Affairs (Trust Secretary)
Tel. 01493 452162

For Communications, Board,
Governors and membership
queries

General email:
foundationtrust@jpaget.nhs.uk
governors@jpaget.nhs.uk

Twitter: @JamesPagetNHS

Facebook:
@jamespagetuniversityhospital

Patient Advice & Liaison Service
01493 453240
PALS@jpaget.nhs.uk

Vector cover image designed by
Freepik



Quality Report 2019-20



Contents

FOREWORD	2
What is a Quality Report?	2
Scope and structure of the Quality Report	2
Part 1 Statement on Quality from the Chief Executive	4
Part 2 Priorities for improvement and statements of assurance from the Board	5
2.1 Priorities for improvement 2020/21	6
Pan-domain	7
Patient Safety	7
Clinical Effectiveness	10
Patient Experience	12
2.2 Statements of Assurance from the Board	13
Clinical Audits and National Confidential Enquiries	14
National Confidential Enquiries	20
Participation in Clinical Research	20
Commissioning for Quality and Innovation (CQUIN) Framework	20
Care Quality Commission (CQC)	21
Secondary Uses Service	21
Information Governance Assessment Report	21
Payment by Results	21
Data Quality	21
Learning from Deaths	22
2.3 Reporting against core indicators	24
Summary hospital-level mortality indicator (SHMI)	24
Hospital re-admissions	24
Patient reported outcome measures (PROMs)	25
Responsiveness to the personal needs of patients	25
Friends and Family Test (FFT) - Staff	26
Clostridium difficile (<i>C.difficile</i>)	26
Patient Safety Incidents	27
Part 3 Review of Quality 2019/20	28
Summary of Achievement of Quality Priorities 2019/20	29
Patient Safety	30
Clinical Effectiveness	31
Patient Experience	31
NHS Oversight Framework Indicators	33
Annex 1 Statements from Stakeholders	35
Norfolk and Waveney Clinical Commissioning Group	36
Healthwatch Norfolk	38
Annex 2 Statement of directors' responsibilities for the quality report	40
Glossary of terms and abbreviations	43

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. The Quality Accounts (and hence this report) aims 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 contained within this Quality Report is mandatory. This report contains all of NHS England and 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 2019/20. It also sets out the Quality Priorities we have agreed for 2020/21 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 2019/20 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 2020/21 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 includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality. It 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.

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 Governance and Transformation by calling 01493 452887 or emailing karen.hansed@jpaget.nhs.uk.

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.

2019/20 has been another 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.

One of our biggest achievements in 2019/20 has been to achieve a rating of 'GOOD' for the fourth consecutive time following the Care Quality Commission's (CQC) planned inspection in September 2019. All areas of the Trust which were inspected were rated as OUTSTANDING or GOOD which meant overall the Trust was rated OUTSTANDING under the CQC domain 'Responsive'. Inspectors found that services were very inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Staff supported people to access health care within the community and liaised with other agencies to work in partnership to improve patient care.

The biggest challenges at the beginning of 2019/20 have been the continued, unprecedented increase in the number of emergency patients attending the hospital and the financial challenges facing us. However, since the end of February 2020 we, along with all health and care providers across the country, have had to work very differently and in a way that we would not have anticipated at the beginning of the year due to the global COVID-19 pandemic. We have had to adapt and adopt new practices at a rapid pace. Where we are used to doing a lot of detailed planning before we act; we do not have that luxury at the moment – we are all doing the best we can in difficult circumstances.

Despite the challenges we have faced, our staff have all pulled together, and continue to pull together to do the right thing for our 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.

We are now planning how we manage our services in the new NHS where COVID-19 will continue to be with us, and we may see further peaks, and where we can also continue to deliver our planned and other non-COVID services to our local population.

Our Trust Priorities for 2020/21 have been developed to ensure that we embed quality improvement into our daily practice whilst continuing to provide transformed patient services and adapting to the 'new normal' for the NHS.

Quality and safety remain our priority and as we move into 2020/21, 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

A rectangular box containing a handwritten signature in dark ink. The signature appears to read 'Anna Hills' in a cursive, flowing script.

Anna Hills
Chief Executive
James Paget University Hospitals NHS Foundation Trust

Part 2

Priorities for improvement and statements of assurance from the Board

Please note that at the time of writing this report the Trust and the whole country was in the midst of the COVID-19 pandemic. Early in the financial year monitoring took place through the Board of Directors prior to Board Committees being reinstated in June 2020.

2.1 Priorities for improvement 2020/21

The Board of Directors has agreed the following key priorities under the three domains of quality for 2020/21. These have been identified from and/or aligned to the:

- Trust's Quality Improvement Strategy 2018-2023
- 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 2019/20
- Issues identified from the CQC Quality Assurance Framework
- Priorities identified by:
 - NHS England and 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, social 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; and
- Joint working with other health and social care providers i.e. Norfolk and Norwich University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, East of England Ambulance Service NHS Trust, Norfolk and Suffolk NHS Foundation Trust, and East Coast Community Health Community Interest Company.

Pan-domain

a) Design, agree and communicate a Ward Accreditation Programme

What we set out to do (Priority):
Design, agree and communicate a Ward Accreditation Programme
Why we chose this (Rationale):
<ul style="list-style-type: none">• Provides a platform for shared learning so wards and units can learn from each other and disseminate excellent practice.• Creates a platform for continuous improvement in patient safety and patient experience, and encourages staff engagement in local quality improvement projects.• Provides ward-to-board assurance on the quality of care and demonstrates compliance with fundamental standards.
What we intend to achieve (Goal):
<ul style="list-style-type: none">• To pilot in Year 1 the model for ward accreditation leading to the first accredited ward area/s in Year 2. With all areas involved by the end of Year 3.• Will include MDT team, Nursing, Medical and Allied Health Professionals.
How we will deliver and monitor progress:
<ul style="list-style-type: none">• Appointment of clinical lead (Corporate Matron) – commenced early July.• Establish programme board to monitor delivery of implementation plan.• Reports against progress to Patient Safety and Effectiveness Committee (PSEC) / Carer and Patient Experience (CAPE) Committee.
Responsible Person:
Director of Nursing

Patient Safety

a) Undertake a review of the top three joint clinical policies and guidelines for their relevancy, accuracy and alignment to national best practice

What we set out to do (Priority):
Hospital Services Strategy joint policy development workstream to review the top three priority areas.
Why we chose this (Rationale):
<ul style="list-style-type: none">• Forms part of Ambition 1 of the Trust's Five Year Strategy – Deliver the best possible level of safe and effective care.• It will ensure closer working arrangements and alignment across the local health system (Norfolk and Norwich University Hospital NHS FT (NNUH), Queen Elizabeth Hospital Kings Lynn (QEH) and the James Paget University Hospitals NHS FT (JPUH).• It will ensure standardised clinical care and reduce unwarranted variation across the local health system.• It will support the Trust's journey to delivering outstanding care.
What we intend to achieve (Goal):
Align the top three joint policies agreed with NNUH, QEH and JPUH which have the maximum benefit: <ul style="list-style-type: none">• Infection Prevention and Control• Mandatory training• Consent policies (in its wider sense – agree a multi-disciplinary team approach) and pre-op procedures (clinical leads at JPUH identified)
How we will deliver and monitor progress:
Work will be completed as part of the Hospital Services Strategy as follows: <ul style="list-style-type: none">• Infection Prevention and Control (by 31/10/2020)• Mandatory training (by the end of 31/03/21)• Consent policies and pre-op procedures (by the end of 31/03/21)
Responsible Person
Director of Strategy and Integration (supported by the Medical Director and Director of Nursing)

b) To ensure each person is seen as an individual we will implement ReSPECT to support advanced care planning

What we set out to do (Priority):
Ensure each person is seen as an individual we will implement ReSPECT to support advanced care planning.
Why we chose this (Rationale):
The NHS Long Term Plan states that we should ensure we personalise care to improve end of life care. By training our staff to help identify and support relevant patients we will introduce proactive and personalised care planning for those identified as being in their last year of life. A consequence of better quality care will be a reduction in avoidable emergency admissions and more people being able to die in the place they have chosen.
What we intend to achieve (Goal):
Audit to be undertaken by end of Q1. Audit results reviewed and evaluated to determine areas of focus. We will work with patients and carers to ensure a ReSPECT form will be in place for 100% of in-patients (staying more than 24hrs), including a DNA CPR decision being recorded, by end of March 2021.
How we will deliver and monitor progress:
Care at End of Life Strategy Group to receive reports against progress.
Responsible Person:
Medical Director

c) Improve Maternity Services to ensure provision of safe, effective, timely care to our mothers and their babies

What we set out to do (Priority):
Improve the Maternity Services to ensure provision of safe, effective, timely care to our mothers and their babies.
Why we chose this (Rationale):
<ul style="list-style-type: none">Nationally Maternity Services is a high risk area with a number of national enquiries (e.g. East Kent, Shrewsbury etc.).Locally the Trust's Maternity Services CQC rating is 'requires improvement'.
What we intend to achieve (Goal):
<ul style="list-style-type: none">Completion of the NHSI self-assessment for maternity services.Completion of the Clinical Negligence Scheme for Trusts (CNST) application against the ten maternity services and quality priorities.Achieve a CQC rating of at least 'Good' at the next inspection.Reduced number of incidents and complaints by 10%.Work more closely with the Norfolk & Norwich University Hospital and the Queen Elizabeth Hospital, King's Lynn to share resources and learning.
How we will deliver and monitor progress:
<ul style="list-style-type: none">Intensive support programme in place for Maternity Services.Divisional Performance Meeting and maternity dashboard.CQC inspection outputs.Gain feedback through the maternity voices partnerships and other user groups.
Responsible Person:
Director of Nursing, Director of Governance and Transformation, Chief Operating Officer

d) Eliminate Never Events particularly around safe surgery and procedures

What we set out to do (Priority):
Zero Tolerance to Never Events particularly around safe surgery and procedures.
Why we chose this (Rationale):
The Trust has regrettably reported Never Events within the surgical setting during 2019/20.
What we intend to achieve (Goal):
<ul style="list-style-type: none">• Ensure learning from Route Cause Analysis output reports are shared and embedded with the Trust and across the Norfolk and Waveney system.• Share Never Event RCAs across the system to ensure early learning.• Divisions to review and implement Local and National Safety Standards for Invasive Procedures (LocSIPs/NatSIPs).• Greater level of sharing lessons on a system wide basis.
How we will deliver and monitor progress:
<ul style="list-style-type: none">• Monitoring incident reports through the divisions.• Reporting through Patient Safety and Effectiveness Committee.• Divisions to monitor compliance with LoCSIPs/NatSIPs.• Review other national guidance and policies developed to prevent Never Events and ensure appropriate controls are in place and operating effectively
Responsible Person:
Medical Director, Chief Operating Officer

e) Ensure compliance with the Mental Health Act 1983 and the Mental Health Act Code of Practice to keep our patients safe whilst in hospital

What we set out to do (Priority):
Ensure compliance with the Mental Health Act 1983 and Mental Health Act Code of Practice.
Why we chose this (Rationale):
<ul style="list-style-type: none">• Hospital managers are legally responsible for governance of the Mental Health Act.• Ensure patients received the highest standard of care and treatment in accordance with the law, the Trust's values and best clinical practices.
What we intend to achieve (Goal):
<ul style="list-style-type: none">• Undertake a full gap analysis of the Trust's compliance with the mental health national standards relevant to the acute provider setting and provide a recommendations to improve compliance by the end of Q4.
How we will deliver and monitor progress:
<ul style="list-style-type: none">• Mental Health Programme Board to review progress monthly.
Responsible Person:
Director of Nursing

Clinical Effectiveness

a) Embed the Quality Improvement approach across the Trust

What we set out to do (Priority):
Embed the Quality Improvement (QI) approach across the Trust.
Why we chose this (Rationale):
<ul style="list-style-type: none">Continuation from the 2019/20 Quality Priority by embedding a QI Hub approach across the Trust.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.Reduce unwarranted clinical variation using information from the Model Hospital Portal and the national Getting It Right First Time Improvement Programme.
What we intend to achieve (Goal):
<ul style="list-style-type: none">Ensure all medical staff can demonstrate they have identified and undertaken at least one Quality Improvement project. This will form part of the annual appraisal process.Develop a simpler approach for clinical staff to log, record and get feedback on Quality Improvement Projects.A Quality Improvement Hub / Champions team to be established once training has been delivered.Celebrate our Quality Improvement successes and feed relevant projects in the Trust's Transformation Programme over the next three years.
How we will deliver and monitor progress:
<ul style="list-style-type: none">Monitored through the QI life system.Progress will be reported to the Hospital Management Board.QI approach to improve responses to incidents and complaints.
Responsible Person:
Medical Director, Director of Governance and Transformation

b) Ensure all patients receive a senior medical review within 14 hours of admission and thereafter a senior daily review

What we set out to do (Priority):
Ensure all patients receive a senior medical review within 14 hours of admission.
Why we chose this (Rationale):
<ul style="list-style-type: none">Delivery of seven day services is a national priority.More timely patient review to commence treatments and diagnostic tests.Streamline the patient pathway and other relevant processes.
What we intend to achieve (Goal):
<ul style="list-style-type: none">Review all patients within 14 hours of admission. Achieve 90% in all specialities for both weekday and weekend.
How we will deliver and monitor progress:
Monitor progress of via the Patient Safety and Quality Committee bi monthly.
Responsible Person:
Divisions to lead supported by the Medical Director

c) To increase number of re-audits undertaken within the Trust. Closing the clinical audit loop

What we set out to do (Priority):
Increase the number of re-audits undertaken within the Trust. Closing the clinical audit loop.
Why we chose this (Rationale):
<ul style="list-style-type: none">• The clinical audit cycle is not complete without re-audit following the implementation of actions agreed from the original clinical audit.• In order to sustain quality improvement the clinical audit project group need to ensure the identified quality improvements have been shared and implemented. The clinical audit is then performed again to ensure the actions taken have resolved identified issues and their causes and improvements to patient care have been achieved.
What we intend to achieve (Goal):
<ul style="list-style-type: none">• An increase the number of re-audits performed in the Trust compared to the number carried out in 2019/20 by at least 10%. To provide greater assurance that quality improvements are made on a sustainable way and reflects positive benefits to patient care.• Introduce reporting of re-audits on a monthly basis.
How we will deliver and monitor progress:
<ul style="list-style-type: none">• Clinical Audit team to set up a monthly automated report from the Ulysses system to email to all Clinical Leads (and specialty Audit Leads where this role is delegated) highlighting re-audits in their specialty that are upcoming or overdue, so that they can take forward with the relevant personnel as necessary.• Figures on specialty re-audit start and completion rates will be provided to the Divisions for reporting at the Patient Safety and Effectiveness Committee.
Responsible Person:
Director of Governance and Transformation

d) To increase the compliance against the Best Practice Tariff (BPT)

What we set out to do (Priority):
Increase the compliance against the Best Practice Tariff (BPT).
Why we chose this (Rationale):
To incentivise high quality and cost effective care to patients, to reduce the unwarranted variation in clinical quality and to encourage nationally recognised best practice.
What we intend to achieve (Goal):
<ul style="list-style-type: none">• By the end of Q1 a desktop evaluation of the Trust's achievement against each of the 23 national BPT to be completed by the Informatics teams.• By the end of end August, the Divisions to review and evaluate the BPT output report to determine which BPT initiatives to take forward.• During Q2 and 3, the Trust will improve its rate against the selected areas and these will be benchmarked with other trusts.• By Q4, the Trust will improve the level of BPT achievement.• Increase the level of BPT in a further five specialties by the end of Q4.
How we will deliver and monitor progress:
Progress reported to the monthly Divisional Performance Review meetings.
Responsible Person:
Lead by the Divisions, supported by the Chief Operating Officer.

