Queen Victoria Hospital
NHS Foundation Trust

QUEEN VICTORIA HOSPITAL
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Annual Report and Accounts 2023/24

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

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1 Introduction

Chair's introduction

The start of this financial year coincided with the beginning of an exciting journey for Queen Victoria Hospital (QVH) – the development of our strategy for the future. The dedication of our colleagues and the services we provide for people from across the South East of England, and beyond, are exceptional and it is important that we are clear about who we are as an organisation for the future, what we want to be, and what our patients, staff, stakeholders and the wider NHS want and need us to be.

Developing a strategy informed by a programme of extensive engagement is a significant piece of work and we will be looking to launch it in September 2024. Our strong ethos around collaboration has been, and will continue to be, an important part of our strategy work, as we look to strengthen the links our clinical and non-clinical colleagues have with other organisations. We will continue to work closely with NHS Sussex and other system partners to ensure that our strategy meets the needs of the wider population.

During the year, we welcomed James Lowell to the Board as our Chief Executive Officer. We were also pleased to welcome our Chief Finance Officer, Chief People Officer, Chief Operating Officer and three Non-executive Directors.

We have much to be proud of as an organisation with some of the best patient feedback in the country, including in the Care Quality Commission (CQC) adult inpatient survey published in the autumn where across the 51 questions QVH received the highest score in the country. In questions specifically about nurses, QVH came top in the country. The Trust is rated 'Good' by the CQC with 'Outstanding' care, which aligns with the experience of our patients.

However, this year has not been without its challenges. We have needed to be resilient to periods of industrial action to ensure that as many of our patients as possible could continue to receive the urgent care and treatment they needed, as well as the national issue of increasing waiting lists. These are not unique to QVH but the commitment, professionalism and resilience colleagues have shown is part of what makes our hospital an incredible place to work and be treated.

This annual report is testament to the hard work of everyone who works at QVH, whether in a clinical or non-clinical role. I would also like to thank the governors for the oversight and challenge during the year, and Board members, old and new, for their dedication to ensure we do the very best for our patients and staff.

Jackie Smith

Trust Chair

27 June 2024

2 The performance report

Overview of performance

The Performance Report provides information about Queen Victoria Hospital NHS Foundation Trust and its main objectives, and outlines how the Trust performed during the year 2023/24.

Statement from the Chief Executive Officer

Like other trusts, during 2023/24 we faced the challenge of balancing the delivery of high quality patient care with rising demand, complexity, post pandemic challenges to access of services and a continual focus on improving productivity and efficiency. As always, our staff have worked tirelessly to provide safe, compassionate and high quality care to our patients.

We were reminded of this in the results of the latest Care Quality Commission Adult Inpatient Survey where we again received top marks from patients, making us one of the best hospitals in the country. In questions specifically about nurses and patients' experience of leaving hospital QVH came top in the country. This feedback is testament to the commitment and dedication of all of our staff right across our organisation that patients consistently rate us so highly.

This year has also provided many positive challenges, including the start of our journey to develop our new organisational strategy. We provide truly life-changing services to patients in a range of specialisms and have much to be proud of as an organisation. However, we are mindful of the challenges we need to address to ensure our long-term clinical, operational and financial sustainability in an ever changing world.

We have carried out a programme of extensive engagement work with system partners, a variety of stakeholder groups, patients, and our staff, to inform our strategic direction and to ensure that we secure the future of our hospital for all our patients across Kent, Surrey, Sussex, South London and beyond. Developing and maintaining collaborative relationships with partner organisations is a key focus for us now and in the future. We will be publishing our final strategy in November 2024.

Throughout the year we have also worked with partners across the wider health and care systems to develop and implement programmes of work, in line with national strategic priorities, to understand and address health inequalities. We are committed to improving the quality of data we collect and analyse to determine how we can better support our patients. This includes preventative initiatives such as support to quit smoking. Our tobacco dependency advisor has helped 46% of patients referred to them stop smoking within four weeks and results of those who have quit for good are also positive. For our younger patients, we are supporting them and their parents to understand the importance of good oral health through the Mouth Care Matters programme.

We have also focused this year on supporting patients to access our services in ways that are most appropriate for them. This includes continuing the use of virtual and telephone appointments, where clinically appropriate, saving the need and often additional stress of coming to the hospital, and expanding our Patient Initiated Follow Up (PIFU) programme which empowers patients to decide if and when they need a follow-up appointment.

The number of patients referred to QVH on an urgent suspected cancer pathway significantly increased when compared with 2022/23, skin urgent referrals rising by 14% and Head and Neck by 6.5% during 2023/24 this in turn impacted adversely on Cancer waiting times. Our Plastics service introduced a teledermatology pathway in October which has already resulted

in around 50% of patients receiving the input they needed after their first outpatient appointment, without the need for follow up appointments.

In March 2024, we opened a Local Anaesthetic Unit to treat patients scheduled for non-complex procedures of 60 minutes or less under local anaesthetic. This is enabling us to increase capacity in our main theatres for more complex surgery and better support the Sussex elective recovery programme. Feedback from patients has been positive.

QVH was an early adopter of the community diagnostic centre (CDC) model in 2023/24 which offers diagnostic tests closer to home for patients referred by their general practitioner. We are planning a dedicated CDC facility for 2024/25 which will allow us to provide further diagnostics as well as a wide range of physiological and pathology testing. The future focus of CDCs will include prevention and we will be looking to further use our services to support primary care and community colleagues to better target interventions at those groups most at risk.

There is a direct correlation between staff satisfaction and positive patient experience so ensuring our colleagues feel motivated and engaged is an ongoing focus for us. Our monthly Team Brief sessions, open to all staff, are growing in popularity and members of the Board of Directors have a programme of visiting departments where they can meet colleagues and hear directly from them their priorities, successes and any concerns. In July we held our celebratory staff awards event in the same week we marked the 75th anniversary of the NHS. The event is an opportunity to recognise what colleagues and we as an organisation have achieved and is a highlight in our year.

The annual staff survey results which came out in March 2024 saw 76% of staff saying they would recommend us as a place to work, making QVH the third best specialist acute trust in the country. Other excellent headline results included 89% of staff saying care is the Trust's top priority and 93% would recommend the care the Trust provides to family or friends.

During the year, we started work to transform our risk management framework in response to recommendations from a well led review carried out by Deloitte LLP during Q4 of 2022/23. The scope, content and format of recording risks have been revised to give our Board a clear view on the most material risks facing the Trust and how effectively these are being managed. A revised Board assurance framework is being developed and the Corporate risk register has been refined.

Reflecting on the last year and what we have achieved as an organisation I am optimistic about what 2024/25 holds for QVH. This will include launching our new organisational strategy, building on the strong engagement with partners and other stakeholders, and knowing that QVH has a clear role in the wider healthcare system for decades to come.

James Lowell

Chief Executive Officer

27 June 2024

Purpose and activities of the Trust

QVH is a regional and national centre for maxillofacial, reconstructive plastic and corneoplastic (eye) surgery, as well as for the treatment of burns and for sleep services. It is a surgical centre for skin cancer, head and neck cancer, and provides microvascular reconstruction services for breast cancer patients following, or in association with, mastectomy.

QVH has links with the operational delivery network for cancer and trauma care covering Kent, Surrey, and Sussex. In addition, QVH is involved in a number of multidisciplinary teams throughout the region.

In 2023/24, the principal activities of the Trust were the provision of:

- plastic surgery (including reconstructive surgery for cancer patients) and burns care
- corneoplastic surgery and an eye bank
- head, neck, and dental services (including associated cancer surgery and orthodontics)
- sleep disorder services
- a wide range of therapy services, community-based and direct access diagnostic services and a minor injuries unit.

QVH operates a networked model from its 'hub' hospital site in East Grinstead, West Sussex. Reconstructive surgery services are provided by QVH in 'spoke' facilities at other healthcare sites across Kent, Surrey and Sussex.

History of the Trust and Statutory background

QVH was authorised as one of the country's first NHS foundation trusts in July 2004. A foundation trust is a public benefit corporation providing NHS services in line with the core NHS principles: that care should be universal, comprehensive and free at the point of need. The Trust is licensed as a foundation trust to provide these services by the independent regulator; NHS England. The services that the Trust provides are regulated by the Care Quality Commission.

As a foundation trust, we are accountable to local people through our public members across Kent, Surrey, Sussex and the boroughs of South London.

The Trust is corporate trustee to the Queen Victoria Hospital NHS Trust Charitable Fund. The charitable fund was first registered with the Charity Commission in 1996, registration number 1056120. As corporate trustee, the Trust is responsible for controlling the work, management and administration of the charity on behalf of its beneficiaries who are the hospital, its patients and its staff.

Principal risks and delivery of objectives

In common with all provider trusts, we face continual challenges balancing the delivery of high quality patient care with rising demand, complexity, post pandemic challenges to access of services and the need to continue increasing productivity and efficiency. Strategic and transformational change for the Trust and for the health and care systems within which the Trust operates will play an important role in addressing operational and financial risks. The Trust faces significant operational and strategic challenges, most notably around the national effect of the pandemic on elective care backlogs, the impact of industrial action and the difficult financial environment, developing and maintaining collaborative relationships with partner

organisations is critical to our future sustainability. The Board agreed its eight strategic risks against achieving its key strategic objectives during June 2023. These have been the major risks for the organisation for 2023/24 and have been set out in more detail within the Annual governance statement included within this annual report.

At the time of writing this report, the Trust has agreed its key strategic priorities for 2024/25 as delivery of year one of electronic patient records, the Community Diagnostics Centre programme, the Pathology Network programme and the optimisation of the Local Anaesthetic unit as well as the design and implementation of a systematic quality improvement approach across the organisation. Operational priorities for 2024/25 include the elimination of 65 week waits, delivery of activity targets and improved performance against headline 62 day cancer standards, 28 day FDS and diagnostic testing.

Going concern disclosure

The Trust has submitted a plan for 2024/25 to generate a breakeven position. As at 31 March 2024 the Trust holds £12.9m of cash reserves and has a forecast cash balance of £14.3M at 31 March 2025.

The Board is confident that there is a reasonable expectation that the Trust will continue to have adequate cash resources to service its operational activities in cash terms for the next 12 months and into 2025/26. The impact of changes in the funding and cash regime have been taken into account for the Trust's plans and projections, including cash flows, liquidity and income base.

After making enquiries, the Board has a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's *Financial Reporting Manual.*

Performance analysis

Measuring performance

Our key performance measures are reflected in our key strategic objectives and include:

- Patient experience and feedback
- Safety and clinical outcomes
- Activity levels and waiting time management
- Financial management including value for money and capital investment
- Staff experience and our ability to recruit, retain and engage our workforce

These matters are regularly reported to the Board and this report provides a summary of those performance measures, including the elements of risk and uncertainty. The Board regularly receives updates regarding risks to meeting the key strategic objectives in its Board assurance framework. The Quality Account contains more detail on clinical services and outcome measures.

Operational performance

2023/24 was a challenging year for the NHS with continued focus on reducing the elective care backlog following the pandemic and protecting priority services during multiple periods of industrial action.

The changes the Trust made in previous years to improve our patient pathways have continued and developed further with new ways of working having been introduced. Services have continued to deliver virtual and telephone appointments where clinically appropriate to do so. Patient initiated follow up (PIFU), where patients are given the information they require to decide if and when they need a follow-up appointment, has been expanded in 2023/24, contributing to a clinically led reduction in the number of follow up appointments delivered in comparison to 2019/20. A teledermatology pathway has been introduced within Plastics leading to approximately 50% of patients receiving the input required after their first outpatient appointment, without the need for follow up appointments.

In March 2024, QVH opened a Local Anaesthetic Unit to enhance capacity for minor operations and to ensure we can put more complex activity through our main theatres. There are two procedure rooms accommodating non-complex skin patients initially. In the longer term, a number of options are being explored to develop an expanded local anaesthetic unit which would be able to accommodate the full range of local anaesthetic activity. This would further improve our capacity to treat more patients and better support the system's recovery.

QVH was an early adopter of the community diagnostic centre (CDC) model in 2023/24 which delivers several diagnostic tests for patients referred by their general practitioner (GP). The CDC provides the local population with a coordinated set of diagnostic tests closer to home. The aim is to increase access to tests which enable accurate and fast diagnosis on a range of a clinical pathways, in as few visits as possible. The development of a new dedicated modular diagnostic facility is planned for 2024/25 which will provide further enhancement of imaging diagnostics as well as clinical space to allow the provision of a wide range of physiological and pathology testing. Through clinical pathway redesign, CDCs will also focus on prevention; supporting primary care and community services to better target interventions at those groups most at risk. They will align with current system programmes including virtual wards, breathlessness, cardiovascular, frailty and elective hubs. They will provide a single-entry point

for cancer referrals with non-site-specific symptoms, ensuring patients receive the most appropriate tests in a single visit culminating in a one-stop approach.

Waiting times

The number of patients waiting more than 52 weeks for treatment increased in 2023/24. The Trust's 52-week trajectory identified a potential 731 patients waiting 52 weeks or more by the end of March 2024, however, Trust performance exceeded the expected year end position reporting 489 patients waiting more than 52 weeks at the year end. The national target of reporting 92% of patients under 18 weeks was not met during 2023/24, however, performance was in line with national performance and trends.

The Trusts' reported diagnostic waiting times and activity (DMO1) performance was 71% at the end of 2022/23 against the national standard of 95%. Concerted efforts have been made to improve this position throughout 2023/24, with particular focus on the performance within the sleep service. Trust performance has improved to 92% at the end of 2023/24, just short of the 95% standard and exceeding the national DMO1 performance of 78%.

Throughout 2023/24, the total number of patients on the Referral To Treatment waiting list (for outpatient, non-admitted and admitted elective treatment) has increased, however, this has stabilised and remained in the region of 17,800 for the latter 5 months of the year.

QVH continues to work closely with the Integrated Care Systems to assess performance trends and identify opportunities for improvement.

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Total patients waiting longer than 52 wks	**329**	**442**	**513**	**489**
Total patients waiting longer than 65 wks	**60**	**85**	**115**	**64**
Total patients waiting longer than 78 wks	**2**	**6**	**16**	**11**
Total patients waiting longer than 104 wks	**0**	**0**	**0**	**0**
Please note: Number of patients waiting in each of the above cohorts are totals ie those waiting longer than 78 and 65 weeks are included in the total waiting longer than 52 week.				
Referral to treatment within 18 wks (92% target)	**63.4%**	**60.5%**	**57.9%**	**58.5%**
Total waiting list size	**17,105**	**17,336**	**17,809**	**17,863**

Figures shown are month end for each quarter.

Cancer waiting times

During 2023/24 changes were made to the national cancer waiting times, taking effect from October 2023. The changes were as follows:

- Removal of the two week wait cancer standard
- Combining the 62 day standard, consultant upgrade and screening to a single 62 Day Standard
- Combining the 31 day standard and 31 day subsequent standard to a single 31 Day Standard.

2023/24 has continued to see a significant increase in the number of patients referred to QVH on an urgent suspected cancer pathway and this has impacted on cancer waiting times. The

Trust has seen a 14% increase in skin urgent suspected cancer referrals and a 6.5% increase in head and neck urgent suspected cancer referrals in 2023/24 compared to 2022/23.

The two-week wait standard was removed from October 2023. Performance against the two week wait standard in 2023/24 was challenged, with the Trust only meeting the national target once. A key factor was the increase in cancer referrals highlighted above. Performance has improved since the implementation of a teledermatology service within the skin pathway from October 2023.

The Trust sustained delivery of the faster diagnosis standard, with performance continually above the national target of 75%, with the exception of August 2023 due to a reporting error. The Trust reported its highest performance recorded in March 2024 at 90.6%.

The Trust 62 Day combined performance was challenged in 2023/24, achieving performance against the national 62 day pathway standard in only two months of the year, May 2023 and March 2024. The performance has been impacted by late referrals from other trusts, complex pathways and capacity challenges. Improvement plans are in place and are expected to improve performance in 2024/25.

The number of late referrals received by the Trust, and the increasing complexity of cases requiring input from multiple healthcare professionals in primary care, community and across the Trust has also made achieving the 62-day backlog trajectory challenging, made up of patients waiting over 62 days on a cancer pathway. The Trust reported 31 patients for March 2024, achieving our year end fair shares target of 32.

QVH continues to prioritise patients on a cancer pathway in order to treat patients as quickly as possible.

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Patients receiving first definitive treatment within 62 days following urgent GP referral on a cancer pathway (national target is 85%)	**83.8%**	**68.4%**	**86.2%**	**89.0%**
31 day decision to treat (national target is 94%)	**87.3%**	**79.5%**	**85.7%**	**93.5%**
Two week wait for suspected cancer (national target is 93%)	**76.5%**	**81.5%**	**91.3%**	**91.9%**
Faster diagnosis standard (national target is 75%)	**86.1%**	**79.8%**	**89.1%**	**90.6%**

Figures shown are month end for each quarter

Financial performance

In 2022/23, the Trust moved to reporting a consolidated group position that incorporated the Trust's charity; these accounts are appended at the end of this report.

On this basis, the following analysis includes a combination of metrics for both Group and Trust only performance, these are clearly denoted. The Group figures will include the financial performance of the Charity.

Performance metrics

Control total (Trust performance after technical adjustments) - Trust only

	Plan £000	Actual £1k
Reported financial performance	0	0

ie a planned and delivered break even position after technical adjustments.

Prior to technical adjustment, the 2023/24 accounts report a surplus of £782k. After these technical adjustments are applied, the Trust achieved a £1k surplus and control total basis of (£1k). This is calculated and shown in the table below (with prior year comparative).

Adjusted Financial Performance	2023/24 (£000)	2022/23 (£000)
Trust Position before adjustments - (Surplus / (Deficit)	(782)	(852)
Adjustments		
(Revaluation) / Impairement of Land & Buildings	509	591
Impact of Dnations and Donated Assets	272	272
Net Impact of DHSC Centrally Procured Stock		(11)
Adjusted Financial Position / Control Total	**(1)**	**0**

Statement of Comprehensive Income- Group

Below is an extract of the table from the consolidated group accounts (section 6) that shows the total value for income and expenditure for the financial year.

Statement of Comprehensive Income	2023/24 £000	2022/23 £000
Operating income from patient care activities	99,928	93,680
Other operating income	5,178	6,869
Operating expenses	(104,737)	(97,993)
Operating surplus/(deficit) from continuing operations	**369**	**2,556**

Group income

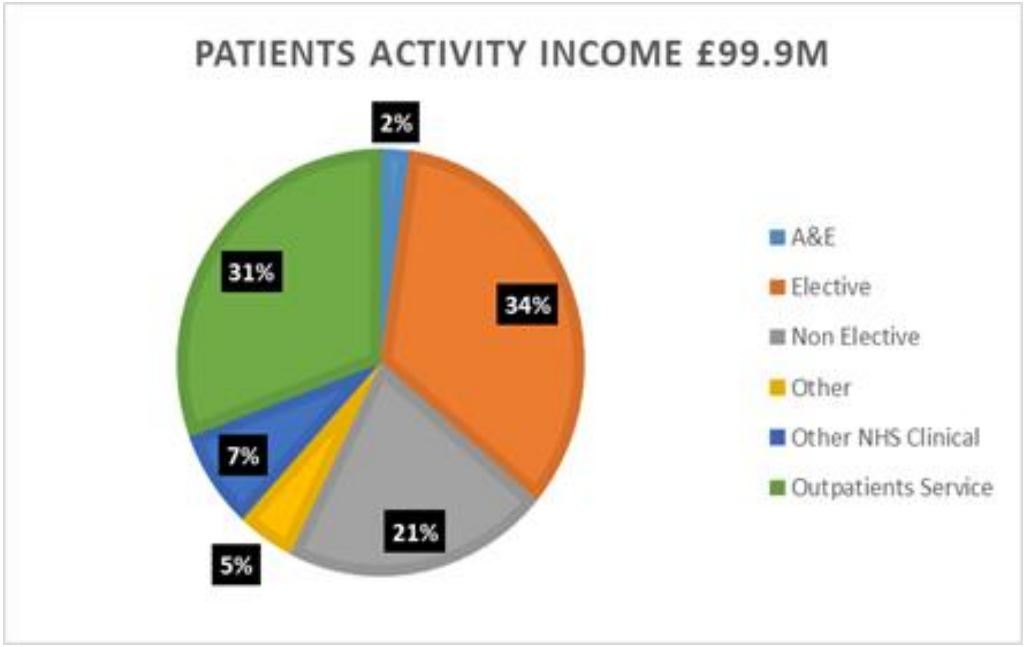
In common with other NHS trusts, QVH receives funding income from two key sources

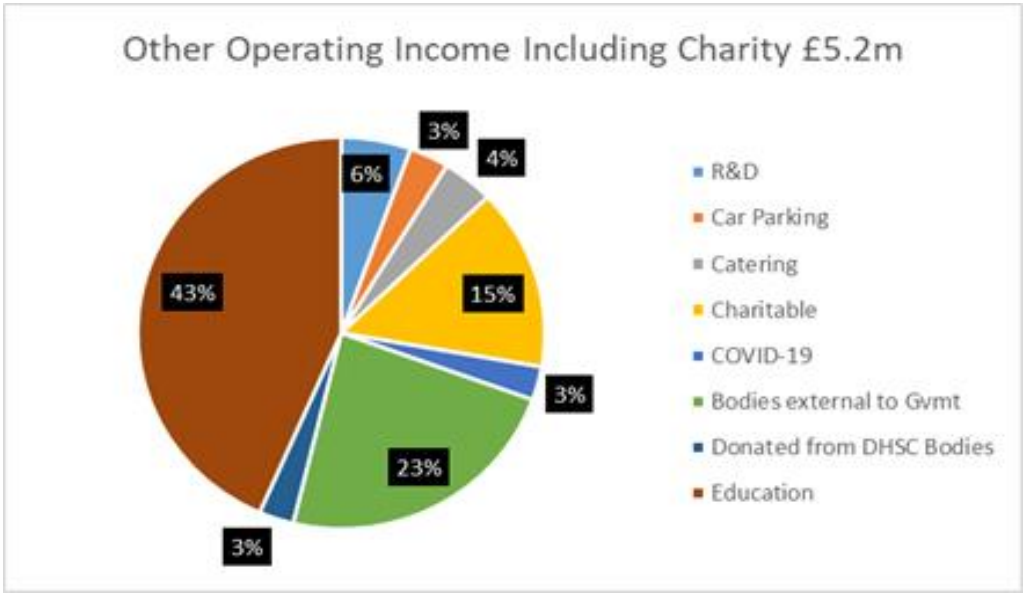
- Patient activity income from NHS commissioners for providing services to patients. The chart below shows the relative proportions.
    1.1. Elective patients are those whose treatment is planned in advance, such as day case or inpatient operations
    1.2. Non-elective are generally those needing urgent care which has not been planned in advance
    1.3. Outpatients are generally those who come to the hospital for an initial consultation, an outpatient procedure or a follow-up meeting with a clinician

- Other operating income for a range of non-patient activity sources such as catering

Note that other Income for 2023/24 is prepared on a Group basis and includes the QVH Charity.

