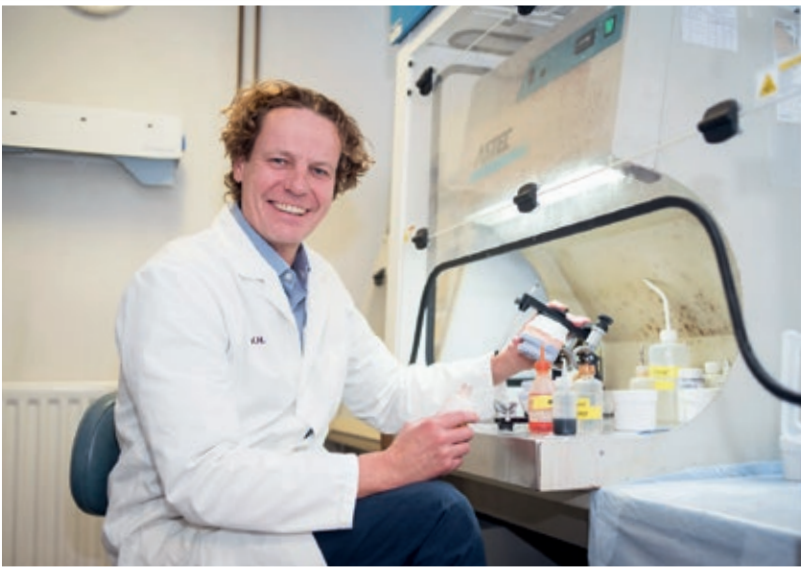
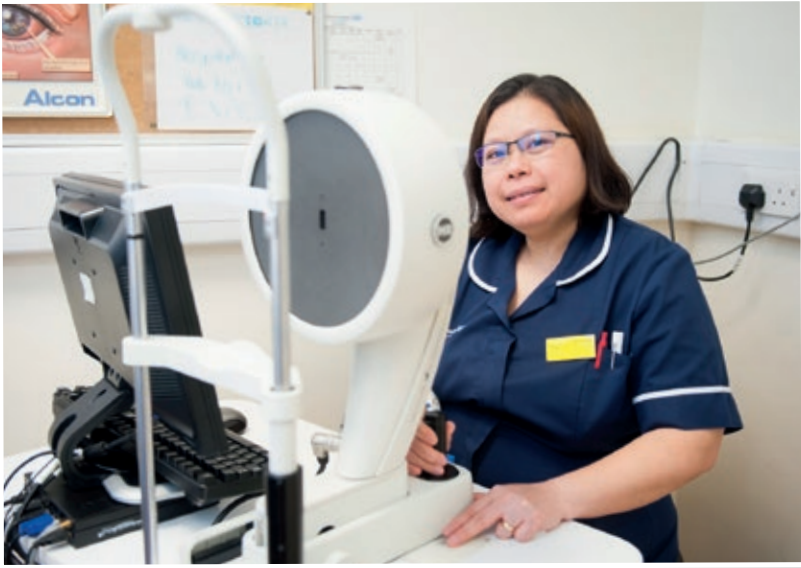




Queen Victoria Hospital
NHS Foundation Trust



Annual Report and Accounts (extended version) + **Quality Report 2019/20**



Queen Victoria Hospital NHS Foundation Trust

Annual Report and Accounts (extended version) + Quality Report 2019/20

You can find the version presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006 at www.qvh.nhs.uk/publications-policies

Cover photo: **Kate Murrell Photography**.

Note: the majority of photos contained in this document were taken before COVID-19.

***"Our work reflects our values
of humanity, pride and
continuous improvement."***



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Chair's introduction

I am pleased to present the 2019/20 annual report (extended version), accounts and quality report for Queen Victoria Hospital NHS Foundation Trust (QVH).

QVH is an exceptional hospital. We are the second smallest trust in England but our reputation stretches around the world. That is the result of the high quality services, innovation and partnership working at the core of our clinical work.

In 2019 Care Quality Commission inspectors noted that our staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity; and that relationships between patients and staff were strong, caring, respectful and supportive. At QVH we work hard to promote and maintain this standard of care and our staff are rightly proud of the way they genuinely go above and beyond for patients.

In the last two months of 2019/20 the COVID-19 pandemic changed ways of working across the NHS, with QVH rapidly establishing a key role as a cancer and trauma centre, ensuring patients needing our services could continue to be treated. As you will read in this report, before the pandemic QVH was facing significant financial challenges but our management of waiting lists was strong; the pandemic impacted heavily on planned surgery at QVH and in every other hospital.

It is testament to the dedication of all our staff that our clinical outcomes remain excellent, feedback from our patients remains overwhelmingly positive and we continue to deliver the very best care for our patients.

At the time of writing we are exploring whether joining a hospital group could help us to do even better for our patients and our staff in the future. We want to maintain the very best clinical outcomes while making sure we can run resilient patient-facing and back office services; ensuring our specialist services are backed up by the full range of support services, and optimising the use of NHS resources. QVH has a strong track record of working in partnership and we continue to work with providers and commissioners across the region in a collaborative and networked approach to providing care.

I would like to thank our staff, volunteers, governors and board members for all that they do to make sure our work reflects our values of humanity, pride and continuous improvement, and that QVH remains a wonderful place to work and a truly exceptional place to receive treatment.



Beryl Hobson
Chair
22 June 2020

"QVH remains a wonderful place to work and a truly exceptional place to receive treatment."





“It is testament to the dedication of all our staff our clinical outcomes remain excellent.”

PERFORMANCE REPORT

Overview of performance

Statement from Chief Executive

It is difficult for a report on 2019/20 not to be coloured by the events in the final months of the financial year due to the COVID-19 pandemic. The first impact was patients cancelling clinic and surgery appointments amid concerns about the spread of the virus, and this was followed by an NHS-wide decision to cancel non-urgent operations and prepare for a potential surge of patients needing hospitalisation and critical care.

I am incredibly proud of how hard the team at QVH worked through late March and April 2020 to agree the role of QVH in the wider NHS system and to implement that. QVH was designated as a surgical referral centre for head and neck, breast and skin cancers for the south east, and in parallel with that, through close working with the independent provider on our East Grinstead site we were able to continue to provide urgent trauma treatment to adults in our areas of specialism (maxillofacial, hands and eyes). To protect our patients and our staff from COVID-19 we put in place new systems and processes; trained staff in new skills and safe use of personal protective equipment; and with a strong work stream of IT support, set up the majority of our back office staff to work from home and those still on site to work with social distancing.

At the time of writing COVID-19 is still a very real concern for the NHS and the UK as a whole, but as we move into restoration and recovery we are looking carefully at how we build on some of the benefits achieved in such a rapid programme of transformation. Foremost among these is the establishment of virtual clinics, a safe and effective way for clinicians and patients to have appointments by video or phone, fully linked to our patient information systems, without the need for the patient to travel. As a regional and national provider of specialist services some of our patients make very long journeys for appointments.

One of the significant achievements in 2019/20 was the robust management of QVH waiting lists, with staff working on the detail of every patient journey to deliver a 17% decrease in total number of patients waiting between April 2019 and March 2020. The intense focus on individual patients waiting over 52 weeks meant that pre COVID-19 the Trust was on track to have fewer than ten of these exceptional long waiters by March 2020, the majority of whom had made the choice to delay their surgery.

Results from national patient surveys in 2019/20 placed QVH amongst the top performing hospitals in the country. In NHS England's National Cancer Patient Experience Survey patients rated highly the cancer care they receive at QVH, saying they were involved in decisions and treated with dignity and respect. In the Care Quality Commission's

survey of children and young people, QVH was the only trust in the country to achieve the top score in both the 0-7 year old and the 8-15 year old categories. In the national survey of adult inpatients QVH also received exceptionally positive feedback. Patients answering a wide range of questions about the care and support they received confirmed that we treat every patient as an individual and give them the care and attention that they need. Things like having the time to ask questions and receive emotional support matter just as much as the excellent clinical outcomes for which QVH is also known. Going into hospital is not something that most of us would want, and it is a great tribute to the care and compassion of our staff that the vast majority of our patient are able to say they had 'a very good experience'.

Results from the latest national survey of NHS staff show that staff at QVH rate it highly as a place to work as well as confirming that it is an excellent hospital to receive treatment. The detail of the QVH staff response is in section 3 of this report, and shows that the results in most areas have increased on last year's survey. We are especially proud to score so highly for staff morale, the highest in our benchmarking group, because the association between staff morale and patient care is clear.

We are proud of our learning culture and the opportunities we give our staff throughout the organisation to develop their skills and careers. Our apprentices and nursing associates are able to study and train whilst they earn. Our team leaders and managers are supported with personal development and training for everything from writing business cases to having meaningful conversations in appraisals. In an NHS where recruitment and retention is a significant challenge, we continue to devote considerable effort to ensuring that we attract and retain the very best staff.

For the last three years we have been facing significant financial challenges, and are addressing the many and complex solutions to the simple fact that our income and our costs do not balance. In 2019/20 the Trust has drawn on cash support from the Department of Health and Social Care as set out in note 1.1 to the accounts, where the Trust discloses the material uncertainties around its future financial position, and in section 3.7 of this report.

In 2019/20 the pension tax issue had a particular impact on the availability of our consultant workforce to deliver additional clinical sessions and therefore a negative impact on the Trust's income and waiting list. This is an issue not just of finances but also of long-term workforce planning; we need our highly skilled, senior, experienced doctors to train and develop others.

We are currently considering whether being part of a hospital group could help with our long term financial sustainability in supporting a strategic approach to which services are best provided on which hospital site, the

efficiencies of working together and transformation in the way the NHS delivers services. A hospital group could also support our workforce. Our size means that in a number of areas we have just one person who is responsible for a role in the organisation. This provides us with challenges to cover periods of work pressure, annual leave, sickness and gaps between members of staff leaving the Trust and new recruits coming in. A hospital group could give key individual staff the back up of a wider team, and provide more opportunities for staff who want to progress in their careers.

We have been discussing these challenges with our stakeholders and our staff for some time. Whatever structural decisions we make, I am confident that our board and our governors will remain focussed on maintaining and building on our excellent record for patient experience, clinical outcomes and safety, and securing the future of the hospital in East Grinstead.

QVH is an exceptional hospital with amazing staff. I want to publicly record my personal thanks to all our staff. Whether working face to face with patients or behind the scenes in our support services, our staff continue to go above and beyond for our patients and deserve to feel proud of all that they have delivered this year.

Statement of the purpose and activities of the foundation trust

QVH is a regional and national centre for maxillofacial, reconstructive plastic and corneoplastic surgery, as well as for the treatment of burns. 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 2019/20, the principal activities of the Trust were the provision of:

- plastic surgery (including reconstructive surgery for cancer patients) and burns care
- head, neck, and dental services (including associated cancer surgery and orthodontics)
- sleep disorders services
- a wide range of therapy services and community-based services
- a minor injuries unit.

QVH operates a networked model from its 'hub' hospital site in East Grinstead, West Sussex. Reconstructive surgery services (a mix of planned surgery and trauma referrals) are provided by QVH in 'spoke' facilities at other major hospital sites across Kent, Surrey and Sussex. These include services provided at the sites of the following trusts:

- Brighton and Sussex University Hospitals NHS Trust
- Dartford and Gravesham NHS Trust
- East Sussex Healthcare NHS Trust
- East Kent Hospitals University NHS Foundation Trust

- Kent Community Health NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust.

QVH also receives referrals from these hospitals.

In addition, QVH provides community-based clinical services into which GPs can refer, based on a range of sites across Kent and Sussex.

A brief history of the Foundation Trust and its statutory background

QVH is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services for people across the South of England.

Our world-leading clinical teams also treat common conditions of the hands, eyes, skin and teeth for the people of East Grinstead and the surrounding area. In addition, we provide a minor injuries unit, expert therapies and a sleep disorders service.

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

QVH was authorised as one of the country's first NHS foundation trusts in July 2004. We have public members in Kent, Surrey, Sussex and the boroughs of South London.

Key issues, opportunities and risks that could affect the Foundation Trust in delivering its objectives and/or its future success and sustainability

The Trust has a strategy called QVH 2020: Delivering Excellence. It has developed its strategic emphasis across five domains of excellence, which comprise the following key strategic objectives. These are set out below and include details of the principle risks identified in each case.

1. Outstanding patient experience

We put patients at the heart of safe, compassionate and competent care provided by well-led teams in an environment that meets the needs of patients and their families.

The principle risk to delivery of this objective is the ability of the Trust to recruit and retain the right staff with the specialist skills required for caring for all our patients. We have had significant success in 2019/20 in attracting high quality staff through UK and international recruitment.

2. World class clinical services

We provide a portfolio of world-class services that are evidenced by clinical and patient outcomes and underpinned by our reputation for high quality education, training and innovative research and development.

As a specialist surgical hospital, without co-located general medical, paediatric and diagnostic services, we must constantly review our admission and discharge criteria, our adherence to safety standards, and our

clinical partnerships with neighbouring trusts to ensure we are providing a safe, effective service, particularly outside of normal working hours.

We have recently appointed a joint post in maxillofacial surgery with Brighton and Sussex University Hospitals NHS Trust and plan to appoint a joint head and neck cancer post shortly. In addition, three ortho-plastics posts were recently jointly appointed with Brighton and Sussex University Hospitals NHS Trust. These linked posts will strengthen our clinical networking strategy in the region.

3. Operational excellence

We provide services that ensure patients are offered choice and are treated in a timely manner.

The principle risks to delivery of this objective are the availability and capacity of specialist clinical staff across our sites and the impact of pension taxation on medical capacity.

The Trust is working collaboratively with other providers to support waiting times across the NHS locally. We are also considering whether being part of a hospital group and working closely with NHS commissioners could help us to develop a clear future strategy for our services benefiting patients across the region. There may be opportunities for QVH to support other hospitals with rapid diagnostics such as CT and MRI scanning.

4. Financial sustainability

We maximize existing resources to offer cost effective and efficient care whilst looking for opportunities to grow and develop our services.

As a stand-alone organisation we must meet the same requirements for standards and reporting as a much larger organisation. This leads us to having a disproportionate level of overhead costs for the income we receive for the services we provide. Historically we have met our financial targets but in recent times this has become more challenging. Given the small size of the organisation, fluctuations in the money we receive for services provided (tariff), workforce costs and a change in number and type of patients we see, can disproportionately affect our ability to meet our financial plans.

As described elsewhere in this report we are considering the opportunities for a hospital group model to support our work, including financial sustainability.

5. Organisational excellence

We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce.

During 2019/20 the board agreed updated wording for this objective to reflect action taken to make QVH 'the best place to work' including a significant online conversation with staff in June 2019 and the follow up to that.

During the year we reduced the risk rating slightly based on the success of our overseas recruitment campaign which has improved the number of nursing and operating department practitioners in post considerably; annual rolling turnover decreased by around 5% in year and

bank and agency use reduced significantly. Sustained work on our recruitment and retention plan has also been positively reflected in the staff survey scores for 2019 as described elsewhere in this report.

Going concern

These accounts have been prepared on a going concern basis.

The Trust is required under International Accounting Standard 1 to undertake an assessment of the NHS Foundation Trust's ability to continue as a going concern. Due to the materiality of the financial deficit, the Board has carefully considered whether the accounts should be prepared on the basis of being a going concern.

The board considered that the definition of going concern in the public sector focuses on the expected continued provision of services by the public sector rather than organisational form. The financial statements of all NHS providers and clinical commissioning groups will be prepared on a going concern basis unless there are exceptional circumstances where the entity is being or is likely to be wound up without the provision of its services transferring to another entity in the public sector.

The factors taken into consideration are set out below.

Control total

The 2020/21 financial control total for the Trust issued on 4 October 2019 from NHS Improvement is that the Trust should breakeven with no support from the Financial Recovery Fund. The control total was set on the basis of 2018/19 control total, which had not been accepted by the Trust board, and did not reflect the material deterioration in the Trust's financial position or the 2018/19 and 2019/20 year-end positions. The Trust has therefore not been able to accept the allocated control total for 2020/21 and was forecasting a draft deficit in 2020/21 of £8.7m based on the business planning guidance pre COVID-19. Due to the change in guidance the forecast year end position is unclear for 2020/21, however at present the cumulative deficit for the prior two years remains at £13.3m.

Year-end contract agreements for 2019/20

In March 2020 in line with national guidance all non-urgent elective operations were to free-up the maximum possible inpatient and critical care capacity as part of the COVID-19 response requirement. After the year-end agreements were put in place with commissioners to protect the Trust against loss of income from this reduction in elective activity. The Trust was on Payment by Results contracts with commissioners in 2019/20, and agreements were reached with all contract commissioners to fund the Trust to year-end based on the January and February 2020 activity forecast outturn. Payments were also provided centrally to cover the costs of COVID-19 related work carried out during 2019/20 which included funding any loss of income for non-contract activity.

Contracts for 2020/21

The operational planning process and contracting round has been suspended for 2020/21 and amended financial arrangements have been put in place due to COVID-19 preparations.

For 2020/21, NHS England is providing a guaranteed minimum level of income reflecting the Trust's current cost base until 31 October 2020 – an annualised £66.5m. This is based on the average monthly expenditure implied by the Trust's December 2019 Agreement of Balances return and includes an uplift for inflation without any tariff efficiency factor being applied.

Prior to the suspension of planning in February 2020, the Trust submitted a draft operating plan based on 2019/20 demand and capacity. The guaranteed block income received from NHS England for 2020/21 is in line with the commissioner income included in the draft operating plan, excluding planned income from waiting list initiatives and commissioner notice items relating to proposed tariff increases.

The block funding will not be revised to reflect any short falls in normal contractual performance until at least 31 July 2020 and all contract sanctions are suspended. The Trust will also be able to claim monthly for additional costs where block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19. Examples of this would include increases in temporary staffing to cover increased levels of sickness absence, or increased non-pay costs in dealing with COVID-19 activity.

Non-England (any activity outside of Department of Health and Social Care scope, including Wales and Scotland), non-contract activity in 2020/21 is likely to be impacted by elective activity reductions for at least the first four months of the year. The Trust will continue to invoice separately for this, and for services provided to other NHS providers, on the basis of amounts invoiced in 2019/20 without any inflationary uplift, regardless of level of service provided. A national top-up payment will be provided to reflect the difference between actual costs and non-contract, non-England income, where the expected cost base is higher.

These provisions are in place with an overall aim of ensuring the Trust reaches a break-even position during the first seven months 2020/21. The Financial Recovery Fund and associated rules are also suspended during this period.

The financial regime post-31 October remains uncertain at this stage due to the unpredictability of the demand on the system for the treatment of COVID-19 patients. Further guidance is awaited as to when the planning process will recommence.

Service provision in 2021/22 and beyond

Looking further ahead, the Trust has reasonable expectations that services will continue to be provided by QVH in 2021/22. As part of the response to the pandemic, QVH has taken on the role of being the cancer surgery hub for Kent, Surrey and Sussex for head and neck, skin and breast cancer patients. It is expected that significant elective activity in these specialist areas will be required as part of the restoration and recovery period following the pandemic. In the longer term, the Trust is considering whether being part of a hospital group could help with its long term financial sustainability.

Cost improvement and efficiency plans

Due to the block contract arrangement, the Trust is not required to develop and deliver efficiency plans over the block contract time period. However due to the Trust's deteriorating financial position and the requirement to achieve break even in the coming years, the Trust is pushing forward with efficiency plans. At present £0.6m of efficiencies for 20/21 have been identified against a target of £1.2m (2019/20 achieved £1.2m against a target of £1.8m), however the risk remains that the spending and activity patterns of the Trust have changed so significantly that the pre COVID-19 identified plans may, at present, not be achievable.

Cash flow

The Trust expects to receive cash support in line with the block contract arrangement until at least 31 October 2020, in line with the statement from NHS England and NHS Improvement to support provider and commissioner forecasting. The Trust is awaiting central guidance as to the cash flow support which will be available post block contract arrangements. Due to the Trust's material deficit, the Trust will need significant on-going cash support for the 12 month period from the date of approval of these accounts which is undetermined at present and unconfirmed but is expected to be material.

Loans

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers.

Outstanding interim loans totalling £6.4m as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

The loans received for the theatre build totalling £10.1m are not affected by the reforms described above and will remain due. Payment terms remain the same as the loan agreement dated 20 June 2011, 3.85% of the principal debt repayable every 6 months from December 2013 to June 2026.

Key risks to the financial plan

The key risks to the financial plan are based in the high level of uncertainty in the current pandemic situation. This includes.

- Block contracts have been agreed to 31 October 2020, but it is unlikely that health services will be able to operate in a normal way at this stage. The increased levels of PPE and screening of patients significantly reduces the efficiency of theatre activity, and national instructions on the stratification of elective work to prioritise clinical need will impact on case mix. If the block contract comes to an end in year, these factors will have an impact on income which it is not possible to assess at this stage.

- There is uncertainty as to the continuation of the national contract with the independent sector. This contract is currently supporting the separation of trauma and cancer patients on the East Grinstead site. If the Trust is unable to make use of the independent sector facilities there will be a significant impact on activity.
- Ongoing work across the Sussex Health and Care Partnership (integrated care system) and through the cancer networks as part of the pandemic recovery work may lead to in year changes in which services are provided by QVH.
- In the suspended business planning guidance 1.6% of efficiencies were required for trusts in deficit. For QVH this would be £1.2m. At present £0.6m have been identified and £0.6m is unidentified. The Trust is mindful that the identified efficiencies may not materialise in year due to differing spending patterns under the current activity arrangements.
- Uncertainties around the impact of Brexit on the cost of pharmaceuticals, medical devices and potential impact on the NHS workforce.

The Trust still faces a material deficit based on the original 2020/21 business planning guidance for tariff. This year the Trust was anticipating Financial Recovery Funding through the Sussex Health and Care Partnership, however due to the current arrangements this is not required but will still be a requirement post block contract arrangements.

Directors' statement regarding going concern

After making enquiries, the directors have concluded that there is sufficient evidence that services will continue to be provided. In reaching this conclusion, the board considered the financial provision within the forward plans of commissioners; efficiency plans and the recognised role of the Trust within the Sussex Health and Care Partnership and the wider regional health care system. The Trust's cash flow provision will be dependent on both acceptance and delivery of the financial recovery plans and support from the Department of Health and Social Care (DHSC). As with any Trust placing reliance on other DHSC group entities for financial support, the directors acknowledge that there can be no certainty that this support will continue although, at the date of approval of these financial statements, they have no reason to believe that it will not do so.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis. However, the matters referred to above represent a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern and, therefore, to continue realising its assets and discharging its liabilities in the normal course of business. The financial statements do not include any adjustments that would result from the basis of preparation being inappropriate.

Performance analysis

How we measure performance

Queen Victoria Hospital (QVH) measures performance against a range of key indicators that include access targets, quality standards and financial requirements. Priority indicators are those included within the NHS Improvement *Single Oversight Framework* and the quality schedules of our signed contracts with commissioners.

Oversight and scrutiny of performance is achieved by the adoption and implementation of a performance framework which is used to hold to account and support the relevant directorates and managers. There are internal triggers in place so that all variances against plan are identified as early as possible, to ensure that mitigating actions are put in place. These are monitored at monthly performance review meetings by a panel of executive team members. The panel meets with the relevant clinical directors, business unit managers, and human resources and finance business partners, to review each directorate's performance.

Assurance is provided to the board via the finance and performance committee and also the quality and governance committee as follows:

- To assure the board of directors of in-year delivery of financial and performance targets, the finance and performance committee maintains a detailed overview of the Trust's assets and resources. This includes the achievement of its financial plans, the Trust's workforce profile in relation to the achievement of key performance indicators, and the Trust's operational performance in relation to the achievement of its activity plans.

- On behalf of the board of directors, the quality and governance committee is responsible for the oversight and scrutiny of the Trust's performance against the three domains of quality (safety, effectiveness and patient experience); compliance with essential professional standards; established good practice; and mandatory guidance and delivery of national, regional, local and specialist care quality (CQUIN) targets.

Analysis and explanation of development and performance

Governance

The board is assured, as recorded in the annual effectiveness review considered in March 2020 that an effective governance structure is in place to enable and support QVH to meet its strategic objectives, and ensure compliance with regulatory requirements. The governance structures are fit for purpose and in line with best practice in the NHS and other sectors.

In July 2019 the board conducted an annual review of the standing orders and standing financial instructions, the reservation of powers and scheme of delegation.

A process is in place for the regular review of effectiveness and adequacy of board committees, including terms of reference and work plans. This programme supports the

board's annual evaluation of its own performance. The process of board subcommittee reviews has resulted in minor changes to terms of reference and internal processes.

Foundation Trust boards are required to undertake an external review of governance every three years to ensure that governance arrangements remain fit for purpose. During 2017/18 we appointed an external team to carry out this review. In each of the eight 'key lines of enquiry' QVH demonstrated areas of good practice as well as areas for improvement. As a result QVH has strengthened board reports; developed a board staff engagement plan to record the activity of board members in meeting with staff outside of their functional role; and revised the role description for governors on committees to ensure clarity about their involvement.

Care Quality

The Care Quality Commission (CQC) undertook an unannounced inspection of the Trust in January 2019 and a Well Led inspection in February 2019. This included a review of three of the core services offered by QVH. The overall rating for the hospital is 'Good' with a rating of 'Outstanding' for care. Improvements in the critical care unit mean each individual service at QVH, as well as the Trust as a whole, are now rated as 'Good'.

The Trust received no other unannounced CQC inspections during 2019/20. The CQC relationship manager meets with the Trust on a 1-2 monthly basis. The Trust undertakes six monthly compliance in practice visits to all clinical areas to assess the quality of care against the fundamental CQC core standards.

The Trust is fully compliant with the registration requirements of the CQC.

Infection control

QVH had two hospital acquired cases of Clostridium difficile, one E. Coli bacteraemia and two hospital acquired MRSA bacteraemia in 2019/20.

Waiting times

In 2019/20 QVH implemented a recovery plan to improve the delivery of referral to treatment standards. Before the onset of the COVID-19 pandemic, waiting times improved overall with a reduced total waiting list size, and increased open pathway performance. The Trust reduced the number of patients waiting over 52 weeks and of the residual number the majority were patients who had chosen to delay their surgery.

The COVID-19 pandemic meant in quarter four a number of planned operations were cancelled by the hospital in order to prepare for changed working, and by patients who were anxious about coming to hospital. The impact of the pandemic on waiting times in 2020/21 will be significant.

PATIENTS WAITING GREATER THAN 52 WEEKS

Q1	Q2	Q3	Q4
39	25	15	18

REFERRAL TO TREATMENT WITHIN 18 WEEKS. TARGET 92%

Q1	Q2	Q3	Q4
80.9%	81.6%	82.8%	78.5%

TOTAL WAITING LIST SIZE

Q1	Q2	Q3	Q4
11,309	10,516	10,429	10,123

Figures shown are month-end for each quarter

Cancer waiting times

Throughout 2019/20 QVH worked to improve cancer times for patients. An improvement plan is in place across all constitutional standards and before the COVID-19 pandemic the Trust made good progress in preparing for the new faster diagnosis standard.

PATIENTS BEGINNING FIRST DEFINITIVE TREATMENT WITHIN 62 DAYS FOLLOWING URGENT GP REFERRAL FOR SUSPECTED CANCER

Q1	Q2	Q3	Q4
85.5%	86.7%	82.1%	84.7%

2 WEEK WAIT REFERRAL FOR SUSPECTED CANCER

Q1	Q2	Q3	Q4
92.4%	92.8%	91%	94%

Figures shown are calculated using the total number of treatments each quarter and the total number of breaches each quarter

Financial plan

The Trust was issued a control total in January 2019 for the year 2019/20 of £0.5m surplus, including a non-recurrent provider sustainability fund (PSF) allocation of £0.7m. The Trust did not sign up to this control total and resubmitted a plan in line with the financial deterioration in 2018/19 of £7.2m deficit (including £0.2m of donated asset adjustments).

The year 2019/20 was particularly challenging for the Trust's finances. The Trust delivered a deficit of £9.1m for the year. This was driven principally by a shortfall of activity; activity levels reached around 2018/19 levels but with a significant investment in staffing.

There was a shortfall of £0.6m against the cost improvement target of £1.8m. The Trust delivered the required 1.6% (£1.2m) cost improvement target. There were significant expenditure pressures incurred delivering activity in year. In the context of these challenges, in January 2020 the Trust submitted a reforecast of £9.2m deficit, reflecting the under delivery on income as compared to the original plan.

The key financial performance indicators for 2019/20 are detailed in the table below.

Key financial indicators 2019/20	Plan £000	Actual £000
Reported financial performance	£9,205	£9,141

The control total reported above reflects the Trust submitted control total to NHS Improvement and NHS England and not the control total required from NHS Improvement and NHS England. Reported financial performance (based on guidance pre COVID-19) of £9.1m retained deficit includes a revaluation net impairments of trust assets of £0.4m. The performance of the Trust is assessed by regulators before the impact of revaluation on the income and expenditure account. The overall income and expenditure position, as detailed in the statement of comprehensive income set out in the accounts (section 6) is a deficit of £8.2m. This included the effect of revaluation adjustments to the income and expenditure account and the revaluation reserve.

Statement of comprehensive income

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

	£000
Operating income from patient care activities	69,052
Other operating income	3,347
Operating expenses	(80,006)
OPERATING SURPLUS / (DEFICIT)	(7,607)
NET FINANCE COSTS	(1,549)
Other gains/(losses)	15
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	(9,141)
Other comprehensive income:	
Revaluations	4,159
Impairment through revaluation reserve	(3,189)
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD	(8,171)

An independent professional valuer completed a full revaluation of all land, buildings and fixtures in-year. There was a £0.6m increase in the assets' values arising from the revaluation exercise. Revaluations of £1.0m were recognised in the revaluation reserve and there was a £0.4m net impairment charge for revaluation to the income and expenditure account.

Income

Total income for the Trust was £72.4m. The Trust received £69m, the majority of its income, from the provision of patient care activities. In addition, the Trust received other operating income of £3.3m this includes £1.8m from Health Education England to support the cost of providing training and education to medical and other NHS staff, other contract income of £0.8m, and £0.6m of capital grants and donations.

Operating expenses

The Trust incurred £80m of operating expenses in 2019/20. This includes costs of £53m (66% of total operating expenditure) to employ, on average over the year, 991 members of staff. This includes £2.8m for agency/contract staff and £0.2m for the apprenticeship levy.

Operational non-pay expenditure includes supplies and services costs of £12.7, drug costs of £1.4m, premises costs of £3.5m, depreciation and amortisation of £3.4m, transport costs (including patient travel) of £0.6m, clinical negligence premium of £0.8m and impairment due to revaluation of £0.4m.

Capital

Capital expenditure equated to £4.4m in 2019/20, materially in line with the agreed plan after allowance for the capitalisation of a finance lease (£0.4m). The table below details the investments made.

2018/19 key financial performance indicators

Capital programme 2019/20	£000
Building and infrastructure	1,139
Medical equipment	953
Information, Management and Technology	2,343
Total	4,435

Cash

The Trust has a cash balance of £2.9m, which represents c.13 days of operating expenditure. The majority of funds are held with the Government Banking Service (GBS).

Environmental and sustainability report

As a Trust, we recognise our responsibility for environmental protection and the requirement to contribute to the delivery of national sustainable development targets.

The key sustainability objectives are:

- To continue to reduce our carbon footprint year on year through behavioural change and introducing low carbon technologies
- To embed sustainability considerations into our core business strategy
- To procure goods and services in a sustainable manner
- To work with other NHS organisations in the Sussex Health and Care Partnership on our shared carbon reduction process
- To eliminate single use plastics in our general day-to-day operation in line with NHS England directions
- To reduce both general and clinical waste in line with NHS England directions.
- To consider the design and operation of our buildings
- To implement phased action plans to address energy, water and carbon management reduction programmes, including the use of grey water systems and sustainable drainage systems on the hospital estate.

In 2019/20 key successes included:

- Completion of our programme to install variable speed drives to larger fan motors and the installation of more energy efficient plant and building controls
- Our ongoing programme of upgrading aged and inefficient plant, including the installation of energy efficient condensing boilers
- Completion of the programme of work to replace existing lighting with low energy and low maintenance LED versions within the main hospital and critical areas
- Significant reductions in food waste due to changes within our catering
- An improvement in the accuracy of our data for waste through tonnage reports for the different streams of waste from our providers, with an overall decrease in waste and associated CO₂ figures.

Our carbon footprint

Our carbon footprint from gas and electricity sources during 1 April 2019 to 31 March 2020 was 2,245 tonnes of CO₂ equivalent.

Greenhouse gas emission 1 April 2019 to 31 March 2020

Emissions Source	Tonnes of CO ₂ equivalent
Combustion of fuel and operation of facilities	1,177
Electricity, heat, steam and cooling purchased for own use	1,068
Total	2,245

Specific carbon reducing projects identified for implementation in 2020/21 are:

- Review and reduction of overnight electricity consumption in theatres
- Continued installation programme of variable speed drives to larger fan motors, connected to the building management system so efficiency gain can be calculated
- Review of the building management system, seeking opportunities for carbon reduction
- Continuation of the programme to replace existing lighting with low energy and low maintenance LEDs
- Full participation in sustainability and transformation partnership (STP) carbon efficiency scheme review.

Total energy consumption

Total energy consumption was as follows:

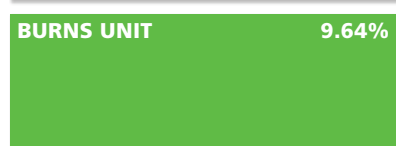
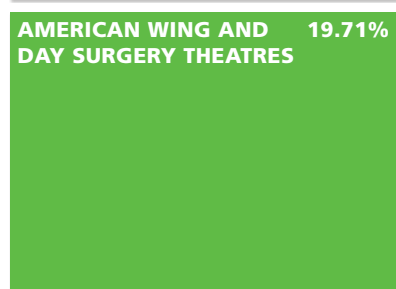
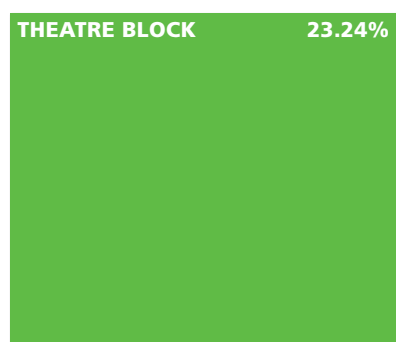
Energy type	Annual (kWh)
Gas	6,400,387 kWh
Electricity	4,178,748 kWh

Around 60% of total energy consumption is associated with heating and hot water, with the remaining energy use split between lighting, ventilation, air conditioning, small power and pumps.

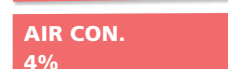
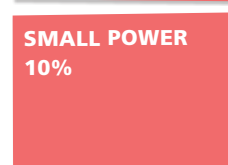
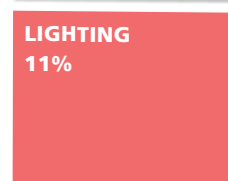
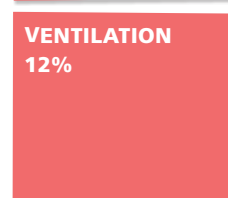
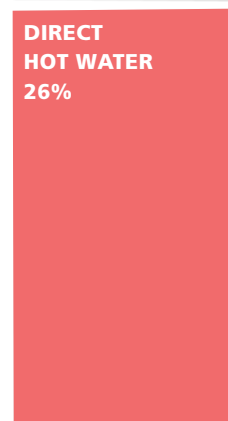
The largest proportion of energy use (23%) is associated with the theatre complex.

Energy consumption by building...

...by use.



BUILDING	ENERGY (kWh)	%
Theatre block	2,383,266	23.24%
American Wing and day surgery Theatres	1,965,469	19.71%
Burns Unit	988,790	9.64%
Canadian Wing and Pharmacy	837,261	9.61%
Jubilee building and Minor Injuries Unit	691,737	6.75%
Rehabilitation, Estates and Hotel Services	567,910	5.54%
Eye Bank and Laboratories	446,134	4.35%
Macmillan Information and Support Centre and Prosthetic Clinic	414,485	4.04%
Kitchens	407,263	3.97%
Outpatients building	309,543	3.01%
Peanut (Children's Ward)	255,879	2.49%
Corneoplastic clinic	215,499	2.10%
Physio / Occupational Therapy	167,184	1.63%
Day Surgery	154,930	1.51%
Surgeon's Mess (all staff) and Health Records Stores	144,367	1.41%
Admissions & Speech Therapy	124,985	1.21%
Learning & Development Centre	85,248	0.83%
Medical Photography	66,874	0.65%
Paediatric Assessment Unit	57,916	0.56%
Gardens Store	32,706	0.31%
Hurricane Café	14,822	0.14%



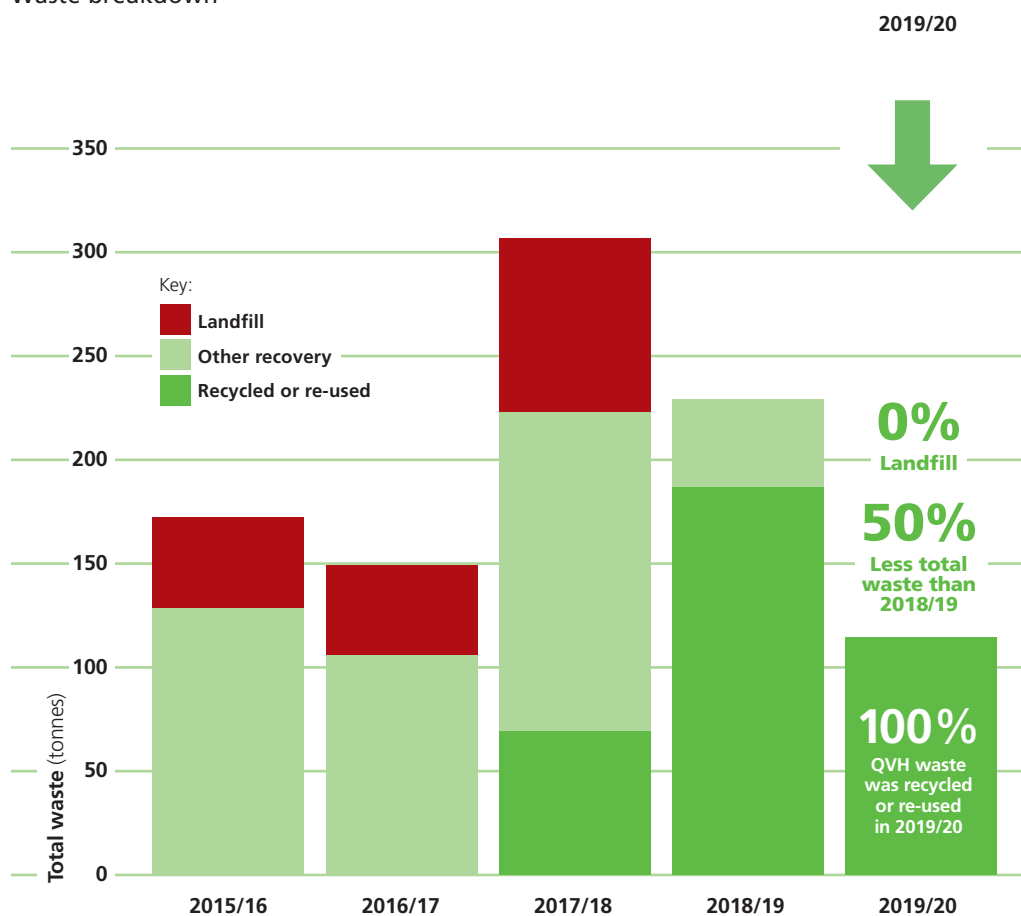
Waste reduction and recycling

Recycling facilities are available across QVH and we continue to work to improve waste segregation.

Waste recycling

WASTE		2015/16	2016/17	2017/18	2018/19	2019/2020
Recycling	tonnes	0.00	0.00	68.00	187.30	33.76
	t CO ₂ e	0.00	0.00	1.43	3.93	1.76
Other recovery	tonnes	129.00	106.00	155.00	42.78	81.2
	t CO ₂ e	2.71	2.12	3.26	0.89	1.78
High temp disposal	tonnes	0.00	0.00	0.00	0.00	0.00
	t CO ₂ e	0.00	0.00	0.00	0.00	0.00
Landfill	tonnes	44.00	44.00	85.00	0.00	0.00
	t CO ₂ e	10.75	10.75	26.35	0.00	0.00
Total waste (tonnes)		173.00	150.00	308.00	230.08	114.96
% Recycled or re-used		0%	0%	22%	81%	100%
Total waste tCO ₂ e		13.46	12.87	31.03	4.83	3.54

Waste breakdown



Social and community issues

QVH maintains close connections with the local community in East Grinstead and the surrounding areas, including regularly sharing information through the local press and on social media. Almost half of our c.7,400 foundation trust members have provided the Trust with an email address which enables us to keep them up to date in real time, electronically. A presentation has been developed by governors which they use to provide information on the work of the Trust and its services to clubs, societies or groups within the local community. All governors are invited to participate in this initiative.

QVH seeks to remain relevant to the local community in East Grinstead as well as the wider community through the provision of services. In addition to the minor injuries unit, the hospital provides rapid assessment and treatment through a number of community services including rheumatology and cardiology clinics. Our specialist Parkinson's disease nurse visits patients at home as well as in clinic, and our partnership with the Royal Alexandra Children's Hospital in Brighton means that younger patients can be treated for many common ailments without needing to travel further afield.

QVH is a member of the Sussex Health and Care Partnership which in April 2020 became an integrated care service in line with the Government's Long Term Plan. As a specialist trust and as a key service provider for our local community, we recognise the value of strong collaborative relationships with local GPs and other health and social care providers for the benefit of our population. Regular and open dialogue with stakeholders such as Healthwatch West Sussex gives us an additional method for ensuring we are involving and responding to our local community.

Anti-bribery and human rights issues

The rules and procedures relating to bribery are set out in the counter fraud policy, and those relating to the provision or receipt of gifts or hospitality are set out in 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.

Protecting the vulnerable and those at risk is a key component of our trust objectives. Focussing on quality and patient experience we work alongside partner agencies to promote the safety, health and well-being of people who use our services. The QVH Safeguarding Strategy includes a Human Rights Framework to make transparent protection of vulnerable patients at QVH.

Policies and procedures which relate to the Trust's corporate responsibility for slavery and human trafficking are reviewed and updated regularly.

The procurement team work with the NHS terms and conditions which require suppliers to comply with relevant legislation. Procurement frameworks are also often used in the Trust to procure goods and services, under which suppliers adhere to a code of conduct on forced labour. Relevant pass/fail criteria have been introduced on procurement led tenders and quotations not conducted via a framework.