Patient Experience

f) Improve transparency for reporting and learning from complaints: ensure we embed the learning from national improvement reports or independent enquiries

What we set out to do (Priority):
Improve transparency for reporting and learning from complaints. Ensure we embed the learning from national improvement reports or independent enquiries.
Why we chose this (Rationale):
Following the publication of the Healthwatch report 'Shifting the mindset' it is evident that further work is recommended to improve public confidence in the complaints system.
What we intend to achieve (Goal):
<ul style="list-style-type: none">Enhance the experience of patients, relatives and carers who have cause to complain by increasing their confidence in Trust processes.Ensure the patient's voice is heard in the complaints process, acted upon and responded to in a timely manner.Develop a complaints outcome page on the Trust website.Include narrative complaint excerpts detailing key issues raised, learning and actions implemented as a result.Implement recommendations and other best practice.
How we will deliver and monitor progress:
Progress to be monitored and discussed via the Carer and Patient Experience Committee
Responsible Person:
Director of Governance and Transformation

g) Greater patient engagement to ensure the 'Patient Voice' is heard to influence the way care and services are developed

What we set out to do (Priority):
Greater patient engagement to ensure the 'Patient Voice' is heard to influence the way care and services are developed.
Why we chose this (Rationale):
<ul style="list-style-type: none">The Patient's Voice should be used to make changes to local services and care provision.NHS 5 year forward plan calls for better partnership working for planning NHS care provision to ensure co-production and co-design from service users.The Patterson Review calls for 'write to me' communications to be sent to patients following an appointment, procedure or admission
What we intend to achieve (Goal):
<ul style="list-style-type: none">Ensure the Patient's Voice is integral to activities related to service redesign and service improvement.Work towards ensuring all patient letters are produced in plain English in line with 'write to me' principles, translated into the patient's first language and copied to GP.Improve the engagement and involvement mechanisms in place (communications, use of user groups, engagement events, etc.)Patient representatives to form part of the Transformation work streams going forward.Audit of patient letters.
How we will deliver and monitor progress:
<ul style="list-style-type: none">Progress to be monitored and discussed via the Carer and Patient Experience Committee.
Responsible Person:
Medical Director, Director of Governance and Transformation

2.2 Statements of Assurance from the Board

During 2019/20 the James Paget University Hospitals NHS Foundation Trust provided and/or subcontracted 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 2019/20 represents **100%** of the total income generated from the provision of relevant health services by the James Paget University Hospitals NHS Foundation Trust for 2019/20.

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

Clinical Audits and National Confidential Enquiries

During 2019/20 **44** national clinical audits and **three** 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 **89%** national clinical audits and **100%** 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 2019/20 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 2019/20 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 2019/20, 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
Case Mix Programme (CMP)	Yes	Yes	100%
Elective Surgery - National PROMs Programme	Yes	Yes	100% - Questionnaires are given to all eligible patients. Completion of the questionnaires is voluntary.
Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls	Yes	Yes	For the period 01/04/19 – 01/03/20, the case ascertainment was 100% (6/6)
Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database (NHFD)	Yes	Yes	337 patients submitted for the period 01/04/19 – 16/03/20. Data collection is ongoing therefore, case ascertainment figure cannot be provided.
Major Trauma Audit (TARN)	Yes	Yes	Estimated case ascertainment based on Hospital Episode Statistics (HES) data for the period 01/04/2019 – 31/12/2019 is 79 - 94%.
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	100%
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 01/04/2019 – 31/12/2019 ¹ , the case ascertainment was 100%.

¹ Data will not be submitted for Q4 due to the workload of supporting COVID-19 patients. Patients are manually identified for eligibility for inclusion and this has not been done for Q4, so the true case ascertainment for 2019/20 cannot currently be calculated.

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
National Asthma and COPD Audit Programme (NACAP) – Paediatric Asthma Secondary Care	Yes	Yes	94% (72/77)
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	100%
National Audit of Care at the End of Life (NACEL)	Yes	Yes	100%
National Audit of Dementia – Spotlight Audit on Psychotropic Medication	Yes	Yes	>100% (60/45)
National Audit of Seizure Management in Hospitals (NASH3)	Yes	Yes	100% (30/30)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Yes	Organisational checklist submitted, no clinical data submitted to date.
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
National Cardiac Audit Programme (NCAP) – Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	National Institute for Cardiovascular Outcomes (NICOR) unable to provide case ascertainment.
National Cardiac Audit Programme (NCAP) – National Heart Failure Audit	Yes	Yes	NICOR unable to provide case ascertainment
National Diabetes Audit - Adults: National Inpatient Audit (NaDIA)	Yes	Yes	100%
National Diabetes Audit – Adults: NaDIA Harms	Yes	Yes	29 cases have been submitted for the period 01/04/19 – 31/03/20 however, a case ascertainment figure cannot be provided as the total number of eligible cases is unknown.
National Diabetes Audit - Adults: National Core Diabetes Audit (NDA)	Yes	Yes	100%
National Diabetes Audit - Adults: National Pregnancy in Diabetes Audit	Yes	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes	63 cases have been entered for the period 01/04/19 – 19/03/20 however, a case ascertainment figure cannot be provided as the total number of eligible cases is unknown.
National Emergency Laparotomy Audit (NELA)	Yes	Yes	Estimated case ascertainment based on HES data for the period: 01/04/19 – 30/06/19 is 93% 01/07/19 – 30/09/19 is >100% 01/10/19 – 31/12/19 is 83%
National Gastro-Intestinal Cancer Programme – National Bowel Cancer Audit (NBOCA)	Yes	Yes	100%
National Gastro-Intestinal Cancer Programme – National Oesophago-gastric Cancer Audit (NOGCA)	Yes	Yes	Data collection for 2019/20 is ongoing. Most recent case ascertainment figure available as reported in the 2019 annual report is for the period 2016-2018 and is 85-100%.
National Joint Registry (NJR)	Yes	Yes	100% [Audit of all eligible cases with no minimum data requirement]
National Lung Cancer Audit (NLCA)	Yes	Yes	100%

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	NMPA are unable to provide case ascertainment
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
National Ophthalmology Database (NOD) Audit	Yes	Yes	94%
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100%
National Prostate Cancer Audit	Yes	Yes	For the period 01/04/19 – 31/12/19, case ascertainment was 100%
Perioperative Quality Improvement Programme (PQIP)	Yes	Yes	41% (77 patients were recruited against a target of 189)
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) – Antimicrobial Stewardship	Yes	Yes	For the period 01/04/19 - 31/12/19, the case ascertainment was 100% (81/81)
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	For the period 01/04/19 – 31/12/19, the case ascertainment was Band A (90%+)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	For the period 01/01/19 – 31/12/19, case ascertainment was 100% (15/15)
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Yes	Yes	89% (17/19)
Surgical Site Infection Surveillance Service	Yes	Yes	100%
UK Parkinson's Audit	Yes	Yes	100%
Assessing Cognitive Impairment in Older People - Care in Emergency Departments	Yes	No	The Trust failed to meet the deadline for the national audit. The national audit criteria was subsequently reviewed and it was agreed to use the RCEM audit tools as part of its local clinical audit. The Trust's audit results will then be compared to the national outputs when it is available.
Care of Children in Emergency Departments	Yes	No	
Mental Health – Care in Emergency Departments	Yes	No	
Inflammatory Bowel Disease (IBD) Registry Biological Therapies Audit	Yes	No	A decision was made by the Clinical Team in 2017/18 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.
National Smoking Cessation Audit	Yes	No	The Trust did not participate in the BTS national audit as the key criteria was covered by the existing Smoking Cessation Commissioning for Quality and Innovation (CQUIN) programme.
BAUS Urology Audits: Cystectomy	No	N/A	
BAUS Urology Audits: Female Stress Urinary Incontinence	No	N/A	
BAUS Urology Audits: Nephrectomy	No	N/A	
BAUS Urology Audits: Percutaneous Nephrolithotomy (PCNL)	No	N/A	
BAUS Urology Audits: Radical Prostatectomy	No	N/A	
Endocrine and Thyroid National Audit	No	N/A	

Audit Title	Relevant to JPUH Services?	Trust participation	Case Ascertainment
Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database	No	N/A	
Mental Health Care Pathway – CYP Urgent and Emergency Mental Health Care and Intensive Community Support	No	N/A	
Mental Health Clinical Outcome Review Programme (all work streams)	No	N/A	
National Asthma and COPD Audit Programme (NACAP) – Asthma (Adult and Paediatric) and COPD Primary Care	No	N/A	
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation	No	N/A	
National Audit of Cardiac Rehabilitation	No	N/A	
National Audit of Pulmonary Hypertension (NAPH)	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)	No	N/A	
National Clinical Audit of Anxiety and Depression	No	N/A	
National Clinical Audit of Psychosis	No	N/A	
National Diabetes Audit - Adults: National Diabetes Footcare Audit (NDFA)	No	NA	
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 22 national clinical audits were reviewed by the provider in 2019/20 and James Paget University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

A selection of actions from the 22 national clinical audit reports reviewed:

National Audit of Dementia – Dementia Care in General Hospitals

- The 'This is me' document has been relaunched. Information from the booklet is factored into care planning.
- Campaign to promote the importance of documenting communication with the families and carers of people with dementia.
- Carer's charter reviewed to identify any gaps in current practice and ensure consistency with open visiting.
- PowerPoint presentation for mandatory training of medical staff has been updated to include delirium awareness.
- Data relating to falls, delayed discharges and readmission within 30 days updated to include the number of dementia patients who experience these.

National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – COPD Secondary Care

- Ongoing staff education to ensure current smokers are identified, offered, and if they accept, prescribed smoking cessation pharmacotherapy.

Sentinel Stroke National Audit Programme (SSNAP)

- Extended range phone sourced for the Emergency Department for the pre-alert of cases of suspected stroke.
- Requirement for 7-day services for physiotherapy and occupational therapy has been factored into the Integrated Therapies Business Case.
- Trust is actively supporting development of a neurosciences centre of excellence at NNUH to facilitate delivery of thrombectomy services at NNUH; improving access for local patients.

National Audit of Breast Cancer in Older Patients (NABCOP)

- NABCOP frailty assessment tool implemented in clinics for women aged 70 and over.

National Pregnancy in Diabetes Audit (NPID)

- Poster sent to all GP surgeries with information for all women with diabetes signposting them to the Diabetes midwife to raise awareness of pre-conceptual care.

National Ophthalmology Audit – Adult Cataract Surgery

- Patient reported satisfaction is included in the current post-op feedback forms however uptake is variable. This will be improved with plans for community led follow-up and digital feedback.

National Paediatric Diabetes Audit (NPDA)

- Discussions are taking place regarding increasing representation of the adult diabetes team at transition clinic appointments.

National Bowel Cancer Audit (NBOCA)

- The Trust has introduced a database of all patients with loop-ileostomy to increase the number of patients undergoing stoma reversal within 18 months.

Feverish Children (Care in Emergency Departments)

- The Emergency Department have been granted funding for six new middle grade doctors which should help increase the number of senior decision makers in the department at peak times of activity.

Vital Signs in Adults (Care in Emergency Departments)

- Introduction of a 24/7 meet and greet nurse should assist in ensuring a complete set of vital signs are performed within 15 minutes of arrival.

Venous Thromboembolism (VTE) Risk in Lower Limb Immobilisation (Care in Emergency Departments)

- A new risk assessment was introduced in September 2019 based on NICE guidance.
- The current leaflet given to patients who have a plaster put on includes advice regarding risk of VTE however; a separate leaflet is required for patients in other forms of immobilisation.

The reports of **93** local clinical audits were reviewed by the provider in 2019/20 and James Paget University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

A selection of actions from the 93 local clinical audit reports reviewed:

<u>Compliance with the Clinical Agreed Pathway (CAP) form</u> <ul style="list-style-type: none"> ✓ A list of patients with missing data on their CAP forms is given to the nurse in charge to follow up. ✓ A note requesting doctors to complete the missing data on the CAP form is stapled to the front of the patient's notes. ✓ The recent CAP audit results will be sent out as a communication notice to all employees. 	<u>Saving Babies Lives Care Bundle</u> <ul style="list-style-type: none"> ✓ Smoking cessation courses being completed and smoking champions in all areas, communication to be sent to Community staff regarding referral pathways. ✓ Saving babies lives care bundle to be added to E3 stats and lists. ✓ Tommy's Reduced Fetal Movement (RFM) to be ordered and distributed.
<u>Observation and National Early Warning Score (NEWS2)</u> <ul style="list-style-type: none"> ✓ Update all teaching presentations / bespoke training to ward staff. ✓ Liaise with sepsis transformation nurse regarding red flag cards/ pens. ✓ Red flag sepsis screen saver. ✓ Ensure all ward areas have SBAR/Purple stickers. 	<u>Management of Acute Pulmonary Embolism Re-audit</u> <ul style="list-style-type: none"> ✓ Most recent version of Computerised Tomography Pulmonary Angiogram (CTPA) referral form is now available on all medical and surgical wards. Importance of using the correct form emphasised in email to all staff.
<u>Prescribing for Post-Operative Pain</u> <ul style="list-style-type: none"> ✓ Raise awareness of universal post-operative pain management regime. ✓ Surgical teams through presentation of results at audit and team meetings. ✓ This will be also covered within nurse education. 	<u>Assessment of Prevention of Cannula Related Infections in Medical and Surgical Wards – Are we following expert guidance?</u> <ul style="list-style-type: none"> ✓ Information surrounding the assessment and documentation of cannula insertion will be included within mandatory infection control training.
<u>Trust Compliance of Chest Drain Insertion Re-Audit</u> <ul style="list-style-type: none"> ✓ Audit form designed and in use to collate chest drain equipment available on wards to standardise practice across the Trust. 	<u>Audit of Food Record Charts at the Trust</u> <ul style="list-style-type: none"> ✓ Education on completion of food record will be included in Malnutrition Universal Screening Tool (MUST) training provided by the dietetics department.
<u>Management of Distal Radius Fractures as per British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST)</u> <ul style="list-style-type: none"> ✓ Patient information leaflet to be produced with input from physiotherapy. 	<u>Discharge summaries for women with hypertension in pregnancy (NICE CG107)</u> <ul style="list-style-type: none"> ✓ Incorporate the discharge checklist into the junior doctor induction programme to emphasise this should be completed accurately for every patient discharged from hospital.
<u>Pre-Birth Safeguarding Audit</u> <ul style="list-style-type: none"> ✓ Eden Team to email all community midwives to reiterate that pre-birth risk assessments must be completed by 28 weeks gestation. Community midwife to contact Eden Team if this is not achievable due to work related barriers such as annual leave and/or sickness. 	<u>Audit on the documentation of assessing patients presenting with deliberate self-harm in the Emergency Department</u> <ul style="list-style-type: none"> ✓ Mental health triage tool introduced to improve documentation.