Figure one: 2023/24 group income





Group expenditure

Expenditure is sub-divided into two key components, these are

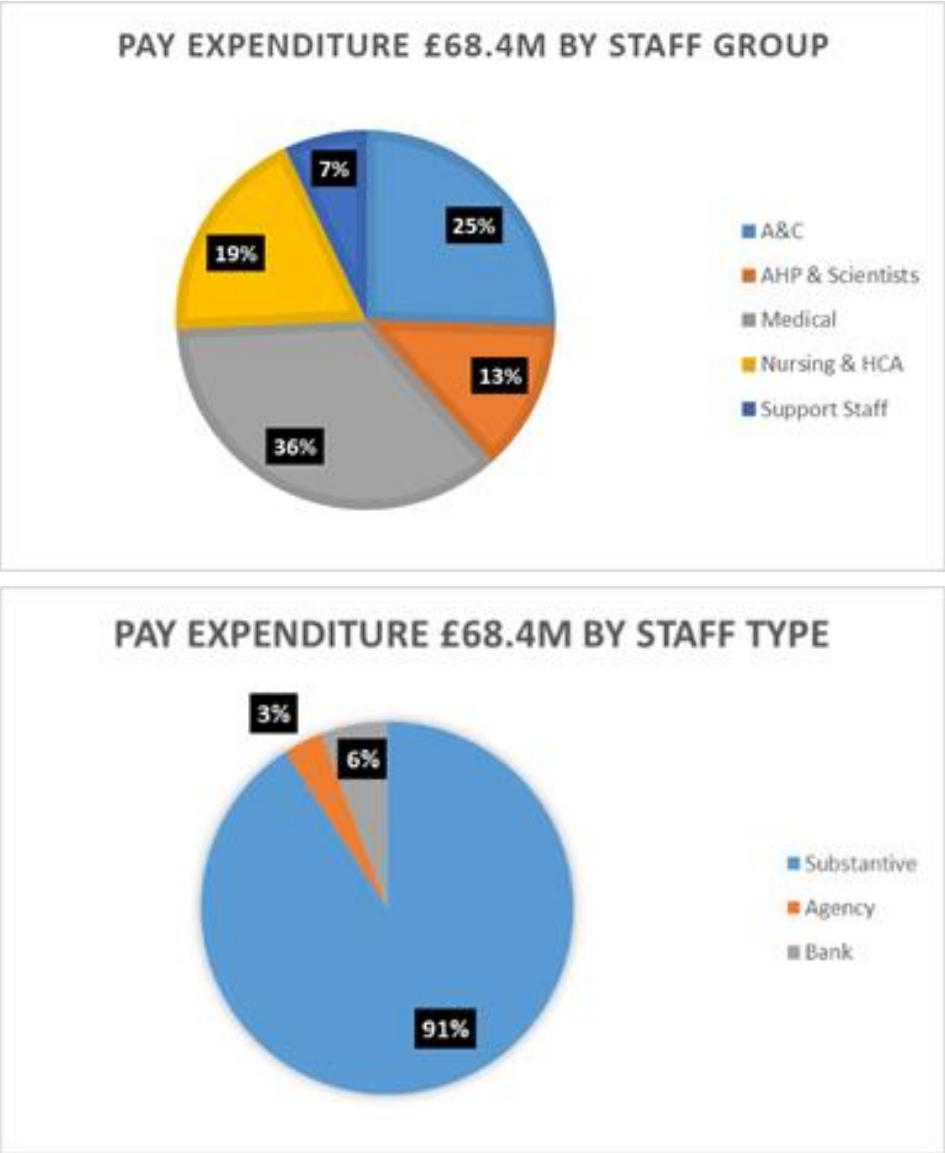
- Pay Expenditure
- Non-Pay Expenditure

These are summarised in the following paragraphs and charts.

Group pay expenditure

The Trust spent £69.1m on staff to provide patient services in 2023/24. The breakdown of pay expenditure into staff groups is shown in the charts below.

Figure two: 2023/24 Pay Expenditure (group)

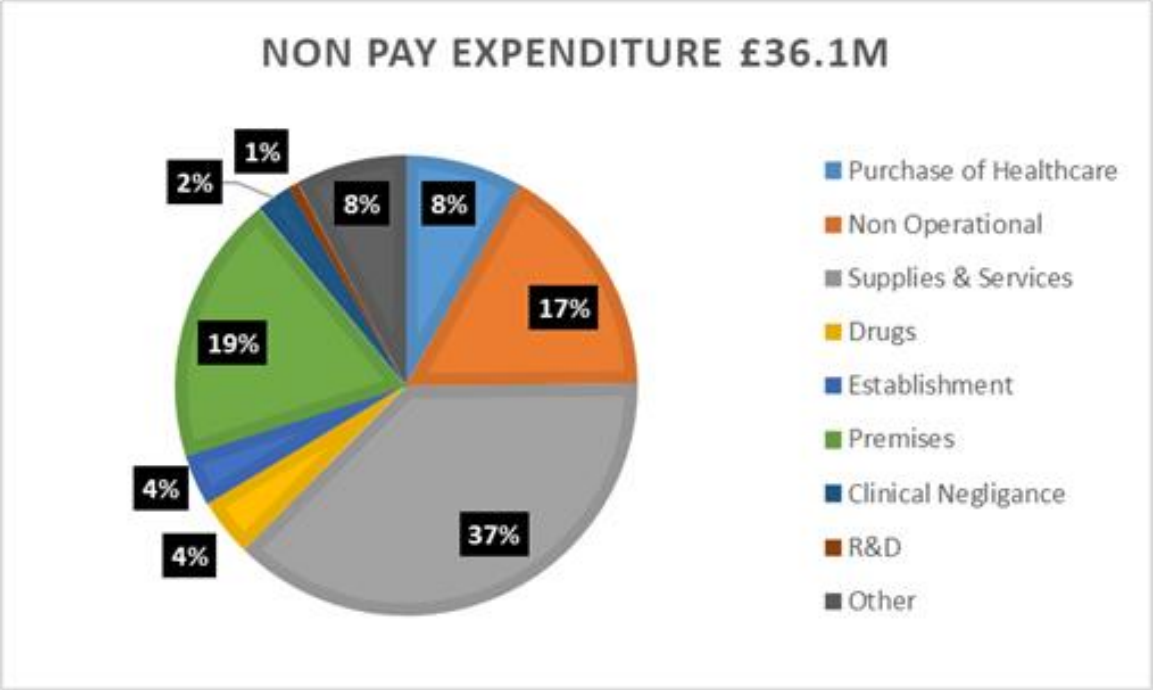


***** *Key*
HCA - Health Care Assistant
A&C - Admin and Clerical
AHP - Allied Health Professional

Group non-pay expenditure

The Trust spent £36.1m on non-pay items in 2023/24 and this illustrated by category in the chart below.

Figure three: 2023/24 non-pay expenditure (group)



Valuation of buildings and assets- Group

The QVH Charity does not hold any assets in its own right. The Trust's land and buildings were revalued as at 31 March 2024 by professionally qualified, Royal Institute of Chartered Surveyors (RICS) registered, valuers Gerald Eve LLP on a desktop basis. For 2023/24 the valuer, in arriving at the 31 March 2024 valuation, applied the following considerations:

- Operational assets continue to be valued using a modern equivalent asset valuation (MEA) on an alternative site basis.
- The valuation took account of changes in building cost market values since the full valuation at 31 March 2023.
- The valuer also took note of maintenance and enhancements undertaken by the Trust since the prior year's valuation at 31 March 2023.
- The Trust agreed in 2020 to sell a small parcel of land (approximately 1.5 hectares) subject to planning consent being approved. This transaction is still pending and the surplus land has been revalued through the accounts. Completion is expected next year as planning permission has now been granted to the developer who purchased the land

Capital Expenditure

The Trust invested £4.79m of internal CRL on capital assets (see below for breakdown) together with funded capital on the EPR programme £4.76m and CDC programme £2.23m, plus additional spend of £1.19m on IFRS16. This is a total capital expenditure of £12.97m in capital expenditure programme within the financial year.

The QVH Charity does not incur any capital expenditure, therefore all capital expenditure is attributable to the Trust.

Capital Investment Scheme	£'m
Building Maintenance & Enhancement	1.91
IT and Communications & Hardware	0.47
IT Software & Lkicenses (Intanbibles)	1.03
Medical Equipment	1.38
Total Capital Investment 2023/24	**4.79**

Financial risk

In 2024/25, the Trust faces several financial risks. These include:

Delivering required efficiency savings - the Trust is required to deliver £5m efficiency savings each year for the foreseeable future. There is a risk that we cannot identify sufficient efficiencies to fully address the financial challenge, or that we cannot deliver these at the required pace. Failure to deliver a breakeven position could potentially lead to regulatory intervention under the Single Oversight Framework.

Clinical income risk - the Trust has contracts with commissioners which contain significant proportion of 'block' income, and this presents a risk where activity levels run above those which are funded. In addition, the Trust has forecast significant improvement in productivity and utilisation; the risk this carries is not being funded for the delivery of that work.

Operational capacity - the Trust is small and although within the current capacity we are expecting to be able to deliver national waiting times standards, any further ask of the Trust would be difficult to deliver and the cost of activity may be greater than the anticipated income. Plans to increase capacity remain an investment priority.

Excess inflation costs - inflationary costs are running at significantly higher levels than those funded through contract uplifts. Additional funding to cover inflation has been built into the plan, however, the extent to which the funding meets these increased costs presents a significant risk. The Trust has a strong history of sound financial management and has delivered on its financial obligations for the last four years. As and when risks materialise, management action will be taken decisively and rapidly in mitigation.

Continued impact of industrial action - unless resolved, continued industrial action will reduce activity and may impact on income if the Trust is unable to meet the targets it has been set.

Environment and sustainability

At Queen Victoria Hospital we continue to recognise that we are not only part of the NHS but that we play an integral role in the local community. The Trust's formal Green Plan, which is updated annually, provides an organisation-wide strategy that outlines the Trust's plans that are necessary to achieve the targets within the Greener NHS Net Zero Programme achieving Net Zero Carbon Emissions by 2040.

The QVH Green Plan has a number of work streams providing a comprehensive approach; recent work has included identifying priority actions to ensure a swift impact on the Trust's carbon footprint. Included within some of the work streams are the following areas of focus:

Waste and recycling
We focus on segregation of waste to reduce waste going to landfill wherever possible. We have a focus group who are reviewing recycling opportunities across the Trust and developing an awareness campaign to ensure we maximise our recycling.

Energy
Where possible energy efficient equipment is being installed to reduce our energy consumption. We are replacing old boilers and LED lighting throughout the hospital to help reduce our emissions.

Catering
Our team continue to reduce single use plastic containers where possible. All our food waste is recycled by a contractor and through the process of anaerobic digestion is used to create green energy

Heat Decarbonisation Plan
We are currently producing our Heat Decarbonisation Plan (HDP) that will enable the Trust to work towards a number of other NHS decarbonisation requirements. The HDP is a starting point for the Trust to plan how we intend to replace fossil fuel reliant heating systems with low carbon alternatives where possible.

The Trust is committed to becoming more sustainable and reducing our carbon footprint. Within our green plan we commit to the following core principles: reducing our environmental impact; improving wellbeing of staff and patients; and investing in the future.

Task force on climate related disclosures (TCFD)

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

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures have not been provided because the Trust does not have total operating income exceeding £500m.

Health inequalities

QVH continues to work with partners in the wider health and care system to develop and implement programmes of work, in line with national strategic priorities, to understand and address health inequalities. This work has assisted in understanding areas that may impact of this upon the NHS England vision for tackling Health Inequalities. This includes access, experience and outcomes for patients with protected characteristics and within health inclusion groups. QVH continues to focus upon improved quality data collection and analysis to determine how we can further support our patients.

The Trust has also focused on health outcomes through continued preventative initiatives including support to address tobacco dependency, with a reduction of 46% of stopping smoking within 4 weeks and a further increase in compliance of patient stopping smoking at 3 months. QVH has supported the prevention agenda on oral health for children, implementing Mouth Care Matters programme in oral services.

The Trust recognises that there is a requirement for ongoing continuous improvement to fully understand the needs of our local population and to further address the issues related to health inequalities. QVH is in the final stages of completing a new five-year Health Inequalities Strategy (2025-2030), which includes a population health approach needs assessment, and as also looks forward to delivering this strategy and committing to reducing the impact of health inequalities in our services.

Social, community, anti-bribery and human rights issues

The rules and procedures relating to bribery are set out in the counter fraud, bribery and corruption policy, and those relating to the provision of gifts and hospitality are set out within the Trust's Standards of business conduct policy. The Trust maintains a register of gifts, hospitality and sponsorship received and staff are made aware of the need to declare any potential conflict of interest.

The Trust has a counter fraud, bribery and corruption response plan that follows NHS Counter Fraud Authority's (NHSCFA) strategic guidance. The work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks. The Trust has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks and has provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession fraud risk assessment methodology and is recorded and managed in line with the organisation's risk management policy and included on the appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the Audit and risk committee. The plan is reviewed, evaluated and updated as required, and levels of staff awareness are measured. The Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented and where recommendations have been made by NHSCFA following an engagement the Trust reports on how it has met the requirements set. Trust counter fraud, bribery and corruption work has been assessed both internally and independently and rated as green.

Where there is concern regarding possible slavery or human trafficking of a patient, to determine appropriate action, the patient is seen alone and an independent translator is used, in line with the Trust's safeguarding procedures. If this did not resolve any concerns, then a referral would be made to the police. No cases of slavery or human trafficking were identified in 2023/24.

We work alongside partner organisations to promote the safety, health and well-being of patients, service users and their families and carers. The Trust's safeguarding strategy includes a human rights framework covering protection of vulnerable patients.

Significant events since the end of the last financial year affecting the Trust

There have been no significant events since the end of the 2023/24 financial year affecting the Trust.

Overseas operations

The Trust has no overseas operations.

Performance analysis summary of how equality of service delivery to different groups has been promoted through the organisation

QVH has continued to work with the wider health and care system to develop and implement programmes of work, in line with national strategic priorities, to understand and address health inequalities. Named clinical, executive and operational leads have been identified to support this work.

In order to understand areas that may impact the equity of care and outcomes for patients with protected characteristics (such as age, gender, ethnicity) a key focus for 2024/25 will be the collection of data and reporting of data analysis. This includes data related to patients awaiting planned treatment and those that have not attended as scheduled for their care. This analysis will further enable the identification of unwarranted variation that may require services to be delivered differently.

The Trust is also working on supporting health outcomes through preventative initiatives including support to address tobacco dependency. The reduction in tobacco dependency will be a key area of focus for 2024/25.

The Trust recognises that there is more work to do in order to understand the needs of the population at large and address the issues related to health inequalities, and is working collaboratively with trusts across the system to address variation in waiting times and reduce health inequalities.

One of the Trust's key strategic objective annual goals for 2024/25 is to complete 95% of ethnic coding as a key enabler to addressing heath inequalities.

3 Accountability report

Director's report

In 2023/24, the following individuals served as directors of Queen Victoria Hospital NHS Foundation Trust.

Name	Position
Lawrence Anderson	Interim Director of Workforce and Organisational Development until 01/04/2023
Kathy Brasier	Interim Director of Operations (non-voting) from 09/11/2023 to 03/03/2024
Tony Chambers	Interim Chief Executive Officer (voting) from 01/02/2023 to 19/06/2023
Tania Cubison	Chief Medical Officer (voting)
Paul Dillon- Robinson	Non-Executive Director (voting)
Helen Edmunds	Chief People Officer (non-voting) from 11/03/2024
Kevin Gould	Non-Executive Director (voting) until 30/08/2023
Russell Hobby	Non-Executive Director (voting) from 01/07/2023
Abigail Jago	Chief Strategy Officer (non-voting) Acting Chief Executive Officer (voting) from 05/06/2023 until 17/09/2023
James Lowell	Chief Executive Officer (voting) from 18/09/2023
Shane Morrison-McCabe	Director of Operations (non-voting) until 20/10/2023
Gary Needle	Non-Executive Director (voting) until 30/06/2023
Karen Norman	Non-Executive Director (voting)
Peter O'Donnell	Non-Executive Director (voting) from 01/07/2023
Shaun O'Leary	Non-Executive Director (voting) from 01/07/2023
Clare Pirie	Director of Communications and Corporate Affairs (non-voting)
Stuart Rees	Interim Chief Finance Officer (voting) from 01/02/2023 to 30/06/2023
Nicky Reeves	Chief Nursing Officer (voting)
Jackie Smith	Trust Chair (voting)
Rob Stevens	Interim Chief People Officer (non-voting) from 13/06/2023 until 10/03/2024
Kirsten Timmins	Chief Operating Officer (voting) from 04/03/2024
Maria Wheeler	Chief Finance Officer (voting) from 03/07/2023

Biographies for current directors of the Trust are provided in appendix three to the annual report. Details of other company directorships and other significant interests held by directors which may conflict with their management responsibilities are available on the Trust's website within the papers of meetings of the Board of Directors held in public here. The Trust's decision makers declaration of interest register is available on the website here.

Compliance with cost allocation and charging guidance

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

Political donations

The Trust neither made nor received any political donations in 2023/24 (2022/23 nil).

Better payment practice code

The better payment practice code required the Trust to pay all valid invoices within the contracted payment terms or within 30 days of receipt of a valid invoice, whichever is later. The performance achieved in 2023/24 is shown below:

Better Payment Practice Code	**2023/24**	**2023/24**	**2022/23**	**2022/23**
	Number	**£k**	**Number**	**£k**
Total non-NHS trade invoices paid	19,257	59,554	18,294	47,492
Total non-NHS trade invoices paid within target	18,051	54,647	17,369	45,596
Percentage of non-NHS trade invoices paid within target	**93.7%**	**91.8%**	**94.9%**	**96.0%**
Total NHS trade invoices paid	713	3,100	1,284	7,702
Total NHS trade invoices paid within target	634	2,831	1,168	7,229
Percentage of NHS trade invoices paid within target	**88.9%**	**91.3%**	**91.0%**	**93.9%**
Percentage of All trade invoices paid within target (%)	**93.6%**	**91.7%**	**94.7%**	**95.7%**

Interest liability

The Trust did not incur any interest charges for late payment of invoices during 2023/24 (2022/23 nil).

NHSE well-led framework

The Trust has regard to NHS England's well-led framework in building in good practice mechanisms to ensure that the Trust is well-led when considering its organisational performance, internal controls, Board assurance framework and the governance of quality. The Trust strives to have an inclusive and positive culture of continuous learning and improvement which is based on meeting the needs of people who use services and wider communities, and for all leaders and staff to share this. The leadership team strives to proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities. During the year, the Trust has developed and begun implementing its new patient and public engagement strategy which

sets out four ambitions to drive the goal of excellent patient experiences and meaningful public engagement for the Trust.

During the year, the outcome of an external well-led review undertaken by Deloitte LLP was presented to the Board at its public meeting in July 2023. The Trust has since undertaken a further gap analysis against the well-led quality statements. At the time of writing this report, the Trust is seeking a partner to work with to embed a continuous improvement programme across the Trust.

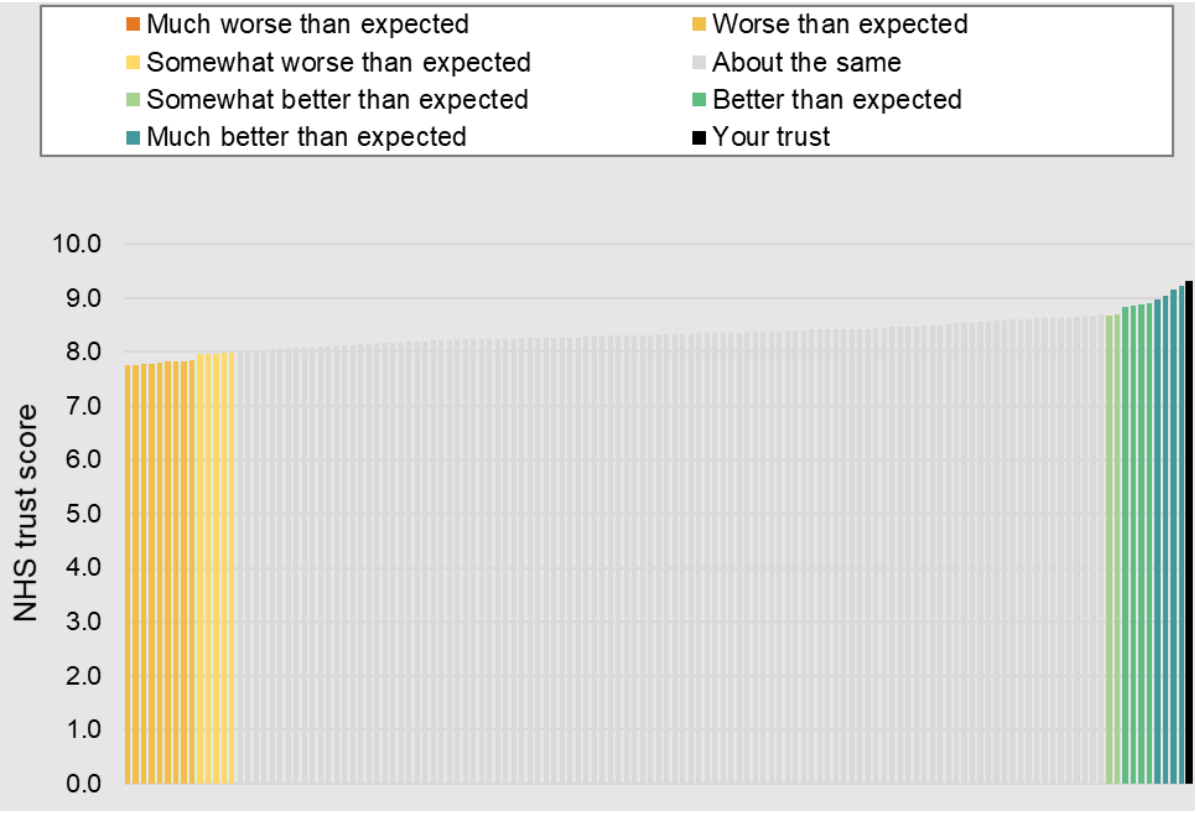
Patient care

The Trust meet with the CQC on a regular basis to discuss quality and safety.