The Trust has not been informed of any incidents of slavery or human trafficking during the year. In the event of a slavery or human trafficking incident occurring or an allegation being made the matter will be reported and investigated using the Trust's safeguarding procedures to determine appropriate action.

Important events since end of financial year


The COVID-19 pandemic had a significant impact at and after the end of the financial year. The first impact was patients cancelling clinic and surgery appointments amid concerns about the spread of the virus, and this was followed by an NHS-wide decision to cancel non-urgent operations and prepare for a potential surge of patients needing hospitalisation and critical care.

Our staff worked through late March and April 2020 to agree the role of QVH in the wider NHS system and to implement that. QVH was designated as a surgical referral centre for head and neck, breast and skin cancers for the south east, and in parallel with that through close working with the independent provider on our East Grinstead site we were able to continue to provide urgent trauma treatment to adults in our areas of specialism (maxillofacial, hands and eyes).

The number of patients treated in the first months of 2020/21 through the new processes we put in place and with safe use of personal protective equipment, was considerably lower than would have been expected under normal conditions. The Trust was funded through a block contract rather than the previous activity based payments.

Overseas operations

QVH has no overseas operations.



Steve Jenkin

Chief Executive and Accounting Officer
22 June 2020

[Directors' report](#)

[Remuneration report](#)

[Staff report](#)

[Staff survey report](#)

[Code of Governance](#)



ACCOUNTABILITY

Directors' report

Directors' disclosures

In 2019/20 the following individuals served as directors of Queen Victoria Hospital NHS Foundation Trust.

Beryl Hobson

Chair (voting)

Paul Dillon-Robinson

Non-executive director from 1 October 2019 (voting)

John Thornton

Non-executive director and Senior Independent Director to 30 September 2019 (voting)

Ginny Colwell

Non-executive director to 20 April 2019 (voting)

Kevin Gould

Non-executive director (voting)

Karen Norman

Non-executive director to 8 April 2019 (voting)

Gary Needle

Non-executive director and Senior Independent Director from 1 October 2019 (voting)

Steve Jenkin

Chief Executive (voting)

Michelle Miles

Director of Finance and Performance (voting)

Lucy Owens

Interim Director of Finance and Performance from 3 February to 26 March 2020 (voting)*

Keith Altman

Medical Director from 1 October 2019 (voting)

Ed Pickles

Medical Director to 30 September 2019 (voting)

Jo Thomas

Director of Nursing and Quality (voting)

Abigail Jago

Director of Operations (non-voting)

Geraldine Opreshko

Director of Workforce and Organisational Development (non-voting)

Clare Pirie

Director of Communications and Corporate Affairs (non-voting)

* To cover a period of planned absence of Michelle Miles, Director of Finance and Performance

Biographies for all current directors of the Trust are provided on page 180. Details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities can be accessed from the papers of meetings of the board of directors held in public. These are available in full from the Queen Victoria Hospital (QVH) website at www.qvh.nhs.uk/board-of-directors/

The directors of QVH are responsible for preparing this annual report, accounts and quality report and consider them, taken as a whole, to be fair, balanced and understandable and to provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

For each individual who is a director at the time this annual report was approved:

- as far as the directors are aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware; and
- the directors have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Other disclosures

In 2019/20 the Trust neither made nor received any political donations.

The better payment practice code requires QVH to pay all valid invoices within the contracted payment terms or within 30 days of receipt of goods or a valid invoice, whichever is later. The performance achieved in 2019/20 compared to 2018/19 is shown in section 6 of the annual accounts.

In 2019/20 the Trust did not incur any expenditure relating to the late payment of commercial debt under the Late Payment of Commercial Debts (Interest) Act 1998 statement describing the better payment practice code, or any other policy adopted on payment of suppliers, and performance achieved.

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

Better Payment Practice Code	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Total non-NHS trade invoices paid	20,007	41,045	20,536	34,881
Total non-NHS trade invoices paid within target	17,817	36,510	16,989	30,487
Percentage of non-NHS trade invoices paid within target	89%	89%	83%	87%
Total NHS trade invoices paid	1,033	5,074	920	5,323
Total NHS trade invoices paid within target	754	3,945	580	3,324
Percentage of NHS trade invoices paid within target	73%	78%	63%	62%
Total NHS and non-NHS trade invoices paid	21,040	46,119	21,456	40,204
Total NHS and non-NHS trade invoices paid within target	18,571	40,455	17,569	33,811
Percentage of trade invoices paid within target	88%	88%	82%	84%

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the 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 provision of goods and services for any other purposes. In 2019/20 QVH meet this requirement.

Section 43(3A) of the NHS Act 2006 requires an NHS foundation trust to provide information on the impact that other income it has received has had on its provision of goods and services for the purposes of the health service in England. QVH does not receive any other income that materially impacts (subsidises) its provision of goods and services for the purposes of the health service.

Fees and charges

During 2019/20, the Trust incurred consultancy costs of £214,000. This was largely for external resource to support the outpatient productivity initiative and external resource to support the coding of activity.

NHS Improvement's well-led framework

QVH has had regard to NHS Improvement's well-led framework in considering the organisation's performance, internal control, board assurance framework and the governance of quality. More detail can be found in section 2.2 of this report; the analysis and explanation of development and performance also includes information on the Trust's external review of governance.

Patient care

A detailed account of how the Trust delivers and monitors the quality of patient care is included in the quality report, which includes performance against key healthcare targets, arrangements for monitoring national improvements in the quality of healthcare, and patient experience.

Stakeholder relations

As described earlier in this report, QVH operates a networked model from its 'hub' hospital site in East Grinstead, West Sussex. Reconstructive surgery services (a mix of planned surgery and trauma referrals) are

provided by QVH in 'spoke' facilities at other major hospital sites across Kent, Surrey and Sussex, and QVH also receives referrals from these hospitals. In addition, QVH provides community-based clinical services into which GPs can refer, based on a range of sites across Kent and Sussex.

We work closely with Brighton and Sussex University Hospitals NHS Trust to support the delivery of our specialised services. We have a number of joint medical posts and QVH provides plastic surgery support to the major trauma centre in Brighton. Western Sussex Hospitals NHS Foundation Trust is rated 'outstanding' by the Care Quality Commission and currently provides leadership for Brighton and Sussex University Hospitals on a management contract. QVH is working with these hospital trusts to look at whether formalising our partnership working as a hospital group would benefit our patients, our staff and the wider NHS. At the time of writing no decisions have been made.

We actively seek insights from patients, healthcare professionals, the public, and key stakeholders on the quality and effectiveness of our services to help inform service change and decisions. Our public and patient involvement activities encompass a broad range of approaches to enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. This includes a number of mechanisms for formally monitoring and reporting what patients say about their experience of QVH.

QVH participates in all relevant national patient surveys. While we receive consistently high response rates and predominantly positive feedback, we are not complacent and use this insight to inform further improvements.

Patient advice and liaison service (PALS) contacts and complaints. We receive around 25 PALS contacts and 5 complaints per month and these are reviewed with a high level of detail at the quality and governance sub-committee of the board, and reported in summary to the board.

Patient story at public board meetings. This is often a patient attending in person to describe their experience of care and plays an important role in setting the tone of

board meetings, ensuring we have patients at the centre of our thinking. It also provides real insight into our services from a patient's perspective.

Ratings sites. We monitor and respond to Care Opinion and the NHS website, online sites inviting patient feedback. This also forms part of our reporting to the quality and governance committee and the board.

QVH social media. We receive a considerable volume of patient feedback through the QVH Facebook and Twitter accounts. As well as using these to pass on thanks to staff, patients do sometimes use them to raise concerns which are passed to the patient experience manager immediately.

Themes raised through all these routes are triangulated with national and local surveys and staff feedback to ensure we act on issues raised by patients.

The QVH patient experience group includes patient representatives, a learning disability representative, public governors and Healthwatch. The group has been involved in work such as improving our food and in a programme reviewing the outpatient experience.

In spring 2019 we worked with advice and support from the clinical commissioning group engagement team to seek the views of children and their parents/guardians who had recently used the QVH paediatric inpatient burns service. The interviews were designed to explore views on the current service and what should be taken into account in any potential relocation of the service. The feedback was considered in the decision to implement a temporary divert of paediatric burns inpatients to other hospitals and shared with the receiving hospitals. It will also be used to inform the business case for longer-term service change in this specialism, ensuring that we work to protect what users most value about the service and seeking further improvements.

Work to improve burns services in Kent, Surrey and Sussex, and plans for the temporary divert for inpatient paediatric burns patients, were reviewed by the chairs of health overview and scrutiny committees from across Kent, Surrey, Sussex at their meeting in July 2019.

In October 2018 we began a programme of engagement with our neighbours, staff and other stakeholders on our estates strategy, including events where we were able to show people our plans using a model of the hospital site. We have continued to engage our stakeholders around our vision for the future of our site in East Grinstead, working with planners and architects to develop plans for the sale of some unused land belonging to the hospital which could help raise funds for the hospital as well as providing new homes.



Steve Jenkin

Chief Executive and Accounting Officer
22 June 2020

Remuneration report

Annual statement on remuneration

In 2019/20 very senior management (VSM) pay guidance from NHS Improvement was delayed until January 2020. The correspondence made clear that this guidance was for both foundation and non-foundation trusts and no action could be taken on VSM pay until it was released; the QVH nomination and remuneration committee therefore postponed scheduled meetings earlier in the year.

Following receipt of guidance, a meeting of the committee took place and the salaries of the executive directors and chief executive were increased, pro-rata, in line with NHS Improvement guidance. The committee remained assured that the Trust was in step with comparable benchmarked trusts at the median level.



Beryl Hobson

Chair of the nomination and remuneration committee
22 June 2020

Very senior managers' remuneration policy

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

QVH does not intend to implement separate arrangements for performance related pay or bonuses unless further guidance from NHS England and NHS Improvement 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. The executive management team has remained stable throughout 2019/20, with only the medical director reaching the end of a three year tenure.

In relation to agreeing and reviewing very senior managers (VSM) pay, the committee refers to the

existing guidance on pay for very senior managers in NHS trusts and foundation trusts published by NHS Improvement.

The members of QVH nomination and remuneration committee agreed simple principles in relation to setting, agreeing and reviewing VSM pay. For new director appointments, the director of workforce 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 NHSI/E and the committee will also take account of:

- The outcome of annual appraisal conducted by the chief executive (or chair in the case of the chief executive'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.
- 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 (or chair in the case of the chief executive) 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 every committee to the board.

The majority of staff, whether on national terms and conditions or local arrangements, are contracted on a permanent, full time or part 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 agency 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 2019/20 the executive management team has overseen robust pay and vacancy controls for all roles through weekly meetings.

Remuneration tables

The salary and pension entitlements of very senior managers and of non-executive directors are set out in the table below showing information subject to audit. During the year no senior manager was paid more than £150,000.

Service contracts obligations

There are no service contract obligations to disclose.

SERVICE CONTRACTS	Start date	Term	Notice period
Steve Jenkin Chief Executive	14 November 2016	Permanent	6 months
Geraldine Opreshko Director of Workforce and Organisational Development	26 July 2017	Permanent	3 months
Abigail Jago Director of Operations	8 May 2018	Permanent	3 months
Keith Altman Medical Director	1 October 2019	Permanent	3 months
Ed Pickles Medical director until 30 September 2019	1 October 2016	Permanent	3 months
Clare Pirie Director of Communications and Corporate Affairs	1 May 2017	Permanent	3 months
Jo Thomas Director of Nursing and Quality	15 May 2015	Permanent	3 months
Michelle Miles Director of Finance and Performance	1 February 2018	Permanent	3 months
Lucy Owens * Interim Director of Finance and Performance	February - March 2020	Interim on Bank	1 week

* To cover a period of planned absence of Michelle Miles, Director of Finance and Performance

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 all executive directors the notice period is three months and the chief executive six months.

Statement of consideration of employment conditions elsewhere in the foundation trust

The Trust, through the nomination and remuneration committee, takes into account the annual pay awards for all staff in determining pay increases for very senior managers and directors. Pay at senior levels was reviewed in 2019/20 in line with clear guidance from NHS/E and the nomination and remuneration committee approved the recommended fixed sum increase (pro rata) to members of the executive team and chief executive. This took into account NHS Improvement benchmarking of very senior management pay across the UK.

Annual report on remuneration

Information not subject to audit.

Nomination and Remuneration committee

The nomination and remuneration committee meets to review and make recommendations to the board of directors on the composition, balance, skill mix, remuneration and succession planning of the board.

Additionally, the committee makes recommendations on the appointment of executive directors. The board of directors has delegated authority to the committee to be responsible for the remuneration packages and contractual terms of the chief executive, executive directors and other very senior managers reporting to the chief executive.

The committee met three times in 2019/20. One was a virtual meeting to ratify the recommendations of the Local Clinical Excellence awards panel; another was to agree the appointment of the medical director when the previous incumbent came to the end of their three year term; the third meeting was to discuss the cost of living pay awards for the executive directors including the chief executive.

Details of the membership of the nomination and remuneration committee and of the number of meetings and individuals' attendance at each is on page 179.

The committee was materially assisted in its considerations at all meetings held in 2019/20 by Geraldine Opreshko, director of workforce and organisational development. This was in person or by advice and guidance to the Chair.

Disclosures required by the Health and Social Care Act

Information on the remuneration of the directors and on the expenses of directors is provided in the section overleaf, setting out information subject to audit.

Governors

Information on the expenses of the governors is provided in the tables below.

GOVERNORS EXPENSES 1 April 2019 – 31 March 2020

Total number of governors in office	27 served for all or part of 2019/20
Number of governors receiving expenses in 2019/20	2
Aggregate sum of expenses paid in 2019/20	£575.20

GOVERNORS EXPENSES 1 April 2018 – 31 March 2019

Total number of governors in office	27 served for all or part of 2018/19
Number of governors receiving expenses in 2018/19	1
Aggregate sum of expenses paid in 2018/19 (rounded to the nearest £00)	£500

Salary and Pension entitlements of very senior managers

REMUNERATION 2019/20	2019/20			2019/20		2019/20		2019/20		2019/20	
	Salary & fees £000s (Band of £5k)			Benefits in kind £s (nearest £100)		Annual performance- related bonuses £000s (Band of £5k)		Long-term performance- related bonuses £000s (Band of £5k)		All pension- related benefits £000s (Band of £2.5k)	
Altman K – Medical Director*	110	-	115	-	-	-	-	-	-	-	-
Colwell V – Non-Executive Director [¶]	0	-	5	-	-	-	-	-	-	-	-
Dillon-Robinson P – Non-Executive Director [§]	5	-	10	-	-	-	-	-	-	-	-
Gould K – Non-Executive Director	10	-	15	-	-	-	-	-	-	-	-
Hobson B – Chair	40	-	45	-	-	-	-	-	-	-	-
Jago A – Director of Operations	100	-	105	-	-	-	-	-	15.0	-	17.5
Jenkin S – Chief Executive	145	-	150	-	-	-	-	-	32.5	-	35.0
Miles M – Director of Finance	120	-	125	-	-	-	-	-	-	-	-
Needle G – Non-Executive Director	10	-	15	-	-	-	-	-	-	-	-
Norman K – Non-Executive Director [¶]	10	-	15	-	-	-	-	-	-	-	-
Opreshko G – Director of Workforce and OD	100	-	105	-	-	-	-	-	25.0	-	27.5
Owens L – Interim Director of Finance [¶]	25	-	30	-	-	-	-	-	-	-	-
Pickles E – Medical Director [¶]	70	-	75	-	-	-	-	-	-	-	-
Pirie C – Director of Comms. and Corp. Affairs	70	-	75	-	-	-	-	-	17.5	-	20.0
Thomas J – Director of Nursing	115	-	120	-	-	-	-	-	50.0	-	52.5
Thornton J – Non-Executive Director [¶]	5	-	10	-	-	-	-	-	-	-	-

* from 1 Oct 2019 (salary attributable to current Medical Director's clinical role is £107k) [¶] until 19 April 2019 [§] from 1 Oct 2019 [¶] from 8 April 2019 [¶] 3 Feb to 26 March 2020 [¶] to 30 Sept 2019

REMUNERATION 2018/19	2018/19			2018/19		2018/19		2018/19		2018/19	
	2018/19			2018/19		2018/19		2018/19		2018/19	
Colwell V – Non-Executive Director	10	-	15	0	-	-	-	-	-	-	-
Gould K – Non-Executive Director	10	-	15	200	-	-	-	-	-	-	-
Hobson B – Chair	40	-	45	900	-	-	-	-	-	-	-
Jago A – Director of Operations*	90	-	95	0	-	-	-	57.5	-	60.0	-
Jenkin S – Chief Executive	140	-	145	0	-	-	-	30.0	-	32.5	-
Jones S – Director of Operations**	5	-	10	0	-	-	-	-	-	-	-
Miles M – Director of Finance	115	-	120	0	-	-	-	-	-	-	-
Needle G – Non-Executive Director	10	-	15	0	-	-	-	-	-	-	-
Opreshko G – Director of Workforce and OD	100	-	105	0	-	-	-	22.5	-	25.0	-
Pickles E – Medical Director***	140	-	145	0	-	-	-	12.5	-	15.0	-
Pirie C – Director of Comms. and Corp. Affairs	70	-	75	0	-	-	-	7.5	-	10.0	-
Thomas J – Director of Nursing	110	-	115	0	-	-	-	-	-	-	-
Thornton J – Non-Executive Director	10	-	15	0	-	-	-	-	-	-	-

* with effect from 08 May 2018 ** until 27 April 2018 *** salary attributable to Medical Director's clinical role is £129k

PENSION BENEFITS	Real increase in pension at age 60		Lump sum at age 60 related to real increase in pension		Total accrued pension at age 60 at 31-Mar-19		Lump sum at age 60 related to accrued pension at 31-Mar-19		Cash equivalent transfer value at 01 April 2018	
	£'000 (bands of £2,500)		£'000 (bands of £2,500)		£'000 (bands of £5,000)		£'000 (bands of £5,000)		£'000	
Jago A – Director of Operations	0-2.5		0-2.5		25-30		45-50		352	
Jenkin S – Chief Executive	2.5-5		0-2.5		5-10		0		104	
Miles M – Director of Finance [#]	0		0		0		0		386	
Opreshko G – Director of Workforce and OD	0-2.5		0-2.5		5-10		0		62	
Pickles E – Medical Director	0-2.5		0-2.5		40-45		90-95		710	
Pirie C – Director of Comms. and Corp. Affairs	0-2.5		0-2.5		20-25		40-45		314	
Thomas J – Director of Nursing	2.5-5		7.5-10		40-45		120-125		778	

[#] No longer an active member of the scheme and therefore not actively accruing greater benefits in this position as Director

	2019/20	2019/20			
	Other remuneration £000s (Band of £5k)	Total £000s (Band of £5k)			
	-	110	-	115	Gould
	-	0	-	5	Colwell
	-	5	-	10	Dillon-Robinson
	-	10	-	15	Gould
	-	40	-	45	Hobson
	-	120	-	125	Jago
	-	175	-	180	Jenkin
	-	120	-	125	Miles
	-	10	-	15	Needle
	-	10	-	15	Norman
	-	130	-	135	Opreshko
	-	25	-	30	Owens
	-	70	-	75	Pickles
	-	90	-	95	Pirie
	-	165	-	170	Thomas
	-	5	-	10	Thornton

	2018/19	2018/19			
	-	10	-	15	Colwell
	-	15	-	20	Gould
	-	45	-	50	Hobson
	-	145	-	150	Jago
	-	170	-	175	Jenkin
	-	5	-	10	Jones
	-	115	-	120	Miles
	-	10	-	15	Needle
	-	125	-	130	Opreshko
	-	150	-	155	Pickles
	-	75	-	80	Pirie
	-	110	-	115	Thomas
	-	10	-	15	Thornton

Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31-Mar-19 £'000	
23	383	Jago
50	156	Jenkin
0	395	Miles
30	94	Oprshko
11	738	Pickles
25	347	Pirie
83	880	Thomas

All taxable benefits shown in the tables here are in relation to expenses allowances that are subject to UK income tax and paid or payable to the director in respect of qualifying service.

No performance related bonus was paid in 2018/19 or 2019/20.

As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive directors.

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

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

Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in QVH in the financial year 2019/20 was £185k to £190k (2018/19, £140k to £145k). This was 5.9 times (2018/19, 4.8 times times) the median remuneration of the workforce, which was £32k (2018/19, £29k).

In 2019/20, 4 (2018/19, 13) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £198k to £213k (2018/19 £151k to £205k).

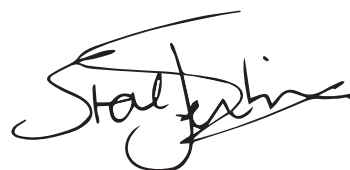
Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Payment for loss of office

There were no payments to senior managers for loss of office during the year.

Payments to past senior managers

There were no payments to past senior managers during the financial year.



Steve Jenkin

Chief Executive and Accounting Officer
22 June 2020

Staff report

Analysis of staff costs – the average number of staff employed by the Trust each month in 2019/20.

PERMANENTLY EMPLOYED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Headcount	1,075.23	1,088.25	1,092.00	1,093.00	1,122.00	1,099.40	1,100.50	1,096.25	1,104.40	1,115.75	1,113.75	1,126.20	1,102.23
FTE	869.23	887.81	876.09	874.47	871.82	873.00	878.32	880.77	878.22	871.19	889.04	898.76	879.06

TEMPORARY STAFF-BANK, LOCUM, AGENCY

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Non-medical Bank	107.26	115.03	58.75	68.30	71.91	70.09	76.73	79.61	61.09	60.15	69.43	69.98	75.69
Non-medical Agency	29.74	26.45	33.66	36.41	27.50	20.06	35.29	25.12	23.57	18.87	16.65	13.83	25.60
Medical Locums	3.81	5.86	1.56	0.57	0.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.01
Medical Bank	0.00	0.00	0.00	0.00	0.00	4.73	3.15	7.11	3.42	1.38	1.38	2.23	1.95
Medical Agency	2.47	6.75	1.90	1.04	1.61		5.38	3.33	3.56	1.12	0.75	0.66	2.60

Total Average Full Time Equivalent Staff Numbers 2019/20

985.90

2019/20 Gender breakdown in the Trust – male and female directors, other senior managers and employees

The Trust publishes an annual gender pay gap report and associated action plan. Due to the COVID-19 pandemic publication of these reports was delayed by the NHS for the year 2019/20. Reports are published on the Trust website and on the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>).

	Chief Executive	Executive Directors	Non-executive Directors	Other senior managers	All other employees	Total
Female	0	2	2	3	813	820
Male	1	1	3	0	252	257
Total						1077

Sickness absence data

In line with national guidance, the table shows the sickness absence for the calendar year January-December 2019.

	Total full-time equivalent staff years available	Total days lost	Average number of days of sickness per full-time equivalent employee
2019	876	9,553	6.7
2018	838	9,937	7.3

Detailed information can be found at <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Employee benefits and staff numbers	2019/20			2018/19
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	39,944	149	40,093	37,681
Social Security Costs	3,936	-	3,936	3,831
Apprenticeship levy	182	-	182	170
Employer's contributions to NHS Pension scheme	6,492	-	6,492	4,210
Pension cost – other	14	-	14	11
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	2,810	2,810	3,351
Total gross staff costs	50,568	2,959	53,527	49,254
Recoveries in respect of seconded staff	(37)	-	(37)	-
Total staff costs	50,531	2,959	53,490	49,254
Of which – costs capitalised as part of assets	175	423	598	373

STAFF POLICIES AND ACTIONS APPLIED DURING THE FINANCIAL YEAR

During 2019/20, QVH continued to ensure all staff policies are systematically reviewed and updated and comply with changes in legislation, and that employment policies are in line with current good practice and ensure that applicants and employees are treated fairly and equitably. Key staff policies reviewed in 2019/20 include:

- Maintaining High Professional Standards: Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical and Dental Practitioners (May)
- Appeals Policies and Procedures for Medical and Dental Practitioners (April)
- Special Leave Policy (May)
- Study and Professional Leave Policy for Medical and Dental Staff (June)
- Unpaid Parental Leave Policy (September)
- Paternity Policy (Maternity / Adoption Support) (September)
- Disciplinary Policy and Procedure (September)
- Medical Appraisal, Revalidation and Remediation Policy (September)
- Mandatory and Statutory Training Policy (September)
- Maternity, Adoption and Shared Parental Leave Policy (October)
- Domestic Violence Abuse Policy (Staff) (October)
- Change Management Policy (October)
- Temporary Staffing Operational Policy and Management Guidelines (November)
- Time Off in Lieu (TOIL) Guidelines (January 2020).

Other action taken in year included:

- Launch of the Health & Safety Executive's online work-related stress indicator tool
- Two-day basic skills mediation training for 18 delegates from a cross-section of staff across the Trust.

STAFF POLICIES AND ACTIONS APPLIED DURING THE FINANCIAL YEAR *continued*

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regards to their particular aptitudes and abilities.

- QVH has a positive approach to applications from people with disabilities and makes adjustments where appropriate for interview and employment. The Trust is registered as a Disability Confident Employer, and the revised recruitment and selection training for managers covers in detail the required steps for supporting disabled candidates during the recruitment process.

Policies applied during the financial year for continuing the employment of, and arranging appropriate training for, employees who have become disabled persons during the period.

- The Trust continues to provide training sessions and ongoing support for managers and staff around disability, including a successful programme around mental wellbeing. Our occupational health provider is very supportive of our staff with disabilities and is working with managers to ensure reasonable adjustments are made when recommended.

Policies applied during the financial year for training, career development and promotion of disabled employees.

- QVH works with individual staff who have disabilities, discussing their needs on a case-by-case basis. QVH is registered with the Disability Confident scheme and is committed to deliver against the NHS Employers recommended workforce disability equality standard within the next year.

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.

- During 2019/20 the chief executive continued to host regular staff briefing sessions, covering the Trust's latest quality, operational, financial and workforce performance metrics and analysis as well as plans for exploring a strategic partnership with other NHS trusts.
- The Team Brief cascade system, where managers pass on the detail of the briefing to their team, continued. Since its launch in 2017/18, the face to face briefing which takes place throughout the organisation, has seen some improvement in take up.

- The chief executive writes a blog which directly encourages comment from staff and continues to receive helpful feedback.
- A weekly staff newsletter provides an effective method of communication. Important news and developments are reported to staff in real time by email whenever necessary.
- The intranet site for staff, Qnet, was further enhanced to improve navigation and appearance and also includes new pages for clinical and medical education.
- Members of the executive team regularly attend local team meetings for Q&A sessions.
- The Trust was also a pilot site for the Clever Together, Best Place to work initiative which involved staff in crowdsourcing online conversations on themes that matter to them.

Actions taken in the financial year to consult with employees and their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests.

- QVH has good working relationships with its staff-side representatives and meets with them regularly to discuss the performance of the Trust in terms of its financial position and continuous improvement of care quality, workforce challenges and so on.
- Formal consultation with staff is driven through the joint consultation and negotiating committee comprising trade union and management representatives; and local negotiating committee involving managers and medical staff representatives and including a British Medical Association representative.

Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance.

- During 2019/20 a range of initiatives were successfully continued including breakfast and afternoon tea sessions for staff with the chief executive and chair; the team brief approach described above; staff excellence awards and recognition for long service and educational achievements. There are monthly meetings of the hospital management team, with senior clinical leaders from across the Trust involved in strategy and decision making.

- Whilst QVH has an open and supportive culture, it is important that we also provide other opportunities for staff to raise concerns safely without fear. The Freedom to Speak up Principal Guardian was elected by the workforce and continues to report directly to the chief executive in this role.

Information on health and safety performance and occupational health.

- The Trust's health and safety group regularly receives reports highlighting any risks and how they are being addressed, with quarterly information on the support provided to staff through our occupational health and employee assistance providers. Our occupational health services are provided by The Robens Centre. Data on this is also included the workforce reports to board and committees of the board. The QVH staff physiotherapy self-referral service has continued to be successful in supporting individuals and preventing some workplace absences.
- Our employee assistance provider gives all staff access to a range of personal and professional support including confidential counselling and legal advice for both work related and non-work issues; stress management; advice to staff on injuries at work; access to an online well-being portal and a 24-hour employee assistance programme which provides comprehensive advice for all staff including legal advice.

Information on policies and procedures with respect to countering fraud and corruption.

- QVH takes fraud and corruption very seriously and takes steps to regularly review processes to ensure that opportunities for fraud to take place are minimised. This includes training sessions for staff and managers from the counter fraud team. We also act upon information provided by staff and encourage them to be open at all times where they feel their colleagues are not acting in the best interests of patients or the Trust. NHS Protect training has been revised and an annual counter fraud survey undertaken.
- All board members received update training at a board seminar.

The board of directors was provided with an annual report on workplace diversity in November 2019, with progress marked against various equality initiatives and contractual requirements. This includes information on the gender pay gap, workforce race equality standard (WRES) and workforce disability equality standard (WDES) which are all published on the Trust's public website.

Employee policy and service developments in the Trust require an equality impact assessment to encourage reflection on potential impacts to those with protected characteristics and human rights principles. Equality impact assessment is also embedded within the business case development process and guidance is provided for managers on carrying out these assessments.

Retention and attraction challenges

During 2019/20 the Trust experienced a more positive year and reaped the benefits of a sustained attraction and retention campaign that began the year previously. We collaborated with two other NHS trusts for the overseas recruitment of nurses, including operating department practitioners. This, along with some local success, saw the Trust rolling annual turnover decrease by 5% in the year, the highest number of substantive staff in post ever and a reduction in agency usage by more than half. This was also reflected in the 2019 NHS staff survey results and ongoing staff friends and family feedback.

A key challenge in the latter part of the year particularly has been the impact, predominantly on medical and dental staff, of the pension tax issue. This affected morale as well as leading to a significant reduction in activity as staff impacted are not willing to undertake any waiting list initiatives.

The Trust will continue to promote the hospital as the best place to work. We promote the Trust through media and social media, attracting widespread positive coverage.

Workforce continues to be the single biggest challenge and risk in the NHS nationally. A draft national People Plan will seek to address many of these challenges. Our geographical location does disadvantage us with a high cost of living and supplements offered by other trusts. National concerns around the impact of Brexit on workforce and the potential impact of the pandemic on overseas recruitment are issues which we will continue to monitor closely on a Trust level too.

Off payroll engagements

Use of off-payroll arrangements is subject to authorisation by the board of directors' nomination and remuneration committee.

In the financial year 2019/20 the Trust had no off-payroll arrangements.

All off-payroll engagements as of 31 March 2020, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2020	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for 1-2 years at the time of reporting	0
Number that have existed for 2-3 years at the time of reporting	0
Number that have existed for 3-4 years at the time of reporting	0
Number that have existed for 4+ years at the time of reporting	0
All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	n/a

All new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	0
Number of engagements reassessed for the consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year, including both off-payroll and on-payroll engagements.	0

Exit packages

Foundation trusts are required to disclose summary information on the use of exit packages agreed in the financial year. Staff exit packages are payable when the Trust terminates the employment of an employee before the normal retirement date or whenever an employee accepts voluntary redundancy in return for these benefits. In 2019/20 QVH did not make any compulsory redundancies or agree any contractual payments in lieu of notice.

Expenditure on consultancy

During 2019/20, the Trust incurred consultancy costs of £214,000. This was largely for external resource to support the outpatient productivity initiative and external resource to support the coding of activity.

Queen Victoria Hospital NHS Foundation Trust — Trade union facility time disclosures
TRADE UNION FACILITY TIME REGULATIONS (2017) — 2019/20 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
7	5.6

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	Number of employees
0%	-
1-50%	7
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	£2,104
Provide the total pay bill	£50,826,980
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.004%

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 (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0%
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Staff survey report



STAFF ENGAGEMENT

Improving staff engagement, engendering a sense of belonging, commitment and enthusiasm for our work and aligning the organisation's values is the most powerful and sustainable transformation we could ask for.

The engagement of staff is key in helping the Trust meet both current and future challenges. We will involve staff wherever possible in decisions and communicate clearly with them to help maintain and improve staff morale especially through periods of uncertainty and change.

Although in earlier years the Trust had seen a decline in our workforce recommending the Trust as a place to work, the 2018 and 2019 NHS staff surveys showed a step change in this score – an improvement of 15% over two years.

The Trust remains proactive in cascading information through the face to face Team Brief, which includes a feedback mechanism, and promoting and embedding an open and transparent culture where we listen and act on suggestions and concerns raised by the workforce.

We continue to implement the action plan from the work undertaken a part of the NHS Improvement retention improvement project, which has now become business as usual.

During the summer of 2019 the Trust was one of five pilot sites across Kent, Surrey and Sussex for the Clever Together Best Place to Work crowd sourcing conversation. All staff, including those on the bank, were invited to take part and 33% of all staff participated. Collectively 119 ideas were posted on how to improve working life at QVH, with 542 comments on those ideas and 2,926 votes on those ideas and comments.

Our people and organisational development strategy clearly sets out the Trust's vision, ambitions and plans for the development of QVH through our workforce, and is based around five key workforce and organisational development goals which link with many of the themes in the 2019 staff survey:

People and organisational development goals	Staff survey themes
ENGAGEMENT AND COMMUNICATION	Staff engagement and team working
ATTRACTION AND RETENTION	Morale
HEALTH AND WELL-BEING	Health and well-being and safe environment (bullying, harassment and violence)
LEARNING AND EDUCATION	Quality of appraisals
TALENT AND LEADERSHIP	Immediate managers

Leadership for this work comes from the director of workforce and organisational development, and progress against these goals is reported in workforce reports to the board and key committees under the Best Place to Work banner.



NHS staff survey

The NHS staff survey is conducted annually. From 2018 the results have been grouped to give scores in themed indicators.

Team working was added as an additional theme this year. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

Response rate compared to prior years

This year we surveyed 1,009 eligible staff. Of these, 586 responded making a 58% return, an increase from 52% the year before. The 2019 benchmarking group for acute specialist trusts has 14 organisations and showed a 58% return rate overall.

	2015	2016	2017	2018	2019
Best	64.3%	69.1%	62.0%	63.2%	69.6%
QVH	49.6%	55.5%	54.9%	52.2%	58.1%
Average	49.6%	49.7%	52.8%	52.8%	58.1%
Worst	31.8%	39.2%	38.0%	40.5%	46.3%

Out of 90 questions asked in the 2019 NHS Staff Survey, 12 were significantly better, 76 had no significant difference and 2 were significantly worse than 2018.

The core questions around engagement which feed into the Staff Friends and Family test and the board reports are shown below. QVH has improved on last year's results in all areas and in particular Q21c is one of our most improved results overall.

Q	Description	2015	2016	2017	2018	2019
21a.	Care of patients/service users is organisation's top priority	88%	81%	82%	86%	88%
Q21c.	I would recommend my organisation as a place to work	76%	62%	57%	62%	72%
Q21d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	93%	91%	88%	91%	92%

Areas of improvement

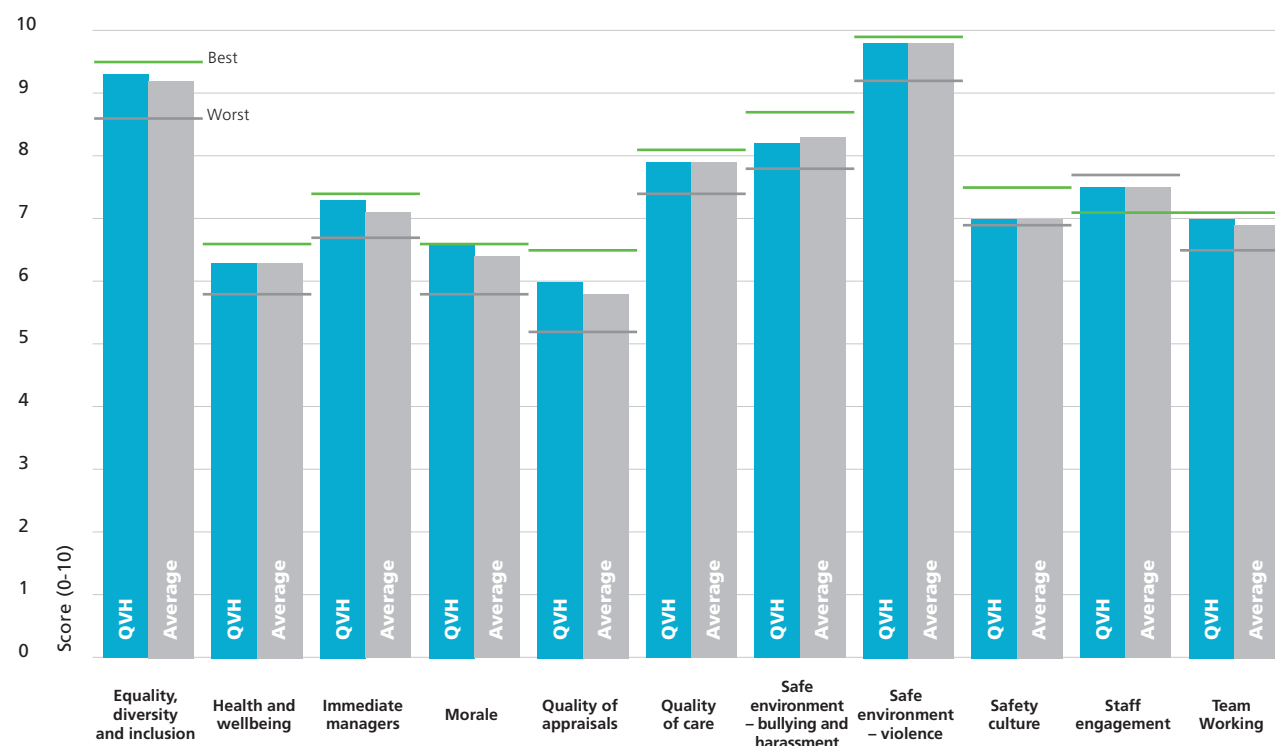
Of the 11 themes agreed for the 2019 NHS Staff Survey, QVH's results show an improvement in 9 out of 11 themes and two remained at the same level compared to 2018.

NHS staff survey results		2018		2019		Statistically significant change?
THEME		Score	Respondents	Score	Respondents	
1.	Equality, diversity and inclusion	9.3	486	9.3	573	not significant
2.	Health and wellbeing	6.2	493	6.3	579	not significant
3.	Immediate managers	7.0	496	7.3	578	not significant
4.	Morale	6.2	485	6.6	569	↑
5.	Quality of appraisals	5.7	409	6.0	496	not significant
6.	Quality of care	7.7	441	7.9	511	not significant
7.	Safe environment – bullying and harassment	8.2	485	8.2	575	not significant
8.	Safe environment – violence	9.7	490	9.8	577	not significant
9.	Safety culture	6.8	488	7.0	573	not significant
10.	Staff engagement	7.3	496	7.5	580	↑
11.	Team working	6.7	494	7.0	572	↑

Key comparisons

When compared with our comparator group of 14 specialist acute trusts, our scores are above average overall. QVH ranks above average on 5, average on 5 and slightly below average on 1.

Theme	1	2	3	4	5	6	7	8	9	10	11
	Equality, diversity and inclusion	Health and wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment – bullying and harassment	Safe environment – violence	Safety culture	Staff engagement	Team Working
Best	9.5	6.6	7.4	6.6	6.5	8.1	8.7	9.9	7.5	7.7	7.1
QVH	9.3	6.3	7.3	6.6	6.0	7.9	8.2	9.8	7.0	7.5	7.0
Average	9.2	6.3	7.1	6.4	5.8	7.9	8.3	9.8	7.0	7.5	6.9
Worst	8.6	5.8	6.7	5.8	5.2	7.4	7.8	9.2	6.9	7.1	6.5



When compared with the comparator group scores, QVH scores best on the themes of *equality, diversity and inclusion*, *immediate managers*, *morale*, *quality of appraisals* and *team working*. The worst theme is *safe environment – bullying and harassment*.

Summary details of any local surveys and results

Staff Friends and Family Test results for QVH in 2019/20 show positive trends in the percentage of people likely or extremely likely to recommend QVH as a place to receive care / work.

Staff Friends and Family 2019/20 Questions

	Q1	Q2	Q3*	Q4
How likely are you to recommend Queen Victoria Hospital to friends and family if they needed care or treatment?	97.62%	97.35%	92%	95.35%
How likely are you to recommend Queen Victoria Hospital to friends and family as a place to work?	74.60%	71.72%	72%	74.71%

*Q3 relates to 2019 NHS Staff Survey.

A more in depth analysis of the 2019 staff survey question data highlights specific questions/areas where QVH has improved quite considerably over a 12 month period.

Questions / Description	2018	2019
4f / Have adequate materials, supplies and equipment to do my work	54%	61%
4g / Enough staff at organisation to do my job properly	26%	42%
6a / I have realistic time pressures	20%	28%
6b / I have a choice in deciding how to do my work	55%	63%
6c / Relationships at work are unstrained	475%	54%
7b / Feel my role makes a difference to patients/service users	89%	93%
7c / Able to provide the care I aspire to	70%	78%
10c / Don't work any add unpaid hours per week for this organisation, over and above contracted hrs	37%	45%
21c / Would recommend organisation as place to work	62%	72%
23a / I don't often think about leaving this organisation	45%	54%
23b / I am unlikely to look for a job at a new organisation in the next 12 months	53%	60%
23c / I am not planning on leaving this organisation	59%	68%

Areas for development

In addition to the specialist acute trust comparisons, further analysis identifies specific questions/areas where QVH needs to focus its actions for improvement at an organisation level:

Questions / Description	2018	2019
12d / Last experience of physical violence reported	82%	52%
13d / Last experience of harassment/bullying/abuse reported	59%	49%
20 / Had (non-mandatory) training, learning or development in the last 12 months	79%	74%
28b / Disability: organisation made adequate adjustment(s) to enable me to carry out work	77%	73%
11e / Not felt pressure from manager to come to work when not feeling well enough	73%	70%

Physical violence has been experienced from patients (5%, which is much lower than the NHS average). The key issue is around the reporting of incidents which will be reviewed in more detail across key staff groups.

“Staff Friends and Family Test results for QVH in 2019/20 show positive trends in the percentage of people likely or extremely likely to recommend QVH as a place to receive care / work”

Themes summary

Based on the above findings, overall the Trust has managed to maintain largely positive survey results in comparison to the national picture in a challenging environment. There are a number of areas where QVH has made a significant improvement within the 2019 NHS Staff Survey but which must remain a focus in order to continue enhancing staff experience:

- **Morale** (linked to Goal 2 of the people and organisational development strategy);
- **Staff engagement** (linked to Goal 1 of the people and organisational development strategy);
- **Team working** (linked to Goal 1 of the people and organisational development strategy).