National Confidential Enquiries

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	100% (5/5)
Dysphasia in Parkinson's Disease	To examine the pathway of care of patients with Parkinson's disease (PD) who are admitted to hospital when acutely unwell. In particular, to identify and explore multidisciplinary care and review organisational factors in the process of identifying, screening, assessing, treating and monitoring the ability to swallow.	Yes	Yes	100% (4/4)
In hospital management of out of hospital cardiac arrest	To investigate variation and remediable factors in the processes of care of patients admitted to hospital following an out of hospital cardiac arrest (OHCA).	Yes	Yes	100% (5/5)
Long Term Ventilation in Children, Young People and Young Adults	To identify remedial factors in the care of patients before their 25 th birthday who are receiving, or have received, long-term ventilation (LTV).	Yes	N/A	There were no suitable patients during the study period.

Participation in Clinical Research

The number of patients receiving relevant health services provided or subcontracted by James Paget University Hospitals NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee: **615***

* Figures based on projected final recruitment as confirmed figures will not be available until the end of April.

Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of James Paget University Hospitals NHS Foundation Trust's income in 2019/20 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 2020-21 and for the following 12-month period are available electronically at: <https://www.england.nhs.uk/publication/commissioning-for-quality-and-innovation-cquin-guidance-for-2020-2021/>

The amount of income in 2019/20 conditional upon achieving quality improvement and innovation goals is: **£2,009,224**

The amount of income received for the associated payment in 2018/19 was: **£3,556,806**

Care Quality Commission (CQC)

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 2019/20.

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

James Paget University Hospitals NHS Foundation Trust submitted records during 2019/20 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:
 - 99.6% for admitted patient care
 - 99.9% for outpatient care and
 - 99.1% 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
 - 99% for accident and emergency care.

Information Governance Assessment Report

Final submission of the Data security Protection Toolkit has been delayed due to COVID-19. Therefore, at this time, the James Paget University Hospitals NHS Foundation Trust does not yet have an overall grading for its 2019/20 Information Governance Assessment Report.

Payment by Results

James Paget University Hospitals NHS Foundation Trust **was not** subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

Data Quality

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

In line with the Data Protection Toolkit, the Trust monitors its attainment level for the completeness and validity check for data submitted to the Secondary Uses Service (SUS), further detail is available by following this link:

https://www.igt.hscic.gov.uk/KnowledgeBaseNew/DH_NHS%20IG%20-%20Data%20Output%20Quality%20Standards_0.3.pdf

The areas covered in the assessment are admitted patient care, outpatients and waiting lists. Admitted patient care and outpatients are currently submitted to SUS but waiting lists are not submitted via SUS but are delivered to our Commissioners via email.

Each area is given an Attainment Level and these are scored between 0 (lowest) and 3 (highest).

Learning from Deaths

Item 1: During 2019/20 **1142** 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;
272 in the second quarter;
302 in the third quarter;
299 in the fourth quarter.

Item 2: By **31/03/2020**, **164** case record reviews and **one** investigation has been carried out in relation to **1142** of the deaths included in item 1.

In **164** 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:

44 in the first quarter;
54 in the second quarter;
43 in the third quarter;
23 in the fourth quarter to 6th April 2020*

Item 3: **One** representing **0.87%** 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;
Zero representing 0% for the second quarter;
One representing 0.3% for the third quarter;
Zero representing 0% for the fourth quarter [at the time of reporting].

* Please note: the Mortality Surveillance Group has now implemented a new process with all deaths being reviewed by the Medical Examiner.

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

The reviewer found that there was an inadequate response to a change in the patient's condition and as a result an underlying disorder was missed.

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)

Learning from cases is discussed at divisional mortality meetings and the agenda includes any case where the reviewer identifies an issue irrespective of whether or not it contributed to the final outcome for the patient.

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 impact of actions from mortality meetings is reviewed at the Mortality Surveillance Committee through the review of data and learning from a range of sources.

Item 7: **10** case record reviews and **zero** investigations were completed after 1st April 2019 which related to deaths which took place before the start of the reporting period.

Item 8: **Zero** representing **0%** of the patient deaths before the reporting period, were reviewed after 1st April 2019 and are judged to be more likely than not to have been due to problems in the care provided to the patient.

Item 9: **Four** representing **0.34%** of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting against core indicators

Summary hospital-level mortality indicator (SHMI)

	JPUH 2017/18	JPUH 2018/19	JPUH 2019/20	National Average 2019/20	Highest SHMI for FT	Lowest SHMI for FT
(a) Value and (banding) of the SHMI for the Trust	1.164 (above expected limits)	1.115 (within expected limits)	1.0772 (within expected limits)	1.000	1.1957	0.6909

The SHMI currently remains within expected limits. Our previous methods of estimating future SHMI are now uncertain because of COVID-19. Although COVID deaths will not be included in SHMI, both the relatively low numbers of the remaining deaths, and the unknown impact this will have on other trusts across England prevent accurate future statistical predictions.

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

Data is taken from 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 is in place led by the Trust's Medical Director and overseen by the Mortality Surveillance Group.

Hospital re-admissions

	JPUH 2017/18	JPUH 2018/19	JPUH 2019/20	National Average 2019/20	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Patients aged 0-15 years	7.73%	8.83%	9.20%	Data not available	Data not available	Data not available
Patients aged 16 or over	6.72%	6.89%	7.22%	Data not available	Data not available	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 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:

- ✓ As part of the 2020/21 Transformation Programme a specific work stream has been established to review and improve clinical unwarranted variation across all specialities. This will include reviewing readmission rates and other clinical improvements emerging from various sources such as the national Getting it Right First Time programme, information presented on the Model Hospital Portal and the NHS benchmarking tool. Progress with this initiative has been paused during the response to COVID-19.

Patient reported outcome measures (PROMs)

PROMs participation rates

	JPUH 2017/18	JPUH 2018/19	JPUH 2019/20
Groin hernia surgery	No longer collected		
Varicose vein surgery	No longer collected ²		
Hip replacement surgery	131%	92.0%	Not available
Knee replacement surgery	148%	101.2%	Not available
All procedures	139%	97.3%	Not available

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

- There is a process in place within pre-operative assessment for PROMs to ensure that all patients eligible for participation are given the opportunity to participate. Staff keep a record of how many PROMs are distributed and how many are completed.

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:

- ✓ Estimated PROMs participation rates are monitored monthly and any actions will be implemented based on those figures.

Responsiveness to the personal needs of patients

JPUH 2017/18	JPUH 2018/19	JPUH 2019/20	England score 2018/19 ³
65.2	67.3	Not available	67.2

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:

- ✓ Quality Improvement actions and bespoke surveys are carried out in response to the national survey.

² Varicose vein and groin hernia PROMS are no longer collected following a consultation undertaken by NHS England.

³ 2019/20 data not available

Friends and Family Test (FFT) - Staff

Percentage of staff employed by, or under contract to, the trust during 2018/19 who would recommend the trust as a provider of care to their family or friends.

Quarter 2 2019/20 was the last data submission. A submission was not required in Quarter 3 due to the National Staff survey taking place. Reporting has ceased temporarily from March 2020 due to the COVID-19 pandemic.

JPUH 2017/18	JPUH 2018/19	JPUH 2019/20	England 2019/20	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
88%	85%	90%	81% ⁴	100%	50%

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

- Staff at the trust have a strong sense of pride in relation to the care they provide and towards colleagues and the organisation. This is reflected in the positive level of their responses in relation to recommending the Trust to their family and friends for care

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 plan is being developed to look at ways to re-launch and promote the staff friends and family test once reporting recommences later in 2020.

Clostridium difficile (*C.difficile*)

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.

	JPUH 2017/18	JPUH 2018/19	JPUH 2019/20	National Average 2019/20	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Rate per 100,000 bed days <i>C.diff</i> infection	11.59	11.39	9.6	Not available	Not available	Not available
Number of cases of <i>C.diff</i> infection	16	15	13	Not available	Not available	Not available

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.

⁴ Cumulative figure published in Quarter 2 2019/20 based on all care settings i.e. acute, ambulance, community and mental health

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.

Patient Safety Incidents

	JPUH 2017/18	JPUH 2018/19	JPUH 2019/20	Highest score for Acute (non-specialist) trusts (April-Sept 19) ⁵	Lowest score for Acute (non-specialist) trusts (April-Sept 19)
Number of patient safety incidents	4930	5210	5196	21,685	1392
				JPUH 2812	
Rate per 1000 bed days	38	39.2	33.7	103.8	26.3
				JPUH 38.6	
Percentage of incidents resulting in Major Harm	0.3%	0.2%	0.1%	1.2%	0%
				JPUH 0.1%	
Percentage of incidents resulting in Death	0.2%	0.2%	0%	0.7%	0%
				JPUH 0%	

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

- Awareness has been raised as to what constitutes a patient safety incident (PSI) through training and communications.
- Monthly monitoring of what has or, more importantly, has not been submitted as a PSI.

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

- ✓ Incident reporting rates are discussed at Divisional governance meetings and at the Patient Safety and Effectiveness Committee.
- ✓ Continuing to increase awareness around categorising harm when reporting incidents.
- ✓ Uploads to the National Reporting and Learning Service (NRLS) and quality checking of Patient Safety Incidents will continue. Uploads to the NRLS are carried out three times each week.
- ✓ Incident reporting and learning is discussed at Divisional governance meetings monthly with trends and themes analysed and cascaded to wider teams.
- ✓ All data is provided by bed days/number of contacts for Divisions to provide context when analysing incident data.

⁵ This date range has been selected as this is the most current data available from the National Reporting and Learning Service.

Part 3

Review of Quality 2019/20

Summary of Achievement of Quality Priorities 2019/20

1. Patient Safety		
a	Improve the timeliness of the investigation of incidents.	Achieved
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.	Achieved
c	Review and optimise clinical governance within the divisions.	Not Achieved
d	Improve seven-day service provision in line with the NHS Improvement Board assurance framework for seven day hospital services, November 2018.	Achieved
2. 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.	Achieved
b	Improve the level of scrutiny and governance processes in relation to submissions for National Audits.	Partly achieved
3. Patient Experience		
a	Introduce condolence cards for bereaved relatives.	Achieved
b	Explore the introduction of Butterfly Volunteers to support patients at the end of life and their families.	Achieved
c	Review and implement revised carer awareness training to support enhanced recognition and support for carers.	Partially achieved – third-party dependent
d	Initiate the implementation of the Gold Standard Framework (GSF) for end of life care.	Partially achieved – COVID-19 pause

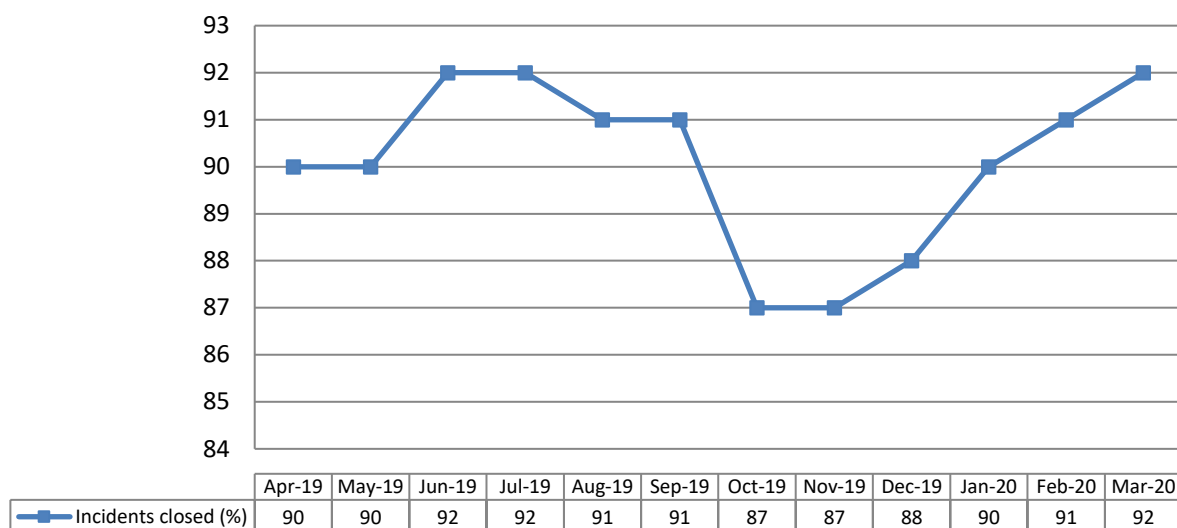
Patient Safety

a) Improve the timeliness of the investigation of incidents

Admitted-with tissue viability incidents are being closed at the point of submission to allow clinical teams to concentrate on the incidents occurring within their departments

The Corporate Governance team support closure of Serious Incidents (SI) and any incidents that have had a root cause analysis prior to them being escalated as outstanding closure e.g. hospital acquired thrombosis incidents, Internal SIs etc.

All outstanding incidents for 2017/18 were all closed by the end of September 2019. Set out below is the total percentage of incidents closed each month.



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

QI week was held commencing 17th June 2019 which included:

- 'QI in 5' sessions held across the Trust.
- Clinical Audit and QI Symposium held with good attendance on 20th June.
- Posters and literature distributed.
- 'Good ideas' slips received and actioned by the QI Leads.

The QI Hub was established and strengthened by two new roles, Quality Improvement Project Manager and Quality Improvement Programme Support Officer.