Quality is continually monitored via the Clinical governance group and the Quality and safety sub-committee of the Board, and a range of quality metrics are discussed at Board level. The Trust is fully compliant with the registration requirements of the CQC. The overall rating for the hospital remains as 'good' with a rating of 'outstanding' for care as per the CQC inspection of 2019.

The Trust has maintained its position as one of the highest scoring organisations in the national inpatient survey and was the top scoring Trust for its nurses.

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



QVH had one case of Clostridium difficile identified and reportable although not associated with QVH. There have been two cases of E. Coli bacteraemias, and one of MSSA bacteraemia. There have been no hospital acquired MRSA bacteraemias in 2023/24.

Below are examples of quality measures reviewed on a monthly basis and reported at Board level. During the year, two serious incidents were reported as well as one case of severe harm and five cases of moderate harm. Overall, the measures demonstrate low levels of harm across the year.

KPI Description	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Number of Serious Incidents reported (including IG breaches)	0	0	0	0	0	0	1	0	1	0	0	0	0
No of patient safety incidents with moderate harm	0	0	0	1	0	0	0	1	1	0	1	0	1
No of patient safety incidents with severe harm or death	1	0	0	0	0	0	0	0	0	0	0	0	0
No. of pressure ulcer development category 2 (hospital acquired)	0	0	0	0	1	0	2	2	1	0	0	0	0
Ward patients with sepsis receiving antibiotic therapy within one hour (total number)	1	0	1	1	1	1	0	0	0	1	0	0	0
	100 %		100 %	100 %	100 %	100 %				100 %			

In 2023/24 QVH delivered 5 CQUINS (Commissioning for Quality and Innovation) which are outlined below:

1. CQUIN01 - Flu vaccinations for frontline healthcare workers – 70% of staff
2. CQUIN02 - Supporting patients to drink, eat and mobilise (DrEaM) after surgery - exceeding target of 80% compliance.
3. CQUIN03 - Prompt switching of intravenous to oral antibiotic -15% not switched which is significantly below the target of 40% or fewer.
4. CQUIN11 - Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery - No data submission required in Q3, good response rate for Q4.
5. CQUIN12 - Assessment and documentation of pressure ulcer risk - Exceeding maximum compliance, focus on education and training for staff.

The Trust also identified and delivered three quality priorities as outlined below:

1. Patient Safety: Improve anti-microbial stewardship at QVH
2. Clinical Effectiveness; The introduction of a Leadership through Education for Excellent Patient Care (LEEP) program at QVH

3. Patient Experience: Improve Patient co-design of services

In quarter four of 2023/24 a local anaesthetic unit was opened to support the Trust in delivering efficient and effective care to patients. This unit allows the Trust to manage patients who require minor surgical procedures under local anaesthetic in a dedicated environment where they can be seen and treated quickly and safely. This allows the Trust to make the best use of resources whilst delivering great patient care.

During 2023/24 the trust received 65 formal complaints, up from 62 in the previous financial year.

In that same period we received 230 PALS requests, up from 202 of the previous financial year.

Stakeholder relations

During 2023/24, we carried out an extensive programme of engagement with both internal and external stakeholders to help us develop our strategy. This was underpinned by ten engagement commitments.

During this period we collected feedback from more than 2,700 patients, patient support groups, staff, governors, MPs and councillors, and other groups who shared their hopes, fears and ideas for QVH through co-design workshops, meetings and an online survey. This engagement activity has been overseen by a strategic engagement assurance group which comprised of QVH colleagues and external representation including NHS Sussex and Healthwatch.

This input has been independently analysed and is helping inform our clinical strategy and refresh of our Trust vision and values. We have much to be proud of as an organisation and the engagement responses show that people think our strengths lie in our patient-centred care, specialist services, dedicated staff, our place in and services provided to the community, and our commitment to ongoing improvement.

Ongoing partnership working is taking place with colleagues in primary care locally to help us develop the Trust's local care offer, as part of our strategy development work. This will continue into next year and beyond. We are continuing to work with more GP practices who are referring patients to our Community Diagnostic Centre service. It enables their patients to access a number of diagnostic and outcome pathways, designed using our clinical expertise, closer to home. Work will commence on our bespoke Clinical Diagnostic Centre building next year.

QVH continues to work in collaboration with the Integrated Care Boards (ICBs) and providers across Kent, Surrey and Sussex, and specialist commissioning, to ensure we align our services to meet the needs of patients.

Fees and charges

During 2023/24, the Trust incurred no external consultancy costs that are considered to be material to the accounts (2022/23 nil).

Income disclosures

The Trust has met the requirement of Section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), in that its income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provisions of goods and services from other purposes.

The impact of other income which the Trust has received has been invested in the provision of goods and services for the purpose of the health service in England.

James Lowell

Chief Executive Officer

27 June 2024

Remuneration report

Annual statement on remuneration

The 2023/24 very senior management (VSM) pay guidance from NHS England was received in October 2023. The correspondence received from the national director for people at NHS England confirmed that ministers agreed an increase in pay for VSM roles as follows:

- An across the board increase of 5% for all VSMs to be applied, backdated to 1 April 2023
- A further 0.5% of the VSM paybill in each employing organisation to be used as a pot to address specific pay anomalies

Following the receipt of this guidance, a meeting of the Trust's Nomination and remuneration committee took place and the guidance along with the salaries of the executive directors were reviewed. The committee approved the backdated consolidated uplift in non-medical VSM salaries in line with the recommendation, and approved a variable percentage pay uplift to ensure that all VSMs are paid at least 5% above the higher level rate for band nine Agenda for Change staff. During the year, the committee agreed the appointment of a member of the executive team which was higher than the recommended amount due to complexities of the role. Approval was sought and obtained from NHS England and the department of health and social care.

There were no other major decisions on senior managers remuneration, or substantial changes relating to senior managers remuneration made during the year.

The committee remained assured that executive pay was in line with comparable benchmark data for VSM salaries.

Jackie Smith

Trust Chair

27 June 2024

Senior managers remuneration policy

The salary and pension entitlements of very senior managers (VSM) are set out in the section below showing information subject to audit. The QVH approach to remuneration continues to be influenced by national policy, benchmarks and local market factors. The majority of staff receive pay awards determined by the Department of Health and Social Care in accordance with their national terms and conditions, such as Agenda for Change, and the pay review bodies for doctors and dentists.

QVH does not intend to implement separate arrangements for performance related pay or bonuses unless further guidance from NHS England is issued.

All very senior managers' pay arrangements are subject to approval by the Nomination and remuneration sub-committee of the Board of Directors.

In terms of new appointments, the committee is cognisant of the Trust's data in relation to gender pay gap, workforce race equality standard and workforce disability equality standard which are summarised in the Trust annual equalities and diversity report, and when vacancies have arisen have proactively encouraged applications from all communities.

In relation to agreeing and reviewing VSM pay, the committee refers to the existing guidance on pay for very senior managers in NHS trusts and foundation trusts published by NHS England. The annual pay award for executive directors is recommended by NHS England as described above.

The members of QVH Nomination and remuneration committee have agreed simple principles in relation to setting, agreeing and reviewing VSM pay.

For new director appointments, the Chief people officer will review benchmarking data as well as seeking market intelligence on the salaries being offered to directors which will also take account of supply and demand at that time. The review of existing VSM pay will continue to take place once a year, the timing is dependent on information being published by NHS England and the committee will also take account of:

- The outcome of annual appraisal conducted by the Chief executive officer (or Chair in the case of the Chief executive officer's pay)
- The level of the national pay award for the workforce on Agenda for Change
- Any extenuating circumstances/market conditions highlighted by the Chief executive officer
- Updated benchmarking information and guidance.

The effectiveness and performance of very senior managers is determined through performance appraisal, linked to the Trust's five key strategic objectives, from which a set of individual objectives are developed. These are reviewed through the year by the Chief executive officer (or Chair in the case of the Chief executive officer) to determine progress and achievement. The Trust's key strategic objectives also underpin the Board assurance framework which is reviewed at every Board meeting and Board sub-committee meeting.

The table below gives a description of each of the components of the remuneration package for senior managers which comprise senior managers' remuneration.

Component ***How it supports the short- and long-term strategic objectives of the foundation trust***	***How the component operates***	***Maximum potential value of component***	***Description of framework used to assess performance***
<u>Base pay</u> Base pay is determined using benchmarked data in order to attract, reward and retain individuals of the right calibre to lead the delivery of the Trust's aims and objectives.	Determined by the nomination and remuneration committee using benchmarking data. Salaries are reviewed annually to account for the cost of living, and this is considered in the context of performance. Any changes are normally effective from 1 April each year	N/A	The Trust's appraisal and objective setting process is used for all staff, including Executive Directors. The nomination and remuneration committee considers a summary of this performance assessment.
<u>Pension related benefits</u> Pension benefits (which may be opted out of) are part of the total remuneration of Executive Directors to attract, reward and retain individuals of the right calibre to lead the delivery of the Trust's aims and objectives	Pension is available as a benefit to Executive Directors and follows the national NHS Pension Scheme contribution rules.	Contributions and entitlements are in accordance with the NHS Pension Scheme for all employees who are members.	<u>N/A</u>
The fee payable to non-executive directors is £15k per annum. The fee payable to the Trust Chair is £52,500 per annum. There are no additional fees payable for any other duties to the Trust.			

The majority of staff, whether on national terms and conditions or local arrangements, are contracted on a permanent, full time or less than full time basis. Exceptions to this are in positions where it is felt that an individual needs to be recruited on a fixed-term contract or through an appropriate employment agency partner to carry out a specific project which is time limited. This approach enhances control of staffing resources and enables flexibility where this is appropriate to the role.

National guidance on notice periods for Agenda for Change staff is followed and is determined by salary banding. The maximum in such cases is three months' salary and is in line with current employment legislation.

During 2023/24 the Executive leadership team continued to oversee robust pay and vacancy controls for all roles through weekly meetings.

Remuneration tables

The salary and pension entitlements of persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust are set out in the tables below showing information subject to audit. The descriptor above means those who influence the decisions of the Trust as a whole, and such persons include advisory and Non-executive Board members. Throughout this annual report, such persons are referred to as 'senior managers'.

During the year, two senior managers were paid more than £150,000. The Trust took steps to ensure that these salaries were reasonable, including the nomination and remuneration committee reviewing benchmarking data for similar roles and seeking approval from HM Treasury.

Service contracts obligations

There are no service contract obligations to disclose.

Policy on payment for loss of office

Termination payments are made within the contractual rights of the employee and are therefore subject to income tax and national insurance contributions. This applies to very senior managers whose remuneration is set by the Nomination and remuneration committee. Where a very senior manager receives payment for loss of office, this is determined by their notice period. For the Chief executive officer the notice period is six months and for all other executive directors three months.

Statement of consideration of employment conditions elsewhere in the foundation trust

The pay and conditions of employees were taken into account by the Nomination and remuneration committee in the context of national guidance on remuneration for very senior managers, which has kept uplifts at or below those provided to staff on Agenda for Change terms and conditions. The Trust does not have a separate senior managers remuneration policy; the QVH approach to remuneration continues to be influenced by national policy, benchmarks and local market factors.

The Nomination and remuneration committee and governor led Appointments committee recognise that diversity and inclusion are a vital part of the continued effectiveness of the Board and are committed to seeking diversity within the Board's composition. Prior to any appointment made to the executive team, the Nomination and remuneration committee evaluates the balance of skills, knowledge, experience and diversity of the team and, in the light of the evaluation, the committee reviews a description of the role and capabilities required for a particular appointment. The committee ensures that the appointment process is designed to attract the best candidates, using a range of open advertising and/or using the services of external advisers to facilitate the search, and also ensures that appointments to the Board of Directors are subject to a formal, rigorous and transparent procedure.

In 2023/24 Board level recruitment was supported by recruitment agencies and the specification for this work included the requirement to take active steps to attract the best candidates, including those who would increase diversity at Board level. The agencies that we

worked with were selected for their ability to evidence embedding diversity and inclusion in relation to all protected characteristics into their process, alongside other requirements.

The Trust's recruitment and selection policy requires all interview panels to be diverse and for posts which are Agenda for Change band 8B and above a member of the ethnically diverse staff network must be a panel member.

In November 2023 QVH gained accreditation as Veteran Aware in recognition of the Trust's commitment to providing high quality care to veterans and their families. QVH are also committed to the national Step into Health programme. Step into Health is a partnership between the NHS, Walking with the Wounded and the Royal Foundation and connects employers in the NHS to talented individuals from the Armed Forces community to find new and worthwhile careers in the NHS.

Annual report on remuneration

Service contracts for senior managers

The following table contains details of the service contracts in place during 2023/24 for executive directors.

Name	**Date of service contract**	**Unexpired term**	**Notice period**
Lawrence Anderson	June 2021	Interim	1 month
Kathy Brasier	November 2023	Open-ended	1 month
Tony Chambers	February 2023	Interim	1 month
Tania Cubison	January 2022	January 2025	3 months
Helen Edmunds	March 2024	Open-ended	3 months
Abigail Jago	February 2023	Open-ended	3 months
James Lowell	September 2023	Open-ended	6 months
Shane Morrison-McCabe	March 2022	Open-ended	3 months
Clare Pirie	May 2017	Open-ended	3 months
Stuart Rees	February 2023	Interim	1 month
Nicola Reeves	November 2020	Open-ended	3 months
Robert Stevens	July 2023	Interim	1 month
Kirsten Timmins	March 2024	Open-ended	3 months
Maria Wheeler	July 2023	Open-ended	3 months

Nomination and remuneration committee

All Non-executive directors are full voting members of the Nomination and remuneration committee. Details of membership and individual attendance of the committee is set out within appendix one to this annual report. The committee met 13 times during 2023/24.

When appropriate, the committee was materially assisted in its decision making during 2023/24 by the interim Director of people and organisational development, the Chief people officer, and/ or the Chief executive officer.

Disclosures required by Health and Social Care Act (information subject to audit)

SALARY AND PENSION ENTITLEMENTS OF VERY SENIOR MANAGERS																										
A) Remuneration table 2023/24																										
Remuneration Table 2023/24			**2023/24**			**2023/24**			**2023/24**			**2023/24**			**2023/24**			**2023/24**			**2023/24**					
			Salary and fees (in bands of £5,000)			**Taxable benefits (total to the nearest £100)**			**Annual performance-related bonuses (in bands of £5,000)**			**Long-term performance-related bonuses (in bands of £5,000)**			**All pension-related benefits (in bands of £2,500) ****			**Other remuneration**			**Total**					
Senior Manager	**Role**	**Date References**	**£000s, bands of £5k**			**£s, to the nearest £100**			**£000s, bands of £5k**			**£000s, bands of £5k**			**£000s, bands of £2.5k**			**£000s, bands of £5k**			**£000s, bands of £5k**					
Lawrence Anderson	Interim Director of Workforce and Organisational Development	until 01/04/2023	5	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**5**	**-**	**10**		
Kathy Brasier	Interim Director of Operations (non-voting)	from 09/11/2023 to 03/03/2024	105	-	110	-	-	#	-	-	#	-	-	-	-	-	-	-	-	-	-	**105**	**-**	**110**		
Tony Chambers	Interim Chief Executive Officer (voting)	from 01/02/2023 to 19/06/2023	45	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**45**	**-**	**50**		
Tania Cubison	Chief Medical Officer (voting)		25	-	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**25**	**-**	**30**		
Paul Dillon-Robinson	Non-Executive Director (voting)		10	-	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**10**	**-**	**15**		
Helen Edmunds	Chief People Officer (non-voting)	from 11/03/2024	5	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**5**	**-**	**10**		

Kevin Gould	Non-Executive Director (voting)	until 30/08/2023	5	-	10	-	-	-	-		-	-	-	-	-	-	-	-	**5**	-	**10**
Russell Hobby	Non-Executive Director (voting)	from 01/07/2023	10	-	15	-	-	-	-		-	-	-	-	-	-	-	-	**10**	-	**15**
Abigail Jago	Chief Strategy Officer (non-voting)		120	-	125	-	-	-	-		-	-	5.0	-	7.5		-	-	**130**	-	**135**
James Lowell	Chief Executive Officer (voting)	from 18/09/2023	90	-	95	-	-	-	-		-	-	-	-	-	-	-	-	**90**	-	**95**
Shane Morrison-McCabe	Director of Operations (non-voting)	until 20/10/2023	100	-	105	-	-	-	-		-	-	-	-	-	-	-	-	**100**	-	**105**
Gary Needle	Non-Executive Director (voting)	until 30/06/2023	0	-	5	-	-	-	-		-	-	-	-	-	-	-	-	**0**	-	**5**
Karen Norman	Non-Executive Director (voting)		15	-	20	-	-	-	-		-	-	-	-	-	-	-	-	**15**	-	**20**
Peter O'Donnell	Non-Executive Director (voting)	from 01/07/2023	10	-	15	-	-	-	-		-	-	-	-	-	-	-	-	**10**	-	**15**
Shaun O'Leary	Non-Executive Director (voting)	from 01/07/2023	10	-	15	-	-	-	-		-	-	-	-	-	-	-	-	**10**	-	**15**
Clare Pirie	Director of Communications and Corporate Affairs (non-voting)		130	-	135	-	-	-	-		-	-	5.0	-	7.5	-	-	-	**140**	-	**145**
Stuart Rees	Interim Chief Finance Officer (voting)	from 01/02/2023 to 30/06/2023	0	-	5	-	-	-	-		-	-	-	-	-	-	-	-	**0**	-	**5**
Nicky Reeves	Chief Nursing Officer (voting)		125	-	130	-	-	-	-		-	-	32.5	-	35.0	-	-	-	**160**	-	**165**
Jackie Smith	Trust Chair (voting)		50	-	55	-	-	-	-		-	-	-	-	-	-	-	-	**50**	-	**55**

Rob Stevens	Interim Chief People Officer (non-voting)	from 13/06/2023 until 31/03/2024	0	-	5	-	-	-	-		-	-	-	-	-	-	-	-	**0**	**-**	**5**
Kirsten Timmins	Chief Operating Officer (voting)	from 04/03/2024	5	-	10	-	-	-	-		-	-	-	-	-	-	-	-	**5**	**-**	**10**
Maria Wheeler	Chief Finance Officer (voting)	from 03/06/2023	100	-	105	-	-	-	-		-	-	-	-	-	-	-	-	**100**	**-**	**105**
* The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit that being a member of the pension scheme could provide.The pension benefit table provides further information on the pension benefits accruing to the individual.																						
The following Directors (VSMs) left the Trust during the year - Tony Chambers, Kevin Gould, Shane Morrison-McCabe, Gary Needle and Stuart Rees																						
The following Directors (VSM's) are on secondment with the Trust during the year and salaries domiciled at their main Trusts - Robert Stevens and Stuart Rees																						

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2024. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

SALARY AND PENSION ENTITLEMENTS OF VERY SENIOR MANAGERS									
B) Pension benefits table 2023/24									
Pension Benefit Table 2023/24			**Real increase in pension at pension age (bands of £2,500)**	**Real increase in pension lump sum at pension age (bands of £2,500)**	**Total accrued pension at pension age at 31 March 2024 (bands of £5,000)**	**Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)**	**Cash equivalent transfer value at 01-April-24**	**Real increase in cash equivalent transfer value**	**Cash equivalent transfer value at 31-Mar-24**
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Anderson	**L**	**Interim Director of Workforce**	0 - 2.5	0-2.5	20-25	50-55	254	109	388
Brasier	**K**	**Interim Director of Operations**	0 - 2.5	0-2.5	35-40	100-105	53	782	840
Edmund	**H**	**Chief People Officer**	0 - 2.5	0-2.5	25-30	0	0	0	0
Jago	**A**	**Chief Strategy Officer**	0 - 2.5	35-37.5	35-40	95-100	519	184	755
Lowell	**J**	**Chief Executive Officer**	0 - 2.5	15-17.5	45-50	125-130	733	94	980
Morrison-McCabe S	**S**	**Director of Operations**	0 - 2.5	0-2.5	0	0	948	0	76
Pirie	**C**	**Director of Communications and Corporate Affairs**	0 - 2.5	27.5-30	30-35	80-85	513	162	727
Reeves	**N**	**Chief Nursing Officer**	0 - 2.5	0-2.5	60-65	175-180	1270	175	1573

Timmins	**K**	**Chief Operating Officer**	0 - 2.5	0-2.5	5-10	0	0	0	0
Wheeler	**M**	**Chief Financial Officer**	0 - 2.5	10-12.5	35-40	90-95	715	76	888
*Please note Morrison-McCabe left the Trust during the year									
**The employer does not contribute to any stakeholder pension schemes for these managers.									
*** The Consumer Prices Index up to September 2022 was 10.1%, therefore, an increase of 10.1% is applied to pensions and CETV at April 2023. Applying this inflation adjustment to the 31 March 2023 value has in some cases resulted in an adjusted value which exceeds the 31 March 2024 value.									

Information on the expenses of the Governors 2023/24	**Total number of Governors in office**	**Number of Governors receiving expenses in 2023/24**	**Aggregate sum of expenses paid in 2023/24 (rounded to the nearest £00)**
	29 served for all or part of 2023/24	0	£0

Fair pay disclosure

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Note that there was no performance-related pay. Benefits-in-kind are sufficiently low to have no impact on any of the remuneration figures or ratios.