QVH will continue to assess key findings from the NHS staff survey report alongside the Best Place to Work initiative; people and organisational development strategy; staff friends and family test; and the stay/exit interviews to ensure we effectively listen and respond to the needs of staff. Particularly relating to the 2019 NHS Staff Survey results, we need to focus on:

- **Safe environment** – bullying and harassment (people and organisational development strategy Goal 2);
- **Equality, diversity and inclusion** (people and organisational development strategy Goal 2);
- **Health and wellbeing** (people and organisational development strategy Goal 3);
- **Safety culture** (people and organisational development strategy Goal 2).

Summary of ongoing actions

Bringing together the key themes of the staff survey report, the goals outlined in the people and organisational development strategy and a full analysis of the data will enable QVH to identify specific interventions to support areas for development. This will be undertaken in collaboration with our staff and other key stakeholders. We will continue with a range of QVH interventions already underway or about to commence, including:

- **Continuing the Leading the Way management development initiatives throughout 2020/21**
- **Developing and launching a programme of training for the administrative and clerical workforce**
- **Developing managers to empower them to work directly with their team on areas of improvement**
- **Ongoing promotion of a range of wellbeing events**
- **Promotion of Trust benefits**
- **Monitoring the mover/leavers survey to get qualitative and quantitative data to inform future attraction and retention interventions**
- **Continuing to deliver workshops on the importance of meaningful conversations, to include local inductions, probation meetings, appraisals (including Agenda for Change reforms) and stay/leave conversations**
- **Developing an appraisee workshop to raise awareness of the importance and process of appraisals at QVH**
- **Continuing the Best Place to Work initiative to gain insight into staff views on working for QVH**
- **Ongoing promotion of education, learning and development, maximising the external investment in the dental skills lab and simulation facilities.**

“Overall the Trust has managed to maintain largely positive survey results in comparison to the national picture in a challenging environment.”



NHS Foundation Trust Code of Governance disclosures

Statement

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

	Part of schedule A (see above)	Relating to	Code of Governance reference
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1.	2: Disclose	Board and Council of Governors	A.1.1
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Summary of requirement — The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.

The schedule of matters reserved for the Board of Directors was updated in 2019/20 following a review of the Trust's standing orders and standing financial instructions, and is published to the Trust's website. This suite of documents was implemented from 1 July 2019. The schedule includes a series of statements detailing the roles and responsibilities of the council of governors. Separate standing orders for the council of governors are in place.

The Trust's annual plan for 2013/14 described how any disagreements between the council of governors and the board of directors will be resolved and still stands. It is supported by the Trust's constitution and standing orders (also published to the Trust's website) to provide the framework for decision making and delegation between the board of directors, council of governors and executive management team.

2.	2: Disclose	Board, Nomination Committee(s) Audit Committee, Remuneration Committee	A.1.2
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Summary of requirement — The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Part of this requirement is also contained within paragraph 2.22 as part of the directors' report.

A register of this information is at appendix 7.1

3.	2: Disclose	Council of Governors	A.5.3
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Summary of requirement — The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.

A register of this information is at appendix 7.2

	Part of schedule A (see above)	Relating to	Code of Governance reference
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4.	Additional requirement of FT ARM	Council of Governors	n/a
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Summary of requirement — The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by governors and directors.

A register of this information is at appendices 7.1 and 7.2

5.	2: Disclose	Board	B.1.1
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Summary of requirement — The Board of Directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.

A register of this information is at appendix 7.1

6.	2: Disclose	Board	B.1.4
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Summary of requirement — The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.

Directors' biographies are included at appendix 7.3. The Trust considers that the board of directors remains balanced, complete, appropriate and compliant with the provisions of the NHS Foundation Trust Code of Governance and its own terms of authorisation.

7.	Additional requirement of FT ARM	Board	n/a
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Summary of requirement — The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated

Details of the length of appointments of the non-executive directors are included at appendix 7.1. Paragraph 35 of the Trust's constitution sets out the criteria and process for termination of a non-executive director contract.

8.	2: Disclose	Nominations Committee(s)	B.2.10
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Summary of requirement — A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.

See section 3.2

9.	Additional requirement of FT ARM	Nominations Committee(s)	n/a
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Summary of requirement — The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.

Not applicable in 2019/20

	Part of schedule A (see above)	Relating to	Code of Governance reference
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10.	2: Disclose	Chair / Council of Governors	B.3.1
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Summary of requirement — A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.

A register of directors' interests is kept by the Trust and is available at any time on request from the deputy company secretary. This register is also included in full in the papers for meetings of the board of directors held in public.

11.	2: Disclose	Council of Governors	B.5.6
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Summary of requirement — Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.

The QVH outlook for 2019/20 was presented at the annual members' meeting/AGM held on 29 July 2019, to which all members were invited. Regular information on strategy and development is included in the Trust's newsletter for members and the general public and in email bulletins to members. The council of governors receives regular presentations by the chief executive and executive team, providing an overview of the national and local position. These lead to an informed discussion of forward plans. The governor representative model means selected governors join the board and its committees where they have the opportunity to contribute further to the forward plans. The Sustainability Transformation Partnerships are an important part of our current environment. The council of governors has been updated regularly about what this means for QVH and how they can disseminate this information to members.

12.	Additional requirement of FT ARM	Council of Governors	n/a
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Summary of requirement — If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.

* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).

** As inserted by section 151 (6) of the Health and Social Care Act 2012)

Not applicable in 2019/20

	Part of schedule A (see above)	Relating to	Code of Governance reference
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13.	2: Disclose	Board	B.6.1
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Summary of requirement — The Board of directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the chairperson, has been conducted.

At its meeting in March 2020, the board considered an internal evaluation report which covered the collective performance of the board, the performance of its committees and the individual performance of its directors in addition to developmental opportunities throughout the year. The board was assured by this review that the Trust's governance arrangements remained fit for purpose.

The performance of the executive directors is assessed by the chief executive taking into account feedback sought from relevant members of staff and the board. The performance of the chief executive is assessed by the chair taking into account feedback sought from relevant members of staff and the board. The performance of the non-executive directors is assessed by the chair taking into account feedback sought from the executive directors and governors. The performance of the chair is assessed by the senior independent director in collaboration with the chair of the council of governors' appointments committee taking into account feedback sought from directors and governors, particularly the council's governor representatives to the board and its sub-committees. Processes for performance evaluation for directors and the chair continue to be refined on an annual basis to ensure input remains meaningful.

14.	2: Disclose	Board	B.6.2
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Summary of requirement — Where there has been external evaluation of the Board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.

Not applicable in 2019/20

15.	2: Disclose	Board	C.1.1
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Summary of requirement — The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). See also ARM paragraph 2.95

See the annual governance statement at section 3.7

16.	2: Disclose	Board	C.2.1
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Summary of requirement — The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.

See the annual governance statement at section 3.7

	Part of schedule A (see above)	Relating to	Code of Governance reference
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17.	2: Disclose	Audit Committee/ control environment	C.2.2
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Summary of requirement — A trust should disclose in the annual report:

- (a) if it has an internal audit function, how the function is structured and what role it performs; or
- (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.

In 2019/20 the Trust's internal audit function was provided by RSM Risk Assurance Services LLP. The purpose of internal audit is to provide the Trust board, via the audit committee, with an independent and objective opinion on risk management, internal control and governance arrangements. The scope of coverage in 2019/20 included:

- Recruitment
- Consultant job planning
- Referrals and waiting list management
- Theatre utilisation
- Financial management
- Rostering and workforce planning
- Estates and facilities
- Risk management and risk culture
- Financial systems and payroll
- GDPR – DPS toolkit

18.	2: Disclose	Audit Committee/ Council of Governors	C.3.5
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Summary of requirement — If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.

Not applicable in 2019/20

19.	2: Disclose	Audit Committee	C.3.9
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Summary of requirement — A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:

- the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;
- an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and
- if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.

The audit committee meets quarterly to maintain an effective system of governance, risk management and internal control (including financial, clinical, operational and compliance controls and risk management systems). The committee is also responsible for maintaining an appropriate relationship with the Trust's auditors.

Audit committee meetings are attended by the Trust's director of finance and other representatives of the Trust's risk management functions, the external and internal auditors and local counter fraud service. At each meeting, there is a closed session between the chair of the audit committee and committee members with the internal and external auditors.

During 2019/20:

- The committee received reports from the Trust's internal and external auditors that provided the committee with a review of the Trust's internal control and risk management systems. The committee considered the key financial estimates when reviewing the financial statements.

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	Part of schedule A (see above)	Relating to	Code of Governance reference
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Through the year end audit process, the Trust's external auditors described significant audit risks around the valuation of the land and buildings which highlights the risks due to the COVID-19 pandemic; the audit committee considered this and the Trust will undertake a further valuation exercise in 2020/21. The auditors also considered the revenue recognition for the Trust with no matters arising from this audit, and expenditure recognition with a medium recommendation raised which has been accepted by the Trust.

- In Q3, the committee undertook a review of its effectiveness and terms of reference. Its work programme was also reviewed and updated during the last quarter of the financial year to ensure it remained relevant and meaningful.
- The internal auditor's opinion, based on the work performed to 31 March 2020 is that the organisation has an adequate and effective framework for risk management, governance and internal control. However further enhancements have been identified for the framework of risk management, governance and internal control to ensure it remains adequate and effective.
- The external auditors did not provide non-audit services.

The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners. The Trust participates in the national agreement of balances exercise performed at months nine and twelve. The agreement of balances exercise identifies mismatches between receivable and payable balances recognised by the Trust and its commissioners and all differences are investigated by the finance team. The Trust also receives a material amount of other operating income for education and training.

Trusts are responsible for ensuring that the valuation of their property, plant and equipment is correct and for conducting impairment reviews that confirm the condition of these assets. As a result of the suggested accounting policies provided by NHS Improvement, trusts typically achieve this by performing an annual review for impairment, a periodic desk top valuation every three years and a full valuation in not more than five yearly intervals. The Trust undertook a full valuation review during 2019/20.

The valuation exercise was carried out in January 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Valuer's report: "The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a "Global Pandemic" on the 11 March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries. Market activity is being impacted in many sectors. As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement. Our valuation is therefore reported as being subject to 'material valuation uncertainty' as set out in VPS 3 and VPGA 10 of the RICS Valuation – Global Standards. Consequently, less certainty – and a higher degree of caution – should be attached to our valuation than would normally be the case. Given the unknown future impact that COVID-19 might have on the real estate market, we recommend that you keep the valuation under frequent review.

"For the avoidance of doubt, the inclusion of the 'material valuation uncertainty' declaration above does not mean that the valuation cannot be relied upon. Rather, the declaration has been included to ensure transparency of the fact that – in the current extraordinary circumstances – less certainty can be attached to the valuation than would otherwise be the case. The material uncertainty clause is to serve as a precaution and does not invalidate the valuation."

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	Part of schedule A (see above)	Relating to	Code of Governance reference
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20.	2: Disclose	Board/Remuneration Committee	D.1.3
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Summary of requirement — Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.

Not applicable

21.	2: Disclose	Board	E.1.5
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Summary of requirement — The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.

The board of directors uses a variety of methods to understand the views of governors:

- The lead governor is invited to attend all meetings of the board of directors including seminars, workshops and meeting sessions held in private. A requirement of this role is to provide feedback to governor colleagues to contribute to the council of governor's statutory duty to hold non-executive directors (NEDs) to account for the performance of the board of directors.
- Directors attend all meetings of the council of governors held in public. In 2019/20 council meeting agendas continued to be refined to provide more opportunities for non-executive directors to report to the council and for dialogue between NEDs and governors generally.
- The board invites a governor representative to attend meetings of its committees and feedback to governor colleagues. As the board committees are chaired by NEDs this facility gives more governors the opportunity to observe NEDs performing their duties as well as providing governors with wider insight into the operational activities of the Trust and corporate governance.
- The board of directors and council of governors have in place a document formalising principles of engagement between the council's governor representatives and the Trust's board-level structures and mechanisms. This underwent annual review at the council of governors meeting in January 2020.
- QVH's governor representative roles foster closer working relationships between governors and NEDs and provide more opportunities for governors to see NEDs at work on a regular basis. As a result, governors are better able to appraise the performance of the NEDs and hold them to account and NEDs are better informed of the views of governors and members.

22.	2: Disclose	Board / Membership	E.1.6
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Summary of requirement — The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.

The board recognises the challenges and limitations of establishing a representative membership base as it serves a large regional population with a range of specialist services and a smaller local population with a range of community services. Nonetheless, it ensures it continues to meet its responsibility to engage with stakeholders through various means, including the regular scrutiny of Friends and Family Test and patient experience results. A QVH patient is invited to nearly every board meeting to describe their experience of care at the Trust. The governor representative roles continue to enable strong and direct engagement between governors and the board, especially non-executive directors.

	Part of schedule A (see above)	Relating to	Code of Governance reference
23.	2: Disclose	Membership	E.1.4
<p>Summary of requirement — Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.</p> <p>Members who wish to communicate with the directors or governors should contact the deputy company secretary on 01342 414200 or hilary.saunders1@nhs.net. This information is also available from the Trust's website at: www.qvh.nhs.uk/about-us/board-of-directors and www.qvh.nhs.uk/for-members/council-of-governors-2</p>			
24.	Additional requirement of FT ARM	Membership	n/a
<p>Summary of requirement — The annual report should include:</p> <ul style="list-style-type: none"> – a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; – information on the number of members and the number of members in each constituency; and – a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members. <p>The Trust's members belong to either the public or staff constituency. Paragraphs 8 and 9 of the Trust's constitution set out eligibility criteria for membership of each constituency. As at 31 March 2020, the number of members within the public constituency was 7,316 and the staff constituency was 1,077.</p> <p>The Trust's membership strategy was reviewed by the Trust and presented to members, governors and non-executive directors at the Trust's annual membership meeting on 29 July 2019.</p> <p>Additional information regarding membership of the QVH Foundation Trust can be found online at http://www.qvh.nhs.uk/for-members/</p>			
25.	Additional requirement of FT ARM (based on FReM requirement)	Board / Council of Governors	n/a
<p>Summary of requirement — The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.</p> <p>See also ARM paragraph 2.22 as directors' report requirement.</p> <p>A register of directors' and governors' interest is kept by the Trust and is available on request from the deputy company secretary.</p>			
26.	6: Comply or explain	Board	A.1.4
<p>Summary of requirement — The Board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery</p>			
Compliant			

	Part of schedule A (see above)	Relating to	Code of Governance reference
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27. 6: Comply or explain Board A.1.5

Summary of requirement — The Board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance

Compliant

28. 6: Comply or explain Board A.1.6

Summary of requirement — The Board should report on its approach to clinical governance.

The Trust's clinical governance group is responsible for:

- Ensuring that QVH meets its statutory duty of quality through clinical governance
- Ensuring the best use of available resources for patients by establishing policies for effective clinical services
- Identifying and instigating policy improvement from clinical audit and outcomes monitoring processes
- Identifying and mitigating risks relating to the development and implementation of clinical policy.

The group meets formally monthly and reports to the quality and governance committee of the board which, in turn, provides assurance to the full board of directors. The group is chaired by the medical director and its members include the director of nursing and quality, the head of risk and patient safety, the governance leads of clinical specialties, senior nurses and service managers.

29. 6: Comply or explain Board A.1.7

Summary of requirement — The chief executive as the accounting officer should follow the procedure set out by NHS Improvement (Monitor) for advising the Board and the Council and for recording and submitting objections to decisions.

Compliant

30. 6: Comply or explain Board A.1.8

Summary of requirement — The Board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life

Compliant. The constitution is reviewed periodically and published to the Trust's website; The Trust's Standards of business conduct and behaviour policy was revised, approved by the Trust's audit committee and subsequently disseminated to all members of staff.

31. 6: Comply or explain Board A.1.9

Summary of requirement — The Board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.

See 30 above

	Part of schedule A (see above)	Relating to	Code of Governance reference
32.	6: Comply or explain	Board	A.1.10
Summary of requirement — The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.			
Compliant			
33.	6: Comply or explain	Chair	A.3.1
Summary of requirement — The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.			
Compliant: In January 2018, the council of governors approved the recommendation of its appointments committee that the current chair be appointed for a second term from 1 April 2018, having satisfied itself that this appointment met the criteria set out in B.1.1			
34.	6: Comply or explain	Board	A.4.1
Summary of requirement — In consultation with the Council, the Board should appoint one of the independent non-executive directors to be the senior independent director.			
Compliant. In consultation with the council of governors, the Board appointed Gary Needle as Senior Independent Director. This appointment took effect from 1 October following the departure of John Thornton.			
35.	6: Comply or explain	Board	A.4.2
Summary of requirement — The chairperson should hold meetings with the non-executive directors without the executives present.			
Compliant. The chair has met on alternate months with the non-executive directors on alternate months throughout 2019/20.			
36.	6: Comply or explain	Board	A.4.3
Summary of requirement — Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the Board minutes.			
Not applicable in 2019/20			
37.	6: Comply or explain	Council of Governors	A.5.1
Summary of requirement — The Council of Governors should meet sufficiently regularly to discharge its duties.			
Compliant. The Trust's constitution stipulates that the council of governors should meet at least four times per year. During 2019/20 the council of governors held meetings in public in April 2019, July 2019, October 2019 and January 2020.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
38.	6: Comply or explain	Council of Governors	A.5.2
Summary of requirement — The Council of Governors should not be so large as to be unwieldy. Compliant: The council of governors comprises 20 public members, three staff members and three stakeholder representatives, as established by paragraph 14 of the Trust's constitution.			
39.	6: Comply or explain	Council of Governors	A.5.4
Summary of requirement — The roles and responsibilities of the council of governors should be set out in a written document. Compliant. NHS/E (Monitor) publishes guides to the duties and legal obligations of foundation trust governors for governors. General duties of the Trust's council of governors are included in provision 19 of the Trust's constitution.			
40.	6: Comply or explain	Council of Governors	A.5.5
Summary of requirement — The chairperson is responsible for leadership of both the Board and the Council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. Compliant. The chief executive and members of the executive management team attend the public sessions of each quarterly meeting.			
41.	6: Comply or explain	Council of Governors	A.5.6
Summary of requirement — The Council should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns. Compliant. Provision 52 of the Trust's constitution sets out provisions for disputes between the council of governors and board of directors.			
42.	6: Comply or explain	Council of Governors	A.5.7
Summary of requirement — The council should ensure its interaction and relationship with the Board of directors is appropriate and effective. The council of governors relies on several roles and functions to ensure its interaction and relationship with the board of directors is appropriate and effective. These include: the role of the Trust chair as chairperson of both bodies; the roles of the director of communications and corporate affairs and the deputy company secretary as adviser to both bodies; the work of the governor steering group and appointments committee; and the role of the governor representatives to the board of directors and its sub-committees. QVH has a long-standing practice of inviting governor representatives to attend the board and committee meetings (see item 21 above). The role of governor representatives is appreciated by the Trust as an established and effective means of open and honest engagement between governors and the board. These roles are particularly significant as they play an important part in governors' duty to hold non-executive directors to account for the performance of the board. The roles foster closer working relationships between governors and non-executive directors and provide more opportunities for governors to see non-executive directors at work on a regular basis. As a result, governors are better able to appraise the performance of the non-executive directors and hold them to account.			
<i>continues...</i>			

	Part of schedule A (see above)	Relating to	Code of Governance reference
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The board of directors and council of governors have agreed a document formalising principles of engagement between the council's governor representatives and the Trust's board-level structures and mechanisms. This is reviewed on an annual basis.

43.	6: Comply or explain	Council of Governors	A.5.8
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Summary of requirement — The Council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.

Not applicable in 2019/20. Paragraph 35 of the Trust's constitution describes the process for removal of the chair and other non-executive directors.

44.	6: Comply or explain	Council of Governors	A.5.9
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Summary of requirement — The Council should receive and consider other appropriate information required to enable it to discharge its duties.

Compliant

45.	6: Comply or explain	Board	B.1.2
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Summary of requirement — At least half the Board, excluding the chairperson, should comprise non-executive directors determined by the Board to be independent.

Compliant

46.	6: Comply or explain	Board / Council of Governors	B.1.3
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Summary of requirement — No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.

Compliant. See provision 18 of the Trust's constitution.

47.	6: Comply or explain	nominations Committee(s)	B.2.1
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Summary of requirement — The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.

Compliant. The board of directors' nomination committee is responsible for the identification and nomination of executive directors and the council of governors' appointments committee is responsible for identification and nomination of non-executive directors.

48.	6: Comply or explain	Board / Council of Governors	B.2.2
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Summary of requirement — Directors on the board of directors and governors on the council should meet the "fit and proper" persons test described in the provider licence.

The Trust's declaration of interests pro-forma for directors and governors also incorporates a fit and proper persons declaration. Declarations are made by all directors and governors accordingly with each submitting a self-assessment against the categories of person prevented from holding office. These declarations are updated on an annual basis.

	Part of schedule A (see above)	Relating to	Code of Governance reference
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49.	6: Comply or explain	Nominations Committee(s)	B.2.3
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Summary of requirement — The nominations committee(s) should regularly review the structure, size and composition of the Board and make recommendations for changes where appropriate.

Compliant

50.	6: Comply or explain	Nominations Committee(s)	B.2.4
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Summary of requirement — The chairperson or an independent non-executive director should chair the nominations committee(s).

Compliant

51.	6: Comply or explain	Nominations Committee(s) / Council of Governors	B.2.5
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Summary of requirement — The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors.

Compliant. See 47 above. Part of the remit of the council of governors' appointments committee is to oversee the appointment processes for the chair and non-executive directors, making recommendations in this regard to the council of governors.

52.	6: Comply or explain	Nominations Committee(s)	B.2.6
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Summary of requirement — Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.

Compliant. See 47 above

53.	6: Comply or explain	Council of Governors	B.2.7
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Summary of requirement — When considering the appointment of non-executive directors, the Council should take into account the views of the Board and the nominations committee on the qualifications, skills and experience required for each position.

The appointments committee's terms of reference state that before any appointment is made by the council of governors, it should evaluate the balance of skills, knowledge and experience of the non-executive directors and, in light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In 2018, a skills audit of existing non-executive directors was undertaken by the chair to map skills to the Trust's key strategic objectives and identify gaps. Results of this audit were used to develop and agree the candidate brief in preparation for the recruitment of two new non-executive directors in 2019/20.

54.	6: Comply or explain	Council of Governors	B.2.8
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Summary of requirement — The annual report should describe the process followed by the Council in relation to appointments of the chairperson and non-executive directors.

Compliant. See 51 above

	Part of schedule A (see above)	Relating to	Code of Governance reference
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55.	6: Comply or explain	Nominations Committee(s)	B.2.9
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Summary of requirement — An independent external adviser should not be a member of or have a vote on the nominations committee(s).

Compliant

56.	6: Comply or explain	Board	B.3.3
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Summary of requirement — The Board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.

Not applicable in 2019/20

57.	6: Comply or explain	Board / Council of Governors	B.5.1
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Summary of requirement — The Board and the Governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.

Compliant. Papers for meetings of the board of directors and council of governors are available from the Trust's website.

In addition to meeting papers, the board of directors and council of governors receive regular briefings from the Trust, its regulators and its representative bodies to inform and provide context to the functions and decisions of the board and the council.

The council of governors receives notification when papers for meetings of the board of directors are published and the meeting agenda, and reports from the Chair and Chief Executive are extracted from the papers and issued directly to governors. Governors have a facility to log general queries to non-executive directors and the Trust's executive management team. The log records the response to the queries so that they can be shared systematically with all governors to share information and learning across the council.

Governor representatives to the board and its committees also submit personal reports to their colleagues in the company secretarial team's monthly newsletter for governors.

58.	6: Comply or explain	Board	B.5.2
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Summary of requirement — The Board, and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the Board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.

Compliant

59.	6: Comply or explain	Board	B.5.3
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Summary of requirement — The Board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.

Compliant

	Part of schedule A (see above)	Relating to	Code of Governance reference
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60.	6: Comply or explain	Board / Committees	B.5.4
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Summary of requirement — Committees should be provided with sufficient resources to undertake their duties.

Compliant

61.	6: Comply or explain	Chair	B.6.3
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Summary of requirement — The senior independent director should lead the performance evaluation of the chairperson.

The performance of the chair is assessed by the senior independent director in collaboration with the chair of the council of governors' appointments committee, taking into account feedback sought from non-executive directors, executive directors and governors. See row 13 above.

62.	6: Comply or explain	Chair	B.6.4
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Summary of requirement — The chairperson, with assistance of the Board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.

Compliant. The board of directors meet every other month for a seminar which gives a greater focus on strategy development and opportunities for board development. The board development programme has been shaped to ensure that it operates effectively and that the organisation is well led. The programme is the responsibility of the Trust chair who is supported in this task by the director of workforce and organisational development and the director of communications and corporate affairs. At its meeting in March 2020 the board considered the approach taken to date, and discussed priorities for board development in the coming year.

63.	6: Comply or explain	Chair / Council of Governors	B.6.5
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Summary of requirement — Led by the chairperson, the Council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.

The collective performance of the council is periodically reviewed every three years. The next review is scheduled for 2021.

Communication with members and the public is provided through a bi-annual newsletter, QVH News, and through regular email communication with members who have provided the Trust with their email address.

64.	6: Comply or explain	Council of Governors	B.6.6
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Summary of requirement — There should be a clear policy and a fair process, agreed and adopted by the Council, for the removal from the Council of any governor who consistently and unjustifiably fails to attend the meetings of the Council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.

Compliant. The circumstances in which a governor may be disqualified or removed from the council of are set out in provision 18 of the Trust's constitution.

	Part of schedule A (see above)	Relating to	Code of Governance reference
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65.	6: Comply or explain	Board / Remuneration Committee	B.8.1
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Summary of requirement — The remuneration committee should not agree to an executive member of the Board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the Board first having completed and approved a full risk assessment.

Not applicable in 2019/20

66.	6: Comply or explain	Board	C.1.2
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Summary of requirement — The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.

See also ARM paragraph 2.16

Compliant. See section 2.1

67.	6: Comply or explain	Board	C.1.3
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Summary of requirement — At least annually and in a timely manner, the Board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.

Compliant. The board sets out clearly its financial quality and operating objectives for the Trust through board papers, published to the website. These include both quantitative and qualitative information on the Trust's business and operation. Clinical outcome data is included in the quality report.

68.	6: Comply or explain	Board	C.1.4
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Summary of requirement

a) The Board of Directors must notify NHS Improvement and the Council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust.

b) The Board of Directors must notify NHS Improvement and the Council of Governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in:

- the NHS foundation trust's financial condition;
- the performance of its business; and/or
- the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust.

Compliant

	Part of schedule A (see above)	Relating to	Code of Governance reference
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69.	6: Comply or explain	Board / Audit Committee	C.3.1
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Summary of requirement — The Board should establish an audit committee composed of at least three members who are all independent non-executive directors.

Compliant

70.	6: Comply or explain	Council of Governors / Audit Committee	C.3.3
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Summary of requirement — The Council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.

Compliant.

71.	6: Comply or explain	Council of Governors / Audit Committee	C.3.6
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Summary of requirement — The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.

Compliant.

72.	6: Comply or explain	Council of Governors	C.3.7
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Summary of requirement — When the Council ends an external auditor's appointment in disputed circumstances, the chairperson should write to NHSI/E informing it of the reasons behind the decision.

Not applicable in 2019/20

73.	6: Comply or explain	Audit Committee	C.3.8
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Summary of requirement — The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.

Compliant. In 2019/20, RSM UK acted as providers of the Trust's local counter fraud specialist service. An annual work plan was agreed and delivery was overseen by the audit committee. Counter fraud policies and procedures are widely publicised for staff and are included as part of the new staff induction process.

Whistleblowing is the responsibility of the quality and governance committee. However, the audit committee is responsible for providing assurance that the whistleblowing process is fit for purpose and working effectively, as required by the board.

The role of the freedom to speak up guardian is specifically aimed at staff, and provides confidential advice and support in relation to concerns about patient safety. The role reports directly to the chief executive and the freedom to speak up guardian attends the board of directors meetings regularly throughout the year.

	Part of schedule A (see above)	Relating to	Code of Governance reference
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74.	6: Comply or explain	Remuneration Committee	D.1.1
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Summary of requirement — Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.

Compliant

75.	6: Comply or explain	Remuneration Committee	D.1.2
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Summary of requirement — Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.

Compliant. The council of governors' appointments committee undertakes an annual review ensuring that QVH remuneration reflects the time commitment and responsibilities of the roles and the need to attract, retain and motivate non-executive directors with the skills and experience to lead the Trust successfully.

76.	6: Comply or explain	Remuneration Committee	D.1.4
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Summary of requirement — The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.

Not applicable in 2019/20

77.	6: Comply or explain	Remuneration Committee	D.2.2
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Summary of requirement — The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.

Compliant

78.	6: Comply or explain	Council of Governors / Remuneration Committee	D.2.3
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Summary of requirement — The Council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.

Compliant. Following publication of the remuneration survey by NHS Providers, the appointments' committee reviewed the remuneration and terms and conditions of the chair and non-executive directors, and made recommendations in this regard to the council of governors at its public meeting on 29 July 2019.

	Part of schedule A (see above)	Relating to	Code of Governance reference
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79.	6: Comply or explain	Board	E.1.2
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Summary of requirement — The Board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.

Compliant

80.	6: Comply or explain	Board	E.1.3
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Summary of requirement — The chairperson should ensure that the views of governors and members are communicated to the board as a whole.

Compliant. Responsibility for ensuring that the views of governors and members are communicated to the board as a whole is shared between the chair, the director of communications and corporate affairs and the lead governor.

81.	6: Comply or explain	Board	E.2.1
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Summary of requirement — The Board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.

Compliant: The board of directors recognises that co-operation and collaboration is key to the sustainability of the organisation. Engagement with stakeholders in our local community and in the NHS is strong, with QVH well represented in all key NHS forums.

QVH maintains collaborative and productive relationships with representatives of third parties and over the last year has considered and continued to develop relationships including.

- Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust, with specific partnership work on clinical pathways
- Surrey and Sussex Cancer Alliance; Kent and Medway Cancer Alliance
- The Sussex Health and Care Partnership (formerly Sussex and East Surrey STP), with executive directors and the Trust chair regularly participating in all of the associated working groups and meetings
- The Kent and Medway STP, with links made at chief executive level and representation on QVH partnership working board
- NHS trusts which host QVH ‘spoke’ services across the South East region

82.	6: Comply or explain	Board	E.2.2
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Summary of requirement — The Board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.

Compliant. See row 81.

NHS Single Oversight Framework

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

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

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

Segmentation

NHS Improvement has placed the Trust in segment 2, the second highest category and QVH has not been subject to any enforcement actions.

This segmentation information is the Trust's position as at 1 June 2020. Up to date segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust shown above may not be the same as the overall finance score. The table below details the use of resources score in 2019/20.

Area	Metric	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4
Financial sustainability	Capital service capacity	4	4	4	4
	Liquidity	2	1	2	4
Financial efficiency	Income and expenditure margin	4	4	4	4
Financial controls	Distance from financial plan	4	1	4	4
	Agency spend	3	3	3	3
Overall scoring		3	3	3	3

The Trust's overall year to date score is 4 for the year; the lowest score possible. A score of 3 was achieved for agency spend due to a reduction seen at the end of the financial year. The other metric measures scored 4 due to the adverse financial performance in year as the Trust slipped into deficit resulting in a shortfall in capital service capacity, a material distance from planned control total and a negative income and expenditure account margin.

Statement of the Chief Executive's responsibilities as the accounting officer of Queen Victoria Hospital NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require 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, total recognised gains and losses and cash flows for the financial year.

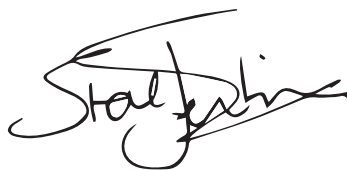
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her 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*.



Steve Jenkin

Chief Executive

22 June 2020

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The board views risk management as a corporate responsibility, in line with the NHS Improvement 2017 Well Led Framework which requires the board to have effective systems and processes in place to mitigate and manage risk. The degree and rigour of oversight the board has over the Trust's capacity to handle risk is apparent at the public and private boards, committees of the board meetings and board seminars.

During 2019/20, the board undertook certified cyber security training using an external facilitator and the board also refreshed the Trust's risk appetite statement to reflect changes and new opportunities. This details the current risk profile of the organisation, the level of risk to which it is currently exposed and states how much risk the Trust is prepared to accept to achieve the organisation's key strategic objectives.

The Trust's risk management training programme has been reviewed and all Trust staff attend this mandatory session. A small number of staff have been trained to undertake serious incident investigations, supported by the head of risk and patient safety, which include identification of future risk and actions to minimise these risks.

The director of nursing and quality is the Trust's lead for risk, supported by the head of risk and patient safety and the head of quality and compliance. The Trust's quality and governance committee and finance and performance committee 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 clinical governance group is responsible for the management and

monitoring of clinical risk management in the organisation and reports into the quality and governance committee. At every public board meeting there is scrutiny of the board assurance framework, the corporate risk register and detailed director reports which contain key quality and safety, operational, financial and organisational details, exception reporting and a focus on safe staffing levels. There are also reports from the chairs of the committees of the board to update on the level of assurance the committees have about quality, safety, clinical effectiveness, patient experience, operational delivery and finance.

The non-executive directors are held to account by the council of governors and the chair of the quality and governance committee presents an assurance report to each council of governors meeting as well as taking questions from governors. The governor representative of the quality and safety committee also addresses the council of governors regarding the level of assurance received.

The Trust learns from incidents 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 clinical governance system to support the dissemination of key issues to Trust staff including the board, clinical governance group and joint hospital governance meeting. This learning is also shared externally with our commissioners and regulators for additional scrutiny and assurance. All serious incident investigations are reviewed by the quality and governance 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 in practice.

The risk and control framework

The current Trust risk management strategy covers the four year period to December 2020. The strategy outlines the framework within the Trust's governance structure and the requirements for individuals and teams to comply with key regulatory instructions and legislation, to manage risk effectively and contribute to achieving the Trust's key strategic objectives. Assurance regarding the effectiveness of this strategy is presented at the quality and governance committee. The Trust has commenced aligning the 2019 NHS Patient Safety Strategy with Trust strategy and clinical governance arrangements.

The Trust's risk management and incident reporting policy is published on the Trust intranet. The policy provides an outline of the risk processes and the ways in which a risk should be assessed, actioned and escalated. Incidents can be logged directly by the individual on the Trust reporting system or via their line manager. There is also provision for staff to raise a risk confidentially or anonymously to the director of nursing using an anonymous 'Tell Jo' email account, contacting the Trust's freedom to speak up guardian, or using the Trust's whistleblowing process.

In December 2019, an internal audit of risk management and risk culture was undertaken. The review considered two distinct areas the control framework of the centralised risk management function and the culture and behaviours

of the organisation with regards to risk. Substantial assurance was achieved.

Once a potential risk is identified, the individual or team are supported by the risk team in a wider triangulation of information such as previous incidents, audits, external reviews, complaints and quality metrics to determine if this is an actual risk. If this is the case the risk is scored and appropriate actions and mitigations identified and the risk is added to department (local) or corporate risk register. If a risk score is 12 or more the risk is added to the corporate risk register. The risk registers are all reviewed monthly; the departmental risk registers at governance and business meetings and the corporate risk register by the executive management team and the quality and governance committee.

A range of data and risks are managed via the Trust risk management software package, these include incidents, complaints, claims, Care Quality Commission standards and freedom of information requests. The software allows risks, incidents complaints and claims to be linked and interpreted to look for trends and areas of concern. This system is overseen by the risk team, and the risk and incident information is shared with the business units each month forming part of the governance and risk management process. There is an escalation process for serious concerns to be escalated directly to the head of risk and patient safety, the director of nursing or medical director if required.

Staff are actively encouraged to report incidents and near misses to identify potential risks and take action to prevent these. Learning from incidents is integral to the risk process and is shared at a variety of forums and groups including the clinical governance group, quality and governance committee, staff newsletter, the cascade team briefing and the joint hospital governance group. During 2019/20 the Trust undertook significant work in critical care to reduce risk and develop a clinically led safety culture which has provided assurance to the board and was noted by the CQC in the 2019 inspection.

Within the board assurance framework there are three significant risks to the Trust's key strategic objectives. These risks are reflected in the corporate risk register. Two of these risks, 18 week referral and workforce, have reducing risk scores following effective mitigation and actions; the third, financial sustainability, remains at the same level.

Mitigating actions for managing the national 18 week referral to treatment target included the Trust inviting the NHS Improvement intensive support team to work for a second time with the Trust and redesign of pathways and developments of Standard Operating Procedures. The Trust worked transparently with commissioners and regulators as part of a whole system response to put in place a referral to treatment recovery plan which included improved waiting list reporting, a comprehensive programme of validation, a revised access policy and associated processes and provision of additional capacity so that patients could be treated as quickly as possible.

Mitigating actions for workforce have included a range of 'Best Place to Work' initiatives for staff and prospective employees. These included enhanced bank

pay and a reward scheme for introducing a qualified practitioner to the Trust; innovative campaigns to attract applicants to apply for posts; investment in education and development to support existing staff; introduction of a people and organisational development strategy; and successful international recruitment in partnership with an experienced NHS provider trust partner.

Mitigating actions for financial sustainability include revised forecast deficit; review of activity plan and contract management framework; monthly performance management from NHS Improvement; additional internal performance review of the clinical and non-clinical services with a requirement from each to identify and agree cost improvements; and cost reductions; review of service lines. The detail of this is in the finance performance section. In addition, the Trust is leading work with local health economy partners and regulators to secure longer term financial sustainability, possibly through a formal partnership with other trusts.

As detailed previously under enhanced quality governance, the responsibilities and accountabilities of the board members and committees of the board are well defined within the governance structure. The Trust monitors compliance with its NHS foundation trust license condition 4 by several means, including:

- The public board meetings which 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 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 governance committee and the finance and performance committee which 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 committee which seeks additional assurance on risk management by commissioning internal and external audits as part of the audit work programme or in response to specific issues and requires evidence that effective systems and processes are in place to mitigate and manage risk.
- The board assurance framework and corporate risk register which are discussed at every public board meeting.
- Timely responses to NHS Improvement information and monitoring requests and executive management team attendance at the quarterly NHS Improvement performance reviews.

- Regular provider engagement meetings 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 impact assessment to be completed to ensure we meet legislative requirements and are not discriminating against protected characteristic groups. The equality impact assessment is completed by the manager writing the policy and signed off by their line manager prior to approval by the relevant ratifying committee.

Public stakeholders are involved in managing risk; this is through the risks identified by external assessors, incidents, complaints and other external bodies. The council of governors receives quarterly updates about quality and risk from the non-executive chair of the quality and governance committee and from the governor representative to 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 table top exercises and lockdown drills, partnership working with commissioners and NHS England and peer review by the Local Health Resilience Partnership. The Trust has carried out the required national self-assessment which has been reported to the board and detailed improvement in compliance. There are 55 core standards applicable to QVH and we were fully compliant in 48 of these; six standards are rated as partial compliance; and one standard is rated as non-compliant. The Trust undertook an effective table top exercise reviewing Brexit preparations. More recently the Trust has responded to the COVID-19 pandemic, working with national incident response teams and Public Health England putting in place all necessary measures.

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* 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 Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

“Learning from incidents is integral to the risk process.”

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

During 2019/20 the Trust's financial position deteriorated in the context of increasing spend on pay and non-pay, and a reduction from plan in both activity levels and the complexity of the activity undertaken.

Concern about pensions tax meant some of our most senior staff did not deliver their usual extra clinical sessions which would have increased activity, and some significant changes in tariffs also affected income. Given the small size of the organisation, changes in tariff, workforce costs and a change in number and type of patients we see, can disproportionately affect our ability to meet our financial plans.

The Trust is forecasting a deficit in 2020/21, with a need for cash support from the Department of Health and Social Care; the material uncertainties associated with the Trust's future financial position are set out in note 1.1 to the accounts.

The value for money opinion from the Trust's auditors is an 'except for' opinion, as the Trust achieved economy, efficiency and effectiveness except in respect of financial sustainability. This is consistent with the prior year.

The Board Assurance Framework, discussed at every meeting of the board, continues to recognise the long term financial sustainability of the Trust as a key risk. The Trust works to ensure economy, efficiency and effectiveness in a number of ways including robust planning, application of controls, performance monitoring and independent reviews.

The financial plan for 2019/20 was approved by the board and submitted to NHS Improvement as required. As in year financial performance deteriorated, performance against the plan and remedial actions were examined at executive-led performance reviews and at an executive management meeting for oversight and scrutiny. Reports including forecast projections, performance indicators and supporting narrative were presented at a monthly finance and performance committee and bi-monthly to the Trust board. The organisation took steps in year to address the deteriorating financial performance as well as to ensure regulators were aware of forecast year-end position.

The Trust's resources are managed within the framework of its primary governing documents, policies and processes, including:

- Standing orders, standing financial instructions, scheme of delegation and reservation of powers to the board;
- Robust expenditure controls and
- Effective procurement procedures.

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 purpose by the audit 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 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 monthly updates on programme performance whilst the quality and governance committee reviews plans to ensure there is no negative impact upon the quality of service provision and/or outcomes.

Information governance

Responsibility for the information governance agenda is delegated from the chief executive to the director of finance as senior information risk owner (SIRO), and the Caldicott guardian who is the director of nursing and quality, as well as the Trust data protection officer who is the information governance lead. The SIRO is responsible for ensuring that information risk management processes are in place and are operating effectively. The Caldicott guardian is responsible for ensuring the confidentiality of patient information and appropriate information sharing.

The information governance group is chaired by the SIRO and is responsible for overseeing the Trust's information governance arrangements and compliance against required standards and targets. The group, with representation from across the Trust, reports to the executive management team for oversight and scrutiny and to the quality and governance committee for assurance purposes.

One of the key responsibilities of the information governance group is to oversee the Trust's annual data security and protection toolkit assessment. The toolkit is an online self-assessment tool that allows organisations to measure their performance against the national data guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

During 2019/20, priority has been given to cyber security and in particular addressing any threats to our systems, processes and data.

Data security risks continue to be managed and controlled via the risk management system, incorporated into the risk register and reviewed by the information governance group.

In 2019/20, no recorded data security incidents were assessed to have caused significant risk to the rights and freedoms of individual(s) and therefore reportable to regulatory authorities.

Data quality and governance

The Trust uses a range of tools and processes to bring together the correct, complete and valid data required to support sound decision making.