- We are using formal and informal opportunities for embedding the use of the Model for Improvement as they present.
- The Life QI Platform went live in Quarter 2 2019/20
- We have a plan to increase understanding of how the different improvement approaches all fit together.
- A QI Session was held at the Council of Governors Development Day in October.
- The trust invested in QI Foundation Training along with a Train the Trainer Course- the first cohort included QI Hub members and took place on October 29th and 30th
- The QI Hub is actively using twitter to share successes.
- An agreed QI training plan was been developed which is being rolled out to staff to embed QI methodology across the Trust.
- A number of QI training sessions have also been delivered with more scheduled to take place during 2020/21.
- All new QI projects are tracked and support provided by the QI team.

c) Review and optimise clinical governance within the divisions

A review of the clinical governance within the divisions is currently underway.

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

The Trust is fully compliant with the requirement to implement the Board Assurance Framework and is currently awaiting the new reporting requirements for 2020/21.

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.

From April 2019 to April 2020 overall number of action plans overdue for update from NICE gap analyses has improved by 7% from 75% to 68%.

	April 2019	April 2020
Number of non-implemented NICE guidelines / Quality Standards (excluding those agreed as intentionally non-implemented):	114	113
Number of which are overdue for updates on action plans:	86/114 (75%)	79/117 (68%)
Total number of individual action points requiring update contained in these guidelines:	426	358

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

All providers of continuous national audits on the Healthcare Quality Improvement Partnership (HQIP) National Clinical Audit and Patient Outcomes Programme (NCAPOP)/Quality Accounts list were contacted requesting that the Clinical Audit and Effectiveness Department were included on their notification/report distribution list. The majority of providers are now sending this information as far as the individual providers are prepared to do this. The Clinical Audit and Effectiveness Department are ensuring that all updates related to data submission and validation requirements are highlighted to the appropriate leads ensuring early oversight.

Patient Experience

a) Introduce condolence cards for bereaved relatives

Fully implemented and handed out/posted by the bereavement co-ordinators.

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

Butterfly volunteers are now recruited, trained and working across the Trust.

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

There is a collaborative approach to carer support provision in the Trust with Suffolk Family Carers, Carers Matters Norfolk and the Louise Hamilton Centre Family Carer Lead all being available for support, advice and signposting. This is to ensure that family carers receive the necessary assistance in a timely manner which benefits the overall patient experience. The Carer information handbook to support the information being provided to staff has been updated and is currently undergoing final amendments.

Work continues to plan carer awareness training sessions which will be delivered in bite size sessions to staff within clinical areas.

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

Workshop 4 took place at the end of November 2019 which provided a focus on living well and dying well. This workshop dovetails to enhanced recognition. The Swan model has been formally launched with posters, communications, individual ward visits and a bespoke stand outside of the Chapel. Workshop 5 was planned for March 2020 but was unable to take place due to the COVID-19 pandemic.

ReSPECT was launched on 18th March 2020, a key piece of the GSF as it is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. Initial reviews suggest that the change process has been effective.

NHS Oversight Framework Indicators

Performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS England and NHS Improvement. For 2019/20 these are:

Indicator		Threshold 2019/20	JPUH 2019/20
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		92% 13,464 patients	69.99% 12,456 patients
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge		95%	84.69%
All cancers: 62 day wait for first treatment from:	urgent GP referral for suspected cancer	85%	76.28%
	NHS Cancer Screening Service referral	90%	95.69,%
C difficile: variance from plan		24	24
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)		1	1.0772
Maximum 6-week wait for diagnostic procedures		1%	0.79%
Venous thromboembolism (VTE) risk assessment		95%	97.24%

For definitions for all Indicators, please see Appendix 1 of the *NHS Oversight Framework: (Updated August 2019)* or via the link: <https://improvement.nhs.uk/resources/nhs-oversight-framework-201920/>

This page has been left intentionally blank

Annex 1

Statements from Stakeholders

Norfolk and Waveney Clinical Commissioning Group

I am writing to confirm that NHS Norfolk and Waveney Clinical Commissioning Group (CCG) support the Trust in its publication of the 2019-2020 Quality Account. Having reviewed the report, we are satisfied that the Quality Account incorporates the mandated elements required, based on information available.

We would like to thank the Trust staff for their hard work and strong leadership, which underpins a continuous improvement journey in the quality of care delivered to the local population.

The CCG recognise the challenges experienced by the Trust over the last contractual year and the impact that this has had on the organisation.

Further to this, we acknowledge the challenges the Trust has faced to adapt and respond dynamically to deliver safe care during the current pandemic and we commend the compassion and commitment of all staff during this time. The challenges of delivering services within the 'new NHS' are considerable and the Trust has continued to work in collaboration with system partners and other key stakeholders as part of the Sustainability Transformation Partnership (STP), to strengthen and enhance integrated working practice in order to focus resources where our patients need them most.

The Quality Account references the closer system working and progression of the alignment of relevant joint clinical guidelines and policies to improve system working across Norfolk & Waveney, with the objective of a consistent and equitable approach to healthcare across the system; thus building on the positive integrated working practices enhanced during the current crisis.

The CCG notes and supports the Trust's Quality Goals and Initiatives for 2020-2021 and will continue to work collaboratively with the Trust to achieve the three key areas essential to the delivery of high quality services; Patient Safety, Patient Experience and Clinical Effectiveness.

The Trust had a Care Quality Commission (CQC) inspection in September 2019 which gave an overall rating of 'Good' for the fourth consecutive time. Of particular note was the rating of 'Outstanding' for the responsiveness domain. The CCG commends the Trust for this achievement recognising the hard work undertaken by all the teams to sustain this level of excellence. The CCG would like to take the opportunity once again to thank all staff for their hard work and commitment to responding to the needs of their local population.

The Quality Account specifically notes the plan to develop a Ward Accreditation Programme. This will provide a mechanism for continuous improvement across the Trust and enable a platform for shared learning, and dissemination of excellent practice. The approach described within the Account promotes staff engagement within the quality improvement process and is to be commended.

The CCG is pleased to note the inclusion of a quality improvement plan to implement the national ReSPECT Programme to support advanced care planning to personalise care to improve end of life care, supported by a Care at End of Life Strategy.

Equally, we support the planned focus on improving the delivery of safe, effective, timely care to mothers and their babies with an ambition to achieve a 'Good' CQC outcome at the next inspection of the Trust's Maternity Services.

The Trust continues to prioritise delivery of its Quality Improvement (QI) approach, particular reference to understanding and eliminating Never Events around safe surgery and invasive procedures. The Trust should be commended for the work it has undertaken to establish a QI hub and roll out of common methodology across the organisation.

NHS Norfolk and Waveney CCG looks forward to working with the Trust during 2020-2021 with the continued aim of developing quality improvements within the organisation, local community and across the system.

The CCG recognises the significant challenge ahead recognises the value of the Trust's ongoing focus on improving patient, relative and carer engagement and experience of patients, relatives and carers, ensuring the learning from national improvement reports and independent enquiries are embedded into practice.

On behalf of NHS Norfolk and Waveney CCG, I would like to thank you personally, for your continued hard work and we look forward to working with you throughout the 2020-2021 contracting year.

Yours Sincerely



**Karen Watts, Associate Director of Nursing and Quality
NHS Norfolk and Waveney Clinical Commissioning Group**

Healthwatch Norfolk Review of James Paget University Hospital NHS Foundation Trust Quality Report 2019/20

Healthwatch Norfolk (HWN) welcomes the opportunity to review the draft James Paget University Hospitals NHS Foundation Trust (JPHFT) Quality Report for 2019/20 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 18th December 2019, rated the Trust as overall good. We would like to commend JPHFT for its work in ensuring that this rating has been retained since the last inspection, and particularly acknowledge the improvement from good to outstanding for the 'responsive' CQC domain.

Even within the context of the report having been written in, and reflecting on, the period including the COVID-19 outbreak and peak, JPHFT's Quality Report clearly indicates the Trust's commitment to continuing to improve services and patient experience.

Please see below our comments on the Quality Report:

Contents Page: This is very helpful in enabling the reader to find their way around the sections of the document. The clear emboldening and colouring of the different parts to the report is aesthetically pleasing.

Foreword: It is useful to have an explanation of the background to quality reports generally alongside the scope and structure to this specific report. It is a little jargonistic at times, but any abbreviations are clearly explained and the section gives laypersons the opportunity to gain insight into the context of the report.

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: This is a good length which is digestible but outlines strengths and challenges. It is written in a personable tone and it is great to see transparency from the Chief Executive's perspective as to what has worked well and not so well over the last year.

2.1 Priorities for improvement 2019/20: The initial overview page (p.7) is clear and easy to digest. The subsequent pages where the priorities are outlined in further detail are also useful and detailed without being too lengthy. It is great to see exploration of the rationale, goals, and how the priority will be delivered and monitored. Having a clear accountable staff member named adds a personal and tangible feel to the priorities.

It is also great to see patient experience highlighted as a key focus and HWN are pleased to see our name amongst a list of stakeholders.

2.2 Statements of Assurance from the Board: The layout of this section is clear and consistent, with the blue boxes providing context to the evidence tables. Of particular note is the Trust's involvement in the majority of clinical audits, although it is a shame to see that a couple of opportunities were missed because of not making the deadline. Including the actions from some of the audits is an excellent addition.

2.3: Reporting against core indicators (SHMI): It is good to see JPHFT being within limits for the value and banding of the SHMI for this year. It is interesting to note that hospital readmissions have increased slightly for both child and adult age bands, however the commentary shows that the Trust recognises this and is working towards reviewing readmissions.

2.3: Reporting against core indicators (PROMs): It is hard to comment on this section given that the 2019/20 figures are not available.

2.3: Reporting against core indicators (FFT Staff): JPHFT have seen a marked increase of 5% in FFT satisfaction on last year which is really encouraging, sitting 9% above the English average. It is great to see that this hasn't caused complacency, and that plans to relaunch FFT to continue gathering feedback is in place. It will be interesting to see whether COVID-19 affects scores, both nationally and per Trust.

2.3 Patient Safety Incidents: This is a clear table which shows the slight decrease in patient safety incidents from last year, however the figure is still 266 higher than in the 2017/18 year. It is interesting that the report acknowledges training and communications has taken place and will continue to be included in staff training.

Part 3: Summary of Achievements: The traffic light system is clear and it is good to see that the majority of quality priorities have been achieved or partially achieved. The break-down of these achievements is useful, however incorporating the traffic light system into the text would make it even clearer, and to save flitting back to page 30 to check whether the priority had been achieved.

Also carers' experience is mentioned within 'patient experience' section for this year's priorities, but carer awareness training priorities from previous year has not been fully met: would be good to see these two aligned and the priority full achieved.

Part 3: NHS Oversight Framework Indicators: There are some statistics here where JPHFT falls behind the national threshold, particularly in regard to A&E maximum waiting time. It is positive, however, to see over 95% achieved for the screening referrals.

Conclusion

It is great to see the plans and priorities that JPHFT has been working on, and plan to work on in the upcoming year. This is particularly commendable given the unprecedented challenges presented by the COVID-19 outbreak. No doubt managing both the prevalence of the virus itself and the operational and clinical challenges that are arising as a result will be challenging, but JPHFT seems to have clear vision of its aims moving forward.

We are particularly pleased to see such emphasis on patient experience and indication of partnership work with Healthwatch Norfolk. Also, the addition of the "compliance with mental health act" section is really positive in terms of seeing a plan in place for dealing with mental health within an acute setting.

Thank you for allowing Healthwatch Norfolk the opportunity to review the draft JPHFT Quality Report for 2019/20. We feel that the priorities for improvement as set out in this draft report are significantly comprehensive, challenging and robust to drive any required improvement.

Alex Stewart
Chief Executive

July 2020

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.

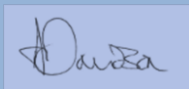
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- 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 2019 to 31/03/2020
 - papers relating to quality reported to the board over the period April 2019 to 30/03/2020
 - feedback from commissioners dated 03/06/2020
 - feedback from governors dated – not required this year
 - feedback from local Healthwatch organisations dated – not required this year
 - feedback from Overview and Scrutiny Committee dated – not required this year
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24/05/2019
 - the 2018 national patient survey 20/06/2019
 - the 2019 national staff survey 28/02/2020
 - the Head of Internal Audit's annual opinion of the trust's control environment dated – not required this year
 - CQC inspection report dated 13/12/2019
- 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

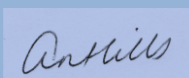
28/8/20



Date

Chair

28/8/20



Date

Chief Executive

28/8/20



Date

Director of Finance

28/8/20



Date

Chief Operating Officer

28/8/20



Date

Medical Director

28/8/20



Date

Director of Nursing

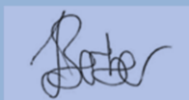
28/8/20



Date

Director of Governance and Transformation

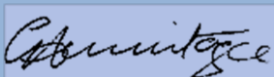
28/8/20



Date

Director of Strategy and Integration

28/8/20



Date

Executive Lead for Workforce

Glossary of terms and abbreviations

Term	Meaning
A&E	Accident and Emergency Department
BOAST	British Orthopaedic Association Standards for Trauma and Orthopaedics
BPT	Best Practice Tariff
CAP	Clinically Agreed Pathway
CAPE	Carer and Patient Experience Committee
<i>C.difficile</i> or <i>C.diff</i>	<i>Clostridium difficile</i>
CG	NICE Clinical Guideline
CHD	Congenital Heart Disease
CMP	Case Mix Programme
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement and Innovation
CRM	Cardiac Rhythm Management
CTPA	Computerised Tomography Pulmonary Angiogram
CYP	Children and Young Persons
ENT	Ear, Nose and Throat
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
GSF	Gold Standard Framework
HES	Hospital Episode Statistics
HSCIC	Health and Social Care Information Centre
HQIP	Healthcare Quality Improvement Partnership
IBD	Inflammatory Bowel Disease
JPUH	James Paget University Hospitals NHS Foundation Trust
KLOE	Key Lines of Enquiry
LTV	Long-term Ventilation
MINAP	Myocardial Ischaemia National Audit Project
MUST	Malnutrition Universal Screening Tool
N/A	Not applicable
NAD	National Audit of Dementia
NBOCA	National Bowel Cancer Audit
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NELA	National Emergency Laparotomy Audit
NG	NICE Guidance
NHFD	National Hip Fracture Database
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NICOR	National Institute for Cardiovascular Outcomes
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NNUH	Norfolk and Norwich University Hospital NHS Foundation Trust
NOD	National Ophthalmology Database
NPDA	National Paediatric Diabetes Audit
NOGCA	National Oesophago-Gastric Cancer Audit
NRLS	National Reporting and Learning Service
OHCA	Out-of-hospital Cardiac Arrest

Term	Meaning
PALS	Patient Advice and Liaison Service
PCNL	Percutaneous nephrolithotomy
PD	Parkinson's Disease
PE	Pulmonary Embolism
PICANet	Paediatric Intensive Care Audit Network
PROMs	Patient Reported Outcome Measures
PSEC	Patient Safety and Effectiveness Committee
PSI	Patient Safety Incident
QEH	Queen Elizabeth Hospital, Kings Lynn
QI	Quality Improvement
RCEM	Royal College of Emergency Medicine
RFM	Reduced Fetal Movement
SHMI	Summary hospital level mortality indicator
SHOT	Serious Hazards of Transfusion
SI	Serious Incident
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Service
TARN	Trauma Audit and Research Network
UK	United Kingdom
VTE	Venous Thromboembolism



NHS

James Paget
University Hospitals
NHS Foundation Trust

Financial Statements

for the year ended 31 March 2020



Contents

	Page
Statement of Accounting Officer's Responsibilities	2
Annual Governance Statement	3
Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust	10
Foreword to the Accounts	16
Statement of Comprehensive Income	17
Statement of Financial Position	18
Consolidated Statement of Changes in Taxpayers' Equity	19
Consolidated Statement of Cash Flows	20
Notes to the Accounts	21

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 [name] 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, other items of comprehensive income and cash flows for the financial year.