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £165k to £170k (2022/23, £200k to £205k). This is a decrease between years of 16%. This is due to a change in the make-up of the Board which has triggered a change in the highest paid Director. Note that these figures are based on annualised, full-time equivalent pay and benefits.

For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £22k to £235k (2022-23 £20k to £204k). The percentage increase in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 7% (2022-23 6%). Eight employees received remuneration in excess of the highest-paid director in 2023-24 (2022-23, 2).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

Percentile Information			
Figures for 2023/24			
	25th Percentile	Median	75th Percentile
Salary and Allowances - All Staff - £k	27.6	38.0	54.0
Salary and Allowances - Highest Paid Director - £k	167.5	167.5	167.5
Salary and Allowances - Ratio	6.1	4.4	3.1
Figures for 2022/23			
	25th Percentile	Median	75th Percentile
Salary and Allowances - All Staff - £k	24.8	37.0	50.4
Salary and Allowances - Highest Paid Director - £k	200.0	200.0	200.0
Salary and Allowances - Ratio	8.1	5.4	4.0

Staff report

Analysis of staff costs

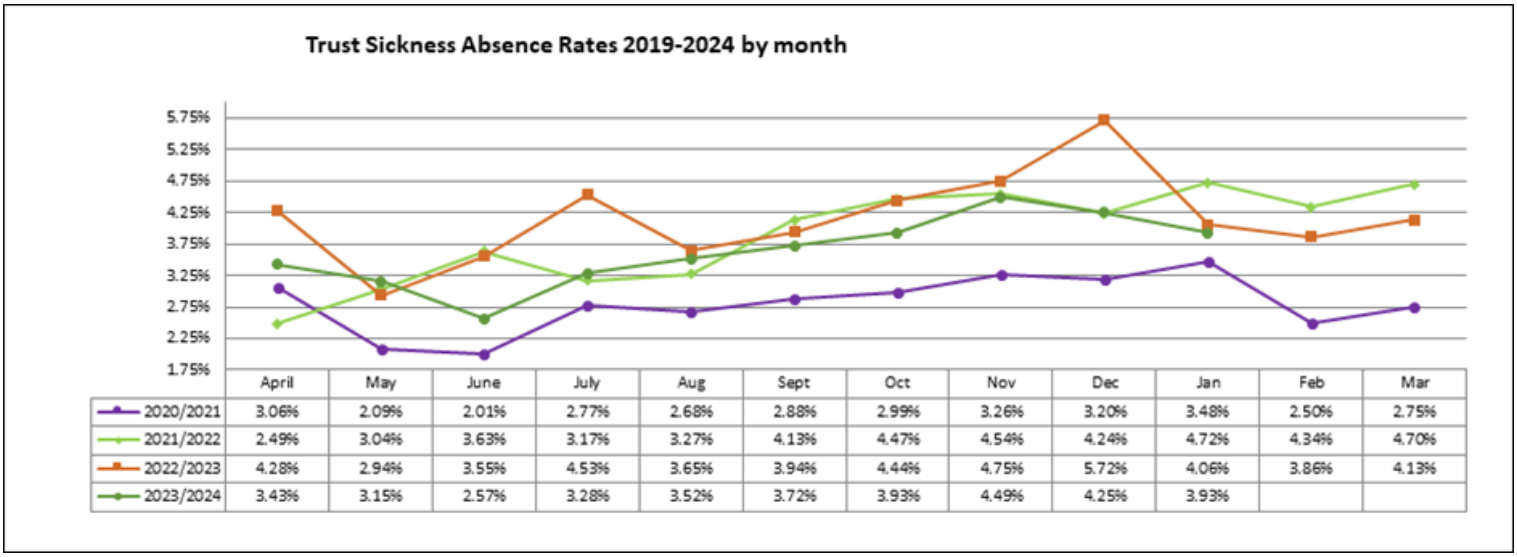
EMPLOYEE BENEFITS	2023/24 Total £000	2022/23 Total £000
Salaries and wages	52,208	49,154
Social security costs	5,727	4,934
Apprenticeship levy	247	220
Pension cost - employer contributions to NHS pension scheme	5,917	5,123
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	2,576	2,309
Pension cost - other*	22	20
Other post employment benefits	0	0
Other employment benefits	0	0
Termination benefits	104	0
Temporary staff - external bank	0	0
Temporary staff - agency/contract staff	2,256	1,703
TOTAL GROSS STAFF COSTS	69,057	63,463
of which		
Cost Capitalised	391	658
TOTAL STAFF COSTS	68,666	62,805

Breakdown of number of each gender who were directors, senior managers and employees during the year

2023/24 data						
	Chief executive	Executive directors	Non-executive directors	Other senior managers	All other employees	Total
Female	0	3	2	5	889	899
Male	1	0	4	1	285	291
Total						**1190**

Sickness and absence data

2023 Data		
Total full time equivalent staff years available	Total days lost	Average number of days of sickness absence per full time equivalent employee
968	13,074	8.3



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2020/2021	3.06%	2.09%	2.01%	2.77%	2.68%	2.88%	2.99%	3.26%	3.20%	3.48%	2.50%	2.75%
2021/2022	2.49%	3.04%	3.63%	3.17%	3.27%	4.13%	4.47%	4.54%	4.24%	4.72%	4.34%	4.70%
2022/2023	4.28%	2.94%	3.55%	4.53%	3.65%	3.94%	4.44%	4.75%	5.72%	4.06%	3.86%	4.13%
2023/2024	3.43%	3.15%	2.57%	3.28%	3.52%	3.72%	3.93%	4.49%	4.25%	3.93%		

Staff policies and actions applied during the financial year

Policy	Date	Comments
Maternity, Adoption and Shared Parental Leave Policy	July 2023	Policy updated to reflect new and enhanced leave and payment provisions for staff undergoing fertility treatment, pre-term births and those following pregnancy loss
Temporary Workers Operational Policy and Management Guidelines	September 2023	Policy updated to reflect new job titles, and minor changes in process and deadlines in line with new payroll provider
Job Planning for Consultants and Specialty and Associate Specialist (SAS) Doctors Policy and Procedure	January 2024	Minor changes in job titles and 2021 SAS contract provisions. Policy also reflects changes in responsibility of Chief Medical Officer as the final approver of all Job Plans
Medical Appraisal, Revalidation and Remediation Policy	January 2024	Policy includes electronic system incorporation, reference to the Medical Appraisal guide alongside responsibilities. Additional section added on personal and professional wellbeing
Policy and Procedure for Exception reporting and Work Schedule review	January 2024	Minor updates to job titles and formatting. Removal of sections which are no longer relevant to exception reporting
Alcohol and Substance Misuse Policy	February 2024	Full review of policy including new sections with definitions and reference to appropriate legislation

Information on staff turnover

2023/24 data												
12 Month Rolling Turnover rate												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Turnover Rate FTE (12m)	13.38%	13.01%	13.66%	12.72%	12.94%	13.14%	12.57%	12.15%	12.63%	12.55%	11.94%	11.87%

NHS staff survey

The NHS staff survey is conducted annually. Since 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retain the two previous themes of engagement and morale. These replaced the ten indicator themes used in 2020/21 and earlier years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2023/24 survey among trust staff was 59% (2022/23: 52%).

Scores for each indicator together with that of the survey benchmarking group Acute Specialist) are presented below.

Indicators ('People Promise' elements and themes)	**2023/24**		**2022/23**		**2021/22**	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.76	7.55	7.69	7.50	7.66	7.50
We are recognised and rewarded	6.30	6.13	6.19	5.95	6.27	6.08
We each have a voice that counts	7.11	6.93	7.12	6.93	7.16	6.99
We are safe and healthy	-	-	6.46	6.21	6.39	6.25
We are always learning	6.06	5.79	5.87	5.61	5.67	5.60
We work flexibly	6.58	6.40	6.40	6.20	6.34	6.21
We are a team	7.00	6.93	6.97	6.85	6.94	6.82
Staff engagement	7.50	7.29	7.44	7.24	7.40	7.27
Morale	6.32	6.14	6.18	5.95	6.13	6.03

Please note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see the NHS Staff Survey website for more details.

The three 'core questions' relating to; the organisation prioritising patient care, staff recommending QVH as a place to work and staff being happy with standard of care if a friend or relative needed treatment, when compared to other Acute Specialist trusts, were above average. QVH also improved two out of the three questions and in particular, recommending it as a place to work significantly improved.

Indicators *Question:*	**Substantive Staff**			**Bank Staff**	
	2023	**2022**	**2021**	**2023**	**2022**
Would recommend organisation as place to work	75.05 %	71.64 %	70.65 %	84.1 %	80.4%
If friend/relative needed treatment would be happy with standard of care provided by organisation	92.77 %	92.56 %	92.96 %	95.5 %	92.2%
Care of patients/service users is organisation's top priority	89.10 %	90.74 %	88.31 %	95.5 %	92.2%

When comparing the Trust's 2023 results against its own results in 2022, QVH improved on seven elements, remained the same on one and showed a minimal decrease on 'we each have a voice that count' (7.11 vs 7.12).

- **We are compassionate and inclusive:** Remains QVH's highest score and has continued to increase since 2021. However, the Trust needs to continue looking at the experience of staff with protected characteristics (WRES/WDES). Areas of concern include:
    - BME staff: discrimination from manager/team leader or other colleagues
    - Disabled staff: discrimination from patients, managers or colleagues

- **We are recognised and rewarded:** QVH saw an increase compared to 2022 and is above average compared to the benchmarking group and the national picture. All questions for this element apart from 'immediate manager values my work' improved in 2023.

- **We each have a voice that counts:** This continues to be one of QVH's highest scoring elements and in 2023, there is not a significant difference compared to 2022 (declined 0.01). However, work has been done this year to improve staff experience of raising concerns and will continue in 2024/25.

- **We are safe and healthy:** 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. However, QVH will still look at the results (where available) on Health & Safety climate and Burnout.

- **We are always learning:** This element continues to improve since 2021 and has been one of QVH's biggest increases in 2023 and in particular, on the theme of appraisals. All questions showed an improvement including more staff feeling valued and able to access the right learning opportunities. However, this element still remains QVH's lowest score. Work has been undertaken in 2023 to improve the appraisal experience and further work will continue in 2024.

- **We work flexibly:** 2023 results showed an improvement in all questions and is a continued reflection of the changes in working practices introduced in response to the Covid pandemic. QVH introduced a new flexible working policy which has supported this new approach to working.

- **We are a team:** Line management and team work were a focus for QVH in 2021 and a range of initiatives and team events were delivered across the Trust into 2022/23. Results show that the sub-score of line management has improved, however some areas around team work/effectiveness will need to be a focus in 2024/25.

- **Staff engagement:** Improved in 2023 and is one of the Trust's highest scores. It is also above average against its benchmarking group. In particular, results show staff more likely to recommend it as a place to work and look forward to coming to work.

- **Staff morale:** Saw an increase in 2023 and is above average in our benchmarking group. Staff results show that overall, staff are less likely to leave the organisation. However it has been noted that staff work pressure needs to be looked at in more detail.

NHS bank only contract staff survey results

The response rate among bank workers was 25% (2022/23: 32%) against the national response of 18% (2022/23: 18%). However, QVH had the exact same number of respondents as 2022. Scores for each indicator together with that of the national bank survey findings are presented below. The Acute Specialist score is not available for comparison.

Indicators *People Promise elements and themes:*	**2023**		**2022**	
	QVH	National	QVH	National
We are compassionate and inclusive	7.7	7.2	7.8	7.2
We are recognised and rewarded	6.9	5.9	6.7	5.9
We each have a voice that counts	6.8	6.5	6.8	6.5
We are safe and healthy	7.6	6.5	7.3	6.5
We are always learning	6.2	4.8	3.8	4.8
We work flexibly	7.0	6.3	7.1	6.3
We are a team	7.1	6.5	7.0	6.5
Staff engagement	7.5	6.8	7.5	6.8
Staff morale	6.2	5.8	6.2	5.8

The results show that for each element the Trust score was higher than the national average. The People Promise element of 'we are always learning' significantly improved in 2023 by 2.4 points. The results have been shared with the temporary staffing team and will enable the Trust to have a greater understanding of the experience of bank workers at QVH.

National Quarterly Pulse Survey (NQPS) Results

The NHS People Plan is committed to supporting avenues that help ensure staff have a voice. The NQPS is open for staff at QVH to give their views. The NHS People Plan and the Government want to look at morale and staff engagement across the NHS, which is closely

aligned to the national staff survey. The nine engagement theme questions from the annual staff survey provide insight into motivation, involvement and advocacy:

- *Motivation*: enthusiasm for the activities of the job
- *Involvement*: employees feel that they have opportunities to suggest and make improvements
- *Advocacy*: belief that the organisation is a good employer as well as service provider and is worthy of recommendation to others

The NQPS continues to run on a quarterly basis using these core areas to gain insight into staff engagement across the NHS.

Key comparisons

The most recent QVH NQPS results for each quarter are shown below. The scores are based on a scale of 0-10. The most favourable response is scored 10, while the worst score is 0 (at intervals of 2.5pt). This quarter, QVH remain in the top 25% quartile and has the second highest staff engagement score nationally.

NQPS Score	Data Period	QVH Value	QVH Change	National Quartile
Current Engagement Scores				
Engagement Score	**Q4 2023/24**	**7.4**	**Up 0.3**	**4 - Highest 25%**
Advocacy Score	Q4 2023/24	8.1	Up 0.4	4 - Highest 25%
Involvement Score	Q4 2023/24	6.8	Up 0.1	4 - Highest 25%
Motivation Score	Q4 2023/24	7.4	Up 0.5	4 - Highest 25%
Previous Overall Engagement Score				
Engagement Score	Q2 2023/24	7.1	Up 0.1	4 - Highest 25%
Engagement Score	Q1 2023/24	7.0	Same	4 - Highest 25%
Engagement Score	Q4 2022/23	7.0	Down 0.3	4 - Highest 25%
Engagement Score	Q2 2022/23	7.3	Down 0.1	4 - Highest 25%
Engagement Score	Q1 2022/23	7.4	Down 0.1	4 - Highest 25%
Engagement Score	Q4 2021/22	7.5	Up 0.4	4 - Highest 25%
Engagement Score	Q2 2021/22	7.1		4 - Highest 25%

Staff experience and engagement

QVH recognises the importance of enabling all staff to have a voice. QVH is committed to empowering staff to provide feedback on their work experiences to enable the Trust to make improvements for everyone. To improve staff engagement with the 2023 NHS Staff Survey, QVH opted to use a mixed mode survey with the aim of increasing response rates in hard to

reach areas. Staff who potentially would have difficulty in accessing computers received a paper version of the survey, which was hand delivered to individual staff areas.

To encourage participation staff received a personal letter from the Chief executive officer, and there were internal newsletter articles, screen savers and weekly response rate emails to each department so that managers could engage with staff members to increase uptake. Drop-in sessions were available for staff who had questions or needed support.

In 2022/23, the staff survey was open to bank only contract workers. QVH worked with the temporary staffing team to agree the best approach to engage with this staff group. The survey was available online and QVH sent regular email and text reminders to encourage participation.

To highlight the importance of completing the staff survey, QVH provided staff with information on key actions taken in response to the 2022 survey findings. Every year the Trust provides bespoke reports to all departments which managers' share with staff and develop individual action plans. Moving forward, the trust will utilise the National Quarterly Pulse Survey (NQPS) to gain further feedback from staff around areas identified for improvement within the survey.

Bringing together the key areas throughout the report, the goals outlined in the People and Culture strategy and a full analysis of the data enable QVH to identify specific interventions to support staff. This is undertaken in collaboration with key stakeholders including the Executive leadership team, departments, managers, the communications team, and colleagues in workforce and organisational development. QVH will continue with a range of ongoing interventions including:

- Ongoing promotion of education, learning and development across virtual platforms and using a blended learning approach
- Continued promotion of our successful apprenticeship programmes
- Expand our wellbeing support and initiatives to support our staff and encourage retention
- Offer a range of diversity and inclusion training opportunities for staff and promotion of our range of staff networks
- Ongoing promotion of Trust benefits
- Using the People Promise diagnostic tool in the Model Health System to compare outcomes over time and benchmark against elements of the Promise elements

QVH will also develop plans in the short-term:

- Scoping the support needs of staff with protected characteristics to ensure their experience of working at QVH can be improved, supporting improvements in our staff survey, workforce race equality standard and workforce disability equality standard
- Developing a management and leadership strategic framework for staff highlighting opportunities available in the Trust and across our wider integrated care system
- Continue to deliver our leadership programme (LEEP) with a focus on multidisciplinary team work
- Refreshed vision and values, developed through wide staff engagement and consultation, with a behaviour framework to support an inclusive learning culture

Medium-term plans include:

- Promoting the new leadership framework and opportunities available to staff at QVH
- Working with triumvirate leads and business units with specific team interventions and staff themes to support a learning culture and continuous quality improvement
- Embedding of the behaviour framework to support civility and respect and workplace belonging
- Development and embedding of a talent management and succession planning strategy to support development of our people

Trade union facility time disclosures

Queen Victoria Hospital NHS Foundation Trust
Trade Union Facility Time Regulations (2017)
2023/24 Report

Table 1
Relevant union officials
What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent employee number*
6	*5.8*

Table 2
Percentage of time spent on facility time
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	*Number of employees*
0%	
1-50%	6
51%-99%	
100%	

Table 3
Percentage of pay bill spent on facility time
Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	*Figures*
Provide the total cost of facility time	£6,714
Provide the total pay bill	£69,057,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.010%

Table 4
Paid trade union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

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	24%

Expenditure on consultancy

During 2023/24, the Trust incurred no external consultancy costs (2022/23 Nil).

Off-payroll engagements

During 2023/24, there were no off-payroll engagements (2022/23 Nil).

Exit packages

2023/24 LIEU OF NOTICE		
Contractual Costs	**Agreement Number**	**Total Value of Agreements**
Voluntary Redundancies including early retirement	0	
Mutual agreed resignations (MARS)	0	
Early Retirements in the efficiency of the service	0	
Contractual payments in lieu of notice	2	£104,674
Exit payments following Employment Tribunals or court orders	0	
Non-contractual payments requiring HMT approval	0	
Total number of exit packages by type	2	
Total resource cost	£104,674*	-

*These payments were made to staff who were previously very senior managers but were not working as very senior managers during the financial year that the payments were made.

Gender pay gap

The Trust's Gender Pay Gap report 2023 can be found here Equality schemes and data - Queen Victoria Hospital (qvh.nhs.uk)

Our organisational structure

Disclosures set out within the Code of governance for NHS provider trusts

QVH is an NHS foundation Trust and has a Board of Directors, a Council of Governors and a public membership. The Trust Chair is Chair of the Board of Directors and the Council of Governors. The Board of Directors is responsible for all aspects of the performance of the Trust, and the Council of Governors holds the Non-executive directors to account for the performance of the Board. QVH is subject to statutory requirements and duties but is also held accountable to local people through its members, who elect the governors. The governors appoint the Non-executive directors and the Non-executive directors appoint the executive directors.

Council of Governors

Within the Trust's Constitution, there are 20 public governor roles, three staff governor roles and three stakeholder governor roles. Public and staff governors are elected by their

constituency, and stakeholder governors are appointed by the stakeholder organisation. The Trust's stakeholder governors represent the QVH League of Friends, East Grinstead Town Council and West Sussex County Council. During the year, elections were held to 20 public governor vacancies. Of these 20 vacancies, 10 were filled, with new governor terms starting on 1 July 2023. All QVH governors are appointed for a term of three years, and will serve a maximum of two terms. A full register of members of the Council of Governors is included at appendix two to this Annual report.

The Council of Governors plays a vital role in the work of the Trust, representing the interests of our public members, staff and stakeholder organisations. It has a number of statutory duties, including:

- Holding the Non-executive directors to account for the performance of the Board
- Representing the interests of the members and members of public
- Appointing the Chair and Non-executive directors, and deciding on their remuneration
- Approving the appointment of the Chief Executive Officer
- Receive the Trust's Annual report and accounts and the auditor's report on them

The Council of Governors receives regular updates on the development of the Trust's strategy.

The Council of Governors has two formal sub-committees; an Appointments committee which is responsible for making recommendations to the Council of Governors regarding the appointment and remuneration of the Chair and Non-executive directors, and a Governor steering committee which is responsible for setting the agenda for Council of Governor meetings and facilitating communication between the Board of Directors and Council of Governors. The Council of Governors has established a working group to support the Council of Governors in discharging its statutory duty of representing the interests of the members and member of the public.

The process for the appointment of the Chair and Non-executive directors is set out within the Trust's Constitution. The Council of Governors are responsible for appointing the Chair and Non-executive directors, taking into account the views of the Board on the qualities, skills and experience required for each position. The Appointments committee will make recommendations for appointment to the Council of Governors following a process which involves advertising for the vacancy, shortlisting against the specification and interviewing candidates.

During the year, the Council of Governors appointed three Non-executive directors who joined the Board on 1 July 2023 for a term of three years upon recommendation from the Appointments committee. The Trust engaged Saxton Bampfylde to support the Trust with the identification and appointment of these Non-executive directors. The Council of Governors also approved the appointment of the Chief Executive Officer who joined the Board in September 2023.

The Council of Governors holds regular informal meetings to provide an opportunity for governors to raise issues and ask questions, and to support governors in discharging their statutory responsibilities and maintaining good relationships with the Board. There are also a number of governor working groups aligned to the Board sub-committees to support governors in their statutory duty of holding the Non-executive directors to account for the performance of the Board.

QVH received a notice of imposition of additional licence conditions in October 2021, under section 111 of the Health and Social Care Act 2012. These relate to the need for the Council of Governors to implement arrangements to work effectively with the Board and to ensure that

the Trust has sufficient and effective Board leadership, capacity and capability. Throughout the year, the Board and Council of Governors have continued to be mindful of the additional licence conditions and have taken action to comply with them. These actions include the establishment of a fully substantive executive leadership team and building effective relationships through means such as informal meetings, effective communication, increased opportunities and support to governors in undertaking their statutory duties and training. During the year, the Council of Governors completed a review of its own effectiveness, the results of which demonstrate that the relationship between the Board and Council of Governors has much improved and that behaviour of governors is in line with the Nolan principles. The Trust has started work with the Council of Governors in developing a Code of conduct which reflects the requirement for governors to adhere to the Nolan principles and outline the approach to be taken where these principles are breached.