Previous data quality challenges have been addressed during 2019/20 through the use of an integrated data warehouse, supported by regular studies of data flows and processes and routine independent audits. New reporting structures have allowed greater automation, reducing the risk of human error and allowing experienced staff to address more complex data quality issues.

Working with other NHS partners, the Trust has established new reports and systems integrating new datasets and increasing the level of reliable intelligence that can be extracted from the data.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the quality and governance 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:

- Regular board review of the board assurance framework and risk registers, as well as regular assurance reports by the chairs of the two key board assurance sub-committees (finance and performance and quality and governance) and minutes from audit committee meetings. Key risks are fully debated and the board ensures actions are in place where necessary.
- Board members receive monthly performance reports on:
 - safe staffing and quality of care
 - operational performance
 - financial performance
 - workforce
- The board receives regular information governance reports
- The audit committee reviews findings from internal and external audit work and ensures links to the risk register and assurance framework are maintained
- An extensive programme of clinical audits assesses patient experience and measures the effectiveness of treatment provided, with action taken where indicated, to ensure high quality care with re-audit where necessary
- 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
- The quality and governance committee reviews feedback from external assessments on quality of service, including NHS Improvement, Healthwatch, Care Quality Commission, NHS Resolution and audit, as well as ensuring internal quality measures are regularly tested and standards are met.

Conclusion

The Trust has continued to provide high quality services for its patients and to meet the needs of its various regulators. The review of governance and controls confirms that the Trust has managed risks effectively through the year and can provide assurance that effective systems are in place to support the running of the organisation. I am pleased to conclude that at the end of the year there are no significant internal control issues for the Trust.



Steve Jenkin
Chief Executive
22 June 2020

QUALITY REPORT 2019/20

Statement on quality

This has been a year of two very different parts. The virus that changed so much for us all will inevitably be at the front of our minds, but this Quality Account also serves to remind us of the excellent work underway at QVH before that. Our ability to deliver vital care through the pandemic was founded on the expert skills and positive attitudes that were already embedded in the values of QVH staff, along with an absolute determination to do the right thing for every patient.

We have a huge amount to be proud of in 2019/20. I will just highlight a few successes here; you can read many more in the report that follows.

QVH is the South East's specialist surgical centre for skin cancer, head and neck cancer, and provides microvascular reconstruction services for breast cancer patients following, or in association with, mastectomy. We therefore take part in the National Cancer Patient Experience Survey and in 2019 this survey again showed that patients rate highly the cancer care we provide. The average patient rating for their care at QVH was 8.9 out of 10, which is a testament to the professionalism, commitment and compassion of our staff. We always strive to do better and surveys like this always help us to find ways to improve what we do.

One of those improvements is that our head and neck cancer team now have a member of staff to coordinate imaging studies, referrals and surgery. The head and neck cancer navigator helps to make sure we provide prompt, timely and efficient care to these patients. A possible head and neck cancer can be devastating to a patient and their family members. We are aiming to offer patients with a suspected cancer a first appointment within seven days of referral and have put systems in place to support prompt benign result letters as well as help cancer patients throughout the continuum of care. Through the first months of 2020/21 we have seen a significant increase in the numbers of head and neck cancer patients receiving surgery at QVH, so this role has been even more important.

In 2019, QVH therapies department worked with a small number of patients needing specialist therapies for hands, burns and facial palsy to see if we could successfully deliver therapy sessions online. The focus at the time was on reducing the travel time and stress related to this for our patients throughout the UK.

We also thought that it would help to reduce the number of on-the-day cancellations, which increase waiting times and are costly, reduce patients' reliance on hospital transport and lead to fewer vehicles using the car park which can be busy at times.

This small trial rapidly became the norm for the vast majority of our clinics when the pandemic began. In an extremely rapid, fundamental change to how we work we were able to establish virtual clinics across our specialisms, keeping our patients and our staff safe without compromising the standard of clinical care.

Finally, I just want to mention our cranio-maxillofacial prosthetic service, the largest of its type in the UK and one of only five accredited reconstructive science training institutions, developing experts of the future through government funded training posts. Using the latest 3D technologies, the onsite maxillofacial laboratory is able to design and manufacture surgical implants such as titanium skull plates, and with incredible art the team produce artificial ears, eyes, noses and sections of face. During 2020 there were significant changes in legislation and the laboratory at QVH was among the first to obtain a license with the Medicine and Healthcare Products Regulatory Agency, evidencing the robust quality management and risk management that lies behind our totally bespoke work with individual patients.

I hope you will agree that those three areas of work illustrate the patient-centred focus for which QVH is rightly known, and that we combine that with a reputation for innovation and for robust systems and processes. These stories are repeated through all our teams and across our work with all our patient groups; please do read the rest of this report to find out more.



Steve Jenkin

Chief Executive and Accounting Officer
30 July 2020



PRIORITIES FOR IMPROVEMENT

QVH's quality priorities for 2020/21 are built around our ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. They have been developed in collaboration with staff and the council of governors, and take into account patient feedback and progress on our 2019/20 priorities.

The Trust uses the three dimensions of quality set out by Lord Darzi:

PATIENT SAFETY

Having the right systems and staff in place to minimise the risk of harm to our patients and, if things do go wrong, being open and learning from our mistakes.

CLINICAL EFFECTIVENESS

Providing high quality care, with world-class outcomes, whilst being efficient and cost effective.

PATIENT EXPERIENCE

Meeting our patients' emotional as well as physical needs.



PATIENT SAFETY

Delivery of a simulation programme for theatre staff based on human factors. The simulation training will be inter-professional, delivered to multidisciplinary teams of staff who work together to care for patients. The simulated scenarios will be theatre specific clinical emergencies and will allow safe practice of skills, both technical and non-technical. The aim of the human-factor based simulation training programme will be to improve the skills, knowledge and confidence of staff and enhance patient safety.

What success will look like...

The theatre training will incorporate recommendations from the report "Improving Safety through Education and Training" commissioned by Health Education England.

We will demonstrate how the current investment in simulation equipment and training capacity sustains and improves patient safety within theatres and has been incorporated into everyday clinical practice.

We will look at how the simulation and awareness of human factors programme approach has improved QVH's COVID-19 preparedness and effectiveness; improved theatre staff downtime due to restricted surgical procedures created by the pandemic; increased clinical skills and knowledge. Additionally we will assess whether raised awareness of human factors is positively incorporated into incident investigations within theatres.



CLINICAL EFFECTIVENESS

Implement and increase the use of virtual clinics within hand surgery including trauma, to ensure that patients are seen more quickly from initial injury, and can be assessed and treated within fewer appointments to improve their overall patient experience.

QVH is the regional hospital for hand surgery including trauma. Hand surgery is complex, and often requires multiple attendances to site for assessment and surgical intervention. This is often followed by ongoing therapeutic rehabilitation with specialist hand therapists to regain full movement lost through the injury.

What success will look like...

Implementation of virtual clinics will ensure that some patients are able to have initial consultations, hand therapy and other outpatient appointments virtually. This will benefit the environment by reducing patient journeys to site and car parking challenges, while freeing up space within onsite clinical areas.

We will increase procedures undertaken under local anaesthetic and introduce hand therapists within theatres to fit the patient's splint after their operation with consultant input, to further reduce the need to attend site.



PATIENT EXPERIENCE

The Mental Capacity Act was enacted in 2005 and then implemented during 2006. Staff and patients still struggle to fully understand all the legal nuances and requirements for valid decision making and consent to occur for our most vulnerable patients and their families.

Baseline audit of Mental Capacity Act processes and record keeping. To improve data capture on existing systems so that the Trust has a better overview of Mental Capacity Act activity and can report accurately.

Implementation of updated Mental Capacity Act documentation to improve record keeping to meet the threshold for legal review. Define clear recording standards so that staff are confident they are recording adequate information.

The patient Mental Capacity Act journey will be made transparent and current patient information will be reviewed and adjusted to make the processes transparent and clearer to all concerned.

The primary aim of this quality priority is to support Trust-wide implementation of the Mental Capacity Act and to improve clinical safety and patient care.

What success will look like...

- A task and finish Mental Capacity Act documentation working group to put in place updated and more effective patient documentation
- Data will be collected and systematically audited to provide regular reports on Mental Capacity Act processes and recording
- Training needs analysis will be undertaken to better inform learning and development options offered
- Staff training will be reviewed and updated to build confidence, efficiency and competencies
- Patient Mental Capacity Act journey will be transparent and materials provided to support patient and family understanding of how the Mental Capacity Act works on a day to day basis in an acute hospital setting.

Learning disability is a lifelong condition which cannot be cured. Patients with this condition have reduced ability to understand new or complex information. They are likely to have a reduced ability to cope independently in the hospital environment. We want to make sure the right support and adjustments are made to aid a good recovery and to enhance their experience of the hospital environment.

This project aims to improve patient experience by undertaking detailed reviews with individual patients during their attendance and/or admission to QVH.

We also want to make transparent each patient journey and how staff can best support them and their families/carers whilst they are patients of QVH.

What success will look like...

Set up a QVH task and finish group to achieve provision of effective learning patient information and the use of learning passports.

We aim to bring together a high quality collection of patient feedback at different stages in their treatment journey, which will be used to look at improvements in how we support patients in individual decision making around their treatment. This will include a review of the information provided for patients regarding surgery and treatment expectations.

Enhance and strengthen the use of learning disability passports in the hospital setting, enabling all reasonable adjustments to be made in a timely manner.



We have paused work on the finalisation and implementation of these priorities due to the COVID-19 pandemic. Revisiting these quality priorities will be part of our phased recovery and restoration work.



Progress against these priorities will be monitored by the Trust's quality and governance committee on a quarterly basis. Priorities may change depending on the duration of the COVID-19 pandemic. Progress will also be reported at public board meetings.



Performance against 2019/20 quality priorities

Our quality priorities for 2019/20 were influenced by information from national and local reports and audit findings, along with the views of QVH governors, patient feedback and suggestions from staff across the organisation. End of year progress against our three 2019/20 quality priorities was as follows:



PATIENT SAFETY

Our quality priorities and why we chose them...

Implementation of an e-observation tool to collect and collate patient physiological data such as blood pressure, heart rate, respiratory rate and other clinical indices.

These will then be compared automatically with agreed standards and provide automated alerts to the patient's clinician for intervention and further escalation where required.

The e-observation tool will make use of NEWS2, the standardised national approach for detection and response to clinical deterioration in adult patients.

The primary aim of this quality priority is to support Trust-wide implementation of a tool to detect patient deterioration early, and improve clinical safety and patient care.

Targeted outcome...

Paper implementation of the new NEWS2 tool replaced by effectively implementing an e-observations patient tracking tool within clinical areas to help with clinical decision making.

Data will be collected and systematically audited to provide regular reports on patient status, response times and patient outcomes in order to improve quality of care.

Did we achieve it in 2019/20?

An e-observations software package and mobile devices have been procured and will be rolled out to doctors and the wards for use. The devices will be used to collect vital signs data at the bedside and allow clinicians to view the data from anywhere in the Trust.

The final phase will allow integration with Trust devices to send the vital signs data directly into the software, reducing the need for the nurse to input the data and thereby improving accuracy and patient safety even further. However, this phase was suspended for a minimum of three months due to the COVID-19 outbreak.

PATIENT EXPERIENCE

Our quality priorities and why we chose them...

Review of patient experience of treatment pathways in head and neck surgery.

QVH is the regional centre for head and neck surgery and our head and neck cancer services include primary assessment and diagnosis, specialist review, surgery and follow up. This surgery is often life changing. We want to make sure we are giving patients the best possible information before and during their treatment so that they can make individual choices about the course of treatment, including the balance of risk and benefit.

This project aims to improve patient experience by undertaking detailed reviews with individual patients during the inpatient and discharge periods.

Targeted outcome...

We aim to bring together a high quality collection of patient feedback at different stages in their treatment journey, which will be used to look at improvements in how we support patients in individual decision making around their treatment. This will include a review of the information provided for patients regarding surgery and treatment expectations.

Did we achieve it in 2019/20?

A total of 42 patients responded to the survey

All but one patient felt they were given enough information (written and/or spoken) before their operation and it was easy to understand. One patient felt they were given enough, but it was difficult to understand.

The majority of patients (37) felt the information prepared them enough for their recovery and experience after surgery. Three patients expressed that they could have done with more information; one patient felt it was overwhelming; and another patient did not know/ could not remember.

All open ended responses received expressed that the information given was clear, informative and easy to understand.

CLINICAL EFFECTIVENESS

Our quality priorities and why we chose them...

Outpatient Improvement Programme – introduction of 'virtual clinics'.

The aim of this quality priority is to take forward the delivery of new and innovative ways of delivering outpatient appointments that will improve patient experience, efficiency and help to reduce waiting times. Areas of focus will include the introduction of Skype clinics and virtual follow up clinics for glaucoma patients.

Targeted outcome...

To establish virtual clinics for:

- Adult and paediatric scar management
- Facial palsy
- Glaucoma
- Mandibular advancement splints

Did we achieve it in 2019/20?

In 2019/20 we established one adult scar clinic and one paediatric scar clinic by Skype each month, as well as a small amount of hand therapy and facial palsy activity via Skype.

Glaucoma clinics are increasing as more patients enter the virtual pathway and patients are returning for follow ups within the virtual setting. Mandibular advancement splint clinics are ongoing and regular; these have been expanded as required to incorporate new patients.

Each area has been recording patients' feedback via a questionnaire. Patient satisfaction has been high for glaucoma and a Skype audit has taken place to evaluate the clinics from a clinician's perspective.

With the arrival of COVID-19 this work stream took on new importance as a way to see patients safely during the pandemic. Initially, the majority of outpatient appointments were converted to telephone consultations and NHS England promoted the implementation of a video consulting platform which QVH has adopted. We have set up a number of pilot clinics, which have in turn supported the development of a comprehensive roll out programme across all services during June and July 2020.

The rapid acceleration of the virtual clinics programme with outpatient appointments carried out by phone and video has enabled us to successfully see hundreds of patients at a time when face to face appointments were not possible. We will continue to review and build on the learning from this.

We have set up 14 waiting areas for virtual video consultations, including an area for patients to test their equipment and a post consultation area for patients to book follow ups.

SAFEGUARDING IN AN ACUTE SPECIALIST HOSPITAL

Changes to the QVH safeguarding team

QVH teams work together to protect our most vulnerable patients. This year we have brought in additional resource for the safeguarding named nurse role; there are now two named nurses, one for children and one for adults. Having two lead clinicians enables QVH to focus on the wider elements of safeguarding, encompasses the mental health work; allows for succession planning; and also infuses the workforce with new perspectives and enthusiasm.

We work very closely with our local paediatric colleagues drawing on their safeguarding knowledge and experience. This year the role of safeguarding named doctor has been newly taken up by an established consultant with a wealth of experience in treating complex paediatric cases. She has effective working relationships with consultant paediatricians and her inclusive leadership will help further embed safeguarding learning across all Trust medical services.

Work of the QVH strategic safeguarding group

Safeguarding patients and the public is underpinned by the Care Act (2014), the Children Acts (1989 and 2004) and a significant multi-agency guidance. At QVH strategic leadership for safeguarding is provided by the director of nursing and quality who works closely with expert safeguarding clinicians and the Trust board to make sure the Trust's safeguarding direction and developments are aligned with government legislation and local safeguarding board and partnership requirements.

The QVH strategic safeguarding group meets quarterly, reviews assurance mechanisms, and decides on strategic initiatives which will safeguard our patients. The Trust has a safeguarding strategy, policy, and learning and development strategy, which inform how the Trust delivers the care required for patients in a timely and effective way. Safeguarding our patients is part of everyday clinical practice and all staff are encouraged to consider the bigger picture and to learn from experiences.

It is well known that information sharing and shared learning can make a big difference for patients who are risk of serious harm, hence a key strategic initiative of this group is share safeguarding learning. This group also contributes to a range of performance and quality measures required by the CQC, West Sussex Safeguarding Children Board, West Sussex Safeguarding Adults Board, and our commissioners.

In the coming year there will be a focus on the Mental Capacity Act and a review of how we have been implementing this important

legislation. Then moving on to how we can make sure that our staff have the right tools and competencies to deliver the process of gaining valid clinical consent.

The safeguarding agenda is an ever changing one and the group is responsive to this requirement covering areas such as prevention of radicalisation, acting to help those experiencing modern slavery, caring for looked after children, preventing childhood exploitation, prevention of chronic childhood neglect, and many other areas.

Networking and sharing learning via the safeguarding steering group

Our safeguarding team contribute to multi-agency working via networking, attendance at and supporting activities of the West Sussex Safeguarding Children Board and the West Sussex Safeguarding Adults Board.

Internally we have a safeguarding steering group where representatives from across hospital departments come together to discuss legislative changes, safeguarding audit, practice developments and to share learning.

During the last year we have discussed Sussex case reviews and how learning might be relevant for us, reviewed QVH cases of concerns and reflected on whether situations could have been managed differently but at the same time making sure patients are kept safe.

We have discussed a number of safeguarding audits including QVH safeguarding prompt cards audit, and also QVH safeguarding referrals audits. Sharing and learning is a continuous process and it is important that staff have the opportunities to consider and reflect on events which can be difficult for both the patient and their staff caring for them.



Safeguarding and Mental Capacity Act information leaflets for patients and their families

Helping patients and families to understand what we might be concerned about is an important part of safeguarding children, young people and vulnerable adults. As long as it does not place anyone at risk, our aim is always to discuss our concerns with the people concerned and to help them understand the steps we are taking, how processes work and to encourage them to ask questions to better understand what we are trying to tell them.

We have produced a range of leaflets to help patients and parents to understand how we work and include patients, families and carers. These are available in different formats and languages. They are published on QVH website for patients and the public.

Our current safeguarding leaflets include:

- Safeguarding children and young people: a guide for families
- Safeguarding information for patients with dog bites
- Children missing education: who to contact
- Safeguarding children and young people: a guide for adult patients



The Mental Capacity Act information leaflet for patients and their families uses plain English to enable better understanding of the Mental Capacity Act. It identifies what needs to happen when a decision needs to be made in hospital. There is also an information leaflet to help next of kin to understand their role and decision making authorities too.

In this coming year we will have a priority focus for patients with a learning disability. Learning disability is a lifelong condition. Patients with this condition have reduced ability to understand new or complex information. They are likely to have a reduced ability to cope independently in the hospital environment. We want to make sure the right support and adjustments are made to aid a good recovery and to enhance their experience of the hospital environment making sure we are helping them to the best of our ability.



“We have produced a range of leaflets to help patients and parents to understand how we work”

IMPLEMENTATION OF SEVEN DAY HOSPITAL SERVICES

The seven day services programme is designed to ensure patients who are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. There are ten clinical standards; of which four have are national priorities due to the potential to positively affect patient outcomes:

Standard 2: time to consultant review – patients do not wait longer than 14 hours to initial consultant review.

Standard 5: diagnostics – ensure patients get timely access to diagnostic tests seven days a week.

Standard 6: consultant directed interventions – patients get access to specialist, consultant-directed interventions when required.

Standard 8: on-going review in high dependency areas – ensure that patients with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

QVH has an implementation plan in place to deliver the four priority clinical standards, which has been agreed with our lead commissioners. As recommended by NHS England, QVH has moved from participation in the national bi-annual seven day services assessment to a local board assurance framework, including regular audit of Standards 2 and 8. The audit showed we are achieving clinical standard 2 and the current performance is 89% against a target of 90% and we have further work to do on standards 8 which is achieving 69% against a target of 90%.

Locally defined clinical standards have also been developed in line with the above standards. These clinical standards are now an integral part of QVH's operational trauma policy.

We collaborate with network partner hospitals to provide some diagnostics and interventions in specialties not provided at QVH. The continued provision of a QVH on-site CT scanner has improved local access to urgent imaging needs for our patients.

GUARDIAN OF SAFE WORKING

The Guardian of Safe Working role is independent of the management structure and is a consultant who is able to challenge senior colleagues if needed to champion safe working hours. The aim of this role is to support juniors in working safe hours and to provide assurance to the Board that doctors are working within safe working hours. If the safe working standards are not met a set process is in place for early reporting (exception reporting).

The Trust and guardian have agreed that a six monthly report should be submitted to the board and the local negotiating committee. The guardian is responsible for convening the junior doctors forum, which meets quarterly and promotes safe working at the Trust's inductions for doctors.

The guardian's six monthly report (August 2019) shows that the Trust has maintained a safe level of working for its junior doctors although it highlights a gap in the maxillofacial rota, which has had only 6/7 doctors on it at times.

There has been a gradual increase in exception reporting for plastics and anaesthetic trainees and work continues to encourage reporting from all specialty doctors. The main type of exception report is for unforeseen and unavoidable overruns of work beyond rostered hours, with a very small number of exception reports related to lost educational opportunities.

The junior doctors forum made the decision to spend the £30,000 that was given to each Trust nationally to enhance junior doctors' working lives, on refurbishing current relaxation areas and making one additional relaxation area.

The Trust is also encouraging trust grade doctors (a trust grade doctor is the term applied to a doctor who is working in an nhs non-training post) to use exception reporting with the aim of improving this groups' education, morale and recruitment and retention so that these staff feel valued and looked after in the same way as Deanery trainees.

A national update to the junior doctor contract was agreed in August 2019 and work has been ongoing to implement changes. This includes new fines for breaking the rest rules for the non-resident 24 hour on-call rotas, which QVH recognises will be a challenge for the senior plastics and maxillofacial teams' rotas.

SAFE

2019/2020 achievements

Further work for 2020/21

Narrow band imaging

Narrow band imaging is the technique of using selected rays of light to enhance details within the mucosa (lining of tissue).

This technique is used in head and neck oncology with endoscopic assistance to identify smaller lesions that potentially we could have not seen and shows how effective the removal of lesions has been. This new technology has been helpful in several cases within 2019/20.

Using narrow band imaging as an adjunct will become the standard of care for the assessment of cancer of unknown origin in the head and neck. Having this equipment will keep our service at the forefront of contemporary management.

Virtual clinic for stable glaucoma patients

Nationally the current demand for the consultant led clinics is exceeding capacity. To ensure that patients with stable glaucoma can be monitored in a timely manner, the QVH glaucoma team has established a virtual clinic. Patients attend for an appointment where measurements and images are taken by a technician, the data is reviewed later by a doctor. This reduces the time patients need to be at the hospital and supports efficient use of consultant time. It has proved very successful with high rates of patient satisfaction.

The QVH glaucoma team plans to promote and grow the virtual clinic service whilst monitoring patient outcomes and satisfaction levels. Glaucoma is a chronic condition needing lifelong care once diagnosed and as the population ages there is an increasing demand for follow-up appointments.

Trans oral laser for early laryngeal cancers

Trans oral laser resections is an established treatment for the management of early laryngeal cancers, having the benefits over radiotherapy that it is only a single procedure vs several weeks of daily radiotherapy, and can be repeated in cases of recurrence.

We can now offer this routinely to patients.

The applicability of trans oral laser surgery is broadening and QVH is involved in a research project using trans oral laser surgery for early oropharynx, supraglottic and hypopharynx cases. By engaging in trials, we have access to new findings which keeps us at the forefront of the surgical management of head and neck cancers.

Mucosectomies for carcinoma of unknown primaries within head and neck

Occasionally patients do not have a clear primary cancer identifiable, but a cancer containing lymph node is visible within the neck. There is increasing evidence that in some of these cases the primary is within the base of the tongue and this can be identified by undertaking a mucosectomy of the base of tongue.

This not only identifies the primary but can focus the target for further treatment, avoiding often a large field of radiotherapy.

We are now able to offer this service to patients at QVH.

We are now able to offer this routinely as an adjunct to management of cancer of the unknown primary in the head and neck.

In identifying the primary site, we will focus the treatment zones to a much narrower area reducing the morbidity of any curative treatment.

EFFECTIVE

2019/2020 achievements

Further work for 2020/21

Management of cranial nerve disorders

As part of the UK Cranial Nerve Network (UKCNN), QVH now offers surgical solutions in lingual, facial, trigeminal and spinal accessory nerve disorders. This is a significant improvement as there were no effective treatment solutions previously. UKCNN has now seen an increase in referrals as the cranial nerve concept is spreading. The establishment of this network within the NHS is part of QVH's role as a specialist hospital providing a vital link in complementing services across NHS trusts. An example of this is the world's first successful free functional muscle transfer for restoration of chewing function at QVH using this approach. QVH is proud to achieve excellent clinical results by a more intelligent use of current NHS resources using the 'Get It Right First Time' (GIRFT) approach.

Advanced synkinesis-reducing surgeries are firmly established at QVH for those with Botox-resistant facial pain after facial palsy with excellent results for patients who are symptom-free and able to move on with their lives beyond constant hospital visits.

Nationally we are now helping spread the QVH ethos of multi-disciplinary facial palsy care to Northern Ireland where we are helping set up a facial palsy service there this year. The backbone of this hub-and-spoke referral base system are the telemedicine clinics currently being piloted at QVH with facial palsy patients, alongside remote sensing devices for facial movement. This will be the first facial palsy clinic of its kind in the world.

Selective neurectomy/neurolysis

Synkinesis is a neurological symptom in which a voluntary muscle movement causes the simultaneous involuntary contraction of other muscles; this highly effective surgical procedure involves selectively decreasing the activity of the nerves that are counterproductive. With help and training from US counterparts, QVH surgeons now routinely perform selective neurectomy/neurolysis for synkinetic patients in facial palsy, particularly to alleviate facial and jaw aches. Through a process of regular self-audits, the team have refined this surgery both in terms of selection and technique with excellent results. Patient satisfaction is very high.

Expanding on the success of selective neurectomies and facial restoration, even in cases of treatment for older injuries, we will apply this approach to other cranial nerve injuries such as lingual nerve (tongue sensation) and spinal accessory nerve (shoulder function).

We also hope to integrate targeted muscle re-innervation (TMR); a surgical technique used to reduce amputation stump pain into the realm of facial pain surgery. QVH is already the UK's largest centre for TMR surgery and the facial palsy team intends to learn from this work with amputees and apply it to facial pain management.

2019/2020 achievements

Further work for 2020/21

Chimeric vascularised nerve flaps

Building on a technique developed in Japan, QVH now offers multi-component (chimeric/Orochi) nerve free flaps including skin, fat and/or muscle for the early reanimation of facial paralysis. The benefit for the patient is reanimating the face as well as re-establishing the normal contour and surface anatomy of the face. Vascularised nerve grafts have been recognised as having the highest success rate of nerve regeneration world-wide and are ideal for very complex facial nerve injuries and in those with extensive scarring from surgery or radiation. We now term this vascularised composite auto-transplantation and have one of the largest successful case series in the world for this type of facial surgery.

Using vascularised composite auto-transplantation and super microsurgery, the QVH team use the patient's own tissue for restoration of facial function and form. The team plan to expand the use of vascularised composite auto-transplantation over the next year, demonstrating the ability to achieve similar results to facial transplant surgery but at lower cost without the need for potentially carcinogenic immunosuppression.

Early and late facial nerve repair

As part of the cranial nerve network, QVH's plastic and maxillofacial surgeons are working together to offer immediate repair of all facial nerve injuries. Results are very positive with complete return of normal facial function even several months after horrific facial injuries, regardless of age. QVH is a world leader in this aspect of trauma.

Discussions have now started to establish QVH as a centre for NHS Resolution (medico-legal cases) on inadvertent facial and trigeminal nerve injuries as a result of surgery by the NHS.

Radiology quality standard for imaging (QSI) accreditation

The Royal College of Radiologists and the College of Radiographers have developed the Quality Standard for Imaging (QSI) to help diagnostic imaging services ensure that their patients consistently receive high quality services delivered by competent staff working in safe environments.

The QVH radiology department has used this standard in 2019/20 to assess the quality of the services and make continuous improvements, such as updating policies and procedures. During 2019/20, we have been developing and executing multiple audits to ensure analysis of our service, performed gap analysis on our current procedures and finally to make necessary changes prior to QSI submission. Audits need to be replicated so it is important that this aspect is ongoing.

This accreditation process will help ensure our patients and referrers consistently receive high quality of service. Our QSI submission and completion is due in late 2021.

CARING

2019/2020 achievements

Further work for 2020/21

QVH acute facial paralysis clinic

QVH has one of the most sophisticated facial therapy and rehabilitation services in the world with a full team of dedicated facial therapists. Given the volume of over 2,000 patient-episodes per annum, we now have telemedicine clinic facilities for patients living afar e.g. Northern Ireland, Scotland and Wales. We provide an acute clinic for all patients recently affected by Bell's palsy or the malevolent effects of facial paralysis, where early care can be provided by therapist's one-to-one, over the phone or online.

We are in the process of incorporating virtual reality programmes and smartphone app-based technology into the rehabilitation of facial paralysis patients. Portable surface EMG devices and remote sensing devices, which will enable patients to be monitored in the home setting, are being planned. QVH will be piloting this scheme in collaboration with NHS Belfast.

Scarless and/or minimal access surgery

Facial paralysis surgery often leaves stigmatising scars for those undergoing treatment. QVH is at the forefront of addressing this, both in terms of psychology and surgery. We aim for all surgical scars to be hidden within the hairline, facial creases or within the lip. Currently where possible, QVH now offers endoscopic surgery such as when harvesting nerves, to minimise scarring as well as facelift techniques to hide scars, as far as possible

Based on feedback from patients, QVH is developing facial restoration following Mohs micrographic surgery. This involves close working between dermatologists performing cancer-removing surgery, and plastic surgeons.

Facial feminisation surgery

QVH has undertaken NHS funded facial feminisation surgery on transgender women, who are referred directly to the maxillofacial service from the Gender Identity Clinic in Belfast, since 2018. These procedures are often very involved. However, all patients are discharged from the ward within 48 hours of operation. Their post-operative care is undertaken at QVH in subsequent clinic appointments.

QVH will continue to review patient experience and ensure that this service meets patients' needs in every aspect of the patient journey including, for example, ward facilities.

Overall, patient satisfaction is extremely high, and most patients report that their experience has been excellent.

"We are in the process of incorporating virtual reality programmes and smartphone app-based technology into the rehabilitation of facial paralysis patients."

2019/2020 achievements

Further work for 2020/21

Radiology social story

The social stories objective is to share information by describing and explaining an event to people with autism. They are used as a tool to help people with autism prepare and staff to communicate in an appropriate manner.

QVH has provided social stories for patients with additional care needs such as autism and learning disabilities to adequately prepare them for a cone beam CT scan.

Social stories will be rolled out for all services within the radiology department to support the safe and meaningful exchange of information between professionals and people with autism.

Comforter in theatre for cataract surgery

Most cataract surgeries are carried out under a local anaesthetic to numb the eye but means that the patient is awake. This is a source of anxiety for many patients who are apprehensive about being awake whilst having a procedure. In 2019 QVH introduced a volunteering role, providing someone to talk to the patient and hold their hand during their procedure.

QVH will review the feedback from patients and the volunteers who undertake this role in order to consider further development of this service.

“QVH has provided social stories for patients with additional care needs such as autism and learning disabilities.”

RESPONSIVE

2019/2020 achievements

Further work for 2020/21

Head and neck cancer pathway

In head and neck cancer, we are streamlining our services before the national 28 day pathway is introduced in 2020. This has included the appointment of a head and neck cancer navigator funded by the Surrey and Sussex Cancer Alliance, who improves the patient pathway and compliance with the faster diagnosis standard. We are aiming to offer patients with a suspected cancer a first appointment within seven days of referral. We have introduced a two week wait referral outcome sheet and prompt benign result letters to further streamline the pathway. QVH is contributing to the collaborative work with all trusts in Sussex and Surrey to optimise our rapid diagnostic services collectively.

We aim to continue this work by further refining our head and neck cancer processes and services prior to the introduction of the national 28 day pathway.

Fibre optic endoscopic evaluation of swallowing (FEES)

Our speech and language therapists have been working towards providing a complete and comprehensive swallow assessment service supporting head and neck cancer patients and burns patients with smoke inhalation injuries as well as providing an outpatient diagnostics service.

Financial support has been secured from QVH Charity and the League of Friends for a video nasendoscope system to provide an effective, high quality diagnostic service.

The service will start at QVH in 2020 and the team will use both patient satisfaction surveys and audit to evaluate the service and make any improvements indicated. This will be particularly beneficial to post-surgical head and neck cancer inpatients; providing detailed swallowing assessment, allowing earlier and safer return to oral intake and potentially reduced length of stay.

Virtual Clinics

QVH therapies department trialled the use of virtual clinics in three specialist areas, hands, burns and facial palsy. Utilising specific virtual clinic criteria, patients who are eligible can elect to have their therapy session online, not only improving accessibility to therapy and clinicians, but also reducing the travel time and stress related to this for our patients throughout the UK.

Learning from our pilot areas we will continue to work on embedding this fully as an option for our therapy patients. In 2020 this successful clinic model has also supported an accelerated programme of virtual clinics during the pandemic.

“We are aiming to offer patients with a suspected head and neck cancer a first appointment within seven days of referral.”

WELL LED

2019/2020 achievements

Further work for 2020/21

Sharing knowledge and skills: facial palsy

The facial palsy team at QVH had seven presentations at the prestigious World Society of Reconstructive Microsurgery in 2019 alone, with one shortlisting as finalist in the best case section. More recently in January 2020, a QVH trainee was also selected for best case presentation at IMCAS 2020 conference in Paris.

QVH plans to continue to integrate the facial palsy service into cancer treatment and maxillofacial trauma, recognising the significant benefit to patients in terms of their social confidence and therefore ability to engage fully, including in employment.

Head and neck: education

Departmental teaching for all clinical staff has been introduced on a bi-monthly basis, covering topics including head and neck oncology and reconstruction. The days are open to all clinical staff employed by QVH and are often attended by clinical staff of the linked departments in Eastbourne and Brighton. The days have proved to be very successful and widely attended by the relevant multidisciplinary teams. In addition, there are regular morbidity and mortality meetings, clinical pathological conference and clinical audit sessions to comply with governance responsibilities.

Following the success of these educational events in 2019/20, an expanded programme is planned for 2020/21.

Development of specialist staff in house

Due to national shortages, recruitment of ultrasound trained staff was a significant challenge; the problem was addressed through training of an existing member of staff as a sonographer. The new sonographer is now fully trained and breaches in access targets have been avoided as a result.

Consideration will be given to roll out of this approach to other specialisms such as MSK, as we currently have a well-established MSK service.

In addition, there is a newly established apprenticeship degree course for diagnostic radiography. QVH are currently looking into this. We have staff interested in moving into radiography as a career and this type of degree ensures staff can train whilst also working for the Trust. This means we can train our own radiographers and develop our staff base, which will benefit the NHS.

The radiography apprenticeship is an exciting opportunity for staff who would like to train in the career but cannot otherwise afford to go back to university part-time or full time. This gives candidates the opportunity to learn and work.

Hands therapy guidelines

Interpretation and analysis of the most recent evidence to inform practice is a cornerstone of treatment. This year we have reviewed and updated therapy guidelines for the majority of routine trauma and elective hand surgery. This will reduce unwarranted variation across the range of staff who provide post-surgical care to these patients in order to optimise surgical outcomes.

We will continue to identify new evidence, updating guidelines and practice as required. This will enhance our rolling programme of training for both for allied health professionals and other clinicians within the multi-professional team.

Statements of assurance from the Board of Directors

Review of services

During 2019/20, Queen Victoria Hospital NHS Foundation Trust provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastics surgery, community, paediatrics, sleep and rehabilitation services. QVH has reviewed all the available data on the quality of care in all of its NHS services. The income generated by the relevant health services reviewed in 2019/20 represents 92% of the total income generated from the provision of relevant health services by QVH for 2019/20. Service delivery was underpinned by the regular monitoring of metrics reflecting patient safety, clinical effectiveness and patient experience.

Research

Pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world. This includes burns reconstructive surgery, cell culture and hypotensive anaesthesia. Our current research programme focuses on developing techniques in wound healing and reconstruction. The Trust is proud to hold grants from the National Institute for Health Research, and believes this reflects the quality of our research.

QVH has established collaborative work with the University of Oxford, the University of Nottingham Trent, and the University of Liverpool. Wide networks are critical to successful research investment and outputs, particularly in the specialised fields of practice that we undertake here at QVH. We are grateful for the ongoing support of our local clinical research network for core research infrastructure, and have continued to significantly increase our participation in National Portfolio studies.

The total number of participants recruited to Health Research Authority HRA-approved studies (includes ethics approval) in 2019/20 was 772 with QVH taking part in 34 studies; of these 772 participants 709 were National Portfolio recruits.

Our participation in research demonstrates our continued commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Participation helps our clinical staff to stay abreast of the latest treatment possibilities and enables us to deliver improved patient outcomes.

Participation in clinical audits and clinical outcome review programmes

A clinical audit is a quality improvement cycle that involves measuring the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

During 2019/20, eleven national clinical audits and three clinical outcome review programmes (previously known as confidential enquiries) covered health services that QVH provides. We engaged in 100% of national clinical audits and 100% of clinical outcome review programmes that we were eligible to participate in. The tables below also include the percentage of registered cases required by the terms of that audit or review programme, where appropriate.



Participation in clinical outcome review programmes 2019/20

Project name (alphabetical)	Applicable to QVH	Participation Comments	% of cases submitted
Child Health Clinical Outcome Review Programme Young People's Mental Health			100% of applicable cases
Learning Disabilities Mortality Review Programme (LeDeR)			n/a
Medical and Surgical Clinical Outcome Review Programme – Perioperative diabetes			100%

Participation in national clinical audits 2019/20

Breast and Cosmetic Implant Registry (BCIR) Breast Implant – cosmetic augmentation and breast reconstruction with implant including revision and removal			100%
Falls and Fragility Fractures Audit programme (FFFAP) National Audit Inpatient Falls			100%
Mandatory Surveillance of bloodstream infections and clostridium difficile infection			100%
National Audit of Care at the End of Life (NACEL)			No applicable cases
National Early Inflammatory Arthritis Audit (NEIAA)			100% of applicable cases
National Mortality Case Record Review Programme (previously Retrospective Case Record Review, funded by NHSI) *			All QVH mortalities reviewed
National Ophthalmology Audit (NOD) (until Aug 2019) Adult Cataract surgery		 (partial)	Not available
Perioperative Quality Improvement Programme (PQIP)			187 patients recruited
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antibiotic Consumption			100% of applicable cases
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antimicrobial Stewardship			100% of applicable cases
UK Parkinson's Audit Elderly Care			100%
Project name (alphabetical)	Applicable to QVH	Participation Comments	% of cases submitted

* National Confidential Enquiry into Patient Outcome and Death

National clinical audits

Sixteen national audits were reviewed by the trust in 2019/20. The three most relevant were:

Perioperative Quality Improvement Programme (PQIP)

PQIP measures complications, mortality and patient reported outcome from major non-cardiac surgery. The ambition is to deliver real benefits to patients by supporting clinicians in using data for improvement. We have presented preliminary results at the monthly trust-wide clinical governance meeting and are working with the anaesthetic team to provide a quality improvement initiative for our breast cancer and head and neck cancer patients. We perform well on providing preoperative carbohydrate loading for improved recovery. We have also identified opportunities to improve our pain management, individualised risk assessments and improved management of diabetic patients whilst in our care.

NCEPOD Medical & Surgical Review Programme: Pulmonary Embolism Report 2019

NCEPOD provide a review of the quality of care provided to patients aged over 16 years with a new diagnosis of pulmonary embolism. QVH participated with organisational information for this study in 2017 and no patients were identified for pulmonary embolism in the reporting period. Nevertheless pulmonary embolism remains an important cause of morbidity and mortality within all hospitals, with estimates suggesting that there are more than 25,000 hospital deaths in the UK each year from venous thromboembolism. Ensuring that we remain vigilant of the risks and adopt best practice, key recommendations were shared at the monthly Trust-wide clinical governance meeting in January 2020. It also allowed us to identify areas for better documentation of patient risk of pulmonary embolism, which will be audited during 2020/21.

National Audit of Inpatient Falls (NAIF)

The National Audit of Inpatient Falls (NAIF) is a continuous national audit which aims to improve fall risk reduction practice for inpatients. As of January 2020, the project comprises a full audit of both falls prevention activity prior to the hip/femoral fracture and post-falls care. We have adopted a rigorous auditing programme for falls and continue to improve practice to reduce the risk of falls. Improvements have come with the introduction of standing and lying blood pressure monitoring and better continence identification. Our aim is to have zero occurrences of inpatient falls.

Local clinical audits

The reports of 68 completed local clinical audits and were reviewed by QVH in 2019/20. Examples of audit projects undertaken across QVH, their finding and actions taken as a result are set out below.

NICE CG179 pressure ulcers prevention and management (Audit 1708)

The tissue viability and plastics outreach support role is to provide expert tailored treatment, advice, consultation, support and guidance to patients, carers and referring trusts. The tissue viability nurse works collaboratively with multidisciplinary teams to promote seamless pathways of care. Within QVH the role also encompasses strengthening clinical practice and enhancing knowledge and understanding of wound healing and pressure ulcer prevention.

This project was undertaken to evidence compliance with NICE clinical guideline CG179 Pressure Ulcer prevention and management and assess if the PURPOSE T and skin bundle tools were being used appropriately on our inpatient settings.

Findings demonstrated that there was good use of the risk assessment tool at point of admission but poor evidence of reassessment post-surgery. Whilst it is recognised that most cases treated at QVH are deemed as low risk of a pressure ulcer and those deemed as high risk had appropriate pressure ulcer prevention, management results show there is a training requirement to embed practice and raise awareness and understanding of the PURPOSE T screening tool. Training is to be moved to a mandatory requirement and a re-audit will be conducted in the summer of 2020.

Innovative idea to explore dose reduction and optimisation for image intensifier (mini C arm) in hand surgery-radiology and theatres collaboration (Audit 1204)

This quality improvement audit was conducted (6 months) retrospectively after an innovative idea from radiology had been piloted in theatres. Radiology work with theatres by monitoring the compliance and usage of the mini C arm where the surgeons are the operators of the equipment. Image data and images are reviewed; documentation for radiation dose accrued during the procedure is evaluated and the saved images are reviewed. Due to the complexity of hand surgery, surgeons sometimes irradiate their own fingers in an attempt to visualise dynamic images of the patient's digits; the radiology team developed an instrument to reduce these occurrences therefore reducing radiation to the surgeons' fingers.

The audit of monitoring of 'fingers in the beam' showed a marked reduction since the suggested instrument was piloted; it was felt that this was not solely due to using the alternative instrument but also due to raising radiation awareness in theatres.

It also provides evidence for QSI (ISAS) accreditation - radiology review of imaging from other radiographer trained operators.