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

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

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

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

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



Chief Executive
23 June 2020

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 2020 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 overarching 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 2019/20:

"The Trust will not accept risks that materially impact on patient safety; including risks to safe staffing levels. The Trust has a greater appetite to take considered risks in relation to areas that provide potential benefits for patients. The Trust has the greatest appetite to pursue innovation, challenge current working practices and take opportunities where there are anticipated benefits for our local population, whilst operating within appropriate governance arrangements and regulatory constraints, and accepting potential reputational risks."

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 refocus priorities in order to ensure compliance.

Annual Governance Statement

continued

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 Ulysses, 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 Ulysses 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 and general cyber security are monitored through the IT Security Committee which reports to the Information Governance Committee, which in turn reports to the Finance and Performance Committee. Risks and adverse incidents are reviewed at every meeting of the Information Governance Committee.

In relation to the risks around European Union Exit, the Trust received regular correspondence and advice from co-ordinating national NHS bodies. The Trust completed risk assessments which were subject to regular review by the Board of Directors through the risk register. The Trust has complied with all guidance issued by the Department of Health and Social Care on this matter up to the point of EU exit on 31st January 2020, and subsequently during the transition period.

Annual Governance Statement

continued

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 strategic ambitions and objectives. Specifically the Trust has invested in digitising its workforce systems, and 2019/20 has seen the further rollout of e-Roster and 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 has been highlighted to the Board of Directors in public. The Board of Directors also receives a report from the Medical Director 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.

In 2019, the Trust approved the investment and implementation of a trust-wide comprehensive mental health improvement programme for both patients, visitors and staff. The programme covers five work streams across the organisation which include: Staff Mental Wellbeing & Experience, Patient & Staff Safety, Staff Education & Training, Carer & Patient Experience and Patient Pathway.

The Trust also has a Staff Engagement & Wellbeing Practitioner. This role is an important conduit between staff and the Trust, spending dedicated time engaging, listening and speaking to staff. The role has concentrated in identifying and reaching "hard to reach" staff groups across the Trust. The Board has introduced new staff engagement methods including a new online digital platform called 'Paget's People', where questions can be posted and staff can freely respond to with ideas and comments.

The Trust has enhanced its Freedom to Speak Up (FTSU) service with the appointment of a dedicated Lead FTSU Guardian, reports in line with publications from the National FTSU Guardian's office, and presents at public Board meetings.

The Chief Executive has also signed the Time to Change Employer Pledge, a national movement working towards eliminating discrimination and stigma in mental health, demonstrating that the Trust is an organisation which is taking positive action towards improving mental health interventions for staff.

The Trust has recruited and trained 25 Wellbeing Champions located in a wide range of areas across the organisation. The Wellbeing Champions have all received training in Mental Health First Aid and play an important role in providing a listening ear to staff, and signposting them to a range of wellbeing events throughout the year.

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.

On 30 January 2020, national NHS leaders declared coronavirus a serious, level 4 incident. Gradually throughout February and March 2020 the Trust has adapted the ways in which services are provided to patients, and temporarily ceased the provision of service in some cases. By mid-March 2020 the Trust was responding to COVID-19 as a major incident under the Trust's Emergency Planning, Resilience and Response (EPRR) Strategy.

A significant operational effort has been made by the Trust to recognise, record and mitigate new and emerging risks on a daily basis, responding to both local, regional and national issues. Actions have been taken to manage the flow of COVID-19 patients through the hospital, including reconfigurations to the Trust's estate. Where possible, homeworking was introduced with the accelerated deployment of IT hardware and software, and where not possible measures taken to implement social distancing for staff. The Trust continued to adapt systems for the testing of patients and staff as priorities and capacity changed. Services to outpatients were transformed by the introduction of virtual outpatient clinics.

During the emergency response phase, COVID-19 risks were dynamic as the pattern of the spread of the disease unfolded regionally and nationally. Therefore the Trust's contingency plans were adapted accordingly, but in particular involved assessment of capacity around ventilators, oxygen supply, ICU capacity, staffing, and provision of Personal Protective Equipment (PPE).

Annual Governance Statement

continued

The Trust has an overarching risk assessment relating to the management of the COVID-19 pandemic, and also where the Trust has identified more specific high or extreme risks related to the management of COVID-19, these have been recorded as separate risk register entries. These risks are reviewed weekly and approved monthly by the Board of Directors.

As of 31 March 2020 there were three non-COVID-19 extreme risks identified by the Foundation Trust on its risk register.

Risk	Mitigation
Levels of sickness absence	Review of staff survey data and absence data, Occupational Health service in place, Direct support provided by the central HR team, Programme of events to support staff, Trust People Strategy, Oversight by Workforce, Education and Research Committee (Board sub-committee), Staff engagement plan to include asking staff if they feel supported, Sickness absence and staff satisfaction are measured and reported, Streamlining of divisional sickness management process, Deep dive into sickness absence causes and actions required.
Staff employment records not complying with standards	Local record checks being undertaken, Findings from reviews will confirm standards are being met, New department audit results will demonstrate compliance, External DBS review will certify the Trust as compliant.
Risk to achieving 4 hour target in ED, and breach of 12 hour decision to admit standards as a result	Escalation policy in place, including Emergency Department (ED) deemed unsafe Standard Operating Procedure (SOP), SOPs in place to support ambulance reviews by a medical professional, East Systems Operations and Resilience Transformation Group (ESORT) emergency care improvement programme, ED expansion investment programme in progress, Investment in additional tier 4 (middle grade) doctors, System-wide programme in place, monitored via ESORT.

The Trust also records and manages incidents using the computer software package provided by Ulysses (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 41 Serious Incidents during 2019/20 (2018/19 - 41), all of which were subject to full root cause analysis investigation and actions have been taken to prevent recurrence. The most recent report from the National Reporting and Learning System shows that for incidents reported between 1st April 2019 and 30th September 2019 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, including the following organisations and forums:

- 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 Foundation Trust and East Coast Community Health Community Interest Company.

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

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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.

Annual Governance Statement

continued

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 NHSEI. NHSEI 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's well led inspection. The Trust also received a rating of 'good' following its use of resources CQC inspection during 2019.

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 cost collection exercise which, amongst other purposes, provides information on the relative efficiency and assessment of productivity. Cost data was published during the year (relating to 2018/19) in which the Trust achieved a National Cost Collection Index (NCCI) score of 103.

NHS England and NHS Improvement's drive to implement the recommendations from Lord Carter of Coles report on unwarranted variation provides another source of benchmarking assurance through the data published in Model Hospital. 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 2019/20 the Trust had no serious incidents relating to information governance, which is in line with 2018/19 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.

During March 2020 the Trust successfully renewed its Cyber Essentials Plus certification, and also achieved DCB1596 secure email standard O365 accreditation as of December 2019.

Data Quality and Governance

The directors to take steps to satisfy themselves that:

- the performance information reported is reliable and accurate;
- there are proper internal controls over the collection and reporting of measures of performance, and these controls are subject to review to confirm that they are working effectively in practice; and
- the data underpinning the measures of performance is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

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 monitors 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. Progress on quality priorities is also presented to the Board quarterly.

The Trust developed a Quality Improvement Strategy for 2018 – 23 which is aligned to the Trust's over-arching five-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.

During the year additional work was undertaken by an external review of record keeping for RTT waiting lists. All findings from the review have been acted upon, monitored, reported to and overseen by the Finance and Performance Committee.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, 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, which aims to set out the amount of support Trusts require from the regulator. Throughout the year the Trust has been classified as being within segment 2, where segment 1 gives Trust's the maximum autonomy and segment 4 the least.

The Board of Directors reviewed the 2019/20 Board Assurance Framework throughout the year, and received regular reports on risk management, performance management and clinical governance. Due to the impact of the Covid-19 pandemic, final assessment of the achievement of objectives monitored through the Board Assurance Framework has not yet taken place.

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.

Annual Governance Statement

continued

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 emerging in-year risks 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 Data Protection Security Toolkit resulted in low risk overall, where one medium risk finding was reported. Trust management acknowledged this audit finding and implemented a remedial action. Similarly the internal auditors carried out a review of the Trust's key financial systems during 2019/20 which was also rated as low risk overall, containing one medium and one low risk finding. An internal audit follow-up review of IT Disaster Recovery was carried out and reported low risk overall, with the Trust having satisfactorily addressed all of the findings from the 2018/19 review, previously reported as high risk.

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 2018/19 review acknowledged that progress had been made in reducing the risks, a further follow-up was agreed to be carried out towards the end of 2019/20. whilst the COVID-19 pandemic limited the scope of this review, the auditors were able to report that further progress had been made and that further actions planned to be undertaken will mitigate the risks identified.

A review into sickness absence management and staff engagement was carried out to assess the progress being made by the Trust in addressing the risks identified in these areas. The review did not intend to produce a risk rating, but highlighted areas of good practice and other suggestions for improvement which will be followed up during 2020/21. A light-touch cyber security monitoring review, which again did not produce a risk rating, provided the Trust with an independent review of security monitoring and the position of capability against prevailing good practice to identify areas of improvement.

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 2019 included a rating of 'good', for Effective, Caring and Well Led domains. The Trust was rated as 'outstanding' under the Responsive domain, and 'requires improvement' under the Safe domain. The Trust also received a Use of Resources assessment in 2019 of 'good', meaning that the Trust's combined rating for quality and use of resources was also assessed as 'good' overall. Whilst this overall rating remained the same as it was previously assessed in December 2018, there were many improvements, and the areas which were previously rated as 'requires improvement' were not re-inspected in 2019. 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 2020 the Trust is on target to deliver in accordance with the improvement action plan.

Internal Audit have completed their program of internal audit work for the year ended 31 March 2020. Their work identified low and moderate 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.

Conclusion

As described throughout the governance statement above, the Trust is aware of its 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. This review has identified no significant internal control issues.

I believe this to be a balanced statement of the governance arrangements within the Trust during 2019/20.



Chief Executive
23 June 2020

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 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; 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 2020 and the Department of Health and Social Care Group Accounting Manual 2020.

Basis for opinion

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

Overview		
Materiality:	£4.33m (2018-19: £3.98m)	
financial statements		
as a whole	2% (2018-19: 2%) of	operating income
Risks of material misstatement		vs 2018-19
Recurring risks	Valuation of land and buildings	◀▶
	Fraudulent expenditure recognition	◀▶
	Recognition of NHS and non-NHS income	◀▶

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. We summarise below the key audit matters, in decreasing order of audit significance, in arriving at our audit opinion above, together with our key audit procedures to address those matters and our findings ("our results") from those procedures in order that the Trust's Council as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our results are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

	The risk	Our response
Valuation of Land and Buildings £39.8 million; 2018-19: £44.6million Refer to pages 21 to 31 (accounting policy) and pages 40 to 41 (financial disclosures)	Subjective valuation Land and buildings are required to be held at current value in existing use. As hospital buildings are specialised assets and there is not an active market for them they are valued on the basis of the cost to replace them with a modern equivalent asset. 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; The Trust commissioned external valuers, to carry out a full revaluation of the Trust's land and buildings as at 31 March 2020. 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, and possible many times that amounts. Disclosure Quality There is a risk that uncertainties expressed by the Trust's valuers around the impact of Covid-19 pandemic on market-based values of land and buildings will be inappropriately disclosed.	Our procedures included: — Assessing valuer's credentials: We assessed the scope, qualifications and experience of the valuer and the overall methodology of the valuation performed to identify whether the approach was in line with industry practice and the valuer was appropriately experienced and qualified to undertake the valuation; — Methodology choice: we critically assessed the valuation basis of the 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: we critically assessed the assumptions used in preparing the valuation to ensure they were appropriate. We compared the valuer's assumptions in regards to indices to BCIS externally derived data; — Assessing transparency: We considered the adequacy of the disclosures about the key judgements and degree of estimation involved in concluding on the value of the land and buildings as at 31 March 2020. Specifically we considered the adequacy of disclosures made around the uncertainty caused by the Covid-19 pandemic on market data used to underpin the valuer's assumptions, and management's consideration of these factors when arriving at the year-end valuation figures. Our results • We found the valuation of land and buildings to be acceptable. • We found the disclosures in relation to the uncertainties caused by the impact of the Covid- 19 pandemic on the Trust's market- based valuations to be acceptable.
Fraudulent expenditure recognition Accruals:£5.6m (2018-19: £5.6m) Refer to pages 21 to 31 (accounting policy) and pages 44 and 46 (financial disclosures)	Effect of irregularities: — 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. — We consider the risk to specifically relate to accruals and provisions, as they represent the key mechanisms by which the Trust could manipulate year-end outturn.	Our procedures included: — Segregation of duties: we 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 responsible for preparing the financial statements. — Test of detail: we compared provisions recognised at the previous year-end against actual outturn, to evaluate management's ability to accurately estimate year-end liabilities. We performed a year on- year review of accruals and provisions, and sought explanation for significant movements;

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

continued

Significant	Description	Work carried out and judgements
		<p>— Test of detail: we tested payments made and invoices received in April 2020 to identify whether they indicated that an accrual or provision should have been recognised at the balance sheet date. We performed a sample test of accruals and provisions to supporting evidence to ensure these were accurate.</p> <p>— Test of detail: we critically appraised the basis on which provisions were made and considered the appropriateness of the provisions.</p> <p>Our results</p> <ul style="list-style-type: none"> • We found expenditure recognition related to accruals and provisions to be acceptable.
<p>NHS and non-NHS income</p> <p>£225.5million; 2018-19: £200.1million</p> <p>Refer to pages 21 to 31 (accounting policy) and pages 31-33 (financial disclosures)</p>	<p>Recognition of NHS and non-NHS income:</p> <p>Of the Trust's reported total income, £203.8 million (2018/19, £181.4m) came from commissioners (Clinical Commissioning Groups (CCGs) and NHS England). Four CCGs and NHS England make up 73% of this income stream.</p> <p>There is a risk that the Trust recognises income to which it is not entitled and that cannot be supported by actual activity levels undertaken during the year. Insufficient provision may be made for potential penalties or fines levied by the commissioners, especially where agreement has not been reached on disputed sums during the year.</p> <p>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. The Trust reported income of £21.6 million (2018/19: £18.7 million) from other activities. The largest items for the Trust relate to sustainability funding of £8.1m and education and training of £7.4m. There is a risk that the Trust recognises income to which it is not entitled.</p>	<p>Our procedures included:</p> <p>— Test of detail: obtaining the outcome of the agreement of balances exercise with other NHS bodies. Where there were mismatches above £300k we sought explanations and supporting evidence to verify the Trust's entitlement to the receivable;</p> <p>— 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 in the year and agreed variances to source documentation;</p> <p>— Test of detail: for income not included in the agreement of balance exercise we agreed a sample of items to source documentation and agreed their treatment;</p> <p>— Test of detail: We reviewed invoices and credit notes raised around the year end date to ensure the income had been recognised in the correct accounting period.</p> <p>Our results</p> <ul style="list-style-type: none"> • We found the recognition and estimation of NHS and non-NHS income to be acceptable.