The Code of governance for NHS provider trusts requires the Trust to set out within its Annual report how disagreements between the Board and Council of Governors will be resolved. In the event of a disagreement, the Chair, on the advice of the Company Secretary shall seek to resolve the dispute. If the Chair is unable to resolve the dispute then they shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the Council of Governors and Board of Directors with a view to resolving the dispute. If this is unsuccessful, then the Chair may refer the matter back to the Board of Directors who shall make the final decision.

Members can find information about how to contact the Council of Governors here.

Board of Directors

The Board of Directors is a unitary Board which means that within the Board of Directors, the executive directors and the Non-executive directors make decisions as a single group and share the same responsibility and liability. Our Board of Directors is made up of our Chair, five other Non-executive directors and five voting executive directors including the Chief executive officer. A full register of the Board of Directors is included within appendix one to this annual report. Descriptions of each of the directors skills, expertise and experience is included within appendix three to this Annual report.

The Board's role is to:

- Set the overall strategic directions for the Trust within the context of NHS priorities
- Ensure that the Trust provides high quality, effective and patient focussed services
- Monitor performance and risks against objectives
- Ensure adequate systems are in place and maintained to measure and monitor the Trusts effectiveness, and economy
- Ensure high standards of corporate governance
- Assess and monitor culture
- Promote effective dialogue between the Trust and the populations we serve

The membership of the Board is balanced and in line with the requirements within the Trust's Constitution. The Board notes the circumstances listed within the Code of governance for NHS provider trusts which could be seen to impair a Non-executive director's independence. The Board is content all of its Non-executive directors are independent and continue to demonstrate objective oversight and scrutiny. The Trust's Non-executive directors are appointed for a term of three years and can serve a maximum of two terms in order to maintain independence. A list of the Non-executive directors that the Board considers to be independent is included at appendix one to this Annual report.

During 2023/24, the Board's sub-committees have been:

- The Audit and risk committee
- The Nomination and remuneration committee
- The Strategic development committee
- The Quality and safety committee
- The Finance and performance committee

Terms of reference for all of the Board's sub-committees are available on the Trust's website here.

Membership of the Audit and risk committee and Nomination and remuneration committee comprises of Non-executive directors only.

The Annual report should give the number of times that the Board and its sub-committees have met during the year, and individual director attendance. This information is set out within appendix one to this report.

The Board of Directors interacts regularly with the Council of Governors to ensure that it understands their views and those of our members. Governors are invited to attend and observe all public Board meetings, and all Board members are invited to attend Council of Governors meetings. The Board and Council of Governors attend the annual members meeting where there is an opportunity to hear directly from the Trust's members.

The Executive leadership team is made up of the Chief executive officer as accountable officer and other voting and non-voting executive directors. The Executive leadership team's role is to:

- Support the Board in establishing and monitoring a culture which aligns to the Trust's values and which promotes equality, diversity and inclusion
- Prioritise and allocate resources
- Oversee the development and management of the Trust's external partnerships and relationships locally, regionally and nationally
- Monitor quality of care, operational performance and financial performance ensuring that the Trust adheres to guidelines and meets statutory standards
- Effective management of strategic risks
- Oversight of progress against delivery of the Trust's key strategic objectives

During the year, the Board's focus has been on developing the Trust's strategy in order to secure the Trust's sustainable future and in January 2024 the Board agreed to pursue a hybrid provider model, which will seek to retain the provision of highly regarded specialist and regional services alongside an innovative health and care offer to the local population. Extensive stakeholder engagement has been undertaken regarding the development of the Trust's strategy, including with the Council of Governors.

The Board of Directors has actively addressed opportunities to work with other providers to tackle shared challenges and deliver the NHS Sussex Improving Lives Together strategy. The Trust has played a key role in establishing the NHS Sussex provider collaboratives, which have been established to deliver the ambitions of the Improving Lives Together strategy and focus on working at scale, standardisation and sharing of resources to improve outcomes for people and make Sussex a more sustainable Health and Care system for the future. During the year, discussions were also held about establishing an NHS Sussex committee in common, the first meeting of which was held on 8 May 2024. This committee in common brings together health providers from across Sussex to deliver new, integrated and affordable

models of care over the next five years. The purpose of the committee in common is to ensure collective ownership and shared direction, grip and oversight of the integrated care strategy, financial sustainability and clinical transformation.

During 2023/24, the Trust has applied the principles of the Code of governance for NHS provider trusts on a 'comply or explain' basis. In the few instances where the Trust has diverged from the recommended practice set out within the Code of governance, this is explained within the Annual governance statement. The Code of governance for NHS provider trusts is based on the principles of the UK Corporate governance code.

NHS Oversight Framework

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

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

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

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

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

The Trust has been placed into segment 3. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

This segmentation is the Trust's position as at June 2023. Current segmentation information for NHS trusts and foundation trusts is published on NHS England's website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

Statement of the Chief executive officer's responsibilities as the Accounting Officer of Queen Victoria Hospital NHS Foundation Trust

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

NHS England has given Accounts Directions which require Queen Victoria Hospital 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 Queen Victoria Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

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

James Lowell

Chief Executive Officer

27 June 2024

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 Queen Victoria Hospital 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 Queen Victoria Hospital NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The NHS England well led framework requires the Board to have effective systems and process in place to manage risks. The Trust's systems to manage current and future performance and risks to the quality of service should take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service. The degree and rigour of oversight that the Board has over the Trust's capacity to handle risk is apparent within the public and private Board and Board sub-committee reports and minutes.

During the year, the Trust started work to transform its risk management framework in response to recommendations from a well led review undertaken by Deloitte LLP during Q4 of 2022/23. The scope, content and format of recording risks have been revised in order to give the Board a clear view on the most material risks facing the Trust and how effectively these are being managed. A revised Board assurance framework is being developed and the Corporate risk register has been refined. Training regarding recording and managing risk has been given to key members of staff with further training planned during 2024/25.

The Chief nursing officer is the Trust's executive lead for risk, supported by the Head of risk and patient safety and the Head of quality and compliance.

The Audit and risk committee is responsible for the oversight and scrutiny of the Trust's governance, risk management and internal control across the organisation's activities. This includes review of all risk and control related disclosure statements; the underlying assurance processes, including the Board assurance framework; policies for ensuring compliance with regulatory, legal and code of conduct requirements and any related reporting and self-certifications; policies and procedures for all work related to counter fraud and security.

During the year, the Clinical governance group has been responsible for the management and monitoring of clinical risks. The Clinical governance group is accountable to the Chief nursing officer and Chief medical officer as senior responsible officers that provide assurance to the Quality and safety committee. The Trust's Quality and safety committee and Finance and performance committees are chaired by non-executive directors and have delegated authority from the Board to review and assess the level of assurance and ensure that effective systems

and processes are in place for optimum risk management. The corporate risk register is divided between these two committees to allow robust review of the relevant risks for each committee.

During the year, the Board and its sub-committees did not have oversight of the Board assurance framework and Corporate risk register from June to December 2023 as these were being refreshed as part of the refinement of the Trust's risk management framework. From January 2024, the Board have had oversight of the Board assurance framework and Corporate risk register. There are also assurance reports from the Chairs of the Board sub-committees, highlighting the level of assurance that the committees have regarding how effectively risks are being managed. The Non-executive directors are held to account by the Council of governors, and the Chair of each Board sub-committee presents an assurance report to the Council of Governors at the quarterly meetings as well as taking questions from governors.

The Trust learns from incidents and risks internally and externally, reviewing national publications and investigations to identify relevant recommendations and learning to be shared throughout the Trust. This is achieved by utilising the existing meeting structures, internal intranet pages and trust wide emails to support the dissemination of key issues to Trust staff. In addition, Board, Clinical governance group and Quality and safety committee meetings are opportunities to ensure that learning is shared throughout the organisation. Appropriate learning is also shared externally with our regulators for additional scrutiny and assurance. All serious incident investigations are reviewed by the Quality and safety committee and action plans are reviewed at the Clinical governance group one year after the incident, for assurance that the actions completed are fully embedded.

The risk and control framework

Risk management is guided by the Trust's current risk management policy. The process starts with the systemic identification of a risk which is then described in line with the cause and effect model and scored in line with the Trust's risk assessment matrix. Risks are then either managed locally on Departmental risk registers or escalated for inclusion on the Corporate risk register if the risk scores more than 15 or is overarching in nature.

A risk management matrix with risk descriptors and tolerance levels is used to support a consistent approach to assessing and responding to clinical and non-clinical risks. The Trust seeks to reduce risks as far as possible; however it is recognised that delivering healthcare carries inherent risks that can never be completely eradicated. The Board and its committees are aligned to assure that there is independent and strategic focus on both risk and assurance.

The Board assurance framework sets out the Trust's risks to achieving its key strategic objectives and sets out controls and assurance on the management of these strategic risks. Each year the Board will complete a formal review of its strategic risks to identify risks which may threaten the achievement of the Trust's strategy. The highest scoring strategic risks during the period are related to:

- Providing effective, safe, timely and quality patient services
- The Trust's physical infrastructure being fit for purpose
- The Trust securing its long-term sustainability
- The Trust experiencing a material legislative or compliance breach
- The Trust developing and maintaining collaborative relationships

Key controls, assurance and actions on these risks include:

Controls	Assurance	Actions
• Governing documents including policies and processes and horizon scanning for changes in legislation • Staff training and guidance • Freedom to speak up framework	• Oversight from the Board sub-committees • Board visibility visits • programme • Internal and external audit • External counter fraud support • Revies and reporting of serious incidents	• Engagement plan • CQC self-assessments • Implementation of the NHS fit and proper persons framework • Refreshed freedom to speak up framework

Foundation trust Boards are required to undertake an external review of governance every five years to ensure that governance arrangements remain fit for purpose. During Q4 of 2022/23, QVH appointed an external team at Deloitte LLP to carry out this review. Deloitte LLP had no prior connected to the Trust or individual directors. This review included a desktop review of relevant documentation, a Board effectiveness survey that was completed by all Board members, a governor survey, interviews with each member of the Board and with a sample of senior staff, observation of Board, subcommittee and business unit performance review meetings, four staff focus groups and telephone interviews with external stakeholders.

The review identified the following six themes.

Theme 1: Developing the Board
At the time of the review the executive team had a high reliance on interims and the reviewers commented on limitations in experience of best practice and the need to modernise processes. Board members recognised the need to improve cohesion, and the appointment of new non-executive directors and substantive executives was an opportunity for the Board to reset the organisation as it formulates a new strategy and sets direction for the Trust. Board development has been a key focus for the year. An Executive portfolio review was completed in November 2023 to bring greater clarity of roles and accountability throughout the senior leadership team.

Theme 2: Raising the profile of directorates
In line with the recommendations of the review, the Trust is updating its clinical directorate and business unit structures at QVH in line with modern good practice. The reviewers described the need to establish triumvirate working, with clear roles, responsibilities and accountabilities in directorate leadership teams. Clinical leaders need sufficient time for their leadership roles. Integrated Quality and Performance review meetings are now directorate led forums.

Theme 3: Strategic engagement
In line with the recommendations of the review, the Trust established a major programme of engagement to win the hearts and minds of stakeholders as it sets the strategy and reinvigorates values. A full engagement plan with careful communications, co-production and active listening has been developed and implemented including an independent review of

activities to date. The work in this area has been highly praised by staff and external stakeholders.

Theme 4: Governance flows
Given the scale of strategic change required, the Strategic development committee has been established to cover the broad remit of strategic developments. The reviewers recommended additional improvements to provide clarity on the role of various governance forums from ward to Board and this work is in progress for implementation.

The Trust has reviewed its internal ward to board assurance and organisational framework and will launch the new integrated assurance framework with refreshed organisational structure in April 2024.

Theme 5: Risk management
The reviewers noted that while the Trust has the key components of a risk management framework and uses key risk management tools, this could be improved and risk management could be more thoroughly embedded at directorate and business unit level. This work is almost complete. A new Board assurance framework has been developed and the corporate risk register has been refined. The development of an updated risk management policy is underway and the Board will agree its risk appetite in Q1 of 2024/25. The remit of the Audit committee has been reviewed to include an increases focus on the Trust's risk management systems.

Theme 6: Stakeholders
Recommendations included raising the visibility of Board members with staff and delivering a more structured approach to engagement on patient pathways and within services; this work has been completed and a new approach to Board visibility has been rolled out. External stakeholders see the Trust as a willing partner and there is opportunity for a greater external focus; the Chief strategy officer was a vacant role at the time of the review and the executive team are now playing an important role in increasing external focus.

In addition, the reviewers made a number of comments about the culture of the organisation. This included a building of momentum around equality, diversity and inclusion, a number of initiatives linked to staff wellbeing, and a culture of learning from incidents. There is an opportunity to continue build on this, and to review the many mechanisms that the Trust has for hearing staff concerns ensuring the value of each is clear.

The responsibilities and accountabilities of the Board members and sub-committees of the Board are well defined within the governance structure. The Trust monitors compliance with its NHS foundation trust licence condition 4 by several means, including:

- Public Board meetings are held bimonthly. There are detailed reports which include all key national performance measures on quality, operational performance, finance and workforce. There is opportunity for robust challenge and debate about these reports and the way in which the directors work collaboratively in order to meet the Trust's key strategic objectives and provide leadership and oversight of the systems in place for care provision and service delivery. In addition to this governance process, the Non-executive chair of each Board sub-committee presents a report to the board about the level of assurance and key items for approval or discussion. All actions are monitored via a Board action log
- The Quality and safety committee and the Finance and performance committee are sub- committees of the Board chaired by Non-executive directors and receive detailed

reports on quality, operational performance, finance and human resources and there is an opportunity for scrutiny and challenge by the membership. Both committees monitor completion of actions via a committee action log

- The Audit and risk committee seeks additional assurance on risk management by commissioning internal and external audits as part of the audit work programme or in response to specific issues. It requires evidence that effective systems and processes are in place to mitigate and manage risk
- NHS England information, guidance and monitoring requests are responded to in a timely manner and the executive management team attend quarterly NHS England performance reviews
- Provider engagement meetings are held with the Care Quality Commission to ensure compliance with regulatory standards and compassionate care
- The governance of data security and priority work in this area is described under information governance below
- Equality impact assessments are integrated into core business. Each new or revised policy requires an equality due regard assessment to be completed to ensure the Trust meets legislative requirements and does not discriminate against protected characteristic groups. The equality due regard assessment is completed by the manager writing the policy and signed off by their line manager prior to approval by the relevant ratifying committee
- The Council of governors receives quarterly updates about quality and risk from the non-executive chair of the quality and governance committee
- The effectiveness of emergency planning, response and resilience (EPRR) and business continuity systems are assured through a number of mechanisms including exercises and lockdown drills, partnership working with commissioners and NHS England and peer review by the ICB EPRR leads
- The Trust has implemented a new fit and proper persons test (FPPT) policy to ensure that requirements within legislation and the NHSE FPPT framework for Board members published on 2 August 2023 are met
- During the year, the Board and its sub-committees did not have oversight of the Board assurance framework and Corporate risk register from June to December 2023 as these were being refreshed as part of the refinement of the Trust's risk management framework. From January 2024, the Board have had oversight of the Board assurance framework and Corporate risk register.

In October 2021, QVH received a notice of imposition of additional licence conditions under section 111 of the Health and Social Care Act 2012. The additional licence conditions relate to the need for the Council of Governors to implement arrangements to work effectively with the Board and to ensure that the Trust has sufficient and effective Board leadership, capacity and capability.

During the year, all Board positions were substantively filled and the Board and Council of Governors have continued to be focussed on implementing arrangements to work effectively together. The Board has engaged extensively with governors as key stakeholders in developing the organisational strategy, seeking feedback on hopes, fears and ideas for the future of QVH. The data from the engagement programme was independently analysed and has informed the development of QVH's strategy, vision and values. Ideas have been shaped, shared and tested with staff, patients and governors. There has been an increase in relationship building opportunities for the Board and Council of Governors during the year as well as increased opportunities for governors to discharge their statutory duty of holding the Non-executive directors to account for the performance of the Board, with the establishment

of informal Council of Governors meetings, training provided for governors and other practices such as governors being invited to join Non-executive directors on service visits. We have also established governor working groups aligned to each of the Board sub-committees, and governors are invited to ask questions at each Board meeting related to any of the agenda items. The terms of reference for the Governor steering committee have been revised, working with governors, to ensure that the group can support governors in discharging their statutory duties and aid communication between the Board and the Council of Governors.

The Trust has started work with the Council of Governors in developing a Code of conduct for governors which reflects the requirement for governors to adhere to the Nolan principles and outline the approach to be taken where these principles are breached including the process for the removal of a governor, in line with the last remaining recommendation from the Independent review of the Trust's handling of challenges encountered in progressing a merger with University Hospitals Sussex which was undertaken during 2021/22 by Carnall Farrar.

During the year, the Council of Governors completed a review of its own effectiveness, the results of which demonstrate that the relationship between the Board and Council of Governors has much improved and that behaviour of governors is in line with the Nolan principles. The continued strengthening of this relationship will be a key priority for the Trust going into 2024/25 and for the future.

During February 2024, the Trust received a Fire Safety Enforcement Notice from West Sussex Fire & Rescue Service following a routine inspection during January 2024. This followed a previous inspection visit in March 2023 when the Trust received a letter of deformities, following which works were carried out, although these were not completed to the required standard. Following receipt of the notice and at the time of writing the Annual governance statement, an action plan is in place and work is progressing to address the requirements set out within the notice. All organisations completing works have the required accreditations. The Executive leadership team and Finance and performance committee are monitoring progress and an internal audit of the estates function is scheduled during 2024/25.

In October 2023, the Audit and risk committee received the results of an internal audit on contract management which received a partial assurance rating. The review identified that the contract register had not been kept up to date as some key information had not been recorded. There was an absence of documented contract management procedures to provide guidance to staff on how to manage contracts within the organisation. This is an area of weakness which management were aware of and a full remediation plan is being implemented as a priority.

Code of governance for NHS provider trusts

During 2023/24, the Trust has departed from recommended best practice within the Code of governance for NHS foundation trusts in the following areas:

Code provision	Non-compliance
B.2.5/ D.2.1 The Chair should not sit on the Audit Committee. The Chair of Audit Committee, ideally, should not be the Vice chair or Senior Independent Director.	For a period during 2023/24, the Senior independent director was also Chair of the Audit and risk committee. This was agreed by the Board of Directors and Council of Governors due to new Non-executive directors being in post and the skillset required to undertake both roles. Since then, the roles have been separated.

C.2.1 The Nominations Committee(s) should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the Trust, and the skills and expertise required within the Board of Directors to meet them.	The Trust's succession plan is in development, however due to changes and pressures within the executive team, the plan will not be implemented until November 2024.
C.4.9 The Council of Governors should agree and adopt a clear policy and a fair process for the removal of any Governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest that prevents the proper exercise of their duties. This should be shared with the Governors.	The Trust's Constitution stipulates that a governor can be removed if they fail to attend three meetings, of they have a material conflict of interest, however the process for removal is not clear within the Constitution or the Governor Code of Conduct. Both of these documents ae currently being reviewed in line with the recommendations from the independent review and the process for removal of a governor will be clearly set out. This work has been delayed due to an ongoing process related to a suspended governor.
E.2.2 Levels of remuneration for the Chair and other Non-Executive Directors should reflect the ***Chair and Non-Executive Director remuneration structure*** (published by NHS England Dec 2019).	The CoG appointments committee is responsible for setting the Chair and Non-Executive Directors' remuneration. All Non-Executive Directors receive the same remuneration – QVH NED and Chair remuneration at QVH is slightly above NHS England's recommended remuneration due to the complexities of the role and time commitment required, which is higher than that of other Trusts.

Assurance statements

A process is in place for the annual review of effectiveness of the Trust Board of Directors and identify any further action required to ensure that the Board has the skills and experience required. The effectiveness of the Board's sub-committees is also reviewed annually, including terms of reference and work plans.

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

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the *Managing Conflicts of Interest in the NHS*26 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.

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 on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Compliance with the Developing Workforce Safeguards25 recommendations

The Trust is developing a People strategy which will be aligned with the Trust's overall strategy. As part of the annual business planning cycle an annual workforce planning process is run to triangulate staffing with predicted activity levels and finance plans.

Workforce metrics are monitored regularly to ensure safe staffing levels and the Trust Board receives regular reports from the Guardian of safe working and also a six-monthly nursing workforce review report. Trust-wide processes are in place to support the recruitment and retention of staff as well as to reduce the Trust's reliance on temporary staff.

To ensure staff have the right skills to undertake their role, a wide range of training and development is provided. Ongoing training requirements are monitored through annual appraisal and revalidation, performance development review and monthly statutory and mandatory training reports. Staffing levels are reviewed regularly, and e-rostering systems are in place for all staff. Key performance metrics related to the Trust's workforce are monitored by the Finance and performance committee and the Board.

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

The Trust works to ensure economy, efficiency and effectiveness in a number of ways including:

- Robust planning
- Pay and non-pay budgetary system
- Financial controls including value for money
- Tendering procedures
- Establishment controls
- Efficiencies

The Trust's resources are managed within the framework of its primary governing documents including its Standing financial instructions and Scheme of delegation and reservation of powers.

The Trust Board performs an important role in ensuring the economic, efficient and effective use of resources, and maintaining a robust system of internal control, and is supported in that by the Audit and risk committee, internal and external audit and regulatory/advisory bodies. The Trust has an annual programme of internal audit and works closely with the internal audit provider to gain additional assurance on Trust processes. The Audit and risk committee monitors progress against the programme and implementation of recommendations identified and agreed as part of the audit fieldwork.

The Finance and performance committee receives bi- monthly updates on programme performance whilst the Quality and safety committee reviews plans to ensure there is no negative impact upon the quality of service provision and/or outcomes.

Information governance

The Trust regards any data breach extremely seriously and voluntarily reports significant breaches to the Information Commissioners Office, (ICO) as soon as it is made aware. This includes informing all data subjects involved, initiating a root cause analysis investigation, ensuring that the outcomes are formally assessed, lessons learned and actions monitored and completed.