Theatre recovery intervention audit (against NICE CG65) (Audit 1277)

The recovery intervention audit is a continuous audit that has had many developments and iterations. At QVH our patients are cared for in an acute recovery area supporting theatres to improve patient flow through the department. This facility and service complies with the Royal College of Anaesthetist Guidance of the Provision of Anaesthesia Services for Post-operative Care 2016 (www.rcoa.ac.uk/gpas2016). It is important that we continually evidence that high quality care is provided to all our patients, and meet NICE guidance CG65 Hypothermia: prevention and management in adults having surgery.

The audit explored if patients were properly handed over from the anaesthetic team to the recovery team; 99.6% of patients had an effective handover. Shivering after an operation is a very common problem but varies in severity. It can sometimes cause a great deal of discomfort. Although it can be extremely distressing, shivering is not usually dangerous and should stop within 20 to 30 minutes. It can occur after a general anaesthetic and during or after a regional anaesthetic (for example, an epidural or spinal). Around 14% of patients suffer from post-operative shivering (national figures). Only 1-2% of our patients experienced this and were given either a blanket or use of a forced air warming system. 31% of our patients used a warming device, but again this varies by specialty (26%-35%), although plastic patients do have a slightly lower temperature on arrival in recovery (corneo average temp. 36.5°, maxillofacial average temp. 36.7°, plastics average temp. 36.6°).

Audit on cataract post op follow up with no first day telephone call (Audit 1196)

Following a cataract operation, patients were normally assessed on the telephone on the first day following surgery and a follow up review is arranged routinely after 4-6 weeks. Following the audit last year, the recommendations suggested that it was unnecessary to telephone patients on their first day post op. This recommendation had released approximately 10 nursing hours per week allowing nursing staff to spend more time in clinic rather than on the phone. This audit aims to ascertain that this change in practice has no impact on patient's care and outcomes. Only 8% of patients called the SOS helpline, and none of these within 24 hours, and less than 1% needed to be seen as a result of their call demonstrating better use of resource and greater efficiencies.

Radiology department assistant role extension contributes to the efficiency of the patients' ultrasound pathway (referral to examination) (Audit 1230)

Radiology was reviewed by the National Getting It Right First Time (GIRFT) Team. The review praised QVH radiology department for the role extension of radiology department assistants in vetting ultrasound referrals. The GIRFT team asked for case study material around the role extension, which they will publish on their website as evidence of best practice. GIRFT acknowledged the benefits that come with the radiology department assistant role extension which include actively engaging radiology department assistants, and promoting staff retention as well as adding

to the pool of staff who have the capability for vetting referrals. The task of vetting ultrasound examinations enables the patient referral to examination process to be efficient; the vetting can be a 'bottle neck' process and a point of delays in booking an appointment.

This audit reviewed patient waiting times and evidences that the radiology department assistant role extension positively impacts pathway management, as well as demonstrating that the radiology department assistants are integral in the vetting process.

Mini Mouth Care Matters baseline nursing survey, inpatient oral health questionnaire, and paediatric mouth care recording audit for Health Education England (Audit 1292)

The Health Education England Mouth Care Matters programme aims to improve oral health, recognising that it is an important part of general health and wellbeing. Research shows that oral care is often lacking in hospital and community care settings, especially for those patients who may be unable to carry out their own personal care and rely on others for support.

The Mouth Care Matters programme aims to create a healthcare team that is more responsive and personalised for patients and delivers better clinical outcomes.

The caries/decay status of children in the UK is at an appalling level with 31% of 5 year olds and 46% of 8 year olds presenting with obvious decay experience. This is an almost entirely preventable condition.

A simple measure to ask if a patient has brought their toothbrush with them (and if not to provide one) may make all the difference to how the oral health of that patient is maintained whilst in a hospital setting, with a view to continue good oral health practices at home.

It is of concern that 71% of children attending QVH for an overnight stay did not have their toothbrush with them. The results of the audit demonstrated the importance of the role of the mouth care nurse, and the support in training that they provide to other healthcare staff.

Intravenous sedation assessment for adults undergoing minor oral surgical procedures (Audit 1505)

Dentists with appropriate training and experience can carry out minor oral surgical procedures under intravenous sedation, and correct selection of treatment under sedation will ensure low sedation-related complications, optimise patient experience and reduce unnecessarily long waiting times for minor oral surgery.

The results of this project evidenced the need for a dedicated proforma to ensure justification for conscious sedation and documentation is optimal. This proforma has been accepted for use and has been rolled out with re-audit planned for 2021.

Use of music in burns dressings changes (Audit 1480)

Burns injuries can be accidental or non-accidental and caused by various mechanisms, they can be superficial to full thickness. Nurses work in an outpatient setting to manage burns on a daily basis. It has been found that music therapy can be a useful tool in relieving pain and anxiety during a dressing change. Results showed 100% of patients would like music to be played at their next dressing change and was an effective distraction technique to refocus pain and anxiety to an acceptable level.

Phase 1 baseline audit: Does Antibiotic prescribing meet antibiotic stewardship standards (Audit 1410)

Part of antibiotic stewardship is a set of prescribing standards taken from the Royal College of Physicians 2011 Top Ten Tips for antibiotic prescribing. Results showed a 52% compliance with duration/review date, adherence to guideline and adherence to relevant standards. Recommendations include improvement of documentation in line with the above standards, implementation of a new hospital drug chart that has a dedicated antibiotic prescription section. Further analysis of data will identify trends of surgery type, speciality or individual to aid education along with antibiotic champions at speciality level for clinical leadership.

TUG free flap breast reconstruction, a reliable option? (Audit 1562)

TUG breast reconstruction is a common form of reconstruction; it accounts for 8% of all breast reconstructions carried out at QVH. The TUG flap utilises skin, fat and the gracilis muscle from the inner upper thigh. A retrospective audit was carried out on a data sample covering 2013-2017; patients were given a survey to complete which was an adaptation of the nationally used Breast Q post-operative reconstructive modules. Particular attention was given to donor site assessment as publications have suggested there is a high rate of donor site complications. Clavien Dindo classification of complications was used. QVH results of all TUG flap patients surveyed revealed a 100% flap survival and therefore a 100% reconstructive success. No patients had any life threatening complications (a Clavien Dindo grade of 4 or greater). There was a 45% donor site complication rate however; this is significantly lower than other published studies where donor site complications were between 58-62%. Satisfaction rates remained at 87% despite any complications that were encountered. Results from this project have therefore deemed that the TUG breast flap reconstruction is a safe and reliable reconstruction method.

Retrospective audit into patient's perception of orthodontic of orthodontic care (Audit 1138)

This audit was a 10-year retrospective study to assess patients' satisfaction and identify areas where improvements could be made into patients' care. The audit could evidence that as a Trust we are giving sufficient information to our patients to prepare them for their treatment, post-operative dietary support, ward care and psychological support.

Patients were given a questionnaire with six core areas around written and verbal information, support, rating the service they received and their satisfaction with the post treatment result.

99% of patients were satisfied with all care received during the orthognathic care pathway, and 96% of patients stated they received adequate information pre-treatment. To achieve our target measure of 100% work is currently underway to improve patient information leaflets and educate support staff to further increase patient satisfaction.

Orbital injections of Sub-Q Restylane for Parry-Romberg syndrome (Audit 1768)

Parry-Romberg syndrome, is a disorder characterised by localised and progressive atrophy of the skin and subcutaneous tissues of the face, usually affecting one or more trigeminal dermatomes. The onset of the disease usually begins between the ages of 5 and 15 years. The progression of the atrophy often lasts from two to ten years, and then the process seems to enter a stable phase. Ocular manifestations include enophthalmos, extraocular muscle imbalance and hypermetropia.

In the age of nonsurgical facial rejuvenation, fillers are an ideal option for orbital volume enhancement because they are easily performed in the outpatient setting, avoiding general anaesthesia, and offer a high degree of tolerability and acceptability from patients undergoing dermal filler treatment. The use of Sub-Q Restylane in enophthalmic sighted eyes was documented with good enophthalmos reduction and no ocular complications. Therefore, our current practice for volume enhancement for sighted eyes is orbital injections of Sub-Q Restylane, this audit reviewed the use of Hyaluronic acid gel for orbital volume expansion in enophthalmos due to Parry-Romberg Syndrome.

This study is unique as this is the first report to use deep orbital Sub-Q injection for treatment of enophthalmic sighted eyes with Parry-Romberg syndrome. Previous studies report facial volume enhancement for this syndrome, and several surgical procedures are reported for treating enophthalmos due to Parry-Romberg syndrome in sighted eyes.

In adopting this treatment there were no post treatment complications such as diplopia or optic nerve injury compared to previous treatments.

Orbital volume enhancement in sighted enophthalmic orbits has been described for indications other than PRS. In 2007, we described deep orbital Sub-Q injection of hyaluronic gel for volume enhancement in 5 sighted and unsighted orbits. Orbital volume enhancement and reduction in enophthalmos of 2 mm following a 2 ml injection was immediately achieved in all primary injections. Reduction in enophthalmos was up to 50% at 8 to 12 months. Hyaluronic acid gel has also been successfully used to improve enophthalmos due to silent sinus syndrome.

This study reports the use of hyaluronic filler in three patients with Parry-Romberg syndrome with a significant improvement in enophthalmos, lagophthalmos, exposure keratopathy, and even ocular motility. Therefore, fillers have advantages over solid orbital implant in sighted eyes by minimizing the risk of sight loss, diplopia, and significant globe displacement. Nevertheless, repeated injections are needed.

Re-audit day case telephone follow up service within theatres (Audit 1276)

The Getting It Right First Time (GIRFT) programme aims to identify examples of innovative, high quality and efficient service and areas of unwarranted variation in clinical practice and/or divergence from evidence based practice. The anaesthetic and perioperative GIRFT review was carried out at the Queen Victoria Hospital in March 2019, and identified that a potential improvement opportunity is the day case surgery telephone follow up service, which would complete the patient's surgical pathway. The phone call would encompass a medication, pain, nausea and satisfaction review.

The audit compares the scores against a previous audit carried out in August 2019, after a recommendation to educate patients on having and using simple pain medication when they are discharged after day surgery, and whether the patients are aware of the help they can receive after discharge.

The discharge staff were tasked with making sure all the patients that they discharged had simple pain medication at home, or ensuring that they were prescribed some to take home. They were asked to explain to the patient how to use it and gave the patients an appropriate pain relief leaflet for them to read at home.

The audit demonstrated that patients had an average pain score of 1.97 following introduction of better patient communication, this was a marked improvement on the last audit where the average score was 4.63. This has demonstrated that educating and advising patients to have basic pain medication (paracetamol and ibuprofen) at home and when to take it is having a positive effect.

When giving the patients the pain relief leaflets, of which there are two, one for patients having surgery under a regional block and the other for patients having surgery under local/general anaesthetic, it was noticed that the regional anaesthesia leaflet instructed patients to take pain medication before the block wore off and to take pain medication before they went to bed. This advice is now in both leaflets.

The day surgery unit in conjunction with pre-assessment will continue to advise and educate patients about post-operative pain, ensuring the advice is embedded into daily practice using the electronic discharge notification and patient leaflets.

This very positive audit demonstrates all our patients are satisfied with their care and have the knowledge that if there was a problem they had a number to call.

Audit of switchover of onabotulinumtoxinA (Botox®) to incobotulinumtoxinA (Xeomin®) for facial dystonia (audit 1275)

The majority of studies, including some looking at switching, compare Dysport® with Botox® as these treatments have been on the market for some time demonstrating similar efficacy. A split face technique comparing Xeomin® with Botox® for essential blepharospasm over four consecutive treatments demonstrated no significant difference or patient preference between the two in abnormal blinking or

spasm of the eye (blepharospasm). The presence of other factors such as dropping of the upper eyelid (ptosis), cross eyes (strabismus), inability to close the eyelids completely (lagophthalmos) and dry eye was analysed at each visit.

Patients were encouraged to self-report including telephoning at the time of the complication. Minor complications occurred at a similar rate in both treatments. Cumulative complication rate of 13% and 5% over two years for Botox® and Xeomin® respectively. Switching from Botox® to Xeomin® did not result in an inferior outcome for the treatment of facial dystonia. Differences in duration of maximum effort and subjective improvement were observed within the hemifacial spasm group. Switchover resulted in a cost-saving making it more clinically effective.

Improving outcomes of posterior approach levatorpexy for congenital ptosis with reduced levator function, amongst young people (Audit 1766)

The new technique of posterior approach levatorpexy for congenital ptosis with poorer levator function (LF), avoids a skin incision or any resection in addition to no excision of tissue. This review showed that 87% achieved the desired eyelid height and fulfilled the criteria set for success. Among a sub group of patients with LF ≤ 7 mm, 90% achieved the desired eyelid height and fulfilled the criteria set for success and 94% did not report an inability to close their eyelids completely at night.

This audit demonstrated that posterior approach levatorpexy is a useful first-line choice for congenital ptosis for all ranges of levator function. It is popular among parents due to its avoidance of a skin incision or any resection or excision of tissue.

Commissioning for Quality and Innovation payment framework

The Commissioning for Quality and Innovation (CQUIN) payment framework made a proportion of QVH's income in 2019/20, conditional on achieving certain quality improvement targets. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

Following national guidance the Trust and commissioners agreed full payment for the 2019/20 CQUIN schemes. This was on the basis of achieving all milestones at the end of quarter 3. Quarter 4 data was not requested by the commissioners due to pausing the schemes to concentrate on the COVID-19 pandemic.

Whilst there was a considerable year on year reduction of value to be achieved for the CQUIN schemes, QVH successfully achieved 100% CQUIN in 2019/20 with an actual income at close-down of £705,964 across all contracts.

The CQUIN initiatives for 2019/20 were agreed as follows:

CCG commissioners

1. Antimicrobial resistance – lower urinary tract infections (UTI) in older people

Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment. Exclusions: Recurrent UTI (See NICE guidance NG112) where management is antibiotic prophylaxis, pyelonephritis, catheter associated UTI.

In support of a major Long Term Plan priority of antimicrobial resistance and stewardship, four steps outlined for UTI will bring reduced inappropriate antibiotic prescribing, improved diagnosis (reducing the use of urine dip stick tests) and improved treatment and management of patients with UTI.

The outcome of this initiative is expected to deliver safer patient care, increase effective antibiotic use, which is expected to improve both patient mortality and length of stay.

2. Staff flu vaccinations - achieving an 80% uptake of flu vaccinations by frontline clinical staff

Seasonal influenza (flu) is an unpredictable but recurring pressure that the NHS faces every winter. Vaccination of frontline healthcare workers against influenza reduces the transmission of infection to vulnerable patients who are at higher risk of a severe outcome and, in some cases, may have a suboptimal response to their own vaccinations. Vaccinating frontline healthcare workers also protects them and their families from infection.

CCG locally agreed to follow last year's methodology which allowed QVH to include all staff members who had the vaccination elsewhere or had taken an active decision to decline vaccination.

3. Alcohol and tobacco

- a. Screening achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.
- b. Tobacco brief advice achieving 90% of identified smokers given brief advice.
- c. Alcohol brief advice achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.

This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View, particularly around the need for prevention, to be incentivising and supporting healthier behaviour. QVH is currently providing online training for relevant staff, both medical and nursing, to support the collection of data for all inpatients, and brief advice to patients who are identified as smokers or as taking excessive amounts of alcohol.

4. Three high impact actions to prevent hospital falls

Achieving 80% of older inpatients receiving key falls prevention actions by monitoring the following:

- Lying and standing blood pressure recorded at least once.
- No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics).
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

Exclusions: patients who were bedfast and/or hoist dependant throughout their stay and patients who died during their hospital stay.

NHS England Specialised Commissioning

There are two parts to this CQUIN

- a. Create and produce a quarterly dashboard report for ophthalmology – to be developed in earlier quarters and reported in Q3/4. The information collected would act as an audit tool to enable NHSE to capture more information on the ophthalmology service broken down by specialism in particular glaucoma and corneal patients.
- b. Patient pathway outcomes report to be commenced in Q2.



NHS England Dental

There are three parts to this CQUIN for referral management

- a. Only accept referrals from general dental practitioners via the electronic referral system, DERS, including electronic transfer of x-rays, with clinical triage to confirm treatment complexity prior to acceptance and ensure that patients are treated on the correct clinical pathway. QVH provides a lead consultant who works closely with clinical networks across the dental specialities. This is where the clinical care pathways of our patients are considered and the network will shape and improve services.
- b. Update DERS with appointment date to keep referrer informed and reduce duplicate referrals. Quarterly submission of the agreed referral data to NHS England
- c. Send discharge summary via DERS, reducing the environmental and financial impact of printing paper discharge summaries sent via post.



Registration with the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high quality care and encourages care services to improve.

QVH is required to register with the CQC and its current status is 'registered without conditions or restrictions'.

The CQC has not taken enforcement action against QVH during 2019/20 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

The Trust had an unannounced CQC inspection 29 and 30 January 2019 and the Well Led inspection was held on 26 and 27 February 2019.

QVH sustained an overall rating of 'good' and was rated 'outstanding' for the caring domain. The full breakdown of ratings for all three domains assessed by the CQC was:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery (burns and plastics)	Good	Good	★ Outstanding	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	★ Outstanding	Good	Good	Good
Outpatients	Good	Not rated	★ Outstanding	Good	Good	Good
Minor injuries unit	Good	Good	Good	Good	Good	Good
Overall	Good	Good	★ Outstanding	Good	Good	Good

“QVH sustained an overall rating of ‘good’ and was rated ‘outstanding’ for the caring domain.”

Compliance in Practice (CiP) inspections

QVH continues to utilise the compliance in practice inspection process. The inspection schedule is conducted on a bi-annual basis as a quality improvement initiative within the Trust. Inspectors are recruited to inspect one of thirteen clinical areas and inspectors are clinical and non-clinical QVH staff, members of the board and council of governors.

The toolkit examines 13 areas such as environment; equality and diversity; infection prevention and control; patient experience; and professional records keeping standards by a combination of an observational checklist and staff and patient questioning.

Results from the 2020 inspections showed larger areas of variation in compliance than in the previous inspection schedule. Whilst there were areas inspected that achieved good and outstanding scores, there were more areas with inadequate than the previous year's results.

Areas rated as requiring improvement or inadequate included; environment; equality and diversity; professional record keeping standards; incident reporting and duty of candour; information governance and PAS; and patient feedback and complaints. All other areas were rated as outstanding, good or not applicable to the area being inspected. Of note questions are scored on the basis of between 3 and 5 responses and therefore the potential to positively or negatively skew data collection is recognised.

The structure of the inspections reflects the enquiry line pursued by the CQC and is linked to the CQC rating system. Work is underway to develop the toolkit to allow for more meaningful data collection, ensuring we focus on areas of good practice and highlight areas where further work and change may be required. This is underpinned by the implementation of action plans devised and completed with department leads to remedy any areas of non-compliance.

The compliance in practice toolkit has the potential to support future strategy plans and give assurance of quality and safety with the Trust. All areas are currently reaching a compliance rating of 'Good'.

Hospital episode statistics

QVH submitted records during 2019/20 to the Secondary Uses Service for inclusion in the hospital episode statistics. The data below is actual % reported for 2019/20 from the SUS datasets against the national % targets set.

Hospital episode statistics	Admitted patients	Outpatient care	Minor injuries unit
Percentage of records in the published data which include the patient's valid NHS number			
QVH	99.5%	99.7%	98.5%
Nationally	99.4%	99.7%	97.7%
Percentage of records which include the patient's valid general medical practice code			
QVH	93.4%	95.2%	99.6%
Nationally	99.7%	99.6%	97.9%

Source: The figures are aggregates of the QVH entries taken directly from the SUS data quality dashboard provider view, based on the provisional April – February 2020 SUS data at the month 11 inclusion date. (LH 11/05/2020)

Queen Victoria NHS foundation Trust achieved the target or above for 4 of the 6 areas. The data quality group will implement the following plan to improve the valid GP codes for admitted patients and outpatient care:

- Create a specific data quality report monthly for these two areas and put actions in place
- Manage the process via the monthly data quality group
- Communicate to the workforce the importance of following the standard operating procedures to make sure valid GP codes are recorded at source.

Information governance assessment

The information governance function at the Trust provides assurances over the processing of all personal, sensitive and corporate information, however it is recorded. This is by way of the appointment of official information governance roles, formal meeting groups both within the Trust and regional forums and with specific performance assurances for data security, data quality and cyber security as described below.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit sets out the National Data Guardian's (NDG) 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 our Trust is meeting the NDG 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.

In recognition of the impact of COVID-19 on NHS resources, the completion date for all organisations for 2019/20 was extended from 31 March 2020 to 30 September 2020. The Trust expects to achieve a 'Standards Exceeded' rating for this year's submission.

Cyber security

NHS Digital, (previously HSCIC) has incorporated a cyber-security service into its Care Computing Emergency Response Team. The intention is to enhance cyber resilience across the health and social care system by looking for emerging threats and advising healthcare organisations on how to deal with them. QVH receives alerts and acts upon them.

The cyber essentials scheme has been developed nationally to fulfil two functions: providing a clear statement of the basic controls all organisations should implement to mitigate risk, and providing an assurance framework in order that an organisation can be assessed for resilience against cyber threats.

In November 2019 QVH successfully renewed its Cyber Essentials PLUS accreditation. This independent assessment resulted in a pass, which means that all sections reviewed at the time of the assessment were managed appropriately, in terms of the Cyber Essentials Plus scope. The Trust has ongoing processes and procedures in place to maintain these standards.

Payment by results and clinical coding

The annual clinical coding audit for 2019/20 assessed the work of the clinical coding team. A number of experienced coders have left the QVH team and recruitment of trained coders has been challenging. QVH has engaged with an external supplier to support the coding service and function. The audit was carried out by an independent, external coding consultancy.

The sample was random across all the services provided at QVH. The following services were reviewed within the sample:

- Plastic surgery
- Dermatology
- Trauma and orthopaedics
- Oral surgery
- Ophthalmology
- Ear, nose and throat
- Respiratory (sleep studies).

Compliance rates for the clinical coding of diagnoses and treatment, and the targeted accuracy standard, are shown below.

	QVH compliance rate	Targeted accuracy standard
Primary diagnosis	86.0%	90% or higher
Secondary diagnosis	87.3%	80% or higher
Primary procedure	92.2%	90% or higher
Secondary procedure	92.4%	80% or higher

The accuracy of primary diagnosis is 4% below target. Queen Victoria NHS Foundation Trust will be putting a plan together to implement the recommendations from the audit to improve data quality:

- Ensure there is a robust system for checking histology results and updating the coding before the monthly freeze deadline
- Use the information on the trauma coordinator form or discharge summary notification unless there is good reason to believe that it is incorrect. If the department do not wish to use this information as they feel that it is unreliable, then this should be detailed in the departments local policy and procedure guidance
- The purchase and integration of an encoder into the IT systems would improve the speed and accuracy with which the coding staff are able to enter the coded data
- Clinician engagement and validation of the coded data is vital to improving the overall data quality.

Further training for the in-house coding staff would be very beneficial in the following areas:

- Trauma and orthopaedics
- Anatomy (especially forearm and hand muscles)
- Skin flaps and grafts.

Improving data quality

Data quality refers to the tools and processes that result in the creation of the correct, complete and valid data required to support sound decision making.

Using the results of regular studies of data flows and processes informed by routine independent audits and benefiting from the increased transparency and visibility of data issues provided by an integrated data warehouse, problems have been identified and solutions put in place to improve the consistency and quality of data collected.

New reporting structures have allowed greater automation, reducing the risk of human error whilst liberating experienced staff to address more complex data quality issues.

Working with other NHS partners the Trust has established new reports and systems integrating new datasets and increasing the level of reliable intelligence that can be extracted from the data.

QVH's business intelligence team has engaged with all disciplines within the Trust to improve processes around data collection and to design standard processes that help to improve consistency while reducing opportunity for variation.

In 2019/20 QVH continued to progress the data quality agenda:

- building and applying a framework of standard operating procedures for data collection
- enhancing existing data flows with support from external experts, and communicating across the Trust the importance of following standard operating procedures
- building in an audit trail as part of the processes, which will allow for responsive alerts to flag data quality issues needing attention.

Learning from deaths

All NHS trusts are required to report on learning from deaths using prescribed wording which enables readers to compare performance across organisations.

During 2019/20 one QVH patient died. This is shown below as deaths which occurred in each quarter of this reporting period:

	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Number of deaths	1	0	0	0

The one case was subject to a Structured Judgement Review (SJR). As a result of the SJR no cases were found to be more likely than not to have been due to problems in the care provided to the patient.

In addition, all deaths which occur off the QVH site, but within 30 days treatment at the QVH, are subject to a preliminary case note review. Cases are escalated to structured judgement review or investigation, as part of the risk management framework, where required.



REPORTING OF NATIONAL CORE QUALITY INDICATORS

AND NHS IMPROVEMENT
NATIONAL PRIORITY
INDICATORS INCLUDING
SAFETY, EFFECTIVENESS AND
PATIENT EXPERIENCE

All NHS trusts are required to report their performance against a statutory set of core quality indicators in a predetermined format in their quality reports. This enables readers to compare performance across organisations.

For each statutory indicator, our performance is reported together with the national average. The performance of the best and worst performing trusts nationally is also reported. Each indicator includes a description of current practice at QVH, preceded by the wording 'we believe this data is as described for the following reasons' which we are required to include.

QVH has also included additional non-mandated quality indicators to provide further detail on the quality of care provided.



MORTALITY

We believe this data is as described for the following reasons:

- QVH is primarily a surgical hospital which manages complex surgical cases but has very few deaths per year
- QVH has a process in place to review all deaths on site, including those patients who are receiving planned care at the end of their life
- Care provided to patients at the end of their life is assessed to ensure it is consistent with national guidance
- All deaths are reviewed for internal learning and so that relatives may be informed of what happened to their loved ones
- Data is collated on all deaths occurring within 30 days of treatment at QVH to ensure care at QVH was appropriate
- Deaths are reported monthly to the appropriate specialty clinical leads for discussion and so that learning can be facilitated when needed.
- All deaths are noted and, where necessary, presented and discussed at the bi-monthly joint hospital governance meeting.

QVH monitors mortality data by area, speciality and diagnosis on a monthly basis, in particular for the specialities of burns, and head and neck oncology, both of which are monitored at regional and national level. We undertake detailed reviews of all deaths to identify any potential areas of learning which can be used to improve patient safety and care quality.

The Trust has also rolled out investigation training sessions to assist key staff in undertaking investigations and producing reports of a high quality.

Source: QVH information system

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
In-hospital mortality	0.027%	0.031%	0.005%	0.02%	0.025%	0.005%

EMERGENCY READMISSION WITHIN 28 DAYS OF DISCHARGE

We believe this data is as described for the following reasons:

- QVH has a process in place for collating data on patient readmissions to hospital
- Data is collated internally and patient episode details are submitted to the Health and Social Care Information Centre (HSCIC) monthly
- Readmissions are generally to treat some of the complications that may arise from the original injury or from surgery such as wound infections
- We monitor readmissions as a means to ensure our complication rate is acceptable.

QVH ensures that patient readmissions within 28 days of discharge are discussed at speciality mortality and morbidity meetings and reviewed at the Trust's joint hospital governance meeting where appropriate. Information on readmissions is also circulated to all business units and specialties on a monthly basis.

Clinical indicators such as readmissions provide broad indicators of the quality of care and enable us to examine trends over time and identify any areas requiring extra scrutiny.

Source: QVH information system

	2016-17			2017-18			2018-19			2019-20		
	Under 16	16 and over	Total	Under 16	16 and over	Total	Under 16	16 and over	Total	Under 16	16 and over	Total
Discharges	2,265	18,234	20,499	2,261	18,161	20,422	2,206	17,593	19,799	2,011	17,730	19,741
Readmissions	41	369	410	67	467	534	36	336	372	25	327	352
28 day readmission rate	1.81%	2.02%	2.00%	2.96%	2.57%	2.61%	1.63%	1.91%	1.88%	1.24%	1.84%	1.78%

INFECTION CONTROL – HAND HYGIENE COMPLIANCE

We believe this data is as described for the following reasons:

- QVH has a robust process in place for recording compliance with hand hygiene standards through monthly auditing and regular spot checks
- Hand hygiene is promoted through ongoing education, mandatory training, regular auditing and constant challenging by the Infection control team
- Monthly audits are undertaken in all clinical areas to ensure that all staff across each discipline are complying with standards. Where there is non-compliance the individuals are spoken to and departments are asked to submit action plans.

Staff group targeted audits are being developed address the small decrease in compliance.

QVH ensures that hand hygiene remains a priority as it is associated with a reduction in hospital-acquired infections. We are committed to keeping patients safe through continuous vigilance and maintenance of high standards and through robust policies and procedures linked to evidence-based practice and NICE guidance.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Hand hygiene (washing or alcohol gel use)	95%	99%	98.4%	99.1%	99.4%	99.2%	96.6%	93.4%

Data source: Internal monthly audit of the five moments of hand hygiene

INFECTION CONTROL – CLOSTRIDIUM DIFFICILE CASES

We believe this data is as described for the following reasons:

- QVH has a robust process in place for collating data on Clostridium difficile cases through a Root cause analysis to look for any areas of improvement and to identify learning needs
- Incidents are collated internally and submitted weekly to the clinical commissioning group
- Cases of Clostridium difficile are confirmed and uploaded to Public Health England by the infection control nurse
- Results are compared to peers and highest and lowest performers, as well as the Trust's previous performance.

QVH continues to maintain its low infection rate through surveillance supported by robust policies and procedures

linked to evidence-based practice and NICE guidance. Infection rates are routinely monitored through the Trust's infection prevention and control group and quality and governance committee.

QVH strives to meet the challenging target of zero cases per annum. Root cause analysis in this year's cases has shown correct antimicrobial prescribing and clinical documentation to be an issue with one case but root cause indeterminate in the other. Lessons were learnt in both cases and education delivered as a result. Robust antimicrobial monitoring and prescribing continues to be a priority, with an increased focus being put on antimicrobial awareness in the upcoming year. This will highlight the importance of correct antibiotic prescribing ensuring the right drug is prescribed at the right time for the right time and with the right investigations.

CLOSTRIDIUM DIFFICILE RATES	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Trust apportioned cases	1	1	1	2	0	0	2
Total bed-days	18,362	14,778	14,406	14,278	14,242	14,063	15,518
Rate per 100,000 bed-days for specimens taken from patients aged two years and over (Trust apportioned cases)	5.4	6.8	6.7	14	0	0	12.89
National average rate for acute specialist trusts	13	16	16	15	18	17	Data not yet available
Best performing trust	0	0	0	0	0	0	
Worse performing trust	56	68	64	82	90	97	

Source: Health and Social Care Information Centre data July 2019
<https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>

REPORTING OF PATIENT SAFETY INCIDENTS

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2004, the culture of reporting incidents to improve safety in healthcare has developed substantially. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. In July 2019 the publication of the 'NHS Patient Safety Strategy' outlined future plans for the replacement of NRLS and StEIS (Strategic Executive Information System) with updated technology; the live phase for this is scheduled for Q1 2020/21.

We believe this data is as described for the following reasons:

- QVH has effective processes in place for collecting data and information on patient safety incidents
- Incidents are collated internally and submitted on a monthly basis to the NRLS.

QVH staff are required to report incidents as soon as they occur. During 2019/20 staff have been encouraged and supported to complete timely investigations, reducing the length of time taken to complete and ensuring any identified learning can be shared promptly.

Improved reporting of patient safety incidents to NRLS and NHS England continues to be a priority within the Trust.

PATIENT SAFETY INCIDENTS	2015/16		2016/17		2017/18		2018/19	
	Apr-Sep 2015	Oct 2015 - Mar 2016	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019
Total reported patient safety incidents	381	492	412	295	294	355	262	311
Incident reporting rate per 1,000 spells	52	69	57	42	41	49	34.9	46.61
Incidents causing severe harm or death	0	1	2	1	0	0	0	1
Percentage of incidents causing severe harm or death	0%	0.2%	0.5%	0.3	0	0	0	0.3%

ACUTE SPECIALIST TRUST BENCHMARKS	Apr-Sep 2015	Oct 2015 - Mar 2016	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019
	per 1,000 bed days							
Lowest national incident reporting rate	15.9	16.05	16.34	13.67	14.82	17.6	19.0	20.48
Highest national incident reporting rate	104.45	141.94	150.63	149.7	174.59	158.25	142.8	140.62
Lowest national % incidents causing severe harm	0%	0%	0%	0%	0%	0%	0%	0%
Lowest national % incidents causing death	0%	0%	0%	0%	0%	0%	0%	0%
Highest national % incidents causing severe harm	0.6%	0.4%	0.3%	1.4%	1.6%	0.6%	0.4%	0.3%
Highest national % incidents causing death	0.8%	0.2%	0.3%	0.5%	0.2%	0.7%	0.4%	0.5%
Average national % of incidents causing severe harm	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%
Average national % of incidents causing death	0%	0%	0%	0.1%	0%	0.1%	0.1%	0.1%

Source: QVH data from Datix and benchmarking data from NRLS data workbooks

WHO SAFE SURGERY CHECKLIST

In June 2008 the WHO (World Health Organisation) launched a global patient safety challenge 'Safe surgery saves lives' to reduce the number of surgical deaths across the world. The checklist is part of this initiative and is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks. Each member of the team must be involved.

The WHO checklist forms part of the 'Five steps to surgical safety' (NPSA 2010), each corresponding to a specific period in the normal flow of work. It starts with a 'team brief' where each patient is discussed with the whole team and any critical events identified. The 'sign in' is carried out before induction of anaesthesia, the 'time out' is before skin incision, and the 'sign out' is before the patient leaves the operating room. This is then followed by the 'team debrief' looking at areas for improvement, any equipment issues, critical events, and learning from the day.

We believe this data is as described for the following reasons:

- Quantitative compliance is recorded in real time by the surgical team on theatre list database (ORSOS). Figure 1 (opposite).
- A qualitative observational audit is carried out quarterly and focuses on human factors and behaviours of the team members.
- Quantitative audits of the use of the checklist in other departments including outpatients, corneo, maxillofacial has been completed and learning objects set for the teams that work there.
- Results of the audits inform the Improving quality and effectiveness of Five Steps to Surgical Safety.

Through the audits in theatre it is clear that the checklist is firmly embedded in practice, and is a highly useful tool for staff, as it gives a platform to raise and voice any concerns in an open forum.

VENOUS THROMBOEMBOLISM – INITIAL ASSESSMENT FOR RISK OF VTE PERFORMED

Patients undergoing surgery can be at risk of venous thromboembolism (VTE) or blood clots. They are a major cause of death in the UK and can be prevented by early assessment and risk identification. The national target is that 95% of all patients are risk assessed for VTE on admission to QVH.

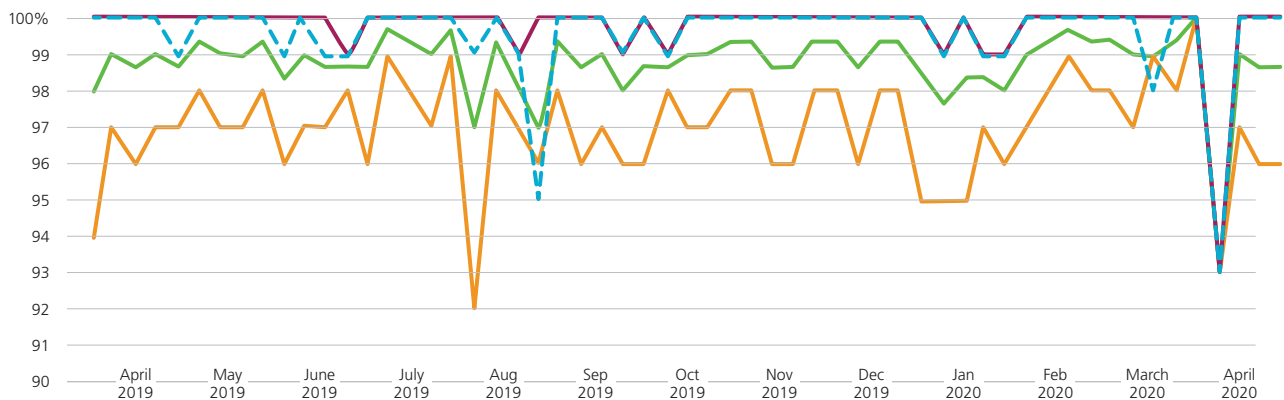
We believe this data is as described for the following reason

- QVH has processes in place for collating data on VTE assessment
- Incidences are collated internally and submitted to the Department of Health on a quarterly basis and published by NHS England. Results are compared to peers, highest and lowest performers and our own previous performance.

VTE ASSESSMENT RATE	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
QVH	93.90%	97.50%	91.87%	93.04%	90.96%	91.88%	93.53%	94.42%	99.30%	96.42%
National average	96.00%	95.90%	95.50%	95.53%	95.73%	95.51%	95.64%	95.53%	95.20%	95.25%
National average specialist trusts	98.70%	97.70%	97.23%	97.53%	97.53%	97.40%	97.65%	97.44%	97.58%	97.58%
Best performing specialist trust	99.90%	100.00%	100.00%	100.00%	99.97%	99.96%	100.00%	99.96%	99.97%	99.94%
Worse performing specialist trust	93.90%	95.10%	91.87%	93.04%	90.96%	82.68%	90.67%	94.42%	95.56%	95.24%

Source: <https://improvement.nhs.uk/resources/vte/#h2-data-publications>

FIGURE 1: RESULTS OF QUANTITATIVE COMPLIANCE SINCE APRIL 2019



During preceptorship (a period of structured transition for the newly registered practitioners) training, one hour is spent on the use of the surgical safety checklist.

Key:

— sign in — sign out
 - - - time out — average

We continuously strive to minimise VTE as one of the most common causes of preventable post-operative morbidity and mortality. We are committed to ensuring that those patients undergoing surgery are risk assessed and the necessary precautions are provided, including compression stockings and low molecular weight heparin.

QVH undertakes the NHS 'safety thermometer' on a monthly basis in all inpatient areas. It provides the Trust with a rate of harm-free patient care and includes the assessment of patients for VTE risk on admission.

Work will continue into 2020/21 to ensure that QVH maintains its 95% target for VTE assessments within 24 hours of admission. Performance against this target is measured on a monthly basis using the Trust-wide performance dashboards.

Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	VTE ASSESSMENT RATE
98.10%	97.85%	98.67%	98.22%	98.26%	97.85%	98.67%	98.22%	98.26%	QVH
95.36%	95.21%	95.63%	95.49%	95.65%	95.21%	95.63%	95.49%	95.65%	National average
97.26%	97.12%	96.66%	96.78%	96.33%	97.12%	96.66%	96.78%	96.33%	National average specialist trusts
99.95%	99.89%	99.86%	99.82%	99.82%	99.89%	99.86%	99.82%	99.82%	Best performing specialist trust
80.96%	92.39%	92.28%	90.56%	90.56%	92.39%	92.28%	90.56%	90.56%	Worse performing specialist trust



NHS FRIENDS AND FAMILY TEST – PATIENTS



The friends and family test is a national scheme enabling patients to tell us and other patients what they think about the care they receive.

Patients are asked the following question 'How likely are you to recommend our hospital to friends and family if they needed similar care or treatment?' After the test, we also ask a few follow up questions so we can understand where we need to improve and where we are performing well.

- This is asked via number of methods, primarily via paper, SMS text messaging and integrated voice messaging. The Trust follows the national guidance for undertaking and scoring of the friends and family test
- Data from patients who spend at least one night on a ward in our hospitals or visit hospital for a day for surgery or a procedure
- Patients who attend our Minor Injuries Unit/Outpatient Trauma Unit
- Patients who attend our outpatient departments and use our community-based services
- We collect feedback through a range of different methods including, text messages, paper surveys and integrated voice messaging
- We use patient feedback to help us improve and make changes to our services and the care we provide. The results allow us to take immediate action when there is a problem and see how effective the improvements we have made have been. The test also provides a measure for you to compare us with other specialist NHS trusts
- For patients who have learning disabilities, language or literacy issues, dementia or visual impairment there is an easy read version of the feedback form available, which

uses pictures of faces, ranging from very happy to very sad, to ascertain their response to their experience of care. Children who come onto Peanut ward have the option to use the monkey feedback form

- Response rates and patient responses for 'extremely likely/likely to recommend' and 'unlikely/extremely unlikely to recommend' are compared with our specialist trust peers
- Results are presented to the board, quality and governance committee and patient experience group on a regular basis
- Each month we publish details on the QVH website about how many people completed the Friends and Family Test and what they thought about their care.

We use your feedback to help us improve and make changes to our services and the care we provide. The results allow us to take immediate action when there's a problem and see how effective the improvements we've made have been. Staff at QVH work hard to ensure patients receive the best care and patient experience through our services. Comments received electronically are reviewed on a daily basis so that we are able to respond to potential issues in a timely manner. Our friends and family test response rates are amongst the highest in the South of England.

Responses and comments are broken down into weekday and weekend feedback to help inform our continued implementation of seven day services at QVH.

We have developed a patient experience programme that allows patients to provide their feedback in real-time through the inpatient surveys or social media; or at a later date through NHS Choices' Care Opinion, postal surveys, focus groups, face to face engagement and of course PALS and complaints.

NHS FRIENDS AND FAMILY TEST SCORES FROM PATIENTS	Minor injuries unit				Acute inpatients				Out patients			
	16/17	17/18	18/19	19/20	16/17	17/18	18/19	19/20	16/17	17/18	18/19	19/20
Percentage extremely likely/likely to recommend	95%	96%	96%	96%	98%	98%	99%	98%	94%	94%	95%	95%
Percentage extremely unlikely/unlikely to recommend	2%	2%	2%	2%	0%	0%	0%	0%	2%	2%	2%	2%
Response rate	27%	24%	23%	18%	46%	43%	42%	39%	17%	16%	17%	14%

Source: QVH information system

COMPLAINTS

We believe this data is as described for the following reasons:

- QVH has a robust complaints management process in place
- The Trust has an internal target for responding to all complaints within 30 working days
- All complaints are investigated to ensure appropriate learning
- The process for dealing with each complaint is individualised to meet the complainant's needs.

Complainants who remain dissatisfied are actively supported to go to the Parliamentary and Health Service Ombudsman for assurance that their complaint has been responded to appropriately.

Between April 2019 and March 2020 we received 69 formal complaints and 73 PALS queries.