3. Our application of materiality and an overview of the scope of our audit

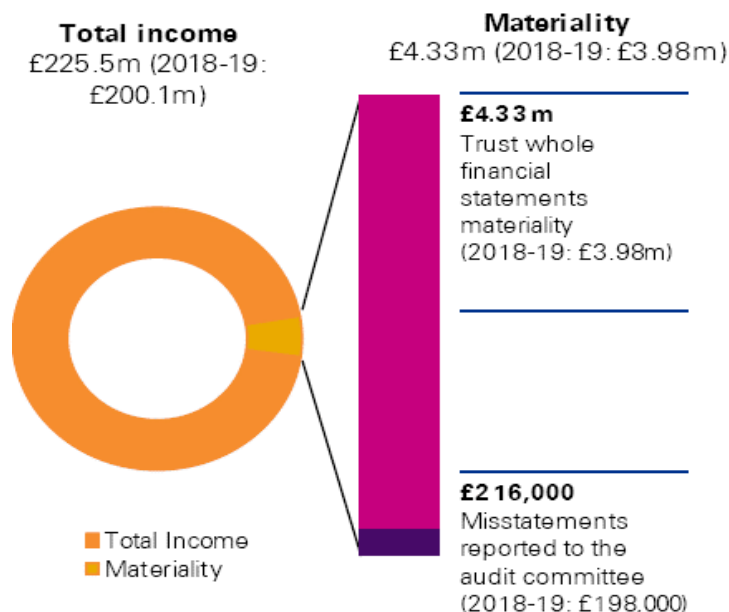
Materiality for the Trust financial statements as a whole was set at £4.33 million (2018-19: £3.98 million), determined with reference to a benchmark of total income of which it represents approximately 2% (2018-19: 2%). We consider total income to be more stable than a surplus- or deficit related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £216,000 (2018-19: £199,000), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above.

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

statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over 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 Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the 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 3 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 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 19-20.

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

continued

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 Trust'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 19-20 is misleading or is not consistent with our knowledge of the Trust 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 Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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.
- 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 resource.

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), 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.

Independent Auditor's Report to the Council of Governors of James Paget University Hospitals NHS Foundation Trust

continued

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 for securing 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 overleaf together with the findings from the work we carried out on each area.

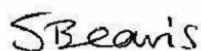
Significant Risk	Description	Work carried out and Judgements
Financial Sustainability	Due to a combination of regulatory scrutiny and significant financial challenge in the sector and locally across the health economy, we undertook a detailed review of the Trust's arrangements for planning its finances effectively to support the sustainable delivery of strategic priorities and the maintenance of its statutory functions.	<p>Our work included:</p> <ul style="list-style-type: none">- Review of management's financial performance for the year, taking into account sustainability funding unlocked in assessing performance against budget;- Review of management's assessment of the Trust's ability to continue as a going concern and expectations on financial sustainability. <p>Our findings on this risk area: We are satisfied that the Trust had adequate arrangements for planning its finances and sustainable resource deployment.</p>

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of James Paget University Hospital NHS Foundation Trust for the year ended 31 March 2020 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.



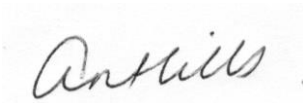
Stephanie Beavis
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
Dragonfly House
2 Gilders Way
Norwich
NR3 1UB
24 June 2020

Foreword to the Accounts

James Paget University Hospitals NHS Foundation Trust

These accounts for the year ended 31 March 2020 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
23 June 2020

Statement of Comprehensive Income

		Group Year Ended 31 March 2020 £ 000	Group Year Ended 31 March 2019 £ 000	Trust Year Ended 31 March 2020 £ 000	Trust Year Ended 31 March 2019 £ 000
	Note				
Operating income from continuing operations	4.2	225,505	200,148	225,714	200,621
Operating expenses of continuing operations	5	(230,033)	(205,625)	(229,691)	(205,326)
Operating (deficit)		(4,528)	(5,477)	(3,977)	(4,705)
Finance costs					
Finance income	8	226	171	131	65
Finance expense - financial liabilities	9 & 21.1	(316)	(171)	(316)	(171)
Public Dividend Capital - dividends payable		(928)	(1,326)	(928)	(1,326)
Net finance costs		(1,018)	(1,326)	(1,113)	(1,432)
Gains/(losses) of disposal of assets		(22)	464	(22)	464
(Deficit) for the year		(5,568)	(6,339)	(5,112)	(5,673)
Other comprehensive income					
Impairments		(305)	-	(305)	-
Revaluations		783	908	783	908
Fair Value gains/(losses) on Available-for-sale financial investments		(258)	147	-	-
Total comprehensive income/(expense) for the year		(5,348)	(5,284)	(4,634)	(4,765)

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		(5,348)	(5,284)	(4,634)	(4,765)
Less reserve movements in other comprehensive income/(expense)	a	(220)	(1,055)	(478)	(908)
Total comprehensive income/(expense) before reserve movements		(5,568)	(6,339)	(5,113)	(5,674)
Add back in year impairments and reversals of impairments included in deficit above (note 10)	b	6,465	-	6,465	-
Surplus/(deficit) excluding impairments		897	(6,339)	1,352	(5,674)
Less other non-operating income	c	(8,083)	(4,784)	(8,083)	(4,784)
Net underlying Surplus/(Deficit)	d	(7,186)	(11,123)	(6,731)	(10,458)
a This is the total of the three items shown in other comprehensive income. b This is the total of impairments and impairment reversals charged to expenditure (note 10). c This is the non recurrent provider sustainability fund (PSF) and marginal rate emergency tariff (MRET) income received by the Trust in 2019/20 and 2018/19. d The net underlying deficit for the organisation excluding adjustments for non-recurrent impairment charges and PSF income.					

The accompanying notes on pages 21 to 52 form part of these accounts.

Statement of Financial Position

		Group	Group	Trust	Trust
		As at	As at	As at	As at
		31 March	31 March	31 March	31 March
		2020	2019	2020	2019
	Note	£ 000	£ 000	£ 000	£ 000
Non-current assets					
Intangible assets	12	2,643	2,709	2,643	2,709
Property, plant and equipment	13	57,861	61,410	57,861	61,410
Other investments	13.5	2,330	2,764	-	-
Trade and other receivables	15.2	405	405	405	405
Total non-current assets		63,239	67,288	60,909	64,524
Current assets					
Inventories	14.1	3,087	2,942	3,087	2,942
Trade and other receivables	15.1	14,835	12,575	14,894	12,562
Cash and cash equivalents	16	7,678	8,769	7,475	8,312
Total current assets		25,600	24,286	25,456	23,816
Current liabilities					
Trade and other payables	17.1	(20,091)	(19,016)	(20,085)	(18,964)
Borrowings	19.1	(8,762)	(1,018)	(8,762)	(1,018)
Provisions	21.2	(198)	(285)	(198)	(285)
Other liabilities	17.3	(369)	(83)	(369)	(83)
Total current liabilities		(29,420)	(20,402)	(29,414)	(20,350)
Total assets less current liabilities		59,419	71,172	56,951	67,990
Non-current liabilities					
Trade and other payables	17.2	(3)	(5)	(3)	(5)
Borrowings	19.2	(5,948)	(12,798)	(5,948)	(12,798)
Provisions	21.3	(1,314)	(1,241)	(1,314)	(1,241)
Total non-current liabilities		(7,265)	(14,044)	(7,265)	(14,044)
Total assets employed		52,154	57,128	49,686	53,946
Financed by taxpayers' and others' equity					
Charitable funds reserves		2,468	3,182	-	-
Public dividend capital		50,862	50,488	50,862	50,488
Revaluation reserve	22	4,229	3,751	4,229	3,751
Income and expenditure reserve		(5,405)	(293)	(5,405)	(293)
Total taxpayers' and others' equity		52,154	57,128	49,686	53,946

The financial statements on pages 17 to 52 were approved by the Board on 23 June 2020 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 2019	50,488	3,751	(293)	53,946	3,182	57,128
Surplus/(Deficit) for the year	-	-	(5,837)	(5,837)	269	(5,568)
Impairments	-	(305)	-	(305)	-	(305)
Revaluations - property, plant and equipment	-	783	-	783	-	783
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	-	(258)	(258)
Other - charitable funds consolidation	-	-	725	725	(725)	-
Public Dividend Capital received	374	-	-	374	-	374
Taxpayers' equity at 31 March 2020	50,862	4,229	(5,405)	49,686	2,468	52,154

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
Public Dividend Capital received	1,156	-	-	1,156	-	1,156
Other - charitable funds consolidation	-	-	941	941	(941)	-
Taxpayers' equity at 31 March 2019	50,488	3,751	(293)	53,946	3,182	57,128

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.

The accompanying notes form part of these financial statements.

Consolidated Statement of Cash Flows

	Group Year Ended 31 March 2020 £ 000	Group Year Ended 31 March 2019 £ 000	Trust Year Ended 31 March 2020 £ 000	Trust Year Ended 31 March 2019 £ 000
Cash flows from operating activities				
Operating (deficit) from continuing operations	(4,528)	(5,477)	(3,977)	(4,705)
Operating surplus	(4,528)	(5,477)	(3,977)	(4,705)
Non-cash income and expense:				
Depreciation and amortisation	5,248	5,161	5,248	5,161
Impairments	6,465	-	6,465	-
(Increase)/decrease in trade and other receivables	(2,063)	(3,169)	(2,126)	(2,882)
(Increase)/decrease in Inventories	(145)	(128)	(145)	(128)
Increase/(decrease) in trade and other payables	(267)	1,709	(267)	1,709
Increase/(decrease) in other liabilities	286	(1,413)	286	(1,413)
Increase/(decrease) in provisions	(19)	(755)	(19)	(755)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	233	625	-	-
Other movements in operating cash flows	128	(39)	128	(39)
Net cash generated from operating activities	5,339	(3,486)	5,593	(3,052)
Cash flows from investing activities:				
Interest received	131	65	131	65
Purchase of intangible assets	(793)	(482)	(793)	(482)
Purchase of property, plant and equipment	(2,404)	(5,829)	(2,404)	(5,829)
Sales of property, plant and equipment / AHFS	-	482	-	482
Net cash (used in) investing activities	(3,066)	(5,764)	(3,066)	(5,764)
Cash flows from financing activities:				
Public dividend capital received	374	1,156	374	1,156
Loans received from the Department of Health	-	8,232	-	8,232
Movement in other loans	(129)	185	(129)	185
Loans repaid to the Department of Health	(961)	-	(961)	-
Capital element of finance lease rental payments	(1,201)	(601)	(1,201)	(601)
Interest paid on Loans	(129)	-	(129)	-
Interest element of finance lease	(183)	(73)	(183)	(73)
PDC Dividend paid	(1,134)	(1,354)	(1,134)	(1,354)
Net cash (used in) financing activities	(3,363)	7,545	(3,363)	7,545
Increase/(decrease) in cash and cash equivalents	(1,091)	(1,704)	(836)	(1,270)
Cash and cash equivalents at 1 April	8,769	10,473	8,312	9,583
Cash and cash equivalents at 31 March	7,678	8,769	7,476	8,312

The accompanying notes form part of these financial statements.

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 NHS Foundation Trusts 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 2019-20, 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 the 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. 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 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 2019/20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020/21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. See Note 1.21
- 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.

1.1.4 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.

1.1.5 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 data provided by the Trust's appointed valuer Montagu Evans LLP 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 last full market valuation of land and building assets was carried out by Montagu Evans LLP, and was applied on 31st March 2020 based on an alternate site, modern equivalent asset basis.

1.1.6 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;

Notes to the Accounts

continued

- 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.

1.2.7 Transfer of functions

As public sector bodies are deemed to operate under common control, business reconfigurations

Notes to the Accounts

continued

within the DHSC group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Income, and is disclosed separately from operating costs.

1.3 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- The Trust does 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 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 entity] 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.

Revenue in respect of goods or services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods or services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

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

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

Notes to the Accounts

continued

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.

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, 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 31st March 2020.
- 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

Notes to the Accounts

continued

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	20 to 90 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:

Notes to the Accounts

continued

- 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. Inventories are subject to a planned inventory count as at 31 March, where this was not possible due to Covid 19 operational pressures then the inventory count from 31 March 2019 has been used as a proxy. The value of inventory not counted as at 31 March 2020 was £1,036,000 mostly relating to theatre consumables where inventory levels are likely to remain fairly stable throughout the year

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.

Notes to the Accounts

continued

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 negative (0.50)% (2018-19: positive 0.29%) 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 nominal short term rate of 0.51% (2018-19: 0.76% in real terms) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.55% (2018-19: 1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

1.11.1 Clinical negligence costs

NHS Resolution (the trading name of the NHS Litigation Authority NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHS Resolution, 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 NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses 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.

Notes to the Accounts

continued

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 (PDC) and PDC dividend

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:

Notes to the Accounts

continued

- donated and grant 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 24 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 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Notes to the Accounts

continued

1.21 IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust maintains a Lease register to record all operating and finance lease agreements to ensure correct treatment under IAS 17 Leasing. The Trust has implemented a leasing module add-on to the Trusts Fixed Asset register to account for the expected increase in finance leases.

Whilst the overall impact is still being assessed it is expected that upon transition the increased value in fixed assets will be offset by the increased value of the total lease creditor so there will be no overall increased PDC charge.