No information governance serious incidents were reported in 2023/24.

Data quality and governance

Data quality refers to the tools and processes that result in the creation of the correct, complete, and valid data required to support patient care and sound decision making. The Trust's integrated data warehouse system has increased the transparency and visibility of data issues.

QVH has a data quality group with membership from a wide range of stakeholders across the Trust, this group meets monthly with a sub working group meeting more regularly to action improvement projects, ensuring its focus on key data quality issues.

During the year, a need to validate waiting list data for all specialities has been identified due to administrative errors resulting in patient pathways being closed inappropriately. This work is being undertaken as a priority with an initial incident command approach and root cause analysis. The Finance and performance committee are monitoring progress.

Data security and protection toolkit

The data security and protection toolkit sets out the national data guardian's data security standards. These standards apply to every health and social care organisation and provide assurance to every person who uses our services that their information is handled correctly and protected throughout its lifecycle from unauthorised access, loss, damage or destruction. Completing the toolkit self-assessment, by providing evidence against assertions, demonstrates that the Trust is meeting the national data guardian standards. This increases public confidence that the NHS and its partners can be trusted with data. The toolkit can be accessed by members of the public to view participating organisations' assessments.

All mandatory requirements were achieved meaning that the Trust gained a 'standards met' grade for the 2023/24 submission.

Cyber security

Cyber security is recognised as one of the biggest operational threats to the NHS and is one of the main areas of focus for the information governance work agenda.

NHS England, (previously NHS Digital) has incorporated a cyber-security service into its CareCERT, (care computing emergency response team). This increases cyber resilience across the health and social care system by looking for emerging threats and advising healthcare organisations on how to deal with them. The Trust receives alerts and acts upon them.

In addition, the UK National Cyber Security Centre, (NCSC) provides the cyber essentials scheme to enable organisations to fulfil two functions:

- provide a clear statement of the basic controls all organisations should implement to mitigate risk through ’10 steps to cyber security’
- provide an assurance framework in order that an organisation can be assessed for resilience against cyber threats.

Mandatory cyber security requirements are a key part pf the Data Security and Protection Toolkit. In 2023/24, all of these requirement standards were achieved. The Trust has ongoing processes and procedures in place to maintain these standards. Cyber security training for the Trust Board was undertaken during March 2024.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit and risk committee and quality & safety committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal controls includes:

- The Board and its sub-committees have met regularly and kept arrangements for internal control under review, monitoring outcomes. Regular Board review of the Board assurance framework and Corporate risk register, as well as regular assurance reports by the Chairs of the Board sub-committees
- The Audit and risk committee has provided the Board with an independent and objective review of financial and corporate governance and internal controls. The committee regularly reviews findings from internal and external audits
- The Quality and safety committee reviews feedback from external assessments on quality of service, including NHS England, Healthwatch, Care Quality Commission, NHS Resolution and audit, as well as ensuring internal quality measures are regularly tested and standards are met
- The head of internal audit opinion has stated that the organisation has an adequate and effective framework for risk management, governance and internal control, recommending further enhancements which will be implemented by the Trust to ensure risk management, governance and internal control remain adequate and effective

Conclusion

To the best of my knowledge, no other significant control issues have been identified during 2023/24. I am confident that the internal control systems are operating well and that the work completed to address the additional licence conditions, staff recommendations from the Trust’s well led review, the Fire Safety Enforcement Notice and waiting list validation as

described above will consolidate this position. The Trust is committed to the continuous improvement of the processes of internal control and assurance.

James Lowell

Chief Executive Officer

27 June 2024

4. Auditor's report and certificates

Independent Auditor's Report to the Council of Governors of Queen Victoria Hospital NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Queen Victoria Hospital NHS Foundation Trust (the 'Trust') and its subsidiary (the 'Group') for the year ended 31 March 2024, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statements of Cash Flows and notes to the accounts, including accounting policies and other information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Group and of the Trust as at 31 March 2024 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom', as required by the Code of Audit Practice ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group's and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we

have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- The parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements set out in the NHS foundation trust annual reporting manual 2023/24; and
- Based on the work undertaken in the course of the audit of the financial statements, the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

Under the Code of Audit Practice, we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2023/24 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of Accounting Officer's Responsibilities (set out on page 48), the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's and Group'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 the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the Group without the transfer of its services and functions to another public sector entity. The Accounting Officer is required to comply with the requirements set out in the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

Auditor's responsibilities for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISA's (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We obtain and update our understanding of the Trust and Group, their activities, control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the Group

and Trust is complying with that framework. We determined that the most significant legal and regulatory frameworks that are applicable to the Trust and Group, which are directly linked to specific assertions in the financial statements, are those related to the financial reporting frameworks. These include the National Health Service Act 2006 and international accounting standards, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the Group or the Trust that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management, internal audit, and those charged with governance concerning the Group and Trust's operations, the key policies and procedures, and the establishment of internal controls to mitigate risks related to fraud and non-compliance with laws and regulations, together with their knowledge of any actual or potential litigation and claims and actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the Group and Trust's financial statements and the operations of the Group and Trust through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of high-risk journal entries and other adjustments for appropriateness, including high value year end close down journals and journals with no identified user ID, evaluating the rationale of any significant transactions outside the normal course of business and reviewing key accounting estimates including property plant and equipment valuations, useful economic lives used for depreciation purposes, and accruals for indicators of potential bias;
- Other audit procedures responsive to the risk of fraud, non-compliance with laws and regulation or irregularity including testing the accuracy and occurrence of other income, assessing the completeness of non-pay expenditure and testing the valuation and existence of year end accruals; and
- Assessing whether the engagement team collectively had the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations. We concluded that more experienced audit team members needed to be allocated to perform work on the significant risks identified.

We also communicated potential non-compliance with laws and regulations, including potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulations. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Report on other legal and regulatory matters

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006, because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources . We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023 and May 2024. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary which will be included in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Certificate of completion of the audit

We certify that we have completed the audit of the financial statements of Queen Victoria Hospital NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of Schedule 10(4)(1)(a) of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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

Andrew Reid

Andrew Reid, Key Audit Partner

for and on behalf of Azets Audit Services, Local Auditor
6th Floor, Bank House
Cherry Street
Birmingham
B2 5AL

28 June 2024

5 Annual accounts 2023/24

Foreword to the accounts

These accounts for the year ended 31 March 2024 have been prepared by Queen Victoria Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within 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.

James Lowell

Chief Executive Officer

27 June 2024

Consolidated Statement of Comprehensive Income

		Group	
		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	2	99,928	93,680
Other operating income	4	5,178	6,869
Operating expenses	6, 8	(104,737)	(97,993)
Operating surplus/(deficit) from continuing operations		**369**	**2,556**
Finance income	10	670	255
Finance expenses	11	(75)	(100)
PDC dividends payable		(1,732)	(1,604)
Net finance costs		**(1,137)**	**(1,449)**
Surplus / (deficit) for the year from continuing operations		**(768)**	**1,107**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,387)	(506)
Revaluations	16	3,319	2,841
Total comprehensive income / (expense) for the period		**1,164**	**3,442**
Surplus/ (deficit) for the period attributable to:			
Non-controlling interest, and		-	-
Queen Victoria Hospital NHS Foundation Trust		(768)	1,107
TOTAL		**(768)**	**1,107**
Total comprehensive income/ (expense) for the period attributable to:			
Non-controlling interest, and		-	-
Queen Victoria Hospital NHS Foundation Trust		1,164	3,442
TOTAL		**1,164**	**3,442**

Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	(768)	1,107
Remove impact of consolidating NHS charitable fund	(14)	(1,959)
Remove net impairments not scoring to the Departmental expenditure limit	509	591
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	274	272
Prior period adjustments	-	-
Remove non-cash element of on-SoFP pension costs	-	-
Remove I&E impact of IFRS 16 on IFRIC 12 schemes	-	
Remove net impact of inventories received from DHSC group bodies for COVID response	-	(11)
Remove loss recognised on peppercorn lease disposals	-	-
Remove loss recognised on return of donated COVID assets to DHSC	-	-
Adjusted financial performance surplus / (deficit)	**1**	**0**

Statements of Financial Position

		Group		Trust	
		31 March 2024	31 March 2023	31 March 2024	31 March 2023
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	13	8,141	3,428	8,141	3,428
Property, plant and equipment	14	61,445	57,880	61,445	57,880
Right of use assets	16	3,177	2,352	3,177	2,352
Receivables	23	276	368	276	368
Other assets	25	-	-	-	
Total non-current assets		**73,039**	**64,028**	**73,039**	**64,028**
Current assets					
Inventories	22	1,219	1,072	1,219	1,072
Receivables	23	8,864	8,281	8,864	8,403
Cash and cash equivalents	24	16,107	14,951	12,787	11,725
Total current assets		**26,190**	**24,304**	**22,870**	**21,200**
Current liabilities					
Trade and other payables	25	(20,348)	(17,739)	(20,141)	(17,734)
Borrowings	27	(2,133)	(944)	(2,133)	(944)
Other financial liabilities	28	-	-	-	
Provisions	28	(2,117)	(2,216)	(2,117)	(1,523)
Other liabilities	26	(262)	(421)	(262)	(421)
Total current liabilities		**(24,860)**	**(21,320)**	**(24,653)**	**(20,622)**
Total assets less current liabilities		**74,369**	**67,012**	**71,256**	**64,606**
Non-current liabilities					
Borrowings	27	(1,286)	(2,106)	(1,286)	(2,106)
Other financial liabilities	28	-	-	-	
Provisions	28	(648)	(745)	(648)	(1,438)
Other liabilities	26	-	-	-	
Total non-current liabilities		**(1,934)**	**(2,851)**	**(1,934)**	**(3,544)**
Total assets employed		**72,435**	**64,161**	**69,322**	**61,062**
Financed by					
Public dividend capital		31,655	24,546	31,655	24,546
Revaluation reserve		20,271	18,339	20,271	18,339
Income and expenditure reserve		17,396	18,177	17,396	18,177
Charitable fund reserves	21	3,113	3,099	-	-
Total taxpayers' equity		**72,435**	**64,161**	**69,322**	**61,062**

The notes from page 71 form part of these accounts.

James Lowell

Chief Executive Officer

27 June 2024

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

Group	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Charitable fund reserves	Non-controlling interest	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**24,546**	**18,339**	**-**	**-**	**-**	**18,177**	**3,099**	**-**	**64,161**
Surplus/(deficit) for the year	-	-	-	-	-	(782)	14	-	**(768)**
Impairments	-	(1,387)	-	-	-	-	-	-	**(1,387)**
Revaluations	-	3,319	-	-	-	-	-	-	**3,319**
Public dividend capital received	7,109	-	-	-	-	-	-	-	**7,109**
Taxpayers' and others' equity at 31 March 2024	**31,655**	**20,271**	**-**	**-**	**-**	**17,396**	**3,113**	**-**	**72,435**

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Charitable fund reserves	Non-controlling interest	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**24,546**	**16,004**	**-**	**-**	**-**	**19,029**	**1,140**	**-**	**60,719**
Prior period adjustment	-	-	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2022 - restated	**24,546**	**16,004**	**-**	**-**	**-**	**19,029**	**1,140**	**-**	**60,719**
Implementation of IFRS 16 on 1 April 2022	-	-	-	-	-	-	-	-	**-**
Surplus/(deficit) for the year	-	-	-	-	-	(1,095)	2,202	-	**1,107**
Impairments	-	(506)	-	-	-	-	-	-	**(506)**
Revaluations	-	2,841	-	-	-	-	-	-	**2,841**
Other reserve movements	-	-	-	-	-	243	(243)	-	**-**
Taxpayers' and others' equity at 31 March 2023	**24,546**	**18,339**	**-**	**-**	**-**	**18,177**	**3,099**	**-**	**64,161**

Statements of Cash Flows

		Group		Trust	
		2023/24	2022/23	2023/24	2022/23
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		369	2,556	415	611
Non-cash income and expense:					
Depreciation and amortisation	6	5,338	4,629	5,338	4,629
Net impairments	7	509	591	509	591
(Increase) / decrease in receivables and other assets		(493)	(4,875)	(369)	(4,999)
(Increase) / decrease in inventories		(147)	82	(147)	82
Increase / (decrease) in payables and other liabilities		(5,864)	3,049	(5,705)	3,049
Increase / (decrease) in provisions		(206)	1,849	(206)	1,849
Movements in charitable fund working capital		204	(153)	(158)	-
Other movements in operating cash flows		1	-	-	-
Net cash flows from / (used in) operating activities		**(289)**	**7,728**	**(323)**	**5,812**
Cash flows from investing activities					
Interest received		610	241	610	241
Purchase and sale of financial assets / investments		-	-	-	-
Purchase of intangible assets		(783)	(1,154)	(783)	(1,154)
Sales of intangible assets		-	-	-	-
Purchase of PPE and investment property		(3,038)	(8,111)	(3,038)	(8,111)
Net cash flows from charitable fund investing activities		60	14	-	-
Net cash flows from / (used in) investing activities		**(3,151)**	**(9,010)**	**(3,211)**	**(9,024)**
Cash flows from financing activities					
Public dividend capital received		7,109	-	7,109	-
Public dividend capital repaid		-	-	-	-
Movement on loans from DHSC		(778)	(778)	(778)	(778)
Capital element of lease liability repayments		(42)	(144)	(42)	(144)
Interest on loans		(71)	(92)	(71)	(92)
Interest paid on lease liability repayments		-	(2)	-	(2)
PDC dividend (paid) / refunded		(1,622)	(1,594)	(1,622)	(1,594)
Net cash flows from / (used in) financing activities		**4,596**	**(2,610)**	**4,596**	**(2,610)**
Increase / (decrease) in cash and cash equivalents		**1,156**	**(3,892)**	**1,062**	**(5,822)**
Cash and cash equivalents at 1 April - brought forward		**14,951**	**18,843**	**11,725**	**17,547**
Prior period adjustments			-		
Cash and cash equivalents at 1 April - restated		**14,951**	**18,843**	**11,725**	**17,547**
Cash and cash equivalents transferred under absorption accounting	34	-	-	-	
Unrealised gains / (losses) on foreign exchange		-	-	-	
Cash and cash equivalents at 31 March	24	**16,107**	**14,951**	**12,787**	**11,725**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Funds

The trust is the corporate trustee to QVH NHS charitable fund. The 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 trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

In 2023/24 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual

elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

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

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

National Employees Savings Trust (NEST)
The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative to those employees who are not eligible to join the NHS Pension Scheme. This was part of the auto enrolment requirements introduced by the Government.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

The freehold property known as the Queen Victoria Hospital NHS Foundation Trust was valued as at 31 March 2023 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method.

The Trust has entered into an agreement to sell approximately 1.5 hectares of surplus land which currently forms part of the hospital site. This land value was not previously adjusted as the Trust was awaiting planning permission to complete the sale, this happened in 2023/24 and the land has been revalued to reflect the sales value.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and

expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	6	89
Plant & machinery	1	15
Information technology	4	25

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Software licences	4	7

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost,

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis [explain if relevant]. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

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

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

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

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 28.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 29, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts

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

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.24 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- **Going Concern** -The financial statements have been prepared on a going concern basis as set out in note 1.2. In preparing the financial statements the directors have considered the Trust's overall financial position and expectation of future contractual income and cost improvements.

- **Valuation of Land and Buildings** -The Trust has applied the concept of Modern Equivalent Asset (MEA) to estimate the valuation of its property assets, as applicable, under the guidance of the DHSC GAM and independent professional valuers. This may result in impairment costs or reversals falling to be recognised in reserves or the income and expenditure statement as appropriate.

Note 1.25 Sources of estimation uncertainty

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

- **Valuation of land and buildings £50,394,000 (2022/23 £50,130,000)**

This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer with extensive knowledge of the physical estate and market factors. The value does not take into account potential future changes in market value which cannot be predicted with any certainty.

- **Accruals of Income**

The major income streams derive from the treatment of patients or from funding provided by government bodies and can be predicted with reasonable accuracy. Provisions are made where there is doubt about the likelihood of the Trust actually receiving the income due. See note 22. For 2022/23 The majority of income was provided on a block contract arrangement reducing the risk for this year (see note 3 for further details).

- **Accruals of Expenditure**

Where goods or services have been received by the Trust but have not been invoiced at the end of the financial year, estimates are based on the best information available at the time, and where possible, on known prices and volumes. See note 25.

- **Provisions for Early retirements**

The Trust makes additional pension contributions in respect of a number of staff who have retired early from the service. Provisions have been made for these contributions, based on information from the NHS Pensions Agency. See note 28.

Note 2 Operating Segments

The Trust operates a single segment, the provision of healthcare

	Trust Only	
	2023/24	**2022/23**
	£000	**£000**
Income	99,928	98,593
Segment surplus / (deficit)	1	(852)
Segment net assets	67,147	61,062

Note 3 Income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

Income from commissioners under API contracts - variable element*	-	
Income from commissioners under API contracts - fixed element*	93,154	83,782
High cost drugs income from commissioners	530	335
Other NHS clinical income	1,730	1,410
Private patient income	270	173
Elective recovery fund		1,800
National pay award central funding***	67	1,749
Additional pension contribution central funding*	2,576	2,309
Other clinical income	1,601	2,122
Total income from activities	**99,928**	**93,680**

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

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

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2024 the government announced an additional pay offer for 2023/24, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2023/24 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In March 2024 the government confirmed this offer will be implemented as a further pay award in respect of 2023/24 based on individuals in employment at 31 March 2024.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	15,382	21,095
Clinical commissioning groups		13,395
Integrated care boards	80,945	55,357
Other NHS providers	1,730	1,611
Non-NHS: private patients	270	173
Non-NHS: overseas patients (chargeable to patient)	25	66
Injury cost recovery scheme	212	210
Non NHS: other	1,364	1,773
Total income from activities	**99,928**	**93,680**
Of which:		
Related to continuing operations	99,928	93,680
Related to discontinued operations	-	-

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

	2023/24	2022/23
	£000	£000
Income recognised this year	25	66
Cash payments received in-year	17	44
Amounts added to provision for impairment of receivables	20	23
Amounts written off in-year	-	-

Note 4 Other operating income (Group)

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	287	-	**287**	255	-	**255**
Education and training	2,249	-	**2,249**	2,060	-	**2,060**
Non-patient care services to other bodies	-		**-**	33		**33**
Reimbursement and top up funding				289		**289**
Charitable and other contributions to expenditure		725	**725**		238	**238**
Charitable fund incoming resources		194	**194**		2,199	**2,199**
Other income	1,723	-	**1,723**	1,794	-	**1,794**
Total other operating income	**4,259**	**919**	**5,178**	**4,432**	**2,437**	**6,869**
Of which:						
Related to continuing operations			5,178			6,869
Related to discontinued operations			-			-

* Other income includes the following:

	2023/24	88
	£000	£000
Car Parking income	163	148
Catering Income	212	172
Non Clinical Services charged to other bodies	-	-
Clinical excellence awards	49	49
Other Income	1,299	1,668
	1,723	2,037

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end		
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods		

Note 5.1 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2024 £000	31 March 2023 £000
within one year		
after one year, not later than five years		
after five years		
Total revenue allocated to remaining performance obligations	**-**	**-**

Note 5.2 Income from activities arising from commissioner requested services

Within the 2023/24 financial statements, management have taken the view that commissioner requested services are those which are provided for the healthcare of NHS patients. Of the total income reported above, £97,352K (2022/23 £93,441K) was derived from the provision of commissioner requested services, being all income except that associated with private and overseas patients.

Note 6 Operating expenses (Group)

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	2,948	2,474
Purchase of social care	-	-
Staff and executive directors costs	68,412	62,521
Remuneration of non-executive directors	134	116
Supplies and services - clinical (excluding drugs costs)	12,397	13,121
Supplies and services - general	1,006	787
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,489	1,364
Inventories written down	-	-
Consultancy costs	-	-
Establishment	1,296	1,022
Premises	6,816	6,795
Transport (including patient travel)	290	349
Depreciation on property, plant and equipment	4,446	3,873
Amortisation on intangible assets	892	756
Net impairments	509	591
Movement in credit loss allowance: contract receivables / contract assets	153	70
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	(3)	(21)
Fees payable to the external auditor		
audit services- statutory audit	125	105
other auditor remuneration (external auditor only)	-	-
Internal audit costs	77	91
Clinical negligence	899	812
Legal fees	104	81
Insurance	62	54
Research and development	256	286
Education and training	364	374
Expenditure on short term leases	-	20
Expenditure on low value leases	-	-
Variable lease payments not included in the liability	-	-
Early retirements	-	-
Redundancy	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	398	372
Hospitality	-	-
Losses, ex gratia & special payments	-	-
Grossing up consortium arrangements	-	-
Other services, eg external payroll	140	215
Other NHS charitable fund resources expended	235	6
Other	1,294	1,759
Total	**104,737**	**97,993**

Of which:

Related to continuing operations	104,737	97,993
Related to discontinued operations	-	-

Note 6.1 Other auditor remuneration (Group)

	2023/24	2022/23
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**-**

Note 6.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 7 Impairment of assets (Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	509	591
Total net impairments charged to operating surplus / deficit	**509**	**591**
Impairments charged to the revaluation reserve	1,387	506
Total net impairments	**1,896**	**1,097**

Note 8 Employee benefits (Group)

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	52,312	49,154
Social security costs	5,727	4,934
Apprenticeship levy	247	220
Employer's contributions to NHS pensions	8,493	7,432
Pension cost - other	22	20
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	2,256	1,703
NHS charitable funds staff	-	-
Total gross staff costs	**69,057**	**63,463**
Recoveries in respect of seconded staff	-	-
Total staff costs	**69,057**	**63,463**
Of which		
Costs capitalised as part of assets	391	658

Note 8.1 Retirements due to ill-health (Group)

During 2023/24 there were 2 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £195k (0k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates

National Employees Savings Trust (NEST)

The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative to those employees who are not eligible to join the NHS Pension Scheme. This was part of the auto enrolment requirements introduced by the Government.

NEST is a defined contribution scheme with a phased employer contribution rate which was 3% for 2022/23. The rate has remained at 3% from April 2023.