Feedback, including complaints, provides valuable information for the Trust Board of Directors and is used at all levels within the Trust to enhance the experience of patients and carers. Patients and carers can raise a concern in a number of ways. One way is via the Patient Advice and Liaison Service (PALS). They will try to resolve any issues. If this is not successful, or the concern is too complex, PALS will pass this on to the complaints department. The other way patients can raise concerns is by directly contacting the patient experience manager. A formal complaint is one in which the complainant asks for an investigation and written response.

We encourage and welcome complaints about the quality of care being provided to patients as a means of continually assessing and improving our services. Through the lessons learned, complaints are seen as an important part of helping us to improve the quality of patient experience, safety and effectiveness whilst also providing evidence to our patients of the action we have taken.

Formal complaints data is shared internally with subject matter expert leads and committees. Issues from complaints are also discussed at local departmental and divisional meetings and actions taken where appropriate to ensure learning takes place. Monthly figures on formal complaints are shared and monitored via performance reports and the patient experience monthly report uses data from complaints, feedback and friends and family test results. Formal complaints and their responses are personally reviewed and signed off by the chief executive and are also seen by the medical director and director of nursing and quality.

Learning from complaints is shared with staff at a variety of meetings and is built into our Trust induction programme. An annual complaints report is produced each year and is available on the QVH website.

During 2019/20, 0 complaints were referred to the Parliamentary Health Service Ombudsman, and one case is still under review.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Complaints per 1,000 spells (all attendances)	0	0.4	0.3	0.3	0.27	0.26	0.34
Complaints per 1,000 spells	0	4.1	2.8	2.6	2.5	2.9	3.5

Data source: continuous internal audit

SAME SEX ACCOMMODATION

We believe this data is as described for the following reasons:

- QVH has designated single sex ward areas
- QVH is able to adapt washing and toilet facilities to deliver single sex accommodation
- Any decision to mix genders in clinically justifiable circumstances is taken by a senior manager.

QVH is committed to providing every patient with same sex accommodation to ensure that we safeguard their privacy and dignity when they are often at their most vulnerable. We have maintained segregated accommodation during 2019/20 through the use of single rooms and the appropriate planning of patient admissions.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0	0	0	0

OPERATIONS CANCELLED BY THE HOSPITAL ON THE DAY FOR NON-CLINICAL REASONS

During 2019/20 13,595 surgical cases passed through our theatres and every effort is made to minimise cancelled operations. A programme of work had been underway to improve our theatre capacity and efficiency.

This includes a number of strategies to improve recruitment of theatre staffing which have impacted

in year cancellation rates. To minimise cancellations an escalation procedure is in place in addition to weekly theatre and session planning meetings.

	How data is collected	Target	2015/16	2016/17	2017/18	2018/19	2019/20
Minor injuries unit – patients leaving without being seen	Data collected from PAS in the minor injuries unit	5%	2.38%	1.62%	1.30%	1.67%	1.46%
Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days	Data collected from PAS and theatre systems	0	4	4	14	14	16
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	Data collected from PAS and theatre systems	0	3	0	0	2	2

PRESSURE ULCERS

We believe this data is as described for the following reasons:

- QVH has a robust process for collating the incidence of pressure ulcers
- All pressure damage is investigated and the root cause analysis is presented internally to share learning and change practice
- Following the recruitment of a tissue viability nurse a baseline audit has been completed. An education package is being developed to embed changes in practice.

QVH endeavours to ensure that the treatment provided to patients does not cause them harm. The figures above reflect hospital-acquired pressure injuries and no pressure injuries sustained were graded as category 3 or 4.

The tissue viability nurse acts as a clinical link between risk and the clinical areas to aid in assessment of the tissue damage. Use of photographs and liaison with the reporters allows us to accurately categorise the damage and ensure any damage that is non pressure related, is reported correctly. Increased accessibility to the tissue viability nurse offers support and guidance with pressure ulcer prevention and management. The tissue viability nurse training sessions within the clinical areas focus on pressure damage prevention to increase staff awareness and provide guidance for the management of patients with complex needs.

Pressure ulcer development in hospital is also measured through data collection for the national 'safety thermometer' and results are monitored internally through the clinical governance group and quality and governance committee.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Development of pressure ulcer Grade 2 or above per 1,000 spells	0	0.5 (total=8)	0.6 (total=11)	0.9 (total=17)	0.5 (total=10)	0.4 (total=9)	0.2 (total=5)	0.4 (total=8)*

*For 2019/20 all pressure ulcers were grade 2

STAFF FRIENDS AND FAMILY TEST

QVH's 2019/20 staff friends and family test results show a significant increase in the percentage of people likely or extremely likely to recommend QVH as a place to receive care and as a place to work.

STAFF FRIENDS AND FAMILY 2019/20 QUESTIONS	Q4	Q1	Q2	Q3*	Q4 19/20
How likely are you to recommend Queen Victoria Hospital to friends and family if they needed care or treatment?	96.15%	97.62%	97.35%	N/A	95.3%
How likely are you to recommend Queen Victoria Hospital to friends and family as a place to work?	73.62%	74.60%	71.73%	N/A	74.7%

*Q3 relates to results in National NHS staff survey

STAFF SURVEY 2019 QUESTIONS	2017	2018	2019
I would recommend my organisation as a place to work	57.7%	63.0%	72%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	87.2%	90.8%	92%

FREEDOM AND FEEDBACK

Freedom to speak up guardian QVH response to the Gosport Independent Panel Report

QVH has a freedom to speak up guardian elected by staff. This role is specifically aimed at staff, and provides confidential advice and support in relation to concerns about patient safety. The role reports directly to the chief executive and the freedom to speak up guardian attends the board of directors meeting bi-annually to report on findings. QVH works proactively to support an open culture, where issues are identified and lessons sought to be learnt from. Part of sustained commitment to the Gosport Independent Panel Report has been to increase the protected time for this role.

Other ways in which the Trust supports staff to speak up include a confidential (Tell Jo) director of nursing and quality email account is available to all Trust staff and there is also a quarterly staff survey which seeks staff views. Where appropriate, the Trust has acted on whistleblowing information and taken formal disciplinary action.

The Trust takes its duty of candour seriously, reaching out to patients and their families to apologise and taking corrective action where necessary.

Feedback received through the NHS website and Care Opinion website

The Trust has a system in place to monitor feedback posted on two external websites: The NHS website (previously NHS Choices) and Care Opinion. Feedback is sent to the relevant service/department manager for information and action. A response is posted to each comment received which acknowledges the comment and provides general information when appropriate. The response also promotes the Patient Advice and Liaison Service (PALS) as a mechanism for obtaining a more personalised response, or to ensure a thorough investigation into any concerns raised.

WORKFORCE

Following the partnering with two other NHS Trusts to recruit overseas nurses, we have successfully appointed 19 nurses who are registered and working fully within burns, critical care, surgical wards and the majority within theatres. Another five were due to arrive by the end of April 2020 all to work in theatres, but this will be delayed due to the travel restrictions related to the COVID-19 pandemic. This recruitment drive has significantly reduced our vacancy rate and agency usage. The majority of recruitment of nursing and operating department practitioner staff has been from overseas during 2019/20 but we have also seen improved responses to local recruitment initiatives.

The Trust is very aware of the need to attract more women into the more senior clinical roles, and the annual equalities and diversity report also sets out

how we are addressing the workforce race equality standard and workforce disability equality standard. In addition, during 2020/21 the Trust will be working towards signing up to the NHS Employers "Step into Health" campaign. This will support the recruitment of members of the armed forces community and their families and by signing up to certain pledges, we will be able to partner with other trusts to share best practice.

With the increasing use of e-workforce systems, it is anticipated that by late 2020 there will be more visibility of what activities our employees are undertaking at any one time and a clear defined approach to annual leave. There are currently 22 live projects in process within workforce and work is being carried out to ensure alignment to our people and organisational development strategy, with clear objectives against individual elements of each goal.

WELLBEING

QVH has a health and safety committee, which regularly receives reports from across the Trust highlighting any risks and how they are being addressed. In addition, the workforce team provide quarterly information on the support provided to staff through our external occupational health and employee assistance providers, and internal physiotherapy service. Data on this is also included in workforce reports to the board and board sub-committees. Our occupational health service since June 2020 has been provided by Cordell Health with a dedicated occupational health advisor for self-referrals and management referrals. Staff self-refer to the internal physiotherapy service provided onsite at QVH.

We now contract directly for a more cost effective employee assistance service. This provides all staff with a range of personal and professional support including confidential counselling and legal advice for both work related and non-work issues; stress management; advice to staff on injuries at work; and a 24-hour employee assistance programme which provides comprehensive, round the clock phone advice for all staff and access to an online wellbeing portal. In 2019 the provider attended QVH in April and September to deliver sessions on stress, mental health, and managing pressure.

The workforce team have a leading role in supporting the staff health and wellbeing through a programme of initiatives and information. Themes in 2019/20 included mental health awareness and body image, flexible working and flexible retirement guidance, walk your way to a healthy heart challenge for June's national walking month, back care awareness, smoking cessation campaign, national menopause day and mindfulness. Various departments throughout the Trust have also provided information to benefit the health and wellbeing of staff, which have supported the Trust's agenda.

The QVH Charity funded an online work-related stress indicator tool developed by the Health and Safety Executive, which is designed to be a proactive assessment of groups of people (teams/departments) and analyses survey responses, automatically generating easily understood reports which highlight priority areas and suggests the next steps to address them. The first pilot was launched at the beginning of July 2019 and a programme developed for 2019/20 enabling every member of staff to have the opportunity to respond to a survey by 31 March 2020 – with a few agreed exceptions.

NHS IMPROVEMENT NATIONAL PRIORITY INDICATORS

NHS Improvement uses the following national access and outcomes measures to make an assessment of governance at NHS foundation trusts. Performance against these indicators is used as a trigger to detect any governance issues.

QVH's 2019/20 performance against these waiting time indicators was:

NON-ELECTIVE WAITING TIMES – MINOR INJURY UNIT

QVH TRUST PERFORMANCE		Performance		Quarterly trend			
		Target	Annual	Q1	Q2	Q3	Q4
Minor injury unit access	Attendees completing treatments and leaving within four hours in minor injuries unit	95%	99.76%	99.79%	99.62%	99.72%	99.96%

Source: QVH information system.

ELECTIVE WAITING TIMES

In 2019/20 QVH implemented a recovery plan to improve the delivery of referral to treatment standards. Before the onset of the COVID-19 pandemic, waiting times improved overall with a reduced total waiting list size, and increased open pathway performance although there were considerable challenges impacting performance due to the pension tax impact for clinical staff. The Trust reduced the number of patients waiting over 52 weeks and of the residual number the majority were patients who had chosen to delay their surgery. The Trust was on track to have 9 patients waiting > 52 weeks by year end (7 of whom were patients who had chosen to defer treatment) however non urgent operations were stood down in line with medical college and NHSE guidance due to the COVID-19 pandemic. The step down of

non-urgent care due to the pandemic will have a significant impact on waiting times in 2020/21.

The COVID-19 pandemic meant in quarter four a number of planned operations were cancelled by the hospital in order to prepare for changed working, and by patients who were anxious about coming to hospital. The impact of the pandemic on waiting times in 2020/21 will be significant.

QVH has very few patients referred from an NHS screening service (1-2 per quarter) and therefore representation of % performance of this standard is not informative and potentially misleading due to count and the impact of breach sharing in line with national guidance.

QVH TRUST PERFORMANCE	Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Referral to treatment times within 18 weeks (target 92%)	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28%	82.9%	82.77%	82.10%	81.37%	78.5%
Patients waiting greater than 52 weeks	47	42	39	37	29	25	22	19	15	19	16	18
Total waiting list size	12,204	11,723	11,309	10,902	10,966	10,516	10,663	10,529	10,429	10,333	10,178	10,123

Source: QVH information system.

CANCER WAITING TIMES

Work has been ongoing to improve cancer times for patients. An improvement plan is in place across all constitutional standards and the trust has made good progress in preparing for the new faster diagnosis standard.

QVH TRUST PERFORMANCE	Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Two Week Wait	86.2%	97.8%	94.0%	94.9%	93.1%	89.3%	88.9%	89.5%	96.0%	93.3%	97.7%	90.8%
62 Day Referral to Treatment	89.3%	85.0%	81.5%	85.2%	91.2%	82.9%	85.7%	70.0%	80.0%	83.7%	82.1%	87.8%
31 Day Decision to Treat	94.8%	93.7%	96.1%	95.8%	95.9%	94.9%	93.0%	87.1%	94.7%	89.9%	89.5%	94.6%

Source: QVH information system.

DIAGNOSTIC WAITING TIMES

Performance has continued for diagnostic waits in line with national and local standards. March performance fell due to step down of COVID-19 activity.

QVH TRUST PERFORMANCE	Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Diagnostic waits < 6 weeks (DM01)	99.8%	99.46%	99.05%	99.86%	98.9%	99.11%	99.76%	99.61%	98.18%	98.23%	99.20%	90.07%
Diagnostic reporting complete within 7 days	87.47%	95.47%	96.66%	97.41%	98.42%	97.98%	98.75%	95.8%	99.11%	99.37%	98.8%	98.18%

Source: QVH information system.

SERVICES WE PROVIDE

Head and neck services

Simulation training

Maxillofacial service
– orthognathic treatment

Orthodontics

Maxillofacial
prosthetics service

Facial paralysis

Reconstructive
breast surgery

Breast reconstruction
after mastectomy
using free tissue
transfer – flap survival

Skin cancer care
and surgery

Corneoplastic and
ophthalmology services

Hand surgery

Anaesthetics

Burns service

Therapies

Sleep disorder centre

Psychological therapies

Radiology department



Head and neck services

QVH is the specialist centre for major cancer and reconstructive surgery of the head and neck. Our head and neck services are recognised, both regionally and nationally, for the specialist expertise offered. The team has six oromaxillofacial surgeons and three ear, nose and throat surgeons. QVH is recognised by the Royal College of Surgeons as a centre for training interface fellows in advanced head and neck oncology surgery.

In 2019 QVH treated 115 major cases with 30 day survival of 100% (against a national mortality benchmark of 98.3%) and a flap success rate of 96.36% (against a national mortality benchmark of 90-95%).

High quality patient care is achieved through educating staff in line with evidence-based best practice. Our established rolling programme of multi-disciplinary tracheostomy, laryngectomy, dysphagia and nutrition training for doctors, nurses and allied health professionals has developed during the year. This includes the complete head and neck cancer pathway, free flap care, psychological care, prosthetics and emergency situations like carotid artery rupture.

We continue to deliver electrochemotherapy as a palliative treatment for skin nodules to breast, skin and head and neck cancer patients. This treatment is to improve quality of life for patients from Kent Surrey and Sussex with regards to unsightly tumour fungation, malodour and bleeding. We work with plastic surgery colleagues to deliver a shared service to benefit our patients. Since commencing this service in 2017 we have had referrals for 44 patients and have treated 33.

Total number of major head and neck cancer procedures

2019	115
2018	119
2017	117
2016	119
2015	126
2014	106

Most quality of life tools in head and neck cancer reflect the entire patient pathway including radiotherapy; but none reflect solely on patient's surgical experience. So in order to improve services we

have designed a patient reported outcome questionnaire regarding experiences after head and neck surgery. Our surgical head and neck patients are being given the opportunity to participate and their feedback is being collated. The report from the initial patient cohort will be ready in autumn 2020.

New clinical appointments have widened the expertise and knowledge within head and neck cancer team meaning we are now able to offer surgeries at the forefront of surgical management. Our head and neck clinical lead is a FRCS examiner as well as faculty member on the UK training in sentinel node biopsy programme. He is also now clinical lead for head and neck for the Surrey and Sussex Cancer Alliance (SSCA). Regionally, we are actively working with the SSCA and relevant NHS trusts regarding cooperative sharing of diagnostic cancer services where local bottlenecks occur due to increasing patient numbers, staff shortages leading to a lack of local timely access to service provision.

Simulation training

A major development towards improved patient safety has been the development of simulation training involving the recreation of real clinical emergencies to allow safe practice of skills, both technical and non-technical (so called human factors). The simulation faculty has received significant charitable investment this year. Training has increased to support clinical teams prepare for COVID-19.

QVH's educators have worked together with all clinical leads to expand simulation training to include all clinical areas. Simulation is now regularly being delivered on the wards, in the critical care unit, the burns unit, and the minor injuries unit in addition to theatres, and will expand to Peanut (children's ward) later this year.

QVH patients sometimes undergo surgery at The McIndoe Centre, the independent sector healthcare provider on site. In order that the staff who look after patients off-site receive the same level of safety-based

simulation training, staff from The McIndoe Centre were invited to join the QVH theatre simulation training from June 2019. Recognising the real benefits to training being in situ (taking place in the environment teams actually work in), the team are planning to deliver training in The McIndoe Centre theatres from 2020.

Formal feedback from staff regarding simulation training in 2019/20 has been excellent. The main improvement recommended by theatre staff was the desire for more training to be delivered, with specific focus on paediatric and airway emergencies. As such, the team have created additional extended simulation sessions, focused on these areas to run bimonthly. The sessions include both simulation scenarios and additional skills stations to allow a more focused look at emergency skills, equipment and protocols. The first took place in January 2020 and received excellent feedback.

Maxillofacial service – orthognathic treatment

One of the busiest in the UK, the QVH maxillofacial surgery department has four specialist orthognathic consultant surgeons supported by surgical staff, specialist nurses, dieticians, physiotherapists, psychological therapists and speech and language therapists. Our maxillofacial consultant surgeons have a number of interests in the sub-specialisms of their services including orthognathic surgery, trauma, head and neck cancer, salivary glands and surgical dermatology. The QVH service is also hosted across a wide network of acute trusts and community hospitals in the South East of England.

90% of patients rated the orthodontic service and care as excellent.[#]

PATIENT SATISFACTION WITH ORTHOGNATHIC TREATMENT

How do you rate the orthodontic service and care?

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
88% excellent 12% good	95% excellent 5% good	92% excellent 8% good	92% excellent 8% good	91% excellent* 9% good	90% excellent* 10% good

How do you rate the quality of surgical care?

91% excellent 8% good 1% average	94% excellent 6% good	90% excellent 10% good	89% excellent 11% good	83% excellent 15% good 2% average	89% excellent 9% good 2% average
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How satisfied are you with your facial appearance?

68% very satisfied 29% satisfied 3% neither satisfied or dissatisfied	84% very satisfied 16% satisfied	71% very satisfied 29% satisfied	70% very satisfied 29% satisfied 1% very dissatisfied	67% very satisfied 28% satisfied 3% dissatisfied 2% very dissatisfied*	74% very satisfied 26% satisfied
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How satisfied are you with your dental appearance?

80% very satisfied 20% satisfied	84% very satisfied 16% satisfied	76% very satisfied 22% satisfied 2% very dissatisfied*	80% very satisfied 18% satisfied 1% very dissatisfied	76% very satisfied 22% satisfied 2% very dissatisfied*	80% very satisfied 20% satisfied
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* The Trust has investigated this patient's data, which is very positive overall about the surgery which was performed at QVH. It is likely that the form was filled in incorrectly, and further feedback will be sought when the patient is reviewed at two years.

Our satisfaction results for orthognathic surgery are consistently high, and reflect good teamwork between the orthodontic team and the surgical team. All patients are seen in combined clinics by both specialities, and we have regular outcome meetings to assess our results and to plan and implement improvements in the service. For the minority of patients for whom the outcome is not as they would have expected, we review their pathway and endeavour to both address their concerns and ensure that, through systematic review, we continue to improve our service for all.

Orthodontics

QVH provides a specialist consultant led orthodontic service. Our four orthodontic consultants also provide specialist care for patients requiring orthodontics and jaw surgery; cleft lip and palate care; hypodontia (care for patients with multiple missing teeth); buried/impacted teeth; and sleep apnoea (care for patients with sleep disordered breathing).

We accept referrals from local doctors and dentists, specialist orthodontists, sleep physicians, consultants in other hospitals and those connected with cleft lip and palate care.

The unit is also a major teaching centre with several specialist trainees and therapists. Our trainees are linked to Guy's Hospital, a major teaching institute in London.

In March 2020 a new dental skills training centre opened at QVH, funded by Health Education England (HEE). HEE will use the centre to provide training to foundation dentists. When not in use by HEE, the centre is available for use for teaching and continuous professional development by QVH staff. The main area of the centre incorporates 16 fully adjustable phantom heads, complete with light, drills, suction and kavo teeth for a realistic simulation of a dental patient. The centre also incorporates a prep room and a seminar room.

We work closely with surgical and dental consultant colleagues in other areas of practice to produce a team approach to delivering multidisciplinary care for patients with both complex and routine problems. We see about 1,000 new patients a year and manage around 14,000 patient attendances. Our aim is to provide a service delivering clinical excellence with high levels of patient satisfaction.

The team use a variety of validated clinical and patient outcome assessments. These include the clinically independent peer assessment rating (PAR), which compares pre- and post-treatment tooth positions, and patient satisfaction surveys to produce a balanced portfolio of treatment assessments that are useful to clinicians and patients and measured against a wider peer group.

The PAR provides an objective measure of the improvement gained by orthodontic treatment.

PAR score

Percentage of patients achieving an outcome in the improved or greatly improved category	2019	99.3%
	2018	99.3%
	2017	98.6%
	2016	98%
National Gold Standard: 70% in this category	2015	95%
	2014	95%
	2013	95%

* Data is produced one year in arrears

The higher the pre-treatment PAR score, the poorer the bite or occlusion; a fall in the PAR score reflects improvement in the patient's condition. Improvement can be classified into: 'greatly improved', 'improved' and 'worse/no different'. On both scales, QVH scores well.

In 2019, 99.3% of our patients were assessed as 'greatly improved' or 'improved'. This is shown in the table above.

The care of the small number of patients whose outcomes do not improve is investigated by the team on an annual basis and a root cause analysis undertaken to understand what improvements could be made.

In addition to PAR ratings, patients are asked about their satisfaction with treatment. Every patient who completes orthodontic treatment is asked to complete a confidential questionnaire. In 2019, 51 patients completed the satisfaction questionnaire. The majority (76%) were completely satisfied with the result of their treatment and the remaining 8% were fairly satisfied. No patient was disappointed.

Furthermore, 95% were happy that their teeth were as straight as they would have hoped; 67% reported improved self-confidence; 59% reported an improved ability to keep teeth clean; 55% reported improved ability to chew; and 20% reported improved speech.

A total of 100% of patients felt that they were given sufficient information regarding their proposed treatment; 95% of patients said that they were glad they undertook their course of treatment; and 98% would recommend a similar course of treatment to a friend.

“The care of the small number of patients whose outcomes do not improve is investigated by the team on an annual basis and a root cause analysis undertaken to understand what improvements could be made.”

Maxillofacial prosthetics service

The QVH hosts Europe's largest maxillofacial prosthetic rehabilitation centre, offering all aspects of care, including facial and body prosthetics; cranial implants; indwelling ocular prosthetics; rehabilitation after head and neck cancer or plastic surgery; and surgical guides for jaw alignment surgery.

The service at QVH is one of only five accredited reconstructive science training institutions, and as such has government funded training posts, under the modernising scientific careers: scientist training programme.

During 2020 there were significant changes in legislation affecting the manufacture and provision of medical devices. In complying with this European and UK-wide revalidation process, the maxillofacial laboratory at QVH has become one of the first of its type in the UK to obtain a license with the Medicine and Healthcare Products Regulatory Agency (MHRA) in February 2020, under new medical device regulations which become statute in May 2020. This evidences that QVH has a robust quality management system and risk management process in place when creating devices to meet the individual needs of patients and improve patient experience.

"The service at QVH is one of only five accredited reconstructive science training institutions."

Facial paralysis

QVH has the UK's first, largest multidisciplinary facial paralysis service. The service at QVH was set up in 2007 with the main objective of establishing holistic care for patients suffering from facial paralysis. Patients can be seen on the same day, in a single location, by a consultant plastic surgeon, extended scope practitioner physiotherapist/speech and language therapist, consultant ophthalmologist and consultant psychotherapist.

The therapy team, in conjunction with other specialist clinicians, run Facial Therapy Specialists UK, a special interest group dedicated to professional education, driving improvements in standards of care and supporting research. The QVH service has raised the awareness of clinicians and the public that treatment of facial paralysis is essential and beneficial. Treatment emphasis is on restoration of important functions such as eye protection, eating, drinking, speech and emotional expression.

QVH undertakes advanced facial palsy treatments including chimeric vascularised nerve grafts; VCATs; surgery for severe synkinesis; corneal neurotisation; and is at the forefront of advances in the management of cranial

nerve disorders. Recently in conjunction with maxillofacial surgeons, the QVH facial palsy unit performed the world's first successful free functioning muscle transfer (a type of VCAT) for restoration of the chewing mechanism in a severely ill patient. The philosophy of the QVH team is 'Getting It Right First Time' (GIRFT), in line with current NHS philosophy. This emphasises the benefits of having early and effective holistic treatment for facial paralysis.

A collaboration between QVH, Emteq and UK universities, has previously developed a prototype 'smart specs' for use in facial paralysis and stroke patients. Miniaturised sensors in the frames of the glasses measure facial symmetry by tracking the movement of muscles, and the intensity of those movements, giving feedback through a smart phone or tablet. This innovation, a world-first, will transform the ability of both clinicians and patients to monitor their progress from the comfort of their homes, as well as significantly improve recovery as patients are more motivated to practice facial movements. This system is currently being integrated into QVH's virtual clinics and discussions are underway to allow QVH to follow-up patients from as far as Northern Ireland using these advanced systems.

"QVH is at the forefront of advances in the management of cranial nerve disorders."

Reconstructive breast surgery

QVH is a major centre for micro-vascular reconstruction, known as free flap breast reconstruction. A flap is the name given to tissue that is transferred with its blood supply. The skin and fat flaps used for breast reconstruction are soft, warm, and move more like breast tissue than other forms of reconstruction. Because of this, results often improve with time. Flaps can be moved to the chest from distant sites such as the abdomen or thighs. Abdominal-based free flaps are known as free DIEP (Deep Inferior Epigastric Perforator) flaps or MS-TRAM (Muscle-sparing Transverse Rectus Abdominis Myocutaneous) flaps. Medial thigh-based flaps are known as free TUG (Transverse Upper Gracilis) flaps.

Reconstructive surgery can be performed at the same time as a mastectomy (immediate breast reconstruction), or after all treatment has been completed (delayed breast reconstruction). Free-flap procedures are also used to improve outcomes for patients who have run into difficulties following other types of reconstruction, and are the treatment of choice for breast reconstruction following radiotherapy. We continue to manage an increasing demand for bilateral reconstruction on the same day as a risk-reducing mastectomy for patients who have a genetic predisposition to breast cancer.

Over the last year, studies on outcome and comparison of these newer techniques have been performed and results have been presented nationally and internationally, and published in scientific journals.

Where commissioners have approved procedures, the QVH team of consultants and specialist breast reconstruction nurses provide a wide range of other reconstructive surgery. These include, operations to correct breast asymmetry, breast reduction, and surgery to correct congenital breast shape deformity.

With a fully holistic approach to our patients' reconstructive journeys, there is also work underway to look at 'prehabilitation' services. These are designed to enhance patients' physical and emotional well-being before surgery, with the aim of improving post-operative outcomes. Particular focus has been given to weight loss, nutrition, diet and exercise.

Breast reconstruction after mastectomy using free tissue transfer – flap survival, outcomes

The gold standard for breast reconstruction after mastectomy is 'free flap' surgery as described above. These techniques have high patient satisfaction and longevity. It is important we not only monitor our success in terms of clinical outcome but also how the woman feels throughout her reconstructive journey. This is called a patient reported outcome measure (PROM).

OUTCOMES

Target	100%
Benchmark (published literature)	95-98%
Benchmark (BAPRAS 2009)	98%
2019/20	99.4%
2018/19	99.7%
2017/18	99.3%
2016/17	100%
2015/16	99.6%
2014/15	100%
2013/14	98.94%

BAPRAS: British Association of Plastic Reconstructive and Aesthetic Surgeons

Outcomes include length of stay, emergency returns to theatre, readmissions to hospital, and patient feedback. Any reconstructive failures or complications are reviewed in monthly breast team meetings to identify learning, and further improve the service with optimised learning points and multidisciplinary team engagement.

In 2019, the QVH breast reconstruction team were reviewed and visited by the Getting It Right First Time (GIRFT) team. QVH were able to demonstrate a high-volume autologous breast reconstruction service with short inpatient stays, and low failure rates in comparison to our peers. The "global" insight that the GIRFT review provided has enabled QVH to improve the collection of out of hospital complication data from across the region.

Over the last year 355 free-flap breast reconstructions were performed for 294 women. 44% of these cases were immediate-reconstructions, performed at the same time as mastectomies. The total failure rate was 0.6%. During this period, the mean length of stay for QVH free-flap breast reconstruction patients was 3.6 nights. 18% of women were discharged after two nights, 38% after 3 nights, 22% after 4 nights and 13% after a 5-night post-operative inpatient stay.

It is expected that demand for immediate and delayed free-flap breast reconstruction will continue to rise. Over the last year, the Trust has worked hard to streamline pathways for immediate and delayed breast reconstruction to improve compliance with Referral to Treatment (RTT) targets. Capacity remains an issue, but running three-session operating lists, and the employment of an additional microvascular breast reconstruction fellow and a locum consultant will continue to help with this.

"QVH is a major centre for this type of micro-vascular reconstruction."

Skin cancer care and surgery

Our melanoma and skin cancer unit is the tertiary referral centre for all skin cancers across the south east coast catchment area and is recognised by the Kent and Sussex cancer networks. The multidisciplinary team consists of consultant plastic surgeons, consultant maxillofacial surgeons, consultant ophthalmic surgeons and a consultant dermatologist. QVH also provides specialist dermatopathology services for skin cancer and other conditions.

Complete excision rates in basal cell carcinoma		Complete excision rates in malignant melanoma	
Target	100%	QVH target NICE guidance	100% 75%
2019/20	95.7%	2019/20	97.2%
2018/19	94.4%	2018/19	89.2%
2017/18	93.5%	2017/18	94.6%
2016/17	90.2%	2016/17	94.4%
2015/16	96.8%	2015/16	98.4%
2014/15	94.1%	2014/15	96.1%
2013/14	92.5%	2013/14	96.5%

Basal cell carcinoma is the most common cancer in Europe, Australia and the USA. Management usually involves surgical excision, photodynamic therapy, curettage, immuno-modulators, or a combination. Surgical excision is highly effective. Complete surgical excision is important however, this may not be possible in some patients because of the size or position of the tumour or because the incomplete excision will only be evident with histological examination of the excised tissue.

In 2019/20, 1939 basal cell carcinomas were removed by QVH and partners in the West Kent Dermatology Service and Sussex Community Dermatology Service.

Melanomas are excised with margins of healthy tissue around them, depending on the type, size and spread of tumour. These margins are set by national and local guidelines and each case is discussed by the multidisciplinary team. Total excision may not be possible in some patients because of the health of the patient or the size, position or spread of the tumour, and the team may recommend incomplete excision. In 2019/20, 396 melanomas were removed by QVH and partners in the West Kent Dermatology Service and Sussex Community Dermatology Service.

“The multi-professional team consists of consultant plastic surgeons, consultant maxillofacial surgeons, consultant ophthalmic surgeons and a consultant dermatologist.”

Corneoplastic and ophthalmology services

The corneoplastic unit, including our eye bank, is a specialist centre for complex corneal problems, oculoplastic and glaucoma conditions. Specialist cornea services include high-risk corneal transplantation, stem cell transplantation for ocular surface rehabilitation, innovative partial thickness transplants (lamellar grafts) and vision correction surgery.

Specialist techniques provided in oculoplastic surgery including Mohs micrographic excision for eyelid tumour management, facial palsy rehabilitation, endoscopic dacryocystorhinostomy for tear duct problems and modern orbital decompression techniques for thyroid eye disease.

The glaucoma team offers the full range of investigations and treatments and specialises in minimally invasive glaucoma surgery.

QVH performs routine and complex cataract surgery and takes referrals for general ophthalmology.

The corneoplastic unit at QVH is actively involved in a number of clinical research projects.

“The glaucoma team specialises in minimally invasive glaucoma surgery.”



Hand surgery

The hand surgery department accounts for approximately one quarter of all elective plastic surgical operations at QVH. It also comprises a majority (approximately 80%) of the trauma workload at the hospital.

The department includes five hand consultants and a comprehensive hand therapy department which provides a regional hand surgery service to Kent, Surrey and Sussex. Outreach hand surgery clinics and therapy clinics are held at hospitals in Medway, Dartford, Hastings and Horsham. The elective work covers all aspects of hand and wrist surgery including post-traumatic reconstructive surgery, paediatric hand surgery, arthritis, musculoskeletal tumours, Dupuytren's disease and peripheral neurological and vascular pathologies.

Total elective hand procedures		Total trauma cases	
2019	1,496	2019	2,834
2018	1,371	2018	2,640
2017	1,489	2017	3,521
2016	1,818	2016	3,955
2015	1,349	2015	3,410

The fracture clinic is now established and the trauma lead continues to develop this service. Currently trauma patients are treated in a dedicated theatre, improving patient experience, service utilisation and ensuring optimal outcomes for patients as they are seen, treated and discharged on a same day service.

The QVH hand team continues to be the biggest contributor for participation in national studies for Dupuytren's disease and metacarpal fracture to investigate whether unicortical screw and plate fixation will achieve the same union rate as bicortical screw and plate fixation of diaphyseal metacarpal fractures.

New surgical practices include distal interphalangeal proximal joint surgery replacement which has produced high rates of patient satisfaction.

The junior doctors training programme continues to be delivered in twice a year teaching days and weekly teaching sessions to improve skills and the quality of the service. These sessions have been enhanced by the introduction of training simulators.

The splint regime audit for 2020-21 to streamline practice variation and ensure that patients requiring post-operative splinting achieve optimal outcomes and minimal secondary difficulties.

"...five hand consultants and a comprehensive hand therapy department..."

Anaesthetics

The anaesthetic department at QVH includes 21 consultant anaesthetists, five associate and trust grade specialists and eight senior anaesthetic trainees with responsibilities to patients before, during, and after surgery. The team provides pre-operative assessment, anaesthesia, pain and critical care services in the Trust.

The pre-assessment clinics assess 14,000 elective case per year help to make sure patients are safely prepared for surgery, reducing the need to cancel on the day of surgery. Despite our large geographical catchment area and the range of ages and conditions we treat, the quality of our pre-assessment services helps us have an on day cancellation rate much lower than this.

QVH is a specialist centre for hand trauma and elective surgery of the hand and upper limb. A large proportion of this surgery is carried out under regional anaesthesia alone, avoiding the need for a general anaesthetic, or in addition to sedation or general anaesthesia, providing excellent post-operative pain relief for these procedures. We have increased the amount of surgery carried out in this way in response to the pandemic to reduce risk to patients and staff.

"The anaesthetic department provides pre-operative assessment, anaesthesia, pain and critical care services."

The anaesthetic department is active in research and participated in multi-centre studies coordinated by the National Institute of Academic Anaesthesia. These include the Sprint National Anaesthesia Projects (SNAP-1, SNAP-2).

Burns service

The QVH burns service is renowned for providing, multidisciplinary, specialist burns care for adults and children. It provides medical, surgical, wound and rehabilitative burns care to patients living in a wide geographical covering Kent, Surrey and parts of South London for a very wide range of types and sizes of burn. This includes ward and critical care for adults. Peer support networks and activities are also available for patients.

In addition, QVH provides a burns outreach service across Kent, Sussex, Surrey and parts of South London run by a clinical nurse specialist, and a weekly burns clinic for adults and children, led by a consultant and specialist nurse, at the Royal Sussex County Hospital in Brighton. QVH's burns care adviser works closely with referring services and the London South East Burns Network) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2019, the QVH burns service accepted:

- 1,389 adult (>16 years of age) new referrals which was a 22.8% increase in referrals, of which 289 needed inpatient care
- 825 paediatric (<16 years of age) new referrals which was a 0.1% decrease in referrals of which 40 required inpatient care.

QVH's paediatric ward provides day case and outpatient paediatric services. Children who require inpatient and/or critical care are referred to paediatric burns services within the London and South East England burn network that have the appropriate facilities. In August 2019 QVH, in agreement with NHS England, temporarily suspended acute inpatient admission of paediatric burns. This decision was taken to reduce risk; whilst the QVH burns service provides high quality care with good outcomes we do not have all the support services of a larger hospital such as paediatric intensive care. Paediatric patient requiring acute burns admissions are treated at Chelsea and Westminster and Chelmsford Hospitals.

In 2019 there were three adult mortalities and no paediatric mortalities. All patients are discussed at weekly multidisciplinary team meetings so that any learning points can be identified. If further review is required, the patient's case is discussed at burns governance meeting every four months and at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the annual London and South East Burn Network audit meeting. No concerns were raised for any QVH mortality at these meetings. Key burns performance indicators are

recorded and analysed through QVH's active participation in the international burns injury database programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators.

Overall in 2019, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.

The QVH burns team is actively involved in several local and national burn research projects and innovative treatments such as antibiotic levels in burn wounds; smart dressings; use of technology and telemedicine in patient care; and enzymatic debridement techniques and protocols.

Burns healing in less than 21 days are less likely to be associated with poor long-term scars, although new treatments such as enzymatic debridement appear to increase healing times and avoid surgery. Evidence is now emerging that patients over the age of 65 have similar outcomes even if their healing time is extended to 31 days. However, a shorter burn healing time may reflect better quality of care through dressings, surgery and prevention of infection. Average healing time is expressed in term of median average.

AVERAGE TIME FOR BURN WOUNDS TO HEAL

Measured in **days** from date of injury

Target	2015	2016	2017	2018	2019
Paediatric <16 years wound healing within 21 days	11	11	11 (86%)	11 (85%)	11 (82%)
Adults <65 years wound healing within 21 days	17 days	17 days	13 (73%)	15 (62%)	13 (54%)
Adults ≥65 years wound healing within 31 days	24 days	28 days	18 (74%)	21 (60.5%)	20 (50%)

LENGTH OF STAY – DAYS

	2015	2016	2017	2018	2019
Paediatric <16 years	2	2	2.4	1.7	2.2
Adults <65 years	7	8	5.8	6.3	5.4
Adults ≥65 years	14	14	8.7	11.3	9.5

“Overall in 2019, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.”

Therapies

Allied health professionals (AHP's) including physiotherapists, occupational therapists, dieticians and speech and language therapists continue to be an integral part of our multi-professional teams here at QVH within burns, plastics, facial palsy, head and neck and hands services.

These therapy specialists work to rebuild our patient's lives through the most up to date, evidence based assessments and treatments for in patients and outpatients across the southeast. We use a range of validated measures before and after treatment to monitor the effectiveness of our therapy services. These include:

Patient specific functional score (PSFS) – an outcome measure that assists in identifying activities impaired by illness or injury. Our target, and an indication of clinical significance, is for a change of 3 points or more.

POSAS – The Patient and Observer Scar Assessment Scale (POSAS) is a questionnaire that was developed to assess scar quality. It consists of two separate six-item scales (Observer Scale and Patient Scale), both of which are scored on a 10-point rating scale. An improvement of 5% is deemed clinically significant.

CPAX – NICE guideline (CG83), Rehabilitation after Critical Illness requires the use of a comprehensive screening tool such as the Chelsea Critical Care Physical Assessment Tool (CPAX). It has been validated for critical care units and produces a pictorial composite of 10 commonly assessed components of physical ability, each graded on a six-point Guttman scale from complete dependence to independence.

FAB – The British Burns Association national Burns Standards (2018) state that burns patients should have access to physiotherapy and occupational therapy 5 days a week. In the first 72 hours after admission, comprehensive rehabilitation assessments must be completed, including the Functional Assessment of Burns (FAB) as the main outcome measure.

FGS – The Sunnybrook facial grading system (FGS) grades patients based on their resting symmetry, symmetry of voluntary movement and synkinesis (involuntary muscular movements accompanying voluntary muscular movements). A composite score is given with a total possible score of 100.

We use *service specific surveys* to monitor patient satisfaction:

	Target	2015/16	2016/17	2017/18	2018/19	2019/20
EFFECTIVE (clinical outcomes)						
Hands – PSFS Change	≥ 3	n/a	n/a	n/a	6.39 *	6.5
Burns – POSAS	≥5%	n/a	7.13%	8.45%	5%	7.44%
CCU Therapists – CPAX		n/a	n/a	n/a	94.5%	97.2%
Burns – FAB review within 72hrs (%)	>90%	100%	100%	94.4%	95.7%	98.3%
Facial palsy – FGS	≥60%	n/a	69%	76%	76%	76%
PATIENT EXPERIENCE						
Patient Satisfaction – Facial Palsy (%)	>90%	n/a	95%	100%	95%	100%
Patient Satisfaction – Hands (%)	>90%	n/a	n/a	100%	data unavailable	data unavailable

* based on data from Aug 18

“These therapy specialists work to rebuild our patient's lives through the most up to date, evidence based assessments and treatments for in patients and outpatients across the southeast.”



The therapies department also provides multiple, high quality services for the local community, with outpatient services within the hospital site and domiciliary services provided within patients homes.

We aim to provide a safe, equitable and patient-focused service that delivers value for money and the highest standards of therapy, which is aligned the NHS Long Term Plan. Our assessment and treatment interventions aim to:

- Identify individual patient needs and address with evidence-based interventions for optimal improvement and avoid chronicity wherever possible
- Advice, education and therapy for short management of acute and chronic conditions
- Improve quality of life by empowering patients with self-management programmes, increasing independence and function
- Avoid unnecessary hospital admissions and facilitate early discharge.

We use a range of validated measures before and after treatment to monitor the effectiveness including:

Care aims framework – Care aims are a means of defining the purpose of intervention in healthcare. They guide the planning, delivery and outcome measurement of care in our speech and language therapy team (SLT). These include assessment, resolving difficulties, supporting through changing the environment, and preventative work.

TOM – The Therapy Outcome Measure (TOM) allows professionals from many disciplines working in health, social care and education to describe the relative abilities and difficulties of a patient/client in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time.

NP:FU – New patient to follow-up ratio – depending on the service there is often a 'target' ratio of less than six follow up appointments to every initial new appointment. Services such as musculoskeletal physiotherapy (MSK) would be expected to meet a lower ratio of 1:5, whereas services treating long-term, progressive conditions may demonstrate higher ratios. Low ratios are not at the expense of clinical outcomes, but instead demonstrate effective and efficient treatment.