The increased depreciation charge from 1st April 2020 will be offset by the reduction in charges to operating expenditure from the reclassification of operating leases.

1.22 Building valuation uncertainties

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19 in relation to many factors that historically have acted as drivers of the property investment and letting markets, with major adverse impacts already affecting global stock markets, future economic growth forecasts, and business and consumer confidence. Such circumstances are unprecedented but are expected to result in similar uncertainty in much of the property market. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this 'material valuation uncertainty', the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Of the £33,561,000 net book value of land and buildings subject to valuation, £31,632,000 relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential, rather than the extent of the service.

It is possible that the COVID-19 pandemic will affect the Trust's future assessment of what would be required in a modern equivalent asset, but as yet there is insufficient evidence to affect the assumptions used in the valuation.

1.23 Events after the reporting period

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year.

Notes to the Accounts

continued

During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £7,295,000 as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

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 2020

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 2020 £ 000	Year Ended 31 March 2019 £ 000
Elective income	29,909	29,843
Non elective income	60,913	44,132
Outpatient income	26,921	26,310
A&E income	11,382	9,179
High cost drugs income from commissioners	16,560	15,804
Other NHS clinical income	50,688	52,528
Private patient income	762	781
AfC pay award central funding	-	1,958
Additional pension contribution central funding	5,807	-
Other clinical income	904	883
Note 4.2	203,847	181,418

Notes to the Accounts

continued

	Year Ended 31 March 2020 £ 000	Year Ended 31 March 2019 £ 000
4.2 Analysis of operating income by source		
Income from activities		
NHS Foundation Trusts	6,454	3,966
NHS Trusts	7	2
Clinical Commissioning Groups and NHS England	195,624	173,713
NHS Other	51	1,979
Non NHS:		
Private patients	762	781
Overseas patients	0	47
NHS injury scheme *	700	635
Other	248	295
Total income from activities	203,846	181,418
Other operating income from contracts with customers:		
Research and development	579	701
Education and training (excluding notional apprenticeship levy income)	7,419	7,410
Non patient care services to other NHS bodies	191	254
PSF & MRET income**	8,083	4,784
Other non-contract operating income:		
Catering	637	741
Education and training - notional income from apprenticeship fund	574	217
Rental revenue from operating leases	338	178
Accommodation	772	817
Car parking	1,263	1,226
Charitable and other contributions to expenditure	(234)	152
Miscellaneous	1,521	1,782
NHS Charitable Funds: Incoming Resources excluding investment income	516	468
Total other operating income	21,659	18,730
Total operating income	225,505	200,148

* NHS Injury Scheme income is subject to a provision for expected credit losses of 21.79% (2018/19 - 21.89%) to reflect expected rates of collection.

** Provider Sustainability Fund income of £4,150,000 and Marginal Rate Emergency Tariff funding income of £3,933,000 has been allocated to the Trust on a non-recurrent basis during 2019/20 (2018/19 Provider Sustainability Fund income - £4,784,000) to support the financial position of the Trust, and is excluded from the financial performance assessment of the organisation.

	Year Ended 31 March 2020 £ 000	Year Ended 31 March 2019 £ 000
4.3 Operating lease income		
Rents recognised as income in the period	338	178
	338	178

Notes to the Accounts

continued

4.3 Operating lease income - continued

Future minimum lease receipts due:

	Year Ended 31 March 2020			
	Land	Buildings	Other	Total
Within 1 year	-	259	-	259
Between 1 and 5 years	-	993	-	993
After 5 years	-	1,139	-	1,139
	-	2,391	-	2,391
	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	Year Ended	
		31 March	31 March	
		2020	2019	
		£ 000	£ 000	

4.4 Overseas visitor income

Income recognised in this year	0	47
Cash payments received in-year (relating to invoices raised in current and previous years)	34	54
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	121	166
	Year Ended	Year Ended
	31 March	31 March
	2020	2019
	£ 000	£ 000

4.5 Additional information on contract revenue (IFRS 15) recognised in the period

Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	83	352
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	553	100
	31 March	31 March
	2020	2019
	£ 000	£ 000

4.6 Additional information on contract revenue (IFRS 15) recognised in the period

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

Within one year	117	83
Total revenue allocated to remaining performance obligations	117	83

Notes to the Accounts

continued

		Year Ended 31 March 2020 £ 000	Year Ended 31 March 2019 £ 000
5 Operating expenses			
Services from NHS Bodies		272	277
Purchase of healthcare from non-NHS bodies		840	523
Employee expenses - executive directors		1,147	1,002
Employee expenses - non-executive directors		124	127
Employee expenses - staff		149,907	136,578
Drug costs		20,209	19,471
Supplies and services - clinical (excluding drug costs)		17,452	16,265
Supplies and services - general		2,721	2,618
Establishment		2,541	1,678
Transport		105	107
Premises		6,200	5,850
Increase / (Decrease) in provision for impairment of receivables		468	(212)
Change in provisions discount rate		89	(22)
Inventories write down		118	91
Depreciation on property, plant and equipment		4,763	4,483
Amortisation on intangible assets		485	678
Net Impairments of property, plant and equipment	Note 10 & 13.3	6,144	-
Net impairments of intangible assets	Note 12.1	321	-
Audit fees - statutory audit*		75	63
Audit fees - Charitable Fund Accounts		7	5
Internal Audit and Local Counter Fraud Services		97	86
Clinical negligence		6,769	7,007
Legal fees		321	161
Consultancy costs		434	564
Training, courses and conferences		1,286	1,301
Patient travel		71	49
Operating lease expenditure (net)		256	212
Insurance		108	111
Other contracted services		338	248
Losses, ex gratia and special payments		10	2
Other		6,021	6,008
NHS Charitable funds: Other resources expended		335	294
		230,033	205,625

* There is a £1,000,000 limitation on auditor's liability.

Notes to the Accounts

continued

	Year Ended 31 March 2020 £ 000	Year Ended 31 March 2019 £ 000
--	---	---

6 Operating leases

6.1 Lease payments recognised as an expense in the period

Minimum lease payments	256	212
Contingent rents	-	-
Sublease payments	-	-
	256	212

6.2 Total of future minimum lease payments due:

	Land £ 000	Buildings £ 000	Other £ 000	Total £ 000
Within 1 year	-	-	206	206
Between 1 and 5 years	-	-	144	144
After 5 years	-	-	-	-
	-	-	350	350

	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

	Permanent £ 000	Other £ 000	Total £ 000	Year Ended 31 March 2019 £ 000
Salaries and wages	112,618	1,045	113,663	106,528
Social security costs	11,005	-	11,005	10,402
Apprenticeship levy	6,369	-	6,369	531
Employer contributions to NHS Pensions	7,070	-	7,070	12,506
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	5,807	-	5,807	-
Pension cost - other	37	-	37	23
Agency / contract staff	-	7,797	7,797	8,220
	142,906	8,842	151,748	138,210
Employee expenses recharged to other organisations	(493)	-	(493)	(393)
Employee expenses capitalised as part of assets	(201)	-	(201)	(237)
	142,212	8,842	151,054	137,580

Notes to the Accounts

continued

	Year Ended 31 March 2020 £ 000	Year Ended 31 March 2019 £ 000
7.2 Directors' remuneration		
Directors' remuneration	1,037	1,180
Employer contributions to NHS Pensions Agency	100	104
Benefits in kind	12	10
Defined benefit pension schemes	-	6
Further details on directors' remuneration are given in the remuneration report from page 45 of the Annual Report.		

	Permanent Number	Year Ended 31 March 2020 Other Number	Total Number	Year Ended 31 March 2019 Number
7.3 Average number of employees				
Medical and dental	130	204	334	306
Ambulance Staff	-	-	-	-
Administration and estates	484	28	512	495
Healthcare assistants and other support staff	458	6	464	440
Nursing, midwifery and health visiting staff	1,083	197	1,280	1,223
Scientific, therapeutic and technical staff	273	10	283	286
Agency Staff	-	79	79	71
Bank Staff	-	168	168	150
	2,428	692	3,120	2,971
Of which number of employees engaged on capital projects	6	-	6	8

Total nursing, midwifery and health visiting staff numbers for 2019/20, including all nursing, midwifery and health visiting bank and agency staff are 1,459 (2018/19 - 1,371). Total Medical and dental staff numbers for 2018/19, including all Medical and dental agency staff are 346 (2018/19 - 331).

7.4 Staff exit packages

There have been two non contractual staff exit packages during the year ended 31 March 2020 with a value of £22,000 (Year ended 31 March 2019 nil, £nil).

7.5 Retirements due to ill-health

During the year ending 31 March 2020 there were two (2018/19 - nil) 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 2019/20 was £62,000 (2018/19 - £nil).

7.6 Reporting of other compensation schemes - exit packages 2019/20

During the year ending 31 March 2020 there were seventeen (2018/19 - twelve) other departures agreed from the Trust. The costs of other departures agreed for 2019/20 was £86,000 (2018/19 - £29,000). Of the other departure costs thirteen were for contractual payments in lieu of notice and each had an individual cost less than £10,000.

7.7 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 and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

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.

Notes to the Accounts

continued

	Year Ended 31 March 2020 £ 000	Year Ended 31 March 2019 £ 000
8 Finance income		
Interest on cash deposits	131	65
NHS Charitable funds: investment income	95	106
	226	171

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	107	27
Other loans	22	6
Finance leases	183	137
Total interest expense	312	170
Unwinding of discount on provisions	4	1
Total finance costs	316	171

10 Impairment of assets recognised as operating expenses

Operating expenses include impairment costs due to:

Abandonment of assets in course of construction	363	-
Changes in market price	6,102	-
	6,465	-

There were £6,465,000 of impairments recognised in operating expenses for the period ending 31st March 2020 (2018/19 £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 £3,886,000 (2018/19 £3,516,000) representing a 22% share of EPA revenue, and included within operating expenses in note 5 is £7,021,000 (2018/19 £6,852,000) representing a 22% share of the operating costs of EPA.

Notes to the Accounts

continued

12 Intangible assets

12.1 Intangible assets 2019/20

	Assets Under Construction £ 000	Software Licences £ 000	Other £ 000	Total £ 000
Cost or valuation at 1 April 2019	586	6,227	30	6,843
Additions - purchased	698	39	-	736
Reclassifications	(373)	373	-	-
Impairments	(7)	(314)	-	(321)
Cost or Valuation at 31 March 2020	904	6,324	30	7,258
Amortisation at 1 April 2019	-	4,115	19	4,134
Provided during the year	-	479	6	485
Amortisation at 31 March 2020	-	4,594	25	4,619
Opening net book value at 1 April 2019				
Purchased	586	1,787	11	2,383
Finance leases	-	287	-	287
Donated	-	15	-	15
Government granted	-	24	-	24
Total NBV at 1 April 2019	586	2,113	11	2,709
Closing net book value at 31 March 2020				
Purchased	699	1,457	5	2,161
Finance leases	-	230	-	230
Donated	205	28	-	233
Government granted	-	19	-	19
Total NBV at 31 March 2020	904	1,734	5	2,643

12.2 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	-	3,702	14	3,716
Provided during the year	-	673	5	678
Disposals	-	(260)	-	(260)
Amortisation at 31 March 2019	-	4,115	19	4,134
Opening net book value at 1 April 2018				
Purchased	173	2,253	16	2,442
Finance leases	-	278	-	278
Donated	-	25	-	25
Government granted	-	28	-	28
Total NBV at 1 April 2018	173	2,584	16	2,773
Closing net book value at 31 March 2019				
Purchased	586	1,787	11	2,383
Finance leases	-	287	-	287
Donated	-	15	-	15
Government granted	-	24	-	24
Total NBV at 31 March 2019	586	2,113	11	2,709

Notes to the Accounts

continued

	Land £ 000	Buildings (excluding dwellings) £ 000	Dwellings £ 000	Assets under construction £ 000	Plant and Machinery £ 000	Transport Equipment £ 000	Information Technology £ 000	Furniture and Fittings £ 000	Total Trust £ 000
13 Property, plant and equipment									
13.1 Property, plant and equipment 2019/20									
Cost or valuation at 1 April 2019	3,190	38,803	2,816	3,332	24,226	607	12,188	1,479	86,641
Additions - purchased*	-	-	-	3,006	731	11	33	-	3,781
Additions - leased	-	-	-	-	1,402	-	1,654	-	3,056
Additions - donated	-	-	-	13	40	-	13	-	66
Reclassifications	-	2,654	-	(2,987)	26	-	258	49	0
Impairments	-	(8,215)	-	(2)	-	-	(41)	-	(8,258)
Revaluations	107	321	251	-	-	-	-	-	679
Disposals	-	-	-	-	(374)	(24)	-	(9)	(407)
Cost or Valuation at 31 March 2020	3,297	33,563	3,067	3,362	26,051	594	14,105	1,519	85,558
Accumulated depreciation at 1 April 2019	-	143	8	-	14,998	394	8,565	1,122	25,230
Provided during the year	-	1,666	95	-	2,006	27	891	78	4,763
Impairments	-	(1,809)	-	-	-	-	-	-	(1,809)
Revaluations	-	-	(103)	-	-	-	-	-	(103)
Disposals	-	-	-	-	(353)	(24)	-	(7)	(384)
Accumulated depreciation at 31 March 2020	-	-	-	-	16,651	397	9,456	1,193	27,697
Opening net book value at 1 April 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 1 April 2019	3,190	38,660	2,808	3,332	9,227	213	3,623	357	61,410
Closing net book value at 31 March 2020									
Purchased	3,297	31,873	3,067	3,359	3,366	197	2,250	215	47,624
Finance leased	-	-	-	-	4,767	-	2,297	-	7,064
Government granted	-	462	-	-	58	-	2	2	524
Donated	-	1,228	-	3	1,209	-	100	109	2,649
Total NBV at 31 March 2020	3,297	33,563	3,067	3,362	9,400	197	4,649	326	57,861

* For consolidation purposes purchased additions includes assets funded from donations of £134,000

Notes to the Accounts

continued

13.2 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	-
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	-	14,998	394	8,565	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	2,653	7,087	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

13.3 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 31st March 2020.

There were £6,770,000 net impairments during 2019/20 (2018/19 - £nil), £6,465,000 (2018/19 - £nil) has been recognised in operating expenses, and £305,000 (2018/19 - £nil) has been recognised directly in equity during the period.