Note 10 Finance income (Group)

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts	610	241
NHS charitable fund investment income	60	14
Other finance income	-	-
Total finance income	**670**	**255**

Note 11 Finance expenditure (Group)

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

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	65	86
Interest on lease obligations	-	2
Total interest expense	**65**	**88**
Unwinding of discount on provisions	10	12
Other finance costs	-	-
Total finance costs	**75**	**100**

Note 11.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2023/24	2022/23
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 12 Other gains / (losses) (Group)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Gains / losses on disposal of charitable fund assets	-	-
Total gains / (losses) on disposal of assets	**-**	**-**
Other gains / (losses)	-	-
Total other gains / (losses)	**-**	**-**

Note 12.1 Gains / (Losses) (Group)

"In accordance with Section 408 of the Companies Act 2006, the trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The trust's deficit for the period was £0.2 million (2022/23 deficit £0.8million). The trust's total comprehensive income/(expense) for the period was a deficit of £1.1 million (2022/23: £3.4 million surplus).

Note 13.1 Intangible assets - 2023/24

NOTE: The Charity has no intangible assets so the Group values are also the Trust values

Group	Software licences	Intangible assets under construction	Other (purchased)	Charitable fund intangible assets	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**4,621**	**691**	**-**	**-**	**5,312**
Transfers by absorption	-	-	-	-	**-**
Additions	779	4,826	-	-	**5,605**
Valuation / gross cost at 31 March 2024	**5,400**	**5,517**	**-**	**-**	**10,917**
Amortisation at 1 April 2023 - brought forward	**1,884**	**-**	**-**	**-**	**1,884**
Transfers by absorption	-	-	-	-	**-**
Provided during the year	892	-	-	-	**892**
Amortisation at 31 March 2024	**2,776**	**-**	**-**	**-**	**2,776**
Net book value at 31 March 2024	**2,624**	**5,517**	**-**	**-**	**8,141**
Net book value at 1 April 2023	**2,737**	**691**	**-**	**-**	**3,428**

Note 13.2 Intangible assets - 2022/23

Group	Software licences	Intangible assets under construction	Other (purchased)	Charitable fund intangible assets	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**3,944**	**601**	**-**	**-**	**4,545**
Prior period adjustments	-	-	-	-	**-**
Valuation / gross cost at 1 April 2022 - restated	**3,944**	**601**	**-**	**-**	**4,545**
Transfers by absorption	-	-	-	-	**-**
Additions	-	767	-	-	**767**
Reclassifications	677	(677)	-	-	**-**
Valuation / gross cost at 31 March 2023	**4,621**	**691**	**-**	**-**	**5,312**
Amortisation at 1 April 2022 - as previously stated	**1,128**	**-**	**-**	**-**	**1,128**
Prior period adjustments	-	-	-	-	**-**
Amortisation at 1 April 2022 - restated	**1,128**	**-**	**-**	**-**	**1,128**
Provided during the year	756	-	-	-	**756**
Amortisation at 31 March 2023	**1,884**	**-**	**-**	**-**	**1,884**
Net book value at 31 March 2023	**2,737**	**691**	**-**	**-**	**3,428**
Net book value at 1 April 2022	**2,816**	**601**	**-**	**-**	**3,417**

Note 14.3 Property, plant and equipment financing - 31 March 2024

NOTE: The Charity has no Property, plant and equipment assets so the Group values are also the Trust values

Group + Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Owned - purchased	6,050	42,578	5,028	1,893	3,618	**59,167**
Owned - donated/granted	-	2,005	-	270	3	**2,278**
NBV total at 31 March 2024	**6,050**	**44,583**	**5,028**	**2,163**	**3,621**	**61,445**

Note 14.4 Property, plant and equipment financing - 31 March 2023

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Owned - purchased	4,000	44,015	1,107	2,516	3,690	**55,328**
Owned - donated/granted	-	2,099	-	443	10	**2,552**
NBV total at 31 March 2023	**4,000**	**46,114**	**1,107**	**2,959**	**3,700**	**57,880**

Note 14.1 Property, plant and equipment - 2023/24

NOTE: The Charity has no Property, plant and equipment assets so the Group values are also the Trust values

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**4,000**	**58,651**	**1,107**	**18,550**	**9,335**	**91,643**
Transfers by absorption	-	-	-	-	-	**-**
Additions	-	580	3,921	332	1,385	**6,218**
Impairments	(200)	(1,696)	-	-	-	**(1,896)**
Reversals of impairments	-	-	-	-	-	**-**
Revaluations	2,250	(12,952)	-	-	-	**(10,702)**
Valuation/gross cost at 31 March 2024	**6,050**	**44,583**	**5,028**	**18,882**	**10,720**	**85,263**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**12,537**	**-**	**15,591**	**5,635**	**33,763**
Transfers by absorption	-	-	-	-	-	**-**
Provided during the year	-	1,484	-	1,128	1,464	**4,076**
Impairments	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	**-**
Revaluations	-	(14,021)	-	-	-	**(14,021)**
Reclassifications	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**16,719**	**7,099**	**23,818**
Net book value at 31 March 2024	**6,050**	**44,583**	**5,028**	**2,163**	**3,621**	**61,445**
Net book value at 1 April 2023	**4,000**	**46,114**	**1,107**	**2,959**	**3,700**	**57,880**

Note 14.2 Property, plant and equipment - 2022/23

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**4,430**	**52,978**	**3,511**	**17,825**	**7,832**	**86,576**
Prior period adjustments	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2022 - restated	**4,430**	**52,978**	**3,511**	**17,825**	**7,832**	**86,576**
IFRS 16 implementation - reclassification to right of use assets	-	(2,032)	-	-	-	**(2,032)**
Transfers by absorption	-	-	-	-	-	**-**
Additions	-	-	5,563	-	-	**5,563**
Impairments	(430)	(1,233)	-	-	-	**(1,663)**
Reversals of impairments	-	566	-	-	-	**566**
Revaluations	-	2,633	-	-	-	**2,633**
Reclassifications	-	5,739	(7,967)	725	1,503	**-**
Valuation/gross cost at 31 March 2023	**4,000**	**58,651**	**1,107**	**18,550**	**9,335**	**91,643**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**11,421**	**-**	**14,597**	**4,055**	**30,073**
Prior period adjustments	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2022 - restated	**-**	**11,421**	**-**	**14,597**	**4,055**	**30,073**
IFRS 16 implementation - reclassification to right of use assets	-	(58)	-	-	-	**(58)**
Transfers by absorption	-	-	-	-	-	**-**
Provided during the year	-	1,174	-	994	1,580	**3,748**
Accumulated depreciation at 31 March 2023	**-**	**12,537**	**-**	**15,591**	**5,635**	**33,763**
Net book value at 31 March 2023	**4,000**	**46,114**	**1,107**	**2,959**	**3,700**	**57,880**
Net book value at 1 April 2022	**4,430**	**41,557**	**3,511**	**3,228**	**3,777**	**56,503**

Note 15 Donations of property, plant and equipment

No capital donations were received by the Trust in 2023-24. (2022/23 Nil)

Land and Buildings were revalued as at 31st March 2023 by professionally qualified, Royal Institute of Chartered Surveyors (RICS) registered, external valuers Gerald Eve LLP (see note 1.8). The valuation took account of changes in market values and work carried out by the Trust since the previous valuation as at 31 March 2022. The remaining useful lives of buildings were also reviewed taking account of the passage of time and maintenance and enhancements carried out by the Trust.

Note 16 Right of use assets - 2023/24

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Intangible assets	Charitable fund assets	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**2,240**	**295**	**-**	**-**	**-**	**-**	**-**	**2,535**	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**	-
Additions	-	1,195	-	-	-	-	-	**1,195**	-
Valuation/gross cost at 31 March 2024	**2,240**	**1,490**	**-**	**-**	**-**	**-**	**-**	**3,730**	**-**
Accumulated depreciation at 1 April 2023 - brought forward	**118**	**65**	**-**	**-**	**-**	**-**	**-**	**183**	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**	-
Provided during the year	126	244	-	-	-	-	-	**370**	-
Accumulated depreciation at 31 March 2024	**244**	**309**	**-**	**-**	**-**	**-**	**-**	**553**	**-**
Net book value at 31 March 2024	**1,996**	**1,181**	**-**	**-**	**-**	**-**	**-**	**3,177**	**-**
Net book value at 1 April 2023	**2,122**	**230**	**-**	**-**	**-**	**-**	**-**	**2,352**	**-**

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

Note 16.1 Right of use assets - 2022/23

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Intangible assets	Charitable fund assets	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	2,032	-	-	-	-	-	-	**2,032**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	85	-	-	-	-	-	**85**	-
Transfers by absorption	-	-	-	-	-	-	-	**-**	-
Additions	-	210	-	-	-	-	-	**210**	-
Revaluations	208	-	-	-	-	-	-	**208**	-
Valuation/gross cost at 31 March 2023	**2,240**	**295**	**-**	**-**	**-**	**-**	**-**	**2,535**	**-**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	58	-	-	-	-	-	-	**58**	-
IFRS 16 implementation - adjustments for existing subleases	-	-	-	-	-	-	-	**-**	-
Transfers by absorption	-	-	-	-	-	-	-	**-**	-
Provided during the year	60	65	-	-	-	-	-	**125**	-
Accumulated depreciation at 31 March 2023	**118**	**65**	**-**	**-**	**-**	**-**	**-**	**183**	**-**
Net book value at 31 March 2023	**2,122**	**230**	**-**	**-**	**-**	**-**	**-**	**2,352**	**-**
Net book value at 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

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

Note 16.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 27.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April	**316**	**165**	**316**	165
Prior period adjustments		-		
Carrying value at 1 April - restated	**316**	**165**	**316**	**165**
IFRS 16 implementation - adjustments for existing operating leases		85		85
Transfers by absorption	-	-	-	0
Lease additions	1,195	210	1,195	210
Lease liability remeasurements	-	-	-	0
Interest charge arising in year	-	2	-	2
Early terminations	-	-	-	0
Lease payments (cash outflows)	(42)	(146)	(42)	-146.3
Other changes	-	-	-	0
Carrying value at 31 March	**1,469**	**316**	**1,469**	**316**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.4 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,339	-	144	
- later than one year and not later than five years;	130	-	172	
- later than five years.	-	-	-	
Total gross future lease payments	**1,469**	**-**	**316**	**-**
Finance charges allocated to future periods	-	-		
Net lease liabilities at 31 March 2024	**1,469**	**-**	**316**	**-**
Of which:				
Leased from other NHS providers		-		
Leased from other DHSC group bodies		-		

Note 16.5 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	151	-	83	
- later than one year and not later than five years;	184	-	84	
- later than five years.	-	-		
Total gross future lease payments	**335**	**-**	**167**	**-**
Finance charges allocated to future periods	(19)	-		
Net finance lease liabilities at 31 March 2023	**316**	**-**	**167**	**-**
Of which:				
Leased from other NHS providers		-		
Leased from other DHSC group bodies		-		

Note 21 Analysis of charitable fund reserves

These accounts include the financial results for the Queen Victoria Hospital NHS Charitable Fund, Registered Charity No. 1056120

	31 March 2024	31 March 2023
	£000	£000
Unrestricted funds:		
Unrestricted income funds	-	-
Revaluation reserve	341	394
Other reserves	-	-
Restricted funds:		
Endowment funds	-	-
Other restricted income funds	-	-
	341	**394**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 22 Inventories

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Drugs	161	156	161	156
Work In progress	-	-	-	-
Consumables	1,058	916	1,058	916
Energy	-	-	-	-
Other	-	-	-	-
Charitable fund inventory	-	-	-	-
Total inventories	**1,219**	**1,072**	**1,219**	**1,072**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £1,219k (2023/24: £1,072k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £143k of items purchased by DHSC (2022/23: £238k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 23.1 Receivables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Contract receivables	7,436	7,517	7,436	7,517
Contract assets	-	-	-	-
Capital receivables	-	-	-	-
Allowance for impaired contract receivables / assets	(740)	(587)	(740)	(587)
Allowance for other impaired receivables	-	-	-	-
Deposits and advances	-	-	-	-
Prepayments (non-PFI)	1,362	907	1,362	907
PFI prepayments - capital contributions	-	-	-	-
PFI lifecycle prepayments	-	-	-	-
Interest receivable	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
PDC dividend receivable	-	-	-	-
VAT receivable	593	380	593	380
Corporation and other taxes receivable	11	11	11	11
Other receivables	202	51	202	51
NHS charitable funds receivables	-	2	-	2
Total current receivables	**8,864**	**8,281**	**8,864**	**8,281**
Non-current				
Other receivables	276	368	276	368
NHS charitable funds receivables	-	-	-	-
Total non-current receivables	**276**	**368**	**276**	**368**
Of which receivable from NHS and DHSC group bodies:				
Current	4,817	5,806	5,007	5,806
Non-current	276	368	276	368

* The majority of trade was with NHS Integrated Care Boards (ICBs) and NHS England as commissioners for NHS patient care services. Both were funded by Government to buy NHS patient care services and so no credit scoring is deemed to be necessary.

** The provision for the cost for the clinicians pension tax scheme is offset with an associated future funding stream

Note 23.2 Allowances for credit losses - 2023/24

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2023 - brought forward	**587**	**-**	**587**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	153	-	261	-
Changes in existing allowances	-	-	(108)	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2024	**740**	**-**	**740**	**-**

Note 23.3 Allowances for credit losses - 2022/23

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2022 - as previously stated	**517**	**-**	**517**	**-**
Prior period adjustments	-	-		
Allowances as at 1 Apr 2022 - restated	**517**	**-**	**517**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	-	-	-	-
Changes in existing allowances	70	-	70	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2023	**587**	**-**	**587**	**-**

Note 23.4 Exposure to credit risk

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the Queen Victoria Hospital NHS Foundation Trust is the lessor.

For 2023/24 there are no arrangements where the Trust is a lessor.

Note 24 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
At 1 April	**14,951**	**18,843**	**11,725**	**17,547**
Prior period adjustments		-		
At 1 April (restated)	**14,951**	**18,843**	**11,725**	**17,547**
Transfers by absorption	-	-	-	(5,822)
Net change in year	1,156	(3,892)	1,062	-
At 31 March	**16,107**	**14,951**	**12,787**	**11,725**
Broken down into:				
Cash at commercial banks and in hand	4,745	4,571	1,425	1,345
Cash with the Government Banking Service	11,362	10,380	11,362	10,380
Total cash and cash equivalents as in SoFP	**16,107**	**14,951**	**12,787**	**11,725**
Total cash and cash equivalents as in SoCF	**16,107**	**14,951**	**12,787**	**11,725**

Note 24.1 Third party assets held by the trust

Queen Victoria Hospital NHS Foundation Trust held Nil cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties.

Note 25.1 Trade and other payables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Trade payables	3,554	3,276	3,554	3,276
Capital payables	9,523	1,521	9,523	1,521
Accruals	4,010	10,451	4,010	10,451
Receipts in advance and payments on account	-	-	-	-
PFI lifecycle replacement received in advance	-	-	-	-
Social security costs	789	695	789	1,278
VAT payables	-	-	-	-
Other taxes payable	887	775	887	290
PDC dividend payable	128	18	128	18
Pension contributions payable	915	789	915	789
Other payables	335	209	335	111
NHS charitable funds: trade and other payables	207	5	-	-
Total current trade and other payables	**20,348**	**17,739**	**20,141**	**17,734**
Of which payables from NHS and DHSC group bodies:				
Current	3,164	6,891	3164	6891
Non-current	-	-	0	0

Note 25.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

Group and Trust	31 March 2024 £000	31 March 2024 Number	31 March 2023 £000	31 March 2023 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 26 Other liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Deferred income: contract liabilities	262	421	262	421
Deferred grants	-	-	-	-
Total other current liabilities	**262**	**421**	**262**	**421**

Note 27 Borrowings

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Loans from DHSC	794	800	794	800
Lease liabilities	1,339	144	1,339	144
Total current borrowings	**2,133**	**944**	**2,133**	**944**
Non-current				
Loans from DHSC	1,156	1,934	1,156	1,934
Lease liabilities	130	172	130	172
Total non-current borrowings	**1,286**	**2,106**	**1,286**	**2,106**

Note 27.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2023/24	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**2,734**	**316**	**3,050**
Cash movements:			
Financing cash flows - payments and receipts of principal	(778)	(42)	**(820)**
Financing cash flows - payments of interest	(71)	-	**(71)**
Non-cash movements:			
Additions	-	1,195	**1,195**
Application of effective interest rate	65	-	**65**
Carrying value at 31 March 2024	**1,950**	**1,469**	**3,419**

Group - 2022/23	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2022	**3,518**	**165**	**3,683**
Prior period adjustment	-	-	**-**
Carrying value at 1 April 2022 - restated	**3,518**	**165**	**3,683**
Cash movements:			
Financing cash flows - payments and receipts of principal	(778)	(144)	**(922)**
Financing cash flows - payments of interest	(92)	(2)	**(94)**
Non-cash movements:			
IFRS 16 implementation - adjustments for existing operating leases / subleases		85	**85**
Transfers by absorption	-	-	**-**
Additions	-	210	**210**
Lease liability remeasurements	-	-	**-**
Application of effective interest rate	86	2	**88**
Carrying value at 31 March 2023	**2,734**	**316**	**3,050**

Note 28 Provisions for liabilities and charges analysis (Group)

Note: All provisions relate to Trust only, Trust = Group reporting

Group + Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	**40**	**366**	**18**	**2,537**	**2,961**
Change in the discount rate	-	(3)	-	(62)	**(65)**
Arising during the year	6	16	9	-	**31**
Utilised during the year	(7)	(25)	-	(104)	**(136)**
Reversed unused	-	-	(8)	(47)	**(55)**
Unwinding of discount	1	9	-	19	**29**
At 31 March 2024	**40**	**363**	**19**	**2,343**	**2,765**
Expected timing of cash flows:					
- not later than one year;	6	25	19	2,067	**2,117**
- later than one year and not later than five years;	25	100	-	19	**144**
- later than five years.	9	238	-	257	**504**
Total	**40**	**363**	**19**	**2,343**	**2,765**

The provisions for pensions represent the discounted value of annual payments made to the NHS Pensions Agency calculated on an actuarial basis.

Legal claims are relating to third party and employer's liabilities. Where the case falls within the remit of the risk pooling schemes run by NHS Resolution (formerly NHS Litigation authority), the Trust's liability is limited to an excess of £3,000 or £10,000 per case with the remainder born by the scheme. The provision is shown net of any reimbursement due from NHS Resolution.

"Other" provisions relates primarily to the clinicians pension tax scheme which will be funded through the DHSC.

Note 28.2 Clinical negligence liabilities

At 31 March 2024, £1,146k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Queen Victoria Hospital NHS Foundation Trust (31 March 2023: £532k).

Note 29 Contingent assets and liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities				
NHS Resolution legal claims	(2)	(11)	(2)	(11)
Employment tribunal and other employee related litigation	-	-	-	-
Redundancy	-	-	-	-
Other	(99)	(70)	(99)	(70)
Gross value of contingent liabilities	**(101)**	**(81)**	**(101)**	**(81)**
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	**(101)**	**(81)**	**(101)**	**(81)**
Net value of contingent assets	**-**	**-**		

Note 30 Contractual capital commitments

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	170	170	170	170
Intangible assets	-	-	-	-
Total	**170**	**170**	**170**	**170**

Note 31 Other financial commitments

The group / trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
not later than 1 year	-	-		
after 1 year and not later than 5 years	-	-		
paid thereafter	-	-		
Total	**-**	**-**	**-**	**-**

Note 31.1 Carrying values of financial assets (Group)

Accounting standards IAS 32, 39 and IFRS 7 require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	7,185	**7,185**
Other investments / financial assets	-	**-**
Cash and cash equivalents	12,787	**12,787**
Consolidated NHS Charitable fund financial assets	3,320	**3,320**
Total at 31 March 2024	**23,292**	**23,292**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	6,974	**6,974**
Other investments / financial assets	-	**-**
Cash and cash equivalents	11,725	**11,725**
Consolidated NHS Charitable fund financial assets	3,228	**3,228**
Total at 31 March 2023	**21,927**	**21,927**

Note 31.2 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	7,185	**7,185**
Other investments / financial assets	-	**-**
Cash and cash equivalents	12,787	**12,787**
Total at 31 March 2024	**19,972**	**19,972**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	6,974	**6,974**
Other investments / financial assets	-	**-**
Cash and cash equivalents	11,725	**11,725**
Total at 31 March 2023	**18,699**	**18,699**

Note 31.3 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,950	**1,950**
Obligations under leases	1,469	**1,469**
Trade and other payables excluding non financial liabilities	18,094	**18,094**
Total at 31 March 2024	**21,513**	**21,513**

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	2,734	**2,734**
Obligations under leases	316	**316**
Trade and other payables excluding non financial liabilities	15,516	**15,516**
Total at 31 March 2023	**18,566**	**18,566**

Note 31.4 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,950	**1,950**
Obligations under leases	1,469	**1,469**
Trade and other payables excluding non financial liabilities	18,094	**18,094**
Total at 31 March 2024	**21,513**	**21,513**

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	2,734	**2,734**
Obligations under leases	316	**316**
Trade and other payables excluding non financial liabilities	15,516	**15,516**
Total at 31 March 2023	**18,566**	**18,566**

Note 31.5 Maturity of financial liabilities

All of the Trust's / Group's financial assets mature within 1 year.

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
In one year or less	20,260	16,468	20260	16467.5
In more than one year but not more than five years	1,319	2,118	1319	2118.1
In more than five years	-	-	0	0
Total	**21,579**	**18,586**	**21,579**	**18,586**

Note 32 Losses and special payments

	2023/24		2022/23	
Group and trust	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
Total losses	**-**	**-**	**-**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	1	1	4	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**1**	**1**	**4**	**-**
Total losses and special payments	**1**	**1**	**4**	**-**

Compensation payments received

Note 33 Related parties

No board members or members of the key management staff or parties related to them undertook any transactions with Queen Victoria Hospital NHS Foundation Trust during 2023/24, (2022/23 none).

The Department of Health and Social Care is the parent department, other public sector bodies included within the Whole of Government Accounts are also deemed to be related parties. The Trust has financial transactions with many such bodies.