We use *service specific surveys* to monitor patient satisfaction:

	Target	2015/16	2016/17	2017/18	2018/19	2019/20
EFFECTIVE (clinical outcomes)						
MSK – PSFS change	≥ 3	4.2	4.24	4.00	4.08	4.1
SLT – TOM's for Care aim: Enabling						
Impairment	90%	n/a	n/a	n/a	n/a	90%
Activity		n/a	n/a	n/a	n/a	100%
Participation		n/a	n/a	n/a	n/a	57%
Wellbeing		n/a	n/a	n/a	n/a	90%
EFFECTIVE (NP:FU)						
MSK – NP:FU ratio	≤ 5	4.5	3.71	2.72	2.5	2.7
SLT – NP:FU ratio	≤ 5	3.2	3.09	2.94	1.76	2.3
Dietetics – NP:FU ratio	≤ 5	4.2	4.08	4.34	4.38	4.1
MSK – discharge reports sent within 7 working days	>90%	n/a	95%	96%	91%	90%
PATIENT EXPERIENCE						
Patient satisfaction – MSK (%)	>90%	100%	99%	98%	99%	100%
Patient Satisfaction – Rehab (%)	>90%	n/a	100%	95%	100%	data unavailable

Sleep disorder centre

The sleep disorder centre was established in 1992 and provides a comprehensive service for all aspects of sleep medicine for adults from the South East of England. It employs over 30 staff including 5 consultant physicians and 12 technicians, supported by administrative staff and secretaries, and is one of the largest services in the UK, receiving around 4,000 new patient referrals per year.

It is a tertiary referral centre, receiving referrals of complex patients from other sleep centres. The centre's facilities enable the team to diagnose and treat the full range of sleep disorders classified by the American Association of Sleep Medicine. These comprise insomnias; sleep disordered breathing; central hypersomnias; parasomnias; circadian rhythm disorders; and movement disorders including nocturnal epilepsies. Treatments for sleep disordered breathing include continuous positive airway pressure; non-invasive ventilation; Adaptive Servo Ventilation; orthodontic services for mandibular advancement devices; and surgery including bi-maxillary osteotomy.

The department now manages approximately 20,000 patients on continuous positive airway pressure for long term follow-up. The treatment of patients with insomnia is undertaken by a team of five clinical psychologists and psychotherapists using cognitive behavioural therapy.

Patients are triaged by the senior clinician using the referral letter and the STOPBang questionnaire to either inpatient polysomnography or outpatient oximetry to diagnose sleep disordered breathing. After auditing, it was concluded that the Epworth Sleepiness Scale does not contribute to overall patient management. The STOPBang score is now used exclusively to determine the correct pathway for those patients presenting with sleep disordered breathing. This triage system enables us to quickly and efficiently diagnose and treat this patient group.

We work as a multidisciplinary team with local cardiologists; neurologists; chest physicians; endocrinologists; psychiatrists; ENT specialists; bariatric surgeons; and primary care physicians to give a balanced and holistic approach to patient management.

Feedback from the Friends and Family Test show almost 100% outstanding feedback, and the department regularly achieves 95% RTT18 compliance despite the year on year increase in numbers and complexity of medical conditions referred.

GP education in diagnosing sleep disorders has continued which enables them to be more effective in which patients to refer.

Psychological therapies

The department of psychological therapies offers a range of evidence-based psychological treatments to inpatients, outpatients and staff at QVH. There range of therapies offered to patients includes preparing them for surgery and for adjustment following surgery; body image difficulties; post-traumatic stress disorder (PTSD); injury and illness-related depression and anxiety; insomnia; and other sleep disorders.

The department is made up of clinical psychologists and psychotherapists and a specialist paediatric clinical psychologist. We have a therapist dedicated to working on the burns ward and therapists supporting the facial palsy and facial anomaly clinics, insomnia clinic, and paediatric and burns multidisciplinary team meetings.

Treatments include Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitisation Reprocessing (EMDR), Mindfulness Based Cognitive Therapy (MBCT) and Brief Solution-Focused Therapy (BSFT). We offer two therapy groups: the mindfulness group and the sleep group.

CBT FOR INSOMNIA GROUPS

Outcome measure	% Improvement Pre-Treatment to follow-up (1 month post-treatment)
Wellbeing	27%
Depression	27%
Anxiety	13%
Insomnia	29%
Quality of life	20%

% Improvement from pre-treatment follow up (1 month post-treatment) for CBT for Insomnia Groups.

MINDFULNESS-BASED CBT FOR PATIENTS

Outcome measure	Pre to post treatment % improvement
Wellbeing	23%
Appearance anxiety	44%
Self-compassion	28%
Mindfulness score	29%
Anxiety	51%
Depression	33%

% Improvement pre to post treatment for mindfulness-based cognitive therapy.

Radiology department

The radiology department prides itself on being patient focused and aims as far as possible to provide all examinations at a place and time most convenient to the patient. Annual surveys demonstrate that we run a department that is efficient, effective and empathetic.

The radiology department provides general radiography; fluoroscopy; non-obstetric ultrasound; computerised tomography; and cone beam computed tomography services on site. We also offer on-site services for diagnostic and therapeutic sialography and musculoskeletal (MSK) Ultrasound.

The radiology department is working with NHS England to develop imaging pathways in line with new cancer initiative for 28 day guidance.

Magnetic resonance imaging is currently delivered on the QVH site from Monday to Wednesday. We are hoping to extend the MRI services to a five day service in 2020.

The cone beam computed tomography scanner has seen a large increase in activity from both NHS and private dental providers. This scanner is capable of scanning small field of view dental examinations; which means we are able to see patients from the surrounding areas locally rather than having them commute to London for these examinations.

The salivary diagnostic and therapeutic service has grown and the referral catchment area has increased.

Our radiology services provide access to in-patient, out-patient and minor injuries unit patients at QVH and direct access for our GP community.

The radiology department is an Any Qualified Provider (AQP) for ultrasound services for Crawley, and Horsham and Mid Sussex CCGs. We provide monthly quality reports that demonstrate our service achieves the performance indicators laid out by the CCGs.

In 2014, internal Key Performance Indicators (KPIs) were introduced for monitoring report turnaround times within radiology. Although there is no agreed national benchmark for this, at QVH we expect to maintain a target for at least 80%. We are reporting to the Trust figures of ~90% for reporting turnaround times.



STATEMENTS FROM THIRD PARTIES

Sussex Clinical Commissioning Groups

Thank you giving commissioners the opportunity to comment on the draft quality account for 2019/20. We do appreciate the on-going collaboration and continued open dialogue with Trust's senior clinicians at the monthly Clinical Quality Performance Review Group, and in the other quality meetings, commissioners are invited to attend.

The Trust continues to place quality, safety and the experience of patients at the forefront of everything it does. We congratulate the Trust on the positive work you are doing to drive quality improvements and lead innovation, which has seen excellent clinical outcomes across specialisms, during these challenging times.

The Trust has achieved many successes in 2019/20, most notably:

■ The Trust received an unannounced Care Quality Commission (CQC) inspection, which resulted in the Trust achieving 'Good' overall with 'Outstanding' patient care. The CCG note that the Inspectors reported staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity; relationships between patients and staff were strong, caring, respectful and supportive

■ Commissioners welcome the continued focus on strengthening a safety culture in theatres, following the appointment of the theatre safety lead. This has created capacity to respond to safety queries in real time, resulting in a significant reduction in serious incidents. This open culture of reporting has enabled the Trust to identify and learn from 'near misses'.

■ The CCG would like to acknowledge the independent role of the 'Guardian of Safe Working' to champion safe working hours which ensures junior doctors and employers that rotas and working conditions are safe for doctors and patients.

■ We would like to recognise the improvements made over the last year in relation to recruitment and retention, and although recruitment of nurses and operating department practitioners remains a challenge, overall vacancy rates are on a downward trajectory. These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

■ The Trust continues to be innovative in their approach to recruitment establishing new apprenticeships courses for example in diagnostic radiography. It has also adopted an in-house approach to developing specialist staff resolving a national shortage of ultrasound trained staff.

■ The Trust is commended for its national clinical audits and three clinical outcome review programmes for the services it provides and achieving 100%.

These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

During 2019/20 the CCGs recognise the Trust has continued to undertake a comprehensive review of patients waiting longer than national standards require for their treatment. The CCGs acknowledge that the Trust has implemented a robust improvement plan and will continue to support the Trust to eliminate long waits and deliver compliance with national standards.

The CCGs support the Trust's quality priorities for 2020/21:

– Implementation of a Human-Factor based Simulation Programme for theatre staff which will improve the skills, knowledge and confidence of staff and enhance patient safety

– Proposal to introduce 'Attend Anywhere' clinics, enabling patients to be have a virtual consultation. This will improve the time to be assessed and treated improving clinical outcomes and overall patient experience.

– Implementation on updates to the Mental Capacity Act (MCA) through a patient journey. This will support a Trust-wide implementation of the MCA and improve clinical safety and patient care.

– Improve patient experience for those with Learning Disabilities (LD). The Trust will set up a task and finish group to achieve provision of effective LD patient information and the use of LD passports improve patient experience by undertaking detailed reviews with individual patients during their attendance and/or admission the Trust.

These priorities represent the quality domains of patient safety, clinical effectiveness and patient safety, a positive element of setting quality priorities.

■ The CCG would like to commend the Trust for its pioneering techniques related to burns reconstructive surgery, cell culture and hypotensive anaesthesia and current research programme focusing on developing techniques in wound healing and reconstruction

■ The commissioners welcome the delivery of a human-factor based simulation Training Education Programme will be to improve the skills, knowledge and confidence of staff and enhance patient safety.

■ The CCG look forward to the Implementation of an e-observation tool to collect and collate patient physiological data which will standardise and alert clinician to early intervention and further escalation where required.

The CCGs look forward to the continued close working with the team at Queen Victoria Hospital NHS Foundation Trust and wider system partners.

3 September 2020



Statement from QVH Council of Governors

The Council of Governors welcomes the opportunity to comment on the Quality Account for 2019/20. In our view, the account is a consistent reflection of the services and activities of the Trust as observed by and reported to us. Amongst the wide range of activities covered in the Report, Governors found the following of particular interest.

There is a robust process in place for recording compliance with hand hygiene standards through monthly auditing and regular spot checks and these audits had shown compliance, at 93.4%, to be a little lower than previous years and slightly below the national requirement of 95%. In the context of the hand washing requirements now applying to everyone regarding COVID-19, we took some assurance that staff group targeted audits are being developed to address the small decrease in compliance.

We noted two examples of very simple actions that brought significant improvements in patient experience. One was the day case surgery telephone follow up service initiative, where discharge staff were tasked with making sure all the patients they discharged had simple pain medication at home, resulting in a marked improvement on the average pain scores reported by the patients. The other was the finding that music therapy can be a useful distraction technique in relieving pain and anxiety during a burns dressing change and that 100% of patients reported that they would like music to be played at their next dressing change.

Governors have taken a particular interest in the incidence of operations cancelled by the hospital on the day for non-clinical reasons and not rebooked within 28 days. Although the number recorded for 2019/20 was slightly higher than previous years, we noted that the incidence is very small compared to the number of surgical cases passing through the theatres during the course of the year and that an escalation procedure is in place to address the matter.

The introduction of 'virtual clinics' in a number of specialisms was proving to be a significant success even before the Coronavirus outbreak. Since then, this way of working has taken on a new scale and importance as a way of seeing patients safely during the pandemic. We welcome the plans to continue to review and build on the learning from this initiative.

In sum, we commend the Quality Account for 2019/20 as demonstrating the Trust's commitment to the highest standards of patient safety and patient experience and to the continuous improvement of services and activities. We recognise that the Trust can achieve these results and improvements only through the hard work undertaken by all staff members of QVH and we would like to take this opportunity to put on record our thanks to all the staff for their contribution over the period reported.

11 July 2020

West Sussex Health and Adult Social Scrutiny Committee (HASC)

West Sussex HASC chose not to comment on this quality account as they had not undertaken any formal scrutiny of QVH services in 2019/20.

Healthwatch West Sussex

Healthwatch West Sussex has decided not to contribute to the Quality Accounts for 2019/20 produced by Trusts that operate in West Sussex, as it is not easy to see how our contribution has made a difference for local people in past years.

Instead, we are focusing our resources on what people tell us is important to them, in West Sussex. During the Coronavirus pandemic we are here to offer trusted information and advice; and to capture insight so we can support our integrated care system in learning for recovery and future services development.

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to 22 June 2020.
 - papers relating to quality reported to the board over the period April 2019 to 22 June 2020
 - feedback from commissioners dated 3 September 2020
 - feedback from governors dated 11 July 2020
 - feedback from local Healthwatch organisations. Healthwatch West Sussex chose not to comment on the quality report but provide feedback to the Trust through a variety of channels
 - West Sussex Health and Adult Social Care Overview and Scrutiny Committee chose not to comment on this quality report as they had not been involved in any significant work with QVH in 2019/20
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication June 2020
 - the national patient survey – published 2 July 2020
 - the national staff survey 28 February 2020
 - CQC inspection report dated 23 May 2019.

The requirement for auditors to provide assurance on the Quality Report this year was removed after the Treasury met with the Department of Health and Social Care to agree what steps could be taken to alleviate pressures on providers, following the outbreak of COVID-19. This was a national decision and not unique to QVH.

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board



Beryl Hobson
Chair
3 September 2020



Steve Jenkin
Chief Executive
3 September 2020

Independent auditor's report

to the Council of Governors of Queen Victoria Hospital NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Queen Victoria Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

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

Overview

Materiality: £1.4m (2018/19: £1.5m)
financial statements as a whole 2% (2018/19: 2%) of revenue

Risks of material misstatement vs 2018/19

Recurring risks	Revenue recognition	
		◀▶
	Management override of control	◀▶
	Valuation of land and buildings	▲
	Expenditure recognition	◀▶

2. Material uncertainty related to going concern

	The risk	Our response
<p>We draw attention to note 1.1 of the financial statements which indicate that the Trust incurred a £9.2 million deficit in 2019/20 and that the Trust's cash flows for the 12 month period from the date of approval of the accounts are dependent on the acceptance and delivery of financial recovery plans and continued financial support from the Department of Health and Social Care.</p> <p>These events and conditions, along with the other matters explained in note 1.1, constitute a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern.</p> <p>Our opinion is not modified in respect of this matter.</p>	<p>Disclosure quality</p> <p>The financial statements explain how the Board has formed a judgement that it is appropriate to adopt the going concern basis of preparation for the Trust.</p> <p>That judgement is based on an evaluation of the inherent risks to the Trust's business model, including the impact of Covid-19, and how those risks might affect the Trust's financial resources or ability to continue operations over a period of at least a year from the date of approval of the financial statements.</p> <p>The risk for our audit is whether or not those risks are such that they amount to a material uncertainty that may cast significant doubt about the ability to continue as a going concern. If so, that fact is required to be disclosed (as has been done) and, along with a description of the circumstances, is a key financial statement disclosure.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Review of the Trust's financial performance in 2019/20 including its achievement of planned CIPs in the year and its underlying run rate; — Review of the Trust's 2020/21 financial plan and the level of planned savings required, in light of historic cost improvements achieved, and the projected run rate in 2020/21; — Given the impact of Covid-19, operational planning process and contracting round has been suspended for 2020/21 and block funding has been put in place with no indication from NHSE/I on the contracting arrangements for the rest of 2020/21. The guaranteed block income is in line with the commissioner income included in the draft operating plan for 2020/21 and as such there is a prediction this will result in a break-even position by M7; — Held discussions with Management regarding the communications with NHS Improvement in relation to the cash support required during 2020/21 and for the 12 months following the approval of the accounts, and reviewed the Trust's cash flow forecasts for 2020/21; — Considered the wider strategic focus and direction of the organisation, including considering the views of NHS Improvement in the assessment; and — Assessed the disclosures made in the Trust's accounts and annual report regarding its going concern status.

3. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows (unchanged from 2018/19):

	The risk	Our response
<p>Valuation of property, plant and equipment</p> <p>(£42.8 million; 2018/19: £42.5 million)</p> <p><i>Refer to page 51 (Audit Committee Report), pages 96 -98 (accounting policy) and page 115 (financial disclosures)</i></p>	<p>Subjective valuation</p> <p>Land and buildings are required to be held at fair value. The Trust's main land and buildings relate to the site at Queen Victoria Hospital, East Grinstead. The Trust undertook a full revaluation of its estate as at 31 March 2020.</p> <p>As explained in note 1.5 the Trust's valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by Covid-19, with the result that at the valuation date, the valuer considers that they could attach less weight to previous market evidence for comparison purposes to inform opinions of value. This has in particular impacted the assessment of land values and build costs and has increased the level of risk in relation to the valuation this year.</p> <p>Land and buildings are required to be maintained at up to date estimates of fair value. The Trust's entire site is considered to be specialised for the purposes of the revaluation, given that the less specialised office and ancillary buildings are so integral to the functioning of the site as a whole that they can be considered inseparable from the specialised healthcare buildings. For specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC) of a modern equivalent asset (MEA) that has the same service potential as the existing property is taken to be the value.</p> <p>There is significant judgment involved in determining the appropriate basis for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation and the condition of the asset. In particular, the MEA basis requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site, with a potentially significant effect on the valuation. The Trust currently bases its valuation on an alternative site.</p> <p>Valuations are inherently judgmental, as is the assessment of impairment, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied.</p> <p>The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Assess valuer's credentials: We assessed the competence, capability, objectivity and independence of the Trust's external valuer (Gerald Eve) and considered the terms of engagement of, and instructions issued to, the valuer for consistency with the requirements of the Department of Health Group Accounting Manual 2019/20; — Independent specialist review: We engaged a valuation specialist to review the methodology and assumptions used by Gerald Eve and to confirm it is in line with RICS and industry practice. We reviewed the impact of material uncertainties over the valuation due to the impact of Covid-19; — Data comparisons: We reconciled the information supplied to the external valuer to the Fixed Asset Register to confirm its completeness and accuracy; — Impairment: We assessed the need for impairment across the Trust's wider asset base that falls outside of the full revaluation and confirmed there is no impairment requirement for 2019/20; — Test of detail: We considered significant movements in the land and buildings balances, including additions and reclassifications, reconciling back to third party notifications; and — Assessing transparency: We considered the adequacy of the disclosures about the key judgements and degree of estimation involved in arriving at the full valuation and the related sensitivities with reference to the Group Accounting Manual 2019/20. In particular we considered the impact of uncertainties relating to the UK's exit from the EU and the Covid-19 pandemic upon property valuations in evaluating the revaluation and related disclosures including the adequacy of the disclosure of the material valuation uncertainty.

3. Key audit matters: our assessment of risks of material misstatement (continued)

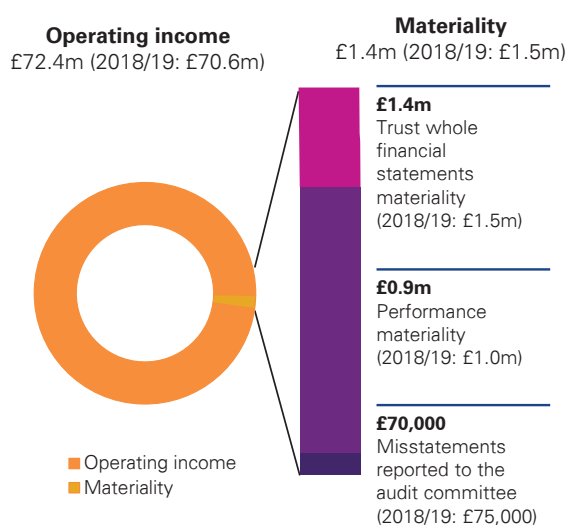
	The risk	Our response
<p>Recognition of NHS and non-NHS revenue</p> <p>£72.4 million (2018/19: £70.6 million)</p> <p><i>Refer to page 51 (Audit Committee Report), pages 94-95 (accounting policy) and pages 109-110 (financial disclosures)</i></p>	<p>Effect of irregularities</p> <p>Professional standards require us to make a rebuttable presumption that fraud risk from revenue recognition is a significant.</p> <p>We recognise that incentives in the NHS differ to those in the private sector driving the requirement to make a rebuttable presumption that this is a significant risk. NHS incentives include the requirement to meet regulatory and financial covenants, rather than broader share based management concerns.</p> <p>In 2019/20 the Trust reported total income of £72.4m (2018/19, £70.6m). £65.7m (2018/19: £62.6m) relates to contracts with NHS commissioners. This represents 91% of total income (2018/19: 89%). The remaining £6.7m (2018/19: £8.0m) was from contracts with other NHS bodies, local authorities and other non-NHS organisations.</p> <p>The Trust participates in the Agreement of Balances (AoB) exercise which is mandated by the Department of Health and Social Care (the Department), covering the English NHS, for the purpose of ensuring that intra-NHS balances are eliminated on consolidation of the Department's resource account.</p> <p>Mismatches in income and expenditure, and receivables and payables are recognised by the Trust and its counterparties to be resolved. Where mismatches cannot be resolved they can be reclassified as formal disputes.</p> <p>The Trust was not eligible to receive Provider Sustainability Fund funding (PSF) in 2019/20 based on not meeting the control total set by NHS Improvement.</p>	<p>Our procedures included:</p> <p>— Controls tests: We undertook the following controls tests:</p> <ul style="list-style-type: none"> • We reviewed controls in relation to appropriate access to the ledger, authorisation of invoices, monitoring of contract performance and participation in the AoB exercise and found these to be adequately designed. <p>— Tests of details: We undertook the following tests of details:</p> <ul style="list-style-type: none"> • For a sample of the Trust's commissioners we agreed that signed contracts were in place and through testing a sample of invoices, that they had billed in line with the contract; • We assessed the outcome of the AoB exercise with other NHS bodies. Where there were mismatches over £300,000 we obtained evidence to support the Trust's reported income figure; • We tested a sample of non-NHS income items to bank statements and third party notifications to support the work we have undertaken on completeness of income balances recorded in the financial statements and confirming that income has been recorded in the correct accounting period. There is no material accrued or deferred income balances at year-end; and • We tested post year-end receipts to determine that these have been recognised in the correct period.
<p>Recognition of expenditure</p> <p>Non pay expenditure: £27.4 million (2018/19: £24.6 million)</p> <p>Creditor accruals: £2.5 million (2018/19: £3.4 million)</p> <p><i>Refer to page 51 (Audit Committee Report), page 96 (accounting policy) and page 111 (financial disclosures)</i></p>	<p>Effect of irregularities</p> <p>In the public sector auditors consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited entity manipulating expenditure to meet externally set targets.</p> <p>In 2019/20 the Trust reported total expenditure of £80.0m (2018/19, £73.2m). Of this £52.7m (2018/19: £48.7m) relates to employee benefits paid to staff, executive and non-executive directors. This represents 66% of total expenditure (2018/19: 67%). The remaining £27.4m (2018/19: £24.6m) was from supplies and services, purchase of healthcare from other bodies and professional fees.</p>	<p>Our procedures included:</p> <p>— Controls tests: We undertook the following controls tests:</p> <ul style="list-style-type: none"> • We reviewed controls in relation to approval of purchases and found there to be exceptions in 4/25. In response, we increased our sample testing of expenditure items and have raised a recommendation regarding this in our year-end report. <p>— Tests of details: We undertook the following tests:</p> <ul style="list-style-type: none"> • We tested a sample of expenditure items to third party notifications to verify completeness and accuracy of transactions in the financial statements; • We assessed the reasonableness of the methodology used to estimate year-end expenditure accruals by assessing how a sample of prior year accruals had crystallised; • We assessed the reasonableness of the recognition and valuation of year-end provisions; and • We tested post year-end payments to determine that these have been recognised in the correct period.



4. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £1.4 million (2018/19: £1.5 million), determined with reference to a benchmark of operating income (of which it represents approximately 2%) (2018/19: 2%). We consider operating income to be more stable than a surplus or deficit related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £70,000 (2018/19: £75,000), in addition to other identified misstatements that warranted reporting on qualitative grounds.



5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 70, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006; or
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

Our conclusion in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is qualified

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

Qualified conclusion

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects Queen Victoria Hospital NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

In considering the Trust's arrangements for securing financial sustainability and its arrangements for challenging how it secures economy, efficiency and effectiveness we identified the following:

- The Trust was issued a £0.5m surplus control total for 2019/20, including a non-recurrent provider sustainability fund (PSF) allocation of £0.7m. The Trust did not sign up to this control total and resubmitted a plan in line with the financial deterioration in 2018/19 of £7.2m deficit;
- The Trust incurred a deficit of £9.2m in 2019/20, which met the revised plan submitted to NHSI in January 2020. This has been driven by shortfalls in income, overspends on non-pay and a corresponding loss of entitlement to PSF;
- The Trust has set a deficit budget of £9.0m for 2020/21, which would result in a cumulative deficit of £22.3m as at 31 March 2021. The Trust has been unable to accept the control total issued which is a target of breakeven with no support from the Financial Recovery Fund;
- The Trust has loans totalling £11.5m as at 31 March 2020, of which £7m fall due within 12 months. However, this includes £6.4m of revenue loans which will be replaced with public dividend capital in 2020/21 and therefore will not require cash repayment; and
- The Trust had a Cost Improvement Plan (CIP) totalling £1.8m for 2019/20, of which it achieved £1.2m. For 2020/21 the Trust is targeting a £1.2m CIP, of which £0.6m has been identified to date.

These issues are evidence of weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of its strategic priorities and maintaining statutory functions

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Financial sustainability	Sustainable resource deployment is key to the effective management of Trust resources and the longer term financial and operational future of the Trust.	<p>Our work was undertaken under the NAO's VFM sub criteria of sustainable resource deployment, and included:</p> <ul style="list-style-type: none"> — Assessing the Trust's performance in 2019/20 in achieving its plan, comparing actual outturn versus planned budgets and investigating reasons for variations; — Assessing the delivery of planned Cost Improvements Plans (CIPs) in 2019/20 and the planned CIPs for 2020/21; — Considering the financial operating run rate for 2019/20 and planned rates for 2020/21, including the Trust's understanding of its underlying run rate position and how this has tracked; — Critically assessing the Trust's liquidity position, including its forward cashflow position and loan compliance; and — Considering the reports of the Trust's regulators, including the Care Quality Commission and NHS Improvement. <p>Our findings evidence weaknesses in the Trust's arrangements for planning finances effectively to support the sustainable delivery of its strategic priorities and maintaining statutory functions</p>

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Queen Victoria Hospital NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



Neil Hewitson
for and on behalf of KPMG LLP

Chartered Accountants
15 Canada Square
London
E14 5GL
24 June 2020

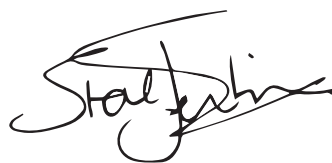


ANNUAL ACCOUNTS 2019/20



Foreword to the accounts

These accounts for the year ended 31 March 2020 have been prepared by Queen Victoria Hospital NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Steve Jenkin, Chief Executive — 22 June 2020

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2020

	Notes	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	69,052	65,978
Other operating income	4	3,347	4,670
Operating expenses	5-7	(80,006)	(73,265)
Operating surplus / (deficit)		(7,607)	(2,617)
Finance income	10	25	38
Finance expense – unwinding of discount on provisions	10	3	(2)
Finance expense – other	10	(252)	(174)
PDC dividends payable		(1,325)	(1,372)
Net finance costs		(1,549)	(1,510)
Other gains / (losses)	10	15	-
Retained surplus / (deficit) for the year		(9,141)	(4,127)
Other comprehensive income: (See statement of changes in Taxpayers' Equity on page 147)			
Will not be reclassified to income and expenditure:			
Revaluation gains on property, plant and equipment	12	4,159	1,406
Impairment through revaluation reserve	12	(3,189)	(22)
Other reserve movements		-	-
Total comprehensive income / (expense) for the period		(8,171)	(2,743)

The notes on pages 149-176 form part of these accounts

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2020

	Notes	31 March 2020 £000	31 March 2019 £000
NON-CURRENT ASSETS:			
Intangible assets	11	2,279	1,555
Property, plant and equipment	12	50,375	49,618
Receivables	15	227	-
Total non-current assets		52,882	51,173
CURRENT ASSETS:			
Inventories	14	1,153	1,275
Receivables	15	8,543	10,210
Cash and cash equivalents	16	2,910	3,944
Total current assets		12,606	15,429
CURRENT LIABILITIES			
Trade and other payables	17	(11,792)	(12,212)
Borrowings	18	(7,332)	(824)
Provisions	19	(62)	(59)
Other liabilities	18	(437)	(69)
Total current liabilities		(19,623)	(13,164)
Total assets less current liabilities		45,865	53,438
NON-CURRENT LIABILITIES			
Provisions	19	(881)	(608)
Long term borrowings	18	(4,512)	(5,045)
Total non-current liabilities		(5,393)	(5,653)
TOTAL ASSETS EMPLOYED		40,472	47,785
FINANCED BY TAXPAYERS' EQUITY: (See statement of changes in Taxpayers Equity on page 147)			
Public dividend capital		13,106	12,249
Revaluation reserve		13,689	13,141
Income and expenditure reserve		13,677	22,395
TOTAL TAXPAYERS' EQUITY		40,472	47,785

The notes on pages 149-176 form part of these accounts

The accounts were approved by the Board on 19 June 2020 and are signed on the Board's behalf by:



Steve Jenkin, Chief Executive — 22 June 2020

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
<u>2019/20</u>	£000	£000	£000	£000
Taxpayers' equity at 1 April 2019	12,249	13,142	22,395	47,786
Retained Surplus for the year	-	-	(9,141)	(9,141)
Revaluation of property, plant and equipment	-	4,159	-	4,159
Impairments (Net)	-	(3,189)	-	(3,189)
Public Dividend Capital received	857	-	-	857
Public Dividend Capital repaid	-	-	-	-
Other reserve movements	-	(423)	423	-
Taxpayers' equity at 31 March 2020	13,106	13,689	13,677	40,472
<u>2018/19</u>				
Taxpayers' equity at 1 April 2018	12,237	12,182	26,098	50,517
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-
Retained Surplus for the year	-	-	(4,127)	(4,127)
Revaluation of property, plant and equipment	-	1,406	-	1,406
Impairments	-	(22)	-	(22)
Public Dividend Capital received	12	-	-	12
Public Dividend Capital repaid	-	-	-	-
Other reserve movements	-	(424)	424	-
Taxpayers' equity at 31 March 2019	12,249	13,142	22,395	47,786

The notes on pages 149-176 form part of these accounts

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

STATEMENT OF CASH FLOWS

	Notes	2019/20 £000	2018/19 £000
Operating Surplus/(Deficit)		(7,607)	(2,617)
Non-cash income and expense			
Depreciation and amortisation	5	3,445	2,957
Impairments and reversals	5	397	(759)
Income recognised in respect of capital donations	4	(564)	(499)
(Increase)/decrease in inventories	14	122	(97)
(Increase) / decrease in receivables and other assets	15	1,461	(1,041)
Increase/(decrease) in trade and other payables	17	(499)	3,296
Increase/(decrease) in provisions	19	279	(0)
Increase/(decrease) in other liabilities	18	368	(96)
Net cash generated from / (used in) operating activities		(2,598)	1,144
Cash flows from investing activities			
Interest received	10	25	38
Payments to acquire intangible assets	11	(1,012)	(981)
Payments to acquire property, plant and equipment	12	(2,702)	(3,217)
Sales of PPE		15	-
Receipt of cash donations to purchase capital assets		432	400
Net cash generated from/(used in) investing activities		(3,242)	(3,760)
Cash flows from financing activities			
Public dividend capital received		857	12
Movement in loans from the Department of Health and Social Care	21.1	5,613	(779)
Capital element of finance lease rental payments		(78)	-
Interest on loans paid	20	(210)	(181)
Interest element of finance lease		(5)	-
PDC dividend paid		(1,371)	(1,406)
Net cash generated from/(used in) financing activities		4,806	(2,354)
Increase/(decrease) in cash and cash equivalents		(1,034)	(4,970)
Cash and cash equivalents at 1 April	16	3,944	8,914
Cash and cash equivalents at 31 March	16	2,910	3,944

The notes on pages 149-176 form part of these accounts

NOTES TO THE FINANCIAL STATEMENTS

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the 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 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

1.1 Going concern

These accounts have been prepared on a going concern basis.

The Trust is required under International Accounting Standard 1 to undertake an assessment of the NHS Foundation Trust's ability to continue as a going concern. Due to the materiality of the financial deficit, the Board has carefully considered whether the accounts should be prepared on the basis of being a going concern.

The board considered that the definition of going concern in the public sector focuses on the expected continued provision of services by the public sector rather than organisational form. The financial statements of all NHS providers and clinical commissioning groups will be prepared on a going concern basis unless there are exceptional circumstances where the entity is being or is likely to be wound up without the provision of its services transferring to another entity in the public sector.

The factors taken into consideration are set out below.

Control total

The 2020/21 financial control total for the Trust issued on 4 October 2019 from NHS Improvement is that the Trust should breakeven with no support from the Financial Recovery Fund. The control total was set on the basis of 2018/19 control total, which had not been accepted by the Trust board, and did not reflect the material deterioration in the Trust's financial position or the 2018/19 and

2019/20 year-end positions. The Trust has therefore not been able to accept the allocated control total for 2020/21 and was forecasting a draft deficit in 2020/21 of £8.7m based on the business planning guidance pre COVID-19. Due to the change in guidance the forecast year end position is unclear for 2020/21, however at present the cumulative deficit for the prior two years remains at £13.3m.

Year-end contract agreements for 2019/20

In March 2020 in line with national guidance all non-urgent elective operations were to free-up the maximum possible inpatient and critical care capacity as part of the COVID-19 response requirement. After the year-end agreements were put in place with commissioners to protect the Trust against loss of income from this reduction in elective activity. The Trust was on Payment by Results contracts with commissioners in 2019/20, and agreements were reached with all contract commissioners to fund the Trust to year-end based on the January and February 2020 activity forecast outturn. Payments were also provided centrally to cover the costs of COVID-19 related work carried out during 2019/20 which included funding any loss of income for non-contract activity.

Contracts for 2020/21

The operational planning process and contracting round has been suspended for 2020/21 and amended financial arrangements have been put in place due to COVID-19 preparations.

For 2020/21, NHS England is providing a guaranteed minimum level of income reflecting the Trust's current cost base until 31 October 2020 – an annualised £66.5m. This is based on the average monthly expenditure implied by the Trust's December 2019 Agreement of Balances return and includes an uplift for inflation without any tariff efficiency factor being applied.

Prior to the suspension of planning in February 2020, the Trust submitted a draft operating plan based on 2019/20 demand and capacity. The guaranteed block income received from NHS England for 2020/21 is in line with the commissioner income included in the draft operating plan, excluding planned income from waiting list initiatives and commissioner notice items relating to proposed tariff increases.

The block funding will not be revised to reflect any short falls in normal contractual performance until at least 31 July 2020 and all contract sanctions are suspended. The Trust will also be able to claim monthly for additional costs where block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19. Examples of this would include increases in temporary staffing to cover increased levels of sickness absence, or increased non-pay costs in dealing with COVID-19 activity.

Non-England (any activity outside of Department of Health and Social Care scope, including Wales and Scotland), non-contract activity in 2020/21 is likely to be impacted by elective activity reductions for at least the first four months of the year. The Trust will continue to invoice separately for this, and for services provided to other NHS providers, on the basis of amounts invoiced in 2019/20 without any

inflationary uplift, regardless of level of service provided. A national top-up payment will be provided to reflect the difference between actual costs and non-contract, non-England income, where the expected cost base is higher.

These provisions are in place with an overall aim of ensuring the Trust reaches a break-even position during the first seven months 2020/21. The Financial Recovery Fund and associated rules are also suspended during this period.

The financial regime post-31 October remains uncertain at this stage due to the unpredictability of the demand on the system for the treatment of COVID-19 patients. Further guidance is awaited as to when the planning process will recommence.

Service provision in 2021/22 and beyond

Looking further ahead, the Trust has reasonable expectations that services will continue to be provided by QVH in 2021/22. As part of the response to the pandemic, QVH has taken on the role of being the cancer surgery hub for Kent, Surrey and Sussex for head and neck, skin and breast cancer patients. It is expected that significant elective activity in these specialist areas will be required as part of the restoration and recovery period following the pandemic. In the longer term, the Trust is considering whether being part of a hospital group could help with its long term financial sustainability.

Cost improvement and efficiency plans

Due to the block contract arrangement, the Trust is not required to develop and deliver efficiency plans over the block contract time period, however due to the Trusts deteriorating financial position and the requirement to achieve break even in the coming years the Trust is pushing forward with efficiency plans. At present £0.6m of efficiencies for 20/21 have been identified against a target of £1.2m (2019/20 achieved £1.2m against a target of £1.8m), however the risk remains that the spending and activity patterns of the Trust have changed so significantly that the pre COVID-19 identified plans may, at present, not be achievable.

Cash flow

The Trust expects to receive cash support in line with the block contract arrangement until at least 31 October 2020, in line with the statement from NHS England and NHS Improvement to support provider and commissioner forecasting. The Trust is awaiting central guidance as to the cash flow support which will be available post block contract arrangements. Due to the Trust's material deficit, the Trust will need significant on-going cash support for the 12 month period from the date of approval of these accounts which is undetermined at present and unconfirmed but is expected to be material.

Loans

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC

has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers.

Outstanding interim loans totalling £6.4m as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

The loans received for the theatre build totalling £10.1m are not affected by the reforms described above and will remain due. Payment terms remain the same as the loan agreement dated 20 June 2011, 3.85% of the principal debt repayable every 6 months from December 2013 to June 2026.

Key risks to the financial plan

The key risks to the financial plan are based in the high level of uncertainty in the current pandemic situation. This includes:

- Block contracts have been agreed to 31 October 2020, but it is unlikely that health services will be able to operate in a normal way at this stage. The increased levels of PPE and screening of patients significantly reduces the efficiency of theatre activity, and national instructions on the stratification of elective work to prioritise clinical need will impact on case mix. If the block contract comes to an end in year, these factors will have an impact on income which it is not possible to assess at this stage.
- There is uncertainty as to the continuation of the national contract with the independent sector. This contract is currently supporting the separation of trauma and cancer patients on the East Grinstead site. If the Trust is unable to make use of the independent sector facilities there will be a significant impact on activity.
- Ongoing work across the Sussex Health and Care Partnership (integrated care system) and through the cancer networks as part of the pandemic recovery work may lead to in year changes in which services are provided by QVH.
- In the suspended business planning guidance 1.6% of efficiencies were required for trusts in deficit. For QVH this would be £1.2m. At present £0.6m have been identified and £0.6m is unidentified. The Trust is mindful that the identified efficiencies may not materialise in year due to differing spending patterns under the current activity arrangements.
- Uncertainties around the impact of Brexit on the cost of pharmaceuticals, medical devices and potential impact on the NHS workforce.

The Trust still faces a material deficit based on the original 2020/21 business planning guidance for tariff. This year the Trust was anticipating Financial Recovery Funding through the Sussex Health and Care Partnership, however due to the current arrangements this is not required but will still be a requirement post block contract arrangements.

Directors' statement regarding going concern

After making enquiries, the directors have concluded that there is sufficient evidence that services will continue

to be provided. In reaching this conclusion, the board considered the financial provision within the forward plans of commissioners; efficiency plans and the recognised role of the Trust within the Sussex Health and Care Partnership and the wider regional health care system. The Trust's cash flow provision will be dependent on both acceptance and delivery of the financial recovery plans and support from the Department of Health and Social Care (DHSC). As with any Trust placing reliance on other DHSC group entities for financial support, the directors acknowledge that there can be no certainty that this support will continue although, at the date of approval of these financial statements, they have no reason to believe that it will not do so.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis. However, the matters referred to above represent a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern and, therefore, to continue realising its assets and discharging its liabilities in the normal course of business. The financial statements do not include any adjustments that would result from the basis of preparation being inappropriate.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

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. A performance obligation relating to delivery

of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue from research contracts: Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms 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 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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF): The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments 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 NHS Pensions Scheme. The scheme is an unfunded,

defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's pension cost 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.

A more detailed account of the NHS Pensions Scheme is given in Note 9.

1.4 Expenditure on other goods and services (other expenses)

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

1.5 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; and
 - the cost of the item is at least £5,000; or
 - groups of items collectively have a cost of at least £5,000, individually have a cost of more than £250, are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;
- or
- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

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

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.

To this end, valuations of land, buildings and fixtures are carried out by professionally qualified external valuers (Gerald Eve LLP - RICS Registered Valuers, a regulated firm of Chartered Surveyors) in accordance with the requirements of the Valuation-Global Standards 2017, the International Valuation Standards and IFRS as adapted by FReM. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the balance sheet date. Revaluations are never less than triennial. The latest valuations were undertaken in 2020 as at the prospective valuation date of 31 March 2020 and are accounted for in the 2019/20 accounts.

The valuation report for this valuation contains a declaration of material valuation uncertainty due to the Covid-19 Global Pandemic and the impact on financial markets. The valuation may still be relied upon, but for transparency, less certainty should be attached to the valuation than would otherwise be the case.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost

The depreciated replacement cost of specialised buildings is based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

For non-operational properties including surplus land, the valuations are carried out at open market value.

Properties in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Land and buildings are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Equipment is stated in the Statement of Financial Position at its revalued amount, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the balance sheet date. In the intervening periods the Trust considers depreciated historic cost to be a suitable estimate of fair value.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation

Items of Property, Plant and Equipment are depreciated on a straight line basis over their remaining useful lives. This is considered to be consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The remaining economic lives of each element of each building are determined by an independent valuer and each element is depreciated individually. Currently, remaining lives range from three to seventy six years.

Plant, machinery and medical equipment are generally given lives of five, ten or fifteen years, depending on their nature and the likelihood of technological obsolescence. Information Technology equipment is generally given a life of five years.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust.

Revaluation and impairment

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating expenditure.

In accordance with the DHSC GAM, impairments that arise from a clear consumption of economic benefit or 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.

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

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are 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.

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

Land and buildings were revalued as at 31 March 2020.

The revaluation was carried out by an independent, qualified valuer on the modern equivalent asset basis and the assumption that the property is sold as part of the continuing enterprise in occupation. The valuation was based on the use of an alternative site.

The valuations were carried out on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property.

For specialised buildings where there is no market-based evidence of fair value, the latter is estimated using a depreciated replacement cost approach based on the assumption of the asset's replacement by a modern equivalent asset, in accordance with International Valuation and RICS standards.

For non-operational properties including surplus land, the valuations were carried out at open market value.

Plant and machinery and information technology equipment were last revalued as at 31 March 2008 using suitable indices supplied by the Department of Health. The movement in indices since that time is not considered sufficient to affect values materially.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 12.

Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.6 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 only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits

e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;

- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of Property, Plant and Equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

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 fair value. Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values and impairments 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'.