Land	Buildings (excluding dwellings)	Dwellings	Total
£ 000	£ 000	£ 000	£ 000

13.4 Analysis of revalued property, plant and equipment

Net book value of PPE in the revaluation reserve

As at 1 April 2019	1,474	1,038	1,239	3,751
Movement in year	107	16	355	478
As at 31 March 2020	1,581	1,054	1,594	4,229
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

Year Ended 31 March 2020	Year Ended 31 March 2019
£ 000	£ 000

13.5 Investments

NHS Charitable funds: Other investments

Carrying value at 1 April	2,764	3,200
Acquisitions in year - other	246	405
Movement in fair value of Available-for-sale financial assets recognised in Other Comprehensive Income	(258)	147
Disposals	(422)	(988)
Carrying value at 31 March	2,330	2,764
Total as at 31 March 2020	£ 000	£ 000

14 Inventories

14.1 Inventories recognised in current assets

Drugs	1,337	1,108
Consumables	1,734	1,812
Energy	16	22
Total	3,087	2,942

14.2 Inventory Movements

Carrying Value at 1 April	2,942	2,814
Additions	29,772	30,058
Inventories recognised in expenses	(29,509)	(29,839)
Write down of inventories recognised as an expense	(118)	(91)
Total	3,087	2,942

At 31st March 2020 the Charitable Funds held inventories of £nil (31st March 2019 £nil)

Notes to the Accounts

continued

	Total as at 31 March 2020 £ 000	Total as at 31 March 2019 £ 000
15 Trade and other receivables		
15.1 Current trade and other receivables		
Contract receivables*	13,958	11,924
Allowance for impaired contract receivables / assets*	(952)	(1,007)
Prepayments	1,138	976
PDC dividend receivable	242	37
VAT receivable	278	268
Other receivables - revenue	132	329
NHS Charitable funds: Trade and other receivables	39	48
	14,835	12,575
On consolidation balance of receivables from Charity of £98,000 is eliminated and replaced with Charity receivables balance £35,000. Trust Current receivable balance is £14,894,000		
15.2 Non-current trade and other receivables		
Contract receivables	474	464
Allowance for impaired contract receivables / assets	(103)	(102)
Prepayments	34	43
	405	405
15.3 Allowances for credit losses		
Allowances as at 1 April - brought forward	1,109	1,783
New allowances arising	383	709
Changes in existing allowances	191	(116)
Reversals of allowances	(106)	(1,220)
Amounts utilised	(522)	(47)
Provision at 31 March	1,055	1,109

Notes to the Accounts

continued

	Charitable		Charitable	
	Trust	Funds	Trust	Funds
	Total	Total	Total	Total
	2020	2020	2019	2019
	£ 000	£ 000	£ 000	£ 000
16 Cash and cash equivalents				
At 1 April	8,312	457	9,583	890
Net change in year	(836)	(254)	(1,271)	(433)
At 31 March	7,475	203	8,312	457
Broken down into:				
Cash at commercial banks and in hand	56	203	28	457
Cash with the Government Banking Service	7,419	-	8,284	-
Cash and cash equivalents as in SoFP	7,475	203	8,312	457
At 31 March	7,475	203	8,312	457

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 2020 are £7,679,000 (31 March 2019 - £8,769,000).

	Total as at 31 March 2020 £ 000	Total as at 31 March 2019 £ 000
17 Trade and other payables		
17.1 Current trade and other payables		
NHS payables - revenue	381	398
Amounts due to other related parties - revenue	2,122	2,141
Trade payables - capital	2,413	1,026
Other trade payables	3,457	3,079
Receipts in advance	117	1,232
Social security costs payable	1,604	1,514
Other taxes payable	1,246	1,226
Other payables	3,184	2,699
Accruals	5,562	5,649
NHS Charitable funds	5	52
	20,091	19,016
17.2 Non-current trade and other payables		
Other payables	3	5
	3	5
17.3 Other liabilities - current		
Deferred income: contract liabilities	369	83
	369	83

Notes to the Accounts

continued

	Loans From DHSC	Other Loans	Finance Leases	Total
18 Reconciliation of liabilities arising from financing activities				
Carrying value at 1 April 2019	8,258	185	5,374	13,817
Cash movements:				
Financing cash flows - payments and receipts of principal	(961)	-	(1,201)	(2,162)
Financing cash flows - payments of interest	(117)	(128)	(183)	(428)
Non-cash movements:				
Additions	-	-	3,663	3,663
Interest charge arising in year	114	-	183	297
Other changes	-	-	(477)	(477)
Carrying value at 31 March 2020	7,294	57	7,359	14,710

Total as at 31 March 2020 £ 000	Total as at 31 March 2019 £ 000
--	--

19 Borrowings

19.1 Current borrowings

Loans from DHSC		7,295	26
Other loans		57	128
Obligations under finance leases	Note 20	1,410	864
		8,762	1,018

19.2 Non-current borrowings

Loans from DHSC		-	8,232
Other loans		-	57
Obligations under finance leases	Note 20	5,948	4,509
		5,948	12,798

Total as at 31 March 2020 £ 000	Total as at 31 March 2019 £ 000
--	--

20 Finance lease obligations

Obligations under finance leases where the trust is the lessee

Minimum finance lease payments due:

no later than one year	1,648	1,033
later than one year and no later than five years	6,285	4,537
later than five years	215	435

Gross finance lease liabilities

Finance charges allocated to future periods	(789)	(631)
---	--------------	-------

Net finance lease liabilities

Net finance lease liabilities are due:

no later than one year	1,410	864
later than one year and no later than five years	5,741	4,090
later than five years	208	420
	7,359	5,374

Notes to the Accounts

continued

	Pensions - Early Retirement	Pensions - injury benefits*	Other Legal Claims	Other	Total as at 31 March 2020 £ 000	Total as at 31 March 2019 £ 000
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
21 Provisions						
21.1 Provision for liabilities and charges						
At 1 April	652	686	40	148	1,526	2,281
Change in the discount rate	32	57	-	-	89	(22)
Arising during the year	48	36	49	-	133	230
Utilised during the year	(59)	(42)	(38)	(23)	(162)	(908)
Reversed unused	-	-	(7)	(71)	(78)	(56)
Unwinding of discount	2	2	-	-	4	1
At 31 March	675	739	44	54	1,512	1,526
Expected timing of cash flows						
Within 1 year	59	41	44	54	198	285
Between 1 and 5 years	236	165	-	-	401	389
After 5 years	380	533	-	-	913	852
Total	675	739	44	54	1,512	1,526
					Total as at 31 March 2020 £ 000	Total as at 31 March 2019 £ 000
21.2 Current provisions						
Pensions - other staff					59	57
Pensions - injury benefit					41	40
Other legal claims					44	40
Other					54	148
At 31 March					198	285
21.3 Non-current provisions						
Pensions - other staff					616	595
Pensions - injury benefit					698	646
At 31 March					1,314	1,241
21.4 Clinical negligence liabilities						
£93,588,000 is included in the provisions of the NHS Litigation Authority at 31 March 2020 (31 March 2019 - £78,037,000) in respect of clinical negligence liabilities of the Foundation Trust.						
21.5 Contingent liabilities						
The Trust has £27,000 of contingent liabilities at 31 March 2020 (31 March 2019 - £14,000) 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.						
The Trust has a contingent liability regarding the national test case for Flowers versus East of England Ambulance Service NHS Trust. This relates to overtime being taken into account in calculating holiday pay. As the case is being appealed and in line with national guidance no provision has been provided for as at 31 March 2020. It is impracticable to estimate the potential cost of this contingent liability.						

Notes to the Accounts

continued

	Property, plant and equipment 2020 £ 000	Total 2020 £ 000	Property, plant and equipment 2019 £ 000	Total 2019 £ 000
22 Revaluation reserve				
At 1 April	3,751	3,751	2,843	2,843
Impairments	(305)	(305)	-	-
Revaluations	783	783	908	908
At 31 March	4,229	4,229	3,751	3,751

23 Financial instruments

23.1 Analysis of financial assets and liabilities by category

	Held at amortised cost £ 000	Held at fair value through I&E £ 000	Held at fair value through OCI £ 000	Total £ 000
Carrying values of financial assets as at 31 March 2020				
Trade and other receivables excluding non Financial assets	13,509	-	-	13,509
Cash and cash equivalents	7,475	-	-	7,475
Consolidated NHS Charitable fund financial assets	242	2,330	-	2,572
Total financial assets as at 31 March 2020	21,226	2,330	-	23,556
Carrying values of financial assets as at 31 March 2019				
Trade and other receivables excluding non financial assets	11,608	-	-	11,608
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 2020	20,425	2,764	-	23,189

£468,000 of impairment loss on loans and receivables (31 March 2019 - £(212,000) loss reversals) 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 £ 000	Held at fair value through I&E £ 000	Total book value £ 000
Liabilities as per Statement of Financial Position			
Carrying values of financial liabilities as at 31 March 2020			
DHSC loans	7,295	-	7,295
Borrowings (excluding finance leases)	57	-	57
Obligations under finance leases	7,358	-	7,358
Trade and other payables excluding non financial liabilities	14,264	-	14,264
IAS 37 provisions which are financial liabilities	1,414	-	1,414
NHS Charitable funds	6	-	6
Total financial liabilities as at 31 March 2020	30,394	-	30,394
Carrying values of financial liabilities as at 31 March 2019			
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

Notes to the Accounts

continued

	As at 31 March 2020 £ 000	As at 31 March 2019 £ 000
23.2 Maturity of financial liabilities		
Financial liabilities maturing in		
one year or less	22,695	12,141
more than one year but not more than two years	562	587
more than two years but not more than five years	6,792	13,684
more than five years	346	999
	30,394	27,411
	Book value as at 31 March 2020 £ 000	Fair value as at 31 March 2020 £ 000

23.3 Fair value of financial assets and liabilities

Financial assets

Consolidated NHS Charitable funds	2,330	2,330
Total	2,330	2,330

Financial liabilities

Non-current trade and other payables excluding non financial liabilities	3	3
Loans	7,352	7,352
Other	9	9
Total	7,364	7,364

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 2020 (31 March 2019 - £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 (2018/19 - £nil and £nil).

25 Financial commitments

25.1 Capital commitments

The Foundation Trust has £1,221,000 of contractual capital commitments as at 31 March 2020 mainly related to building schemes in progress (31 March 2019 - £716,000 mainly building 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 2019/20 as follows, analysed by the period during which the commitment expires:

	2020 £ 000
Expiry in less than one year	1,539
Expiry in more than one year but less than five years	2,523
Expiry in more than five years	-
Total	4,062

Notes to the Accounts

continued

	Year Ended 31st March 2020 £ 000	Year Ended 31st March 2019 £ 000
26 Related party transactions		
26.1 Key management personnel compensation		
Salaries and other short term benefits	1,049	1,336
Post employment benefits	100	104
Total	1,149	1,440

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 2020 £ 000	Payments 31st March 2019 £ 000	Receipts 31st March 2020 £ 000	Receipts 31st March 2019 £ 000
Value of transactions with other related parties				
Non-consolidated subsidiaries and associates / joint ventures	32,681	25,006	192	244
	Amounts payable 31st March 2020 £ 000	Amounts payable 31st March 2019 £ 000	Amounts receivable 31st March 2020 £ 000	Amounts receivable 31st March 2019 £ 000
Value of balances with other related parties				
Non-consolidated subsidiaries and associates / joint ventures	-	167	318	481

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.

Notes to the Accounts

continued

27 Losses and special payments

	31 March 2020 Total no of cases Number	31 March 2020 Total value of cases £000's	31 March 2019 Total no of cases Number	31 March 2019 Total value of cases £000's
Losses:				
Losses of cash	6	4	1	-
Fruitless payments and constructive losses	1	9	-	-
Bad debts and claims abandoned	255	302	52	1
Damage to buildings, property etc. (including stores losses).	3	7	6	25
Total Losses	265	322	59	26
Special Payments:				
Extra contractual to contractors	2	30	-	-
Ex gratia payments	19	37	18	16
Total Special Payments	21	67	18	16
Total losses and special payments	286	389	77	42

Notes to the Accounts

continued

29 Charitable Funds summary statements 2019/20

29.1 Summary Statement of Financial Activities

Incoming Resources: excluding investment income

Total operating income

Employee benefits:

- expended with the Foundation Trust

Other resources expended

- with the Foundation Trust

- with bodies outside the NHS

- audit fee (payable to the external auditor)

Total operating expenditure

Incoming Resources: investment income

Net (outgoing) / incoming resources before other recognised gains and losses

Fair value gains / (losses) on investment assets

Net Movement in funds

29.2 Summary Balance Sheet

Non-current assets

Other Investments

Total non-current assets

Current assets

Trade and other receivables

Cash and cash equivalents

Total current assets

Current liabilities

Trade and other payables

Total current liabilities

Net assets

Funds of the charity

Restricted funds:

Unrestricted funds:

Unrestricted income funds

Revaluation reserve

Total Charitable Funds

IFRS Year Ended 31 March 2020 £ 000	Charity Consolidation Eliminations*	Year Ended 31 March 2020 £ 000
516	-	516
516	-	516
(216)	216	-
(509)	509	-
(335)	-	(335)
(7)	-	(7)
(1,067)	725	(342)
95	-	95
(456)	725	269
(258)	-	(258)
(714)	725	11
2,330	-	2,330
2,330	-	2,330
39	-	39
203	-	203
242	-	242
(104)	-	(104)
(104)	-	(104)
2,468	-	2,468
(18)	-	(18)
2,280	-	2,280
206	-	206
2,468	-	2,468

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 £548,000 (2018/19 £486,000) 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 (£787,000), and net assets of £1,909,000.

Notes to the Accounts

continued

30 Charitable Funds summary statements 2018/19

30.1 Summary Statement of Financial Activities

Incoming Resources: excluding investment income

Total operating income

Employee benefits:

- expended with the Foundation Trust

Other resources expended

- with the Foundation Trust

- with bodies outside the NHS

- audit fee (payable to the external auditor)

Total operating expenditure

Incoming Resources: investment income

Net (outgoing) / incoming resources before other recognised gains and losses

Fair value gains / (losses) on investment assets

Net Movement in funds

30.2 Summary Balance Sheet

Non-current assets

Other Investments

Total non-current assets

Current assets

Trade and other receivables

Cash and cash equivalents

Total current assets

Current liabilities

Trade and other payables

Total current liabilities

Net assets

Funds of the charity

Restricted funds:

Unrestricted funds:

Unrestricted income funds

Revaluation reserve

Total Charitable Funds

IFRS Year Ended 31 March 2019 £ 000	Charity Consolidation Eliminations*	Year Ended 31 March 2019 £ 000
468	-	468
468	-	468
(94)	94	-
(847)	847	-
(294)	-	(294)
(5)	-	(5)
(1,240)	941	(299)
106	-	106
(666)	941	275
147	-	147
(519)	941	422
2,764	-	2,764
2,764	-	2,764
48	-	48
457	-	457
505	-	505
(87)	-	(87)
(87)	-	(87)
3,182	-	3,182
97	-	97
2,514	-	2,514
571	-	571
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.