The Trust received donations from the Queen Victoria Hospital NHS Trust Charitable Fund, the trustee of which is Queen Victoria Hospital NHS Foundation Trust. As the results of the charity have been consolidated within these accounts, no related party disclosure is necessary for 2023/24 (2022/23, none).

Whole of Government Accounts bodies with significant transactions (over £500k)

	2023/24		2022/23		2023/24		2023/24	
Income, Expenditure, Receivables and Payables	**Income**	**Expenditure**	**Income**	**Expenditure**	**Receivables**	**Payables**	**Receivables**	**Payables**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
HM Revenue and Customs (Employer NI and Apprenticeship levy)	**-**	**5,974**	-	-	**-**	**1,676**	-	-
	-	**5,974**	-	-	**-**	**1,676**	-	-

*Comparatives amalgamated

Note 34 Event after the reporting date

No significant event have been identified

6 Appendices

6.1 Board of Director's register and attendance record 2023/24

Name, title and appointment	Board of Directors register and attendance record 2023/24						
	Board of directors	**Audit and risk committee**	**Nomination and remuneration committee**	**Finance and performance committee**	**Quality and safety committee**	**Digital committee**	**Strategic development committee**
Kathy Brasier + Interim Director of operations 9 November 2023 to 3 March 2024	3 of 3	NA	NA	4 of 5	2 of 2	NA	NA
Tony Chambers Interim Chief Executive Officer 1 February 2023 to 19 June 2023	1 of 1	NA	NA	1 of 2	2 of 2	NA	NA
Tania Cubison Chief Medical Officer 19 January 2022 to present	5 of 6	NA	NA	NA	6 of 7	NA	NA
Paul Dillon-Robinson Non-Executive director 1 October 2022 to 30 September 2025 (Senior Independent Director July 2023-January 2024)	6 of 6	6 of 6	11 of 13	5 of 5	3 of 3	NA	NA
Helen Edmunds + Chief People Officer 11 March 2024 to present	0 of 0	NA	NA	NA	NA	NA	NA
Kevin Gould Non-Executive director 1 September 2020 to 30 August 2023	3 of 3	2 of 2	6 of 6	4 of 4	NA	2 of 2	NA
Russell Hobby Non-executive director 1 July 2023 to 30 June 2026	4 of 5	2 of 4	7 of 7	6 of 6	NA	NA	NA
Abigail Jago + Chief Strategy Officer 6 February 2023 to present	2 of 4	NA	NA	NA	NA	NA	5 of 6

Abigail Jago Acting Chief Executive Officer 5 June 2023 to 17 September 2023	2 of 2	NA	NA	2 of 2	1 of 2	NA	1 of 1
James Lowell Chief Executive Officer 18 September 2023 to present	3 of 3	NA	NA	6 of 6	1 of 3	NA	5 of 5
Shane Morrison-McCabe + Director of Operations 21 March 2022 to 20 October 2023	3 of 3	NA	NA	5 of 5	3 of 4	2 of 2	NA
Gary Needle Senior Independent director 1 July 2022 to 30 June 2023	1 of 1	NA	4 of 6	NA	2 of 3	1 of 2	NA
Karen Norman Non-Executive Director 8 April 2022 to 7 April 2025 (Senior Independent Director since February 2024)	5 of 6	2 of 2	10 of 13	NA	6 of 7	NA	5 of 6
Peter O'Donnell Non-executive director 1 July 2023 to 30 June 2026	4 of 5	4 of 4	6 of 7	6 of 6	NA	NA	NA
Shaun O'Leary Non-executive director 1 July 2023 to 30 June 2026	5 of 6	NA	7 of 7	NA	2 of 4	NA	6 of 6
Clare Pirie + Director of Communications and Corporate Affairs 1 May 2017 to 7 April 2024	4 of 6	NA	NA	NA	NA	2 of 2	NA
Stuart Rees Interim Chief Finance Officer 1 February 2023 to 30 June 2023	1 of 1	NA	NA	3 of 3	3 of 3	NA	NA
Nicky Reeves Chief Nursing Officer 12 November 2020 to present	5 of 6	NA	NA	NA	6 of 7	1 of 2	NA

Jackie Smith Trust Chair 11 July 2022 to 12 July 2025	6 of 6	NA	12 of 13	9 of 11	NA	NA	6 of 6
Rob Stevens + Interim Chief People Officer 13 June 2023 to 10 March 2024	4 of 4	NA	NA	8 of 8	1 of 4	NA	NA
Kirsten Timmins Chief Operating Officer 4 March 2024 to present	0 of 1	NA	NA	NA	NA	NA	NA
Maria Wheeler Chief Finance Officer 3 June 2023 to present	5 of 6	NA	NA	7 of 8	1 of 3	NA	NA

6.2 Council of Governor's register

Name	Constituency	Status of current term	Start term	End term
Elizabeth Bowden	Public		01/02/2021	30/06/2023
Andrew Brown	Public		01/02/2021	30/06/2023
Tim Butler	Public		01/02/2021	30/06/2023
Balj Dheansa	Staff		01/02/2021	30/06/2023
Miriam Farley	Public		01/02/2021	14/04/2023
Anthony Fulford-Smith	Public		01/02/2021	30/06/2023
Janet Haite	Public		01/02/2021	30/06/2023
Anita Hazari	Staff		01/02/2021	30/06/2023
Raman Malhotra	Staff		01/02/2021	30/06/2023
Caroline Migo	Public		01/07/2021	30/06/2023
Alison Stewart	Public		01/02/2021	30/06/2023
Peter Ward Booth	Public		01/02/2021	30/06/2023
Thavamalar Yoganathan	Public		01/02/2021	30/06/2023
Chris Barham*	Public	Re-elected 2nd term	01/07/2023	30/06/2026
Jo Davis	Staff	Elected 1st term	01/07/2023	30/06/2026
Niamh Gavin	Staff	Elected 1st term	01/07/2023	30/06/2026
Janet Hall	Public	Elected 1st term	01/07/2023	30/06/2026
Oliver Harley	Public	Re-elected 2nd term	01/07/2023	30/06/2026
Julie Holden	Stakeholder	Appointed 2nd term	06/01/2023	05/01/2026
Denise Holland	Public	Elected 1st term	01/07/2023	30/06/2026
Bob Lanzer	Stakeholder	Appointed 1st term	15/04/2022	30/04/2025
Chris Parrish	Staff	Elected 1st term	01/07/2023	30/06/2026
Julia Searle	Public	Elected 1st term	01/07/2023	30/06/2026
Ken Sim	Public	Re-elected 2nd term	01/07/2023	30/06/2026
Linda Skinner	Stakeholder	Appointed 1st term	01/04/2023	30/04/2026
Roger Smith	Public	Re-elected 2nd term	01/07/2023	30/06/2026
Jonathan Squire	Public	Elected 1st term	01/07/2023	30/06/2026
Margo Taskiran	Public	Elected 1st term	01/07/2023	30/06/2026
Louise Thompson	Public	Elected 1st term	01/07/2023	30/06/2026

* Lead governor

6.3 Director's biographies 2023/24

Lawrence Anderson, interim Director of Workforce and Organisational Development (non-voting)

Lawrence Anderson was appointed interim director of workforce and organisational development in June 2021, having previously been the Trust's deputy director of workforce. Lawrence has worked in the NHS since 2004 and began his career as a Band 4 HR Officer at Maidstone and Tunbridge Wells NHS Trust. Lawrence has a strong background in Medical HR and has previously worked in district general hospitals and large acute NHS organisations, both in London and the South East, across a number of different disciplines within HR. Lawrence's particular interests lie in understanding how workforce and organisational development can support and work with managers and staff to add value and ensure we are able to provide the best care to both our staff and our patients.

Kathy Brasier, Interim Director of Operations (non-voting)

Kathy was appointed interim director of operations at the end of October 2023. Her NHS career began over 25 years ago when she trained as a nurse at Charing Cross/Chelsea and Westminster, qualifying in 1996. She worked in a number of hospitals before joining QVH in March 1997 as a Registered Nurse on Canadian Wing. Kathy's interest in patient centred care enabled her to progress her career through a variety of roles including ward manager, matron, and head of nursing. She also established the Trust's trauma coordinator role. During the Covid-19 pandemic in 2020 Kathy played a lead role in supporting QVH to become a surgical cancer hub for the south east. After completing the Elizabeth Garrett Anderson programme and gaining her MSc in Healthcare Leadership, Kathy became interim business manager at QVH in August 2019, progressing to deputy director of operations in December 2021, focusing on improvement. She became deputy director of improvement and strategy in April 2023, leading projects across all of our services. Kathy is passionate about continuous improvement and driving transformational change.

Tony Chambers, interim Chief Executive Officer (voting)

Tony Chambers joined the Trust in February 2023. Tony is an experienced NHS leader, starting his career as a nurse and going on to hold senior roles in hospitals in Greater Manchester and West Yorkshire and in a large integrated health board in South Wales. He was chief executive of the Countess of Chester NHS Foundation Trust for six years and has held interim hospital chief executive roles in East London and Cornwall. Before joining QVH, Tony led the team that has successfully delivered the opening of the new Liverpool Royal University Hospital in Liverpool. This is the first hospital to open as part of the national new hospitals building programme.

Tania Cubison, Chief Medical Officer (voting)

Tania Cubison is a military plastic surgeon who first joined Queen Victoria Hospital as an SHO in 1996, progressing to consultant, before her appointment as Medical Director in January 2022. Tania is a Lieutenant Colonel in the Royal Army Medical Corps, and as one of a small number of regular army plastic surgeons has an operational role and will occasionally be deployed overseas. Tania underwent specialist registrar training in East Grinstead and

Newcastle-upon-Tyne, and was awarded the McGregor Gold medal for the FRCS (Plast) examination in 2006. She completed her training with a specialist burn fellowship at St Andrew's Burn Centre, Chelmsford and visits to burn centres in the USA. She specialises in lower limb trauma reconstruction and microsurgery, particularly the surgical management of amputees. Tania is the safeguarding lead for the Trust and is very involved in looking at human factors and the influence on patient's safety of team building and communication. She is an active member of the British Burns Association and is currently the chair of the Senate for the Emergency Management of Severe Burns in the UK, as well as sitting on the Committee for the Trauma Interface Group. Tania is also a member of the Specialist Advisory Committee in Plastic Surgery, responsible for the training of the national trainees and has responsibility for less than full-time training, military trainees and also provides external support to the Yorkshire Deanery.

Paul Dillon-Robinson, Non-Executive Director (voting)

Paul joined the Board in October 2019. Paul, from Buxted near Uckfield, is a Chartered Accountant who spent 17 years working in the NHS as a Head of Internal Audit, for a range of organisations in the Kent, Sussex and Surrey area. He then spent nine years as Director of Internal Audit for the House of Commons. Paul currently combines tutoring, training and consultancy work with non-executive and charity roles. At QVH, Paul chairs the Audit & risk committee and is a member of the Quality & safety committee.

Helen Edmunds, Chief People Officer (non-voting)

Helen joined Queen Victoria Hospital in March 2024 as Chief People Officer. Prior to joining the Trust Helen was Director of People Strategy at NHS Kent and Medway, with strategic leadership for the breadth of workforce development across the Kent and Medway integrated care system. This included provider Trusts, community, primary care training hubs, social care and voluntary sector. Since joining the NHS in 1999, Helen has held senior leadership roles in ambulance, provider Trust, system and region across the people portfolio, including Head of Leadership and Organisational Development for the South East Leadership Academy and Deputy Director of Workforce Transformation for NHS England in the South West Region. Helen is an experienced system leader, delivering people and culture change programmes in several system and regional roles, bringing system partners together to deliver workforce programmes, supporting improved patient outcomes. Helen is passionate about people development, their wellbeing and cultural development as an enabler to improved service delivery.

Kevin Gould, Non-Executive Director (voting)

Kevin joined the board in September 2017. He is a chartered accountant with more than 25 years' experience in the financial services and consulting industries, focussing on governance, risk and audit. Kevin has lived in Sharpthorne (a village in Mid Sussex) since 1998, where he is a parish councillor. He is involved in a number of commercial and charitable organisations as a consultant and non-executive director.

Russell Hobby, Non-Executive Director (voting)

Russell joined the Board in July 2023. Russell is chief executive officer of the social mobility charity Teach First. He joined in September 2017, building on more than 15 years developing and promoting leadership in the education system. Prior to Teach First, Russell was General Secretary of the National Association of Head Teachers (NAHT), the largest trade union for school leaders, and before that worked as a management consultant. At QVH he is a member of the Audit & risk committee and the Finance & performance committee. Russell serves as a trustee of Fair Education Alliance and Teach for All UK Charity Board. He recently joined the Education Committee of the Royal Society. Russell was awarded a CBE in the New Year Honours List 2022 and holds an honorary doctorate from Bath Spa University.

Abigail Jago, Chief Strategy Officer (non-voting)

Abigail joined the Trust in February 2023 from East Sussex Healthcare NHS Trust where she was Deputy Chief Operating Officer – Planned Care. Prior to that Abigail was Director of Operations at Queen Victoria Hospital from May 2018 to March 2022 and has delivered strategic and operational senior roles at Barts Health NHS Trust including leading clinical strategy development. Since joining the NHS in 2000, she has managed services across multiple sites and has led change programmes in both an acute setting and with multiple partners across health and social care systems including one of the national Vanguard programmes. Abigail is passionate about the NHS and the delivery of partnerships and system wide improvement.

James Lowell, Chief Executive Officer (voting)

James joined Queen Victoria Hospital in September 2023 as Chief Executive Officer. Prior to joining QVH James was Chief Operating Officer at South London and Maudsley NHS Foundation Trust and Southwark Place Executive Lead for the South East London Integrated Care Board. He is an experienced systems leader having worked in several health and systems partnership roles including leading the Covid-19 recovery response for the Kent and Medway Integrated Care System (ICS). Prior to the pandemic, James was the Director of System Transformation for the Medway and Swale Integrated Care Partnership, establishing one of four place-based partnerships that underpinned the developing ICS. From 2016, he was part of the executive team who were successful in leading Medway NHS Foundation Trust out of the CQC Quality special measures. James has been working in the NHS since 1996 when, after leaving school, he joined Guy's and St Thomas' NHS Foundation Trust (GSTT) initially as a Porter and then as a Healthcare Scientist apprentice in Anatomical Pathology, eventually serving as Chair of the Association of Anatomical Pathology Technology. He continued to work for GSTT for the next 20 years in progressive leadership roles.

Shane Morrison-McCabe, Director of operations (non-voting)

Shane joined QVH on 21 March 2022. She has more than 36 years working in the NHS and a clinical background in health visiting and nursing. Shane joined QVH from Medway Maritime Hospital in Kent where she was director of operations - urgent and integrated care since April 2021. Previously Shane was deputy chief operating officer - urgent care at East Sussex NHS

Healthcare Trust between March 2020 and November 2021, and for five years was deputy chief operating officer and divisional director for integrated medicine at Bedford Hospital.

Gary Needle, Non-Executive Director (voting)

Gary Needle joined the board in July 2017. He has over 35 years' experience in health care executive management including posts as a chief executive in Brighton and Hove and as a director at the national quality inspectorate. He spent seven years in Qatar, where he was director of planning for the national health care system and currently serves as a consultant advisor to the Minister of Health in Qatar. Gary is chair of the board of trustees at East Grinstead Sports Club.

Karen Norman, Non-Executive Director (voting)

Karen joined the board in April 2019. She is the Senior Independent Director, Chairs the Charity committee, and is a member of both the Quality & Safety committee and the Strategic Development Committee.

Karen has worked in healthcare for 45 years in both the public and private sectors in the UK, Australia, New Zealand and Gibraltar. She has 20 years' experience as an Executive Director at board level, as Gibraltar's Chief Nursing Officer, and was Director of Nursing and Clinical Governance at Brighton and Sussex University Hospitals NHS Trust from 1993-2004. She has also worked as a management consultant for Crosby Associates, an American quality management company. Karen currently serves as Visiting Professor to the Doctorate in Management Programme at the University of Hertfordshire, and is also a Visiting Professor at the School of Nursing, Allied and Public Health Faculty of Health, Science, Social Care and Education at Kingston University, London. As co-author of three healthcare textbooks, she has shared her learning and contributed to the nursing profession through publications and presentations at conferences worldwide.

Peter O'Donnell, Non-Executive Director (voting)

Peter joined the Board in July 2023. In April 2021, Peter retired as an Executive Vice President of Unum, a Fortune 500 company and CEO of its UK business and Chairman of Unum Poland. Peter has over 30 years' experience in Financial services and worked as in a variety of senior finance roles at Prudential, RSA and Aviva. Peter has a Bachelor of Commerce Degree from University College Dublin, is a fellow of CIMA and has significant experience of both international and the UK markets. He lives in Westerham, Kent and is a Director of Nottingham Building Society and a Trustee of Cardiac Risk in the Young. Peter is Chair of the QVH Finance & performance committee and a member of the Audit & risk committee.

Shaun O'Leary, Non-Executive Director (voting)

Shaun joined the Board in July 2023 and is currently Chair of St Wilfrid's Hospice. He is former joint chief executive of St Christopher's Hospice and prior to that was chief executive of St Catherine's Hospice. Shaun has over 30 years' experience working in the health and social care charity sector, including 25 years at senior management level. Shaun is Chair of the QVH Quality & safety committee and a member of the Charity committee.

Clare Pirie, Director of Communications & Corporate Affairs (non-voting)

Clare joined QVH in 2016 and has worked in the NHS since 2000 at large teaching trusts in Sussex and London as well as for national and local NHS commissioning organisations. Clare's background is in communications. The ability to explain clearly, listen to and understand the concerns of key stakeholders, test how key decisions may be articulated and perceived are important for the effectiveness and success of an organisation.

Stuart Rees, interim Chief Finance Officer (voting)

Stuart Rees was appointed Interim Chief Finance Officer in January 2023. He brings with him over 27 experience in the NHS, with 15 years in a director of finance/chief finance officer role. Stuart initially joined the NHS as part of the National Finance Management Training Scheme, progressing to hold a number of senior positions in the NHS. These include chief finance officer for Northamptonshire CCG; chief finance officer for Nene and Corby CCGs; director of finance, contracting and performance of Shropshire Community Health Trust; and director of finance and performance for Shropshire County PCT.

Stuart has significant experience in finance, contracting, estates, and information management and technology.

He is a member of the Chartered Institute of Public Finance and Accountancy and enjoys triathlons from sprint to full ironman distances.

Nicky Reeves, Chief Nursing Officer (voting)

Nicky Reeves was appointed Chief Nurse in February 2022 having been Interim Director of Nursing and Quality since November 2020. Prior to that Nicky held the Deputy Director of Nursing post at QVH for five years. She trained at the Hammersmith Hospital and has 35 years of nursing experience, in a range of senior posts both at QVH but also in Trusts around Surrey and Kent. Nicky has always had a specialist interest in surgical nursing and started her QVH career 15 years ago as the Burns Centre Manager. Nicky has worked at senior management level leading and managing services as well as having extensive operational nursing experience.

Jackie Smith, Trust Chair (voting)

Jackie Smith joined Queen Victoria Hospital as its Chair in July 2022. Jackie has over 30 years of experience in regulation and law and has been in public service all of her working life. She spent 12 years in the Crown Prosecution Service before taking up a post at the General Medical Council regulating doctors. She moved from there to the Nursing and Midwifery Council (NMC) in August 2010 as the Director of Fitness to Practise.

In June 2012, Jackie became the Chief Executive of the NMC leading the organisation for more than six very successful years. Jackie left the NMC at the end of July 2018 and took up a role as a Non-Executive Director at Camden and Islington NHS Foundation Trust before becoming its Chair in February 2020. She continued as Chair, also taking on the role of Chair at Barnet, Enfield and Haringey Mental Health Trust.

Robert Stevens, Interim Chief People Officer (**non-voting)**

Robert Stevens joined Queen Victoria Hospital as Interim Chief People Officer in July 2023, on secondment from Guys and St Thomas', where he has worked since 2016, including most recently as People Director for the Heart Lung and Critical Care Clinical Group. Rob has also worked at Kings College Hospital, The Royal Marsden and Imperial NHS Trust. He believes all staff should feel they can bring their full selves to work and that sense of belonging enables them to develop and make a difference.

Kirsten Timmins, Chief Operating Officer (voting)

Kirsten joined the Trust in March 2024 as Chief Operating Officer. Kirsten brings 20 years' experience in performance management and improvement across the public sector. She spent 13 years at the National Audit Office working with Parliament, The United Nations, Ministry of Defence, and International Development to influence policy, improve services, and increase transparency of government expenditure. In 2016 she joined NHS England and Improvement working with Trust Boards and Executive Teams across South East England to improve leadership, governance and performance against the constitutional standards. In 2021 she joined South London and Maudsley NHS Foundation as the Deputy Chief Operating Officer where she has been instrumental in building relationships across the health and care system and with the Metropolitan Police Service.

Maria Wheeler, Chief Finance Officer (voting)

Maria Wheeler was appointed Chief Finance Officer in July 2023. Maria Joined the NHS in 2001, qualifying as an accountant in 2004. She spent her first nine years at East and North Herts NHS Trust, before undertaking a wide range of senior roles within the NHS, including Chief Finance Officer at West Norfolk Clinical Commissioning Group, Thurrock Clinical Commissioning Group, more recently as Executive Director of Finance and Estates at Hertfordshire Partnership University NHS Foundation. Maria is passionate about the inclusion agenda, plays an active role in staff networks across the East of England Region. She currently Chairs the LGBTQ+ network for the East of England and recently been asked to chair the National One Finance LGBTQ+ network. She believes we need to build an environment where everyone can feel comfortable coming to work as their true selves

Queen Victoria Hospital is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services, primarily in the South of England.

We are a centre of excellence, with an international reputation for pioneering complex surgical techniques and treatments.

Our world-leading surgeons perform routine reconstructive surgery for the people of East Grinstead and surrounding areas, specifically for hands, eyes, skin and teeth, and are supported by therapy teams who are highly trained in the management of complex and high-risk trauma, disease and disfigurement.

The hospital also provides a minor injuries unit, expert rehabilitation services and a sleep service. Everything we do is informed by our passion for providing the highest quality care, the best clinical outcomes and a safe and positive patient experience. You can find out more at qvh.nhs.uk

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