In the case of software, amortised historic cost is considered to be the fair value.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. In the case of software licenses useful economic life is assumed to be five years.

1.7 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is determined by reference to current prices, using the First In, First Out (FIFO) method.

1.8 Cash and cash equivalents

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

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

1.9 Trade receivables

Trade receivables are recognised at fair value less provision for impairment. A provision for impairment of trade receivables is established when there is objective evidence that the Trust will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 60 days overdue) are considered indicators that the trade receivable is impaired. The amount of the provision is the difference between the asset's carrying amount and the estimated future cash flows. The carrying amount of the asset is reduced through the use of a provision for doubtful debts account, and the amount of the loss is recognised in the comprehensive income statement within 'operating expenses'. When a trade receivable is uncollectible, it is written off against the provision account. Subsequent recoveries of amounts previously written off are credited against 'operating expenses' in the comprehensive income statement.

1.10 Trade payables

Trade payables are recognised at fair value. Fair value is deemed to be invoice value less any amounts that the Trust does not believe to be due.

1.11 Financial assets and financial liabilities

Recognition

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

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

The DHSC Group Accounting Manual 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.

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 into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business

model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost: Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income: Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. The Trust does not have any assets in this category.

Financial assets at fair value through income and expenditure: Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term. The Trust does not have any assets in this category.

Impairment of financial assets: For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

Trade receivables' expected credit losses are determined by reference to debt history and identified trends and the Injury Compensation Scheme receivables at 21.79% (21.89% 18-19) being the national average of claims not reaching payment (DHSC 2019-20).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care

provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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

Financial Liabilities: Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

Financial liabilities at fair value through profit and loss: Derivatives that are liabilities are subsequently measured at fair value through profit or loss. Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss. The Trust does not have any financial liabilities in this category.

Other financial liabilities: After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Where land is leased for a short term (e.g. 10 years) and there is no provision for the transfer of title, the lease is considered to be an operating lease.

The Trust as lessor

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.13 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 the discount rates published and mandated by HM Treasury.

Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.50% (2018-19: positive 0.29%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

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

Clinical negligence costs

NHS Resolution (NHSR) (previously NHS Litigation Authority (NHS LA)) operates a risk pooling scheme under which the Trust pays an annual contribution, which, in return, settles all clinical negligence claims. Although the NHSR is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHSR on behalf of the Trust is disclosed at note 19. The Trust does not carry any amounts relating to these cases in its own accounts.

Other NHS Resolution schemes

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 NHSR and in return receives assistance with the cost of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 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 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed 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.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 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.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

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, except for

- donated assets (including lottery funded assets),
- average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- any PDC dividend balance receivable or payable.

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 thus

calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.

1.16 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 non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Corporation Tax

Section 148 of the Finance Act 2004 amended S519A of the Income and Corporation Taxes Act 1988 to provide power to the Treasury to make certain non-core activities of Foundation Trusts potentially subject to corporation tax. This legislation became effective in the 2005/06 financial year.

In determining whether or not an activity is likely to be taxable a three-stage test may be employed:

- *Is the activity an authorised activity related to the provision of core healthcare?*

The provision of goods and services for purposes related to the provision of healthcare authorised under Section 14(1) of the Health and Social Care Act 2003 (HSCA) is not treated as a commercial activity and is therefore tax exempt.

- *Is the activity actually or potentially in competition with the private sector?*

Trading activities undertaken in house which are ancillary to core healthcare activities are not entrepreneurial in nature and not subject to tax. A trading activity that is capable of being in competition with the wider private sector will be subject to tax.

- *Are the annual profits significant?*

Only significant trading activity is subject to tax. Significant is defined as annual taxable profits of £50,000 per trading activity.

The majority of the Trust's activities are related to core healthcare and are not subject to tax. Where trading activities are undertaken that are commercial in nature they are considered insignificant with profits per activity below the £50,000 tax threshold.

No Corporation Tax was charged to the Trust for the financial year ending 31 March 2020.

1.18 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

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

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

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

1.19 IASB standard and IFRIC interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

The following accounting standards have been issued or amended but have not yet been adopted. NHS bodies cannot adopt new standards unless they have been adopted in the HM Treasury FReM. The HM Treasury FReM generally does not adopt an international standard until it has been endorsed by the European Union for use by listed companies.

ii. IFRS 16 - Leases

Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

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

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

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short

term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust does not expect any material impact of applying IFRS 16 in 2021/22 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions. This is because the only current material lease is already accounted for as a finance lease.

iii. IFRS 17 - Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

iv. IFRIC 23 - Uncertainty over Income Tax Treatments

Application required for accounting periods beginning on or after 1 January 2019.

1.20 Critical accounting estimates and assumptions

International accounting standard IAS 1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The purpose of the evaluation is to consider whether there may be a significant risk of causing a material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

Value of land and buildings £42,828,000 (2018/19 £42,481,000) – 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. The valuation report for this valuation contains a declaration of material valuation uncertainty due to the Covid-19 Global Pandemic and the impact on financial markets.

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 to it. See Note 15.1.

Income for an inpatient stay can start to be recognised from the day of admission, but cannot be precisely calculated until after the patient is discharged. For patients occupying a bed at the 2019/20 financial year end, the estimated value of partially completed spells is £50,926 (2018/19 £38,264).

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 17.

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 1.13 and 19.

1.21 Operating segments

An operating segment is a group of assets and operations engaged in providing products or services that are subject to risks and returns that are different to those of other operating segments. Under IFRS 8 an operation is considered to be a separate operating segment if its revenues exceed 10% of total revenues. Operations that contribute less than 10% of total revenue may be aggregated.

The Trust derives its income from the provision of healthcare, chiefly in its capacity as a specialist provider of various forms of reconstructive surgery. All services are subject to the same policies, procedures and governance arrangements and operate in a common economic environment utilising shared resources. They are also subject to the same regulatory environment and standards set by our external performance managers. Accordingly, the Trust operates one segment. The chief operating decision maker of the Trust is the Trust Board.

1.22 Consolidation of accounts

The Trust is the corporate trustee to the Queen Victoria Hospital NHS Trust Charitable Fund and as such has the power to govern its financial and operating policies so as to obtain benefits from its activities for itself, its patients and its staff. The income and assets of the charity are not considered to be material amounts in the context of the Trust's accounts and are therefore not consolidated.

1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, if significant, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury FReM. Amounts held at the balance sheet date were negligible.

1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

1.25 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.

2. Operating segments

The Trust operates a single segment, the provision of healthcare.

	2019/20 £000s	2018/19 £000s
Income	72,399	70,648
Segment surplus (deficit)	(9,141)	(4,127)
Segment net assets	40,472	47,786

3. Income from patient care activities

Income from patient care activities by nature	2019/20 £000	2018/19 £000
Eyes	6,595	6,866
Oral	12,358	13,655
Plastics	30,095	29,869
Sleep	5,078	4,861
Other	14,926	10,727
Total	69,052	65,978
 Income from patient care activities by source	 2019/20 £000	 2018/19 £000
Clinical commissioning groups and NHS England **	65,665	62,550
Department of Health and Social Care *	-	628
Other NHS bodies	1,211	963
Private patients	188	228
Overseas patients (non-reciprocal, chargeable to patient)	95	3
Injury cost recovery scheme	291	94
Other	1,602	1,513
Total	69,052	65,978

Notes for note 3 (above) :

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers 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. £1,977,000 has been included in the NHS England line.

"Injury cost recovery scheme" is income received through the NHS injury scheme from insurance companies in relation to the treatment of patients who have been involved in road traffic accidents. It is subject to a provision for impairment of receivables of 21.79% to reflect expected rates of collection.

Commissioner Requested Services

Within the 2019/20 financial statements management has taken the view that commissioner requested services are those which are provided for the healthcare of NHS patients. Of the total income reported below, £68,769,000, (2018/19 £65,747,000) was derived from the provision of commissioner requested services. (being all of the below except private and overseas patient income).

4. Other operating income

	2019/20 £000	2018/19 £000
Other operating income from contracts with customers:		
Research and development (contract)	325	293
Education and training	1,600	1,625
Non-patient care services to other bodies	111	385
Provider sustainability fund	-	995
Other contract income	747	873
Other non-contract operating income:		
Receipt of capital grants and donations	564	499
Other non contract income	-	-
	3,347	4,670

4.1 Additional information on revenue from contracts with customers recognised in the period

	2019/20 £000	2018/19 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	69	166
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

4.2 Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	-	-

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

5. Operating Expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from non-NHS/DHSC bodies	1,112	221
Staff and executive directors costs	52,572	48,566
Remuneration of non-executive directors	109	114
Supplies and services - clinical (excluding drugs)	11,984	13,038
Supplies and services - general	731	917
Drugs	1,429	1,496
Inventories written down	-	30
Consultancy	214	367
Establishment	822	680
Premises (including rates)	3,456	2,883
Transport (including patient travel)	567	651
Depreciation	3,157	2,816
Amortisation	288	141
Impairments of property, plant and equipment (net)	397	(759)
Movement in credit loss allowance: contract receivables	488	(35)
Movement in credit loss allowance: all other receivables	-	-
Increase/(decrease) in other provisions	-	1
Change in provisions discount rate(s)	58	(14)
External audit : statutory audit	65	68
External audit : audit-related assurance services	-	8
Internal audit services	105	45
Clinical negligence (payable to NHS Resolution)	788	626
Legal fees	11	58
Insurance	22	36
Research and development (staff cost)	320	315
Education and training	150	49
Rentals under operating leases	-	217
Early retirements	30	16
Redundancy	-	-
Car parking & security (previously within Premises)	219	200
Hospitality	3	5
Losses, ex gratia & special payments	8	5
Other services, eg external payroll	171	92
Other	730	413
	80,006	73,265

Notes: External Audit: The contract signed on 25/01/2017 states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1,000,000 aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

External audit fees for the statutory audit of financial statements 2019-20, exclusive of VAT, were £54,435.

6. Operating leases

As lessee

Operating leases relate to buildings, medical equipment and vehicles.

The building lease has been extended for a further period of five years from April 2019 and has been classified as a finance lease for 2019-20.

All leases of medical equipment and vehicles are now expired.

Payments recognised as an expense

	2019/20 £000	2018/19 £000
Minimum lease payments	0	217
Total future minimum lease payments	31 March 2020 £000	31 March 2019 £000
Payable:		
Not later than one year	-	83
Between one and five years	-	334
After 5 years	-	-
Total	-	417

7. Employee benefits and staff numbers

7.1 Employee benefits	2019/20 £000	2018/19 £000
Salaries and wages	40,093	37,681
Social Security Costs	3,936	3,831
Apprenticeship levy	182	170
Employer's contributions to NHS Pension scheme*	6,492	4,210
Pension cost – other	14	11
Agency/contract staff	2,810	3,351
Total gross staff costs	53,527	49,254
Recoveries in respect of seconded staff	(37)	-
Total staff costs	53,490	49,254
Of which – costs capitalised as part of assets	598	373
Total staff costs excluding capitalised costs	52,892	48,881

* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers 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. £1,977,000 of nominal cost has been included in the costs for 2019/20.

More detailed staff cost disclosures may be found in the accountability report.

8. Retirements due to ill-health

During 2019/20 there was 1 early retirement from the Trust agreed on the grounds of ill-health incapacity (none in the year ended 31 March 2019). The estimated additional pension liabilities of this ill-health retirement is £12k (0k in 2018/19).

9. Pensions 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

10. Finance Income	2019/20	2018/19
	£000	£000
Interest on bank accounts	25	38
10.1 Finance expenditure	2019/20	2018/19
Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	247	174
Other loans	-	-
Overdrafts	-	-
Finance leases	5	-
Interest on late payment of commercial debt	-	-
Total interest expense	252	174
Unwinding of discount on provisions (see note 19)	(3)	2
Other finance costs	-	-
Total finance costs	249	176
10.2 Other gains / (losses)	2019/20	2018/19
	£000	£000
Gains on disposal of assets	15	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	15	-
Gains / (losses) on foreign exchange	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	15	-
11. Intangible Assets	2019/20	2018/19
	£000	£000
Software Licences		
Gross cost at 1 April	3,026	2,045
Additions	1,012	981
Disposals	-	-
Gross cost at 31 March	4,038	3,026
Amortisation at 1 April	1,471	1,330
Provided during the year	288	141
Amortisation at 31 March	1,759	1,471
Net book value		
– Purchased assets at 1 April	1,555	715
– Purchased assets at 31 March	2,279	1,555

12. Property, plant and equipment

12.1 Property, plant and equipment at 31 March 2020	Land £000	Buildings £000	Assets under construction £000	Plant and Machinery £000	Information Technology £000	Total £000
Cost or valuation at 1 April 2019	5,990	36,491	391	15,083	6,738	64,693
Additions – purchased	-	252	781	550	803	2,386
Additions – leased	-	402	-	-	-	402
Additions – donated	-	124	27	403	10	564
Reclassifications	-	477	(563)	-	86	-
Impairments recognised in operating expenses	(178)	(884)	-	-	-	(1,062)
Reversal of impairments	-	665	-	-	-	665
Impairments recognised in revaluation reserve	(1,852)	(1,337)	-	-	-	(3,189)
Revaluation	-	4,159	-	-	-	4,159
Accumulated depreciation transferred on revaluation	-	(1,481)	-	-	-	(1,481)
Disposals	-	-	(11)	-	-	(11)
At 31 March 2020	3,960	38,868	625	16,036	7,637	67,126
Depreciation at 1 April 2019	-	-	-	12,191	2,883	15,074
Provided during the year	-	1,481	-	988	688	3,157
Accumulated depreciation transferred on revaluation	-	(1,481)	-	-	-	(1,481)
Disposals	-	-	-	-	-	-
Depreciation at 31 March 2020	-	-	-	13,179	3,571	16,750
Net book value						
- Purchased assets as at 1 April 2019	5,990	34,304	391	2,338	3,851	46,873
- Donated assets as at 1 April 2019	-	2,187	-	554	4	2,745
Total at 1 April 2019	5,990	36,491	391	2,892	3,855	49,618
- Purchased assets as at 31 March 2020	3,960	36,886	598	2,056	4,055	47,554
- Donated assets as at 31 March 2020	-	1,982	27	801	11	2,821
Total at 31 March 2020	3,960	38,868	625	2,857	4,066	50,375

2018-19 comparators:	Land £000	Buildings £000	Assets under construction £000	Plant and Machinery £000	Information Technology £000	Total £000
Cost or valuation at 1 April 2018	5,450	34,808	1,976	14,005	4,223	60,461
Additions - purchased	-	890	808	679	542	2,919
Additions - donated	-	100	-	399	-	499
Reclassifications	-	420	(2,393)	-	1,973	-
Impairments recognised in operating expenses	-	(183)	-	-	-	(183)
Reversal of impairments	-	942	-	-	-	942
Impairments recognised in revaluation reserve	-	(22)	-	-	-	(22)
Revaluation	540	866	-	-	-	1,406
Accumulated depreciation transferred on revaluation	-	(1,330)	-	-	-	(1,330)
Disposals	-	-	-	-	-	-
At 31 March 2019	5,990	36,491	391	15,083	6,738	64,693
Depreciation at 1 April 2018	-	-	-	11,185	2,403	13,588
Provided during the year	-	1,330	-	1,006	480	2,816
Accumulated depreciation transferred on revaluation	-	(1,330)	-	-	-	(1,330)
Disposals	-	-	-	-	-	-
Depreciation at 31 March 2019	-	-	-	12,191	2,883	15,074
Net book value						
- Purchased assets as at 1 April 2018	5,450	32,750	1,976	2,545	1,809	44,531
- Donated assets as at 1 April 2018	-	2,058	-	274	10	2,342
Total at 1 April 2018	5,450	34,808	1,976	2,820	1,820	46,873
- Purchased assets as at 31 March 2019	5,990	34,304	391	2,338	3,851	46,873
- Donated assets as at 31 March 2019	-	2,187	-	554	4	2,745
Total at 31 March 2019	5,990	36,491	391	2,892	3,855	49,618

12.2 Fully depreciated assets

Fully depreciated assets with an aggregate gross carrying value of £14,381,000 were in use at 31 March 2020.

12.3 Property, plant and equipment donated during the year

The League of Friends of the Queen Victoria Hospital and the Queen Victoria NHS Trust Charitable Fund donated capital items with a combined value of £95,000. £450,000 was granted by NHS Health Education England for the creation and equipping of a dental training facility.

13. Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2020	31 March 2019
	£000	£000
Property, plant and equipment	232	101

14. Inventories

Inventories at 31 March	31 March 2020	31 March 2019
	£000	£000
Drugs	194	129
Consumables	960	1,147
Total	1,153	1,275

15. Receivables**15.1 Receivables comprise:**

	31 March 2020	31 March 2019
	Current	Current
	£000	£000
Current receivables		
Contract receivables *	8,746	10,062
Contract assets	-	-
Allowance for impaired contract receivables / assets	(1,241)	(753)
Allowance for other impaired receivables	-	-
Prepayments	645	794
PDC dividend receivable	21	-
VAT receivable	98	-
Other receivables	274	107
Total current trade and other receivables	8,543	10,210
Non- Current receivables		
Other receivables **	227	-

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

* The majority of trade was with Clinical Commissioning Groups 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 of them is considered necessary.

15.11 Allowances for credit losses

Contract receivables and contract assets	2019/20	2018/19
Allowances for credit losses	£000	£000
Allowances as at 1 April - brought forward	753	-
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	0	788
Allowances at start of period for new FTs	-	-
Transfers by absorption	-	-
New allowances arising	784	(35)
Changes in existing allowances	-	-
Reversals of allowances	(296)	-
Utilisation of allowances (write offs)	-	-
Changes arising following modification of contractual cash flows	-	-
Foreign exchange and other changes	-	-
Allowances as at 31 March	1,241	753

15.2 Receivables past their due date but not impaired

	31 March 2020	31 March 2019
	£000	£000
By up the three months	4,728	2,494
By between three and six months	573	918
By more than six months	1,052	2,366
Total	6,353	5,778

15.3 Provision for impairment of NHS receivables

	2019/20	2018/19
	£000	£000
Balance at 1 April	(549)	(561)
Amount recovered or written off during the year	294	12
Increase in receivables impaired	(511)	-
Balance at 31 March	(766)	(549)

The provision represents amounts which are either considerably beyond their due date, known to be under challenge or which the Trust considers may be disputed by the debtor body.

15.4 Provision for impairment of non-NHS receivables

	2019/20	2018/19
	£000	£000
Balance at 1 April	(203)	(227)
Amount recovered or written off during the year	2	24
Increase in receivables impaired	(274)	-
Balance at 31 March	(475)	(203)

16. Cash and cash equivalents

	2019/20 £000	2018/19 £000
Balance at 1 April	3,944	8,914
Net change in year	(1,034)	(4,970)
Balance at 31 March	2,910	3,944
Comprising:		
Cash with the Government Banking Service (GBS)	2,508	2,691
Commercial banks and cash in hand	402	1,253
Cash and cash equivalents as in statement of cash flows	2,910	3,944

17. Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Trade payables	6,160	5,500
Capital payables	1,142	1,038
Accruals	2,450	3,426
Receipts in advance (including payments on account)	-	-
Social security costs	594	527
VAT payables	-	275
Other taxes payable (e.g. PAYE, Levy)	519	536
PDC dividend payable	-	25
NHS Pension payables	652	713
Other payables	275	172
Total	11,792	12,212

18. Other liabilities-Deferred income

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income	207	69
Deferred grants	230	-
Total	437	69

18.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from DHSC*	7,253	824
Other loans	-	-
Obligations under finance leases	79	-
Obligations under PFI, LIFT or other service concession contracts	-	-
Total current borrowings	7,332	824
Non-current		
Loans from DHSC (Capital loan)	4,267	5,045
Other loans	-	-
Obligations under finance leases	245	-
Obligations under PFI, LIFT or other service concession contracts	-	-
Total non-current borrowings	4,512	5,045

* This includes £6,391k of revenue loans which will be replaced with public dividend capital in 2020-21 and therefore will not require cash repayment.

18.2 Queen Victoria Hospital NHS Foundation Trust as a lessee:

Obligations under finance leases where the trust is the lessee.

	31 March 2020 £000	31 March 2019 £000
Gross lease liabilities of which liabilities are due:	324	-
not later than one year;	79	-
later than one year and not later than five years;	245	-
later than five years.	-	-
Finance charges allocated to future periods	-	-
Net lease liabilities of which liabilities are due:	324	-
not later than one year;	79	-
later than one year and not later than five years;	245	-
later than five years.	-	-
Total payable	324	-

19. Provisions

	31 March 2020	31 March 2019
	£000	£000
Current provisions		
Pensions relating to staff	36	29
Legal claims	26	30
Total	62	59
Non-current provisions		
Pensions relating to staff	881	608
Total provisions	943	667

19.1 Provisions (movements by type)

Movements in-year	Pensions – early departures £000	Pensions – injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2019	36	601	30	-	667
Change in discount rate	1	57	-	-	58
Arising during the year	3	25	6	227	261
Used during the year	(8)	(22)	-	-	(30)
Reversed unused	-	-	(10)	-	(10)
Unwinding of discount	-	(3)	-	-	(3)
At 31 March 2020	32	658	26	227	943
Expected timing of cash flows:					
Within one year	8	28	26	-	62
Between one and five years	24	113	-	-	137
After five years	(0)	517	-	227	744
Total	32	658	26	227	943

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

Legal Claims are claims relating to third party and employer's liabilities. Where the case falls within the remit of the risk pooling schemes run by the NHS Litigation Authority (NHSLA), the Trust's liability is limited to £3,000 or £10,000 depending on the nature of the case. The remainder is borne by the scheme. The provision is shown net of any reimbursement due from the NHSLA.

£1,243,000 was included in the provisions of NHS Resolution at 31 March 2020 in respect of clinical negligence liabilities of the Trust (31 March 2019 £1,005,000) (NHS Litigation Authority).

"Other" provisions of £227,000 is for the reimbursement of the clinicians' pension tax scheme which will be funded through the DHSC.

20. Finance expense – see note 10**21. Financial instruments**

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.

Financial Instruments are recognised and measured in accordance with the accounting policy described under Note 1.10.

21.1 Financial assets and liabilities by category

All financial assets and liabilities are denominated in sterling.
Carrying values are taken as a reasonable approximation of fair value.

	31 March 2020	31 March 2019
	£000	£000
Financial assets		
Receivables (excluding non financial assets) – with DHSC group bodies	6,121	7,231
Receivables (excluding non financial assets) – with other bodies	1,885	2,185
Other investments / financial assets	-	-
Cash and cash equivalents	2,910	3,944
Total	10,916	13,360

The above balances have been included in the accounts at amortised cost as “loans and receivables”, with no financial assets being classified as “assets at fair value through the statement of comprehensive income”, “assets held to maturity” nor “assets held for resale”.

	31 March 2020	31 March 2019
	£000	£000
Financial Liabilities		
Carrying value:		
Loans from the Department of Health and Social Care	11,520	5,869
Obligations under finance leases	324	-
Trade and other payables (excluding non financial liabilities) – with DHSC group bodies	3,772	4,156
Trade and other payables (excluding non financial liabilities) – with other bodies	6,907	6,693
Total	22,523	16,718

“Borrowings” represents a loan from the Foundation Trust Financing Facility provided by the Department of Health & Social Care.

All financial liabilities are classified as “other financial liabilities”, with no financial liabilities being classified as “liabilities at fair value through the statement of comprehensive income”.

Taxes are not included as they are not contractual and not classed as Financial Instruments.
Injury Cost Recovery Scheme receivables are now classed as contractual and as financial instruments.

21.2 Maturity of financial assets

All of the Trust's financial assets mature within one year.

21.3 Maturity of financial liabilities

The Trust's financial liabilities fall due within one year with the exception of £245,000 of the finance lease and £4,267,000 portion of the DHSC loan.

Financial liabilities fall due in:	31 March 2020	31 March 2019
In one year or less	18,011	11,673
In more than one year but not more than two years	859	778
In more than two years but not more than five years	2,498	2,334
In more than five years	1,155	1,933
Total	22,523	16,718

21.4 Derivative financial instruments

In accordance with IAS 39, the Trust has reviewed its contracts for embedded derivatives that are required to be separately accounted for if they do not meet the requirements set out in the standard. Accordingly the Trust has no embedded derivatives that require recognition in the financial statements.

21.5 Financial risk management

Due to the service provider relationship that the Trust has with Clinical Commissioning Groups and NHS England and the way those bodies are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposure as at 31 March 2020 are in receivables from customers, as disclosed in note 15.

Liquidity risk

The Trust's operating costs are incurred under contracts with NHS England and Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

22. Related Party Transactions

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 2019/20, (2018/19 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.

The total income and expenditure transactions with the charity for the year are shown below.

	2019/20		2018/19	
	Income £000	Expenditure £000	Income £000	Expenditure £000
The Queen Victoria Hospital NHS Trust Charitable Fund	149	-	171	-

22. Related Party Transactions *continued...***Whole of Government Accounts bodies with significant transactions relationship (approx £100k)**

Income and Expenditure	2019/20		2018/19	
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
Brighton and Sussex University Hospitals NHS Trust	654	895	298	1,089
Guy's & St Thomas' NHS Foundation Trust	21	9	132	(2)
Maidstone and Tunbridge Wells NHS Trust	156	84	187	82
Dartford and Gravesham NHS Trust	-	877	-	660
Medway NHS Foundation Trust	1	962	1	930
East Sussex Healthcare NHS Trust	-	700	-	935
Sussex Community NHS Foundation Trust	174	11	263	56
Surrey and Sussex Healthcare NHS Trust	1	78	97	231
East Kent Hospitals University NHS Foundation Trust	1	44	-	103
Northumbria Healthcare NHS Foundation Trust	-	219	-	109
NHS Resolution (NHS Litigation Authority)	-	788	-	626
Care Quality Commission	-	52	-	48
Health Education England	1,551	-	1,600	-
NHS England	23,545	105	23,466	-
NHS Ashford CCG	499	-	417	-
NHS Bexley CCG	267	-	369	-
NHS Brighton and Hove CCG	1,219	-	1,204	-
NHS Bromley CCG	687	-	662	-
NHS Canterbury and Coastal CCG	618	-	589	-
NHS Coastal West Sussex CCG	3,485	-	3,119	-
NHS Crawley CCG	2,017	-	2,083	-
NHS Croydon CCG	261	-	276	-
NHS Dartford, Gravesham and Swanley CCG	2,195	-	2,346	-
NHS East Surrey CCG	2,841	-	2,571	-
NHS Eastbourne, Hailsham and Seaford CCG	1,528	-	1,273	-
NHS Guildford and Waverley CCG	642	-	535	-
NHS Hastings and Rother CCG	2,083	-	1,546	-
NHS High Weald Lewes Havens CCG	4,350	-	3,877	-
NHS Horsham and Mid Sussex CCG	5,931	-	6,365	-
NHS Medway CCG	2,304	-	2,516	-
NHS North West Surrey CCG	204	-	145	-
NHS South Kent Coast CCG	717	-	642	-
NHS Surrey Downs CCG	985	-	893	-
NHS Swale CCG	948	-	949	-
NHS Thanet CCG	420	-	358	-
NHS West Kent CCG	5,598	-	5,746	-
HM Revenue & Customs (apprenticeship levy and Employer NI contributions)	-	4,118	-	4,001
NHS Pension Scheme (Employer contributions)	-	6,492	-	4,210
	65,903	15,434	64,525	13,077

22. Related Party Transactions *continued...*

Receivables and payables	31 March 2020		31 March 2019	
	Receivables £000	Payables £000	Receivables £000	Payables £000
Brighton and Sussex University Hospitals NHS Trust	935	632	757	1,120
Guy's & St Thomas' NHS Foundation Trust	10	27	106	12
Maidstone and Tunbridge Wells NHS Trust	121	76	83	76
Dartford and Gravesham NHS Trust	7	779	7	512
Medway NHS Foundation Trust	6	1,122	89	546
East Sussex Healthcare NHS Trust	-	705	-	490
Sussex Community NHS Foundation Trust	40	2	131	-
Surrey and Sussex Healthcare NHS Trust	336	81	349	112
East Kent Hospitals University NHS Foundation Trust	1	60	-	51
Northumbria Healthcare NHS Foundation Trust	-	101	-	33
NHS Resolution (NHS Litigation Authority)	-	-	-	-
Care Quality Commission	-	-	-	-
Health Education England	630	-	493	-
NHS England	2,159	-	2,752	8
NHS Ashford CCG	6	-	25	-
NHS Bexley CCG	-	-	-	105
NHS Brighton and Hove CCG	11	-	-	32
NHS Bromley CCG	-	-	-	13
NHS Canterbury and Coastal CCG	16	-	-	15
NHS Coastal West Sussex CCG	369	-	333	-
NHS Crawley CCG	34	-	29	-
NHS Croydon CCG	-	-	-	42
NHS Dartford, Gravesham and Swanley CCG	-	-	-	82
NHS East Surrey CCG	48	-	-	335
NHS Eastbourne, Hailsham and Seaford CCG	-	-	-	87
NHS Guildford and Waverley CCG	17	-	56	-
NHS Hastings and Rother CCG	21	-	56	-
NHS High Weald Lewes Havens CCG	141	9	-	41
NHS Horsham and Mid Sussex CCG	169	-	224	-
NHS Medway CCG	-	-	-	63
NHS North West Surrey CCG	144	-	72	-
NHS South Kent Coast CCG	53	-	59	-
NHS Surrey Downs CCG	70	-	83	-
NHS Swale CCG	-	-	60	-
NHS Thanet CCG	-	-	2	76
NHS West Kent CCG	-	-	-	220
HM Revenue & Customs (apprenticeship levy and NI contributions)	-	1,113	-	1,063
NHS Pension Scheme	-	652	-	713
	5,344	5,359	5,766	5,847

23. Intra-Government and Other Balances

Receivables: amounts falling due within one year	31 March 2020	31 March 2019
	£000	£000
Balances with NHS bodies	6,548	7,780
Balances with other government bodies	615	247
Balances with bodies external to government	2,621	2,936
Provision for the impairment of receivables	(1,241)	(753)
	8,543	10,210

Payables: amounts falling due within one year	31 March 2020	31 March 2019
	£000	£000
Balances with NHS bodies	3,772	4,156
Balances with other government bodies	1,791	2,090
Balances with bodies external to government	6,229	5,966
	11,792	12,212

24. Losses and Special Payments

Losses and special payments are calculated on an accruals basis.

There were 20 cases of losses and special payments totalling £7,000 during 2019/20, (29 cases totalling £6,000 in 2018/19). All cases are reported on an accruals basis and do not include provisions for future losses. All cases are reported on an accruals basis and do not include provisions for future losses.

There were no fraud cases within these losses.

Losses and Special Payments	31 March 2020		31 March 2019	
	No.	£000	No.	£000
Losses – Bad Debts and claims abandoned	-	-	11	1
Losses – Fruitless payments and constructive losses	1	4	-	-
Losses – Stores Losses	-	-	-	-
Special Payments – Ex gratia payments	19	3	18	5
Totals	20	7	29	6

25. Third party assets

The trust holds minimal levels of third party assets, usually related to patients' monies.



APPENDICES

Board of Directors register (meeting attendance and roles 2019/20)

Name Title Appointment	Board of Directors	Audit Committee	Nomination & Remuneration Committee	Finance & Performance Committee	Quality & Governance Committee	Council of Governors	QVH Charity
Keith Altman Medical director 1 October 2019 to 30 September 2022	2 of 3 (member)	NA	NA	NA	2 of 3 (member)	2 of 2 (attendee)	1 of 1 (member)
Ginny Colwell Non-Executive Director 21 April 2016 to 20 April 2019	NA	NA	NA	NA	1 of 1 (chair to 20/04/19)	1 of 1 (attendee)	NA
Paul Dillon-Robinson Non-Executive Director 1 Oct 2019 to 30 Sep 2022	3 of 3 (member)	2 of 2 (member)	1 of 1 (member)	6 of 6 (chair from 01/10/19)	NA	2 of 2 (attendee)	NA
Kevin Gould Non-Executive Director 1 Sep 2017 to 30 Aug 2020	6 of 6 (member)	5 of 5 (chair)	1 of 1 (member)	12 of 12 (member)	NA	3 of 4 (attendee)	NA
Beryl Hobson Chair 1 April 2018 to 31 Mar 2021	6 of 6 (chair)	NA	1 of 1 (chair)	8 of 12 (member)	NA	4 of 4 (member)	2 of 3 (member)
Steve Jenkin Chief Executive 14 Nov 2016 to present	6 of 6 (member)	NA	1 of 1 (member)	10 of 12 (member)	4 of 7 (member)	4 of 4 (attendee)	NA
Abigail Jago* Director of Operations 8 May 2018 to present	6 of 6 (member)	NA	NA	9 of 12 (member)	3 of 7 (member)	3 of 4 (attendee)	NA
Gary Needle Non-Executive Director (1 Jul 17 to 30 Jun 20) Senior Independent Director since 1 Oct 2019	6 of 6 (member)	NA	0 of 1 (member)	NA	4 of 7 (member)	4 of 4 (attendee)	3 of 3 (chair)
Michelle Miles Director of Finance and Performance 1 Feb 2018 to present	5 of 6 (member)	NA	NA	11 of 12 (member)	5 of 7 (member)	3 of 4 (attendee)	1 of 3 (member)
Geraldine Opreshko* Director of Workforce and Organisational Development 26 July 2017 to present	5 of 6 (member)	NA	1 of 1 (attendee)	9 of 12 (member)	5 of 7 (member)	2 of 4 (attendee)	NA
Lucy Owens Interim Director of Finance and Performance 3 February 2020 to 26 March 2020	1 of 1 (member)	NA	NA	2 of 2 (member)	0 of 1 (member)	NA	NA
Ed Pickles Medical Director 1 Oct 2016 to 30 Sep 2019	3 of 3 (member)	NA	NA	NA	3 of 4 (member)	1 of 2 (attendee)	2 of 2 (member)
Clare Pirie* Director of Communications and Corporate Affairs 1 May 2017 to present	6 of 6 (member)	NA	0 of 1 (attendee)	NA	NA	3 of 4 (attendee)	NA
Jo Thomas Director of Nursing and Quality 1 Feb 2015 to present	5 of 5 (member)	NA	NA	NA	6 of 7 (member)	4 of 4 (attendee)	NA
John Thornton Non-Executive Director 1 Oct 2013 to 30 Sep 2019	3 of 3 (member)	3 of 3 (member)	0 of 0 (member)	7 of 7 (chair to 30/09/19)	NA	2 of 2 (attendee)	NA

*non-voting

Council of Governors register 2019/20

Name	Constituency	Status of current term	Start of term	End of term	Meeting attendance
Beesley, Brian	Public	Elected 1st term	01/07/2018	30/06/2021	4 of 4
Belsey, John¹	Public	Re-elected 2nd term	01/07/2017	30/06/2020	2 of 4
Bennett, Liz	Stakeholder ²	Appointed	01/07/2013	30/06/2019	3 of 4
Brown, St John	Stakeholder ³	Appointed	01/04/2017	31/03/2020	3 of 4
Burkhill-Prior, Wendy	Public	Elected 1st term	01/07/2016	30/06/2019	0 of 1
Dudgeon, Robert	Public	Re-elected 2nd term	01/07/2016	30/06/2019	1 of 1
Fry, Colin	Public	Elected 1st term	01/07/2018	16/01/2020*	3 of 4
Fulford-Smith, Antony	Public	Elected 1st term	01/07/2017	30/06/2020	3 of 4
Glynn, Angela	Public	Re-elected 2nd term	01/07/2017	30/06/2020	1 of 4
Haite, Janet	Public	Elected 1st term	01/07/2017	30/06/2020	3 of 4
Halloway, Chris	Public	Re-elected 2nd term	01/07/2018	30/06/2021	4 of 4
Harold, John	Public	Elected 1st term	01/07/2019	30/06/2022	3 of 3
Holden, Julie	Stakeholder ⁴	Appointed 1st term	06/01/2020	05/01/2023	0 of 1
Hunt, Douglas	Public	Elected 1st term	01/07/2017	30/06/2020	3 of 4
Lane, Andrew	Public	Elected 1st term	01/07/2018	30/06/2021	4 of 4
Lehan, Carol	Staff	Elected 1st term	01/07/2017	30/06/2020	4 of 4
Lockyer, Sandra	Staff	Elected 1st term	01/07/2017	30/06/2020	2 of 4
McGarry, Joe	Public	Elected 1st term	01/07/2017	30/06/2020	1 of 4
Martin, Tony	Public	Re-elected 2nd term	01/07/2017	30/06/2020	4 of 4
Roche, Glynn	Public	Re-elected 2nd term	01/07/2017	30/06/2020	3 of 4
Shore, Peter⁵	Public	Re-elected 2nd term	01/07/2019	30/06/2022	4 of 4
Tamplin, Robert	Public	Elected 1st term	01/07/2017	30/06/2020	4 of 4
Tappenden, Tony	Public	Elected 1st term	01/07/2017	30/06/2020	2 of 4
Webster, Norman	Stakeholder ⁶	Appointed	01/07/2011	05/05/2019	1 of 1
Wiggins, John	Public	Elected 1st term	01/07/2017	30/06/2020	2 of 4
Williams, Martin	Public	Elected 1st term	01/07/2018	30/06/2021	4 of 4
Wilson, Mickola	Public	Elected 1st term	01/07/2017	30/06/2020	3 of 4

* resigned

1 Nominated Lead Governor to July 2019. 2 Representing West Sussex County Council. 3 Representing QVH League of Friends. 4 Representing East Grinstead Town Council from January 2020. 5 Nominated Lead Governor from August 2019. 6 Representing East Grinstead Town Council to May 2019.

Directors' biographies 2019/20

Keith Altman, Medical Director

Keith graduated in both dentistry and medicine from King's College Hospital, University of London and holds an Award in Medical Leadership (2012) and Diploma of Legal Medicine (2014). He undertook his specialty training at Queen Mary's Hospital, Roehampton and The Royal Surrey County Hospital, Guildford. Keith was appointed as Consultant Maxillofacial Surgeon to Brighton and Sussex University Hospitals NHS Trust in 1997 and was Deputy Medical Director and Lead for Revalidation and Appraisal 2013-17. He was appointed at QVH in 2017 and became Medical Director in October 2019.

Ginny Colwell, Non-Executive Director

Ginny originally trained as a nurse and worked at Great Ormond Street Hospital, leaving there as deputy director of nursing to become director of nursing at the Royal Surrey County Hospital. Ginny then became corporate head of nursing for Nuffield Hospitals before being appointed head of nursing for Surrey and Sussex Strategic Health Authority. She has also been a founder non-executive director at Central Surrey Health, acting as chair for her last three months, and vice chair of Phyllis Tuckwell Hospice. Ginny worked independently as an individual and organisational coach and as a board advisor to Richmond and Hounslow Community Trust. Ginny joined QVH in April 2016 and stepped down from the Trust at the end of April 2019.

Paul Dillon-Robinson, Non-Executive Director

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 finance and performance committee and is a member of the audit committee.

Kevin Gould, Non-Executive Director

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 Sharphorne (a village in Mid Sussex), where he is a parish councillor, since 1998, and is involved in a number of commercial and charitable organisations as a consultant and non-executive director. At QVH, Kevin chairs the audit committee and is a member of the finance and performance committee.

Beryl Hobson, Chair

Beryl joined QVH in July 2014 as a non-executive director and chair designate, before becoming chair in April 2015. She is the executive director of a governance consultancy and was previously chair of the NCT (National Childbirth Trust). Beryl was the first chair of Sussex Downs and Weald Primary Care Trust and has more than 20 years of board level experience gained in private, charity and NHS organisations. On 1 April 2018, Beryl was reappointed for a second term.

Steve Jenkin, Chief Executive

Steve Jenkin joined the Trust in November 2016. He was previously the chief executive of Peninsula Community Health, providing services across Cornwall and the Isles of Scilly including running 14 community hospitals. Prior to that Steve was director of health and social care with national charity Sue Ryder, and chief executive of Elizabeth FitzRoy Support, a national charity supporting people with learning disabilities. Steve has an MBA through the Open University.

Abigail Jago, Director of Operations (non-voting)

Abigail Jago joined the Trust in May 2018 from Barts Health NHS Trust and has a wealth of experience in a range of senior operational, programme and strategic hospital roles. Since joining the NHS in 2000, she has managed services across multiple sites and has led change programmes in both an acute setting and across health and social care systems. Abigail is passionate about the NHS and the delivery of system wide improvement.

Michelle Miles, Director of Finance and Performance

Michelle was appointed in February 2018 from Croydon Health Services NHS Trust where she was deputy director of finance. Michelle has worked in the NHS for 20 years, having begun her career as a band 3 management accountant. She has a strong community background, having previously worked in community and primary care trusts. In 2009, Michelle moved to South London to take up her first role in an acute trust, an area of the NHS where she has remained. Michelle is particularly interested in understanding how finance professionals can support the delivery of excellent patient care and outcomes and all staff can help reduce wastage and improve efficiency.

Gary Needle, Non-Executive Director/Senior Independent Director

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. Gary is chair of the board of trustees at East Grinstead Sports Club Ltd. At QVH, Gary chairs the charity committee and sits on the quality and governance committee; he assumed the role of senior independent director in October 2019.

Karen Norman, Non-Executive Director

Karen joined the board in April 2019 and chairs the Quality and Governance Committee. She has worked in healthcare for 40 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 to 2004. Karen has also worked as a management consultant for Crosby Associates, an American quality management company. She currently works as visiting professor, faculty member and research supervisor on the Doctorate in Management Programme at the University of Hertfordshire, and also as visiting professor at Kingston University and St George's, University of London, in the School of Nursing.

Geraldine Opreshko, Director of Workforce and Organisational Development (non-voting)

Geraldine has worked across health and social care since 1994, and holds an MSc in People and Organisational Development. She has held board level positions in the NHS since 2004 covering workforce, organisational development and transformation. Geraldine has worked across the East and South East of England including Bedfordshire, Norfolk, Cambridge and Kent in acute and community settings before joining QVH in May 2016.

Dr Edward Pickles, Medical Director

Ed, a consultant anaesthetist at QVH since 2006, was appointed to the role of medical director in October 2016. He qualified in medicine from the University of Dundee, and then trained in anaesthesia in Yorkshire and London, including QVH, King's College Hospital and Great Ormond Street. His clinical interests include paediatric anaesthesia, and anaesthesia for head and neck surgery. Prior to becoming medical director, Ed was training programme director for anaesthetic trainee support in the Kent Surrey Sussex Deanery, and director of medical education and clinical director for clinical audit and outcome measurement here at QVH. Ed stepped down from the medical director role in September 2019.

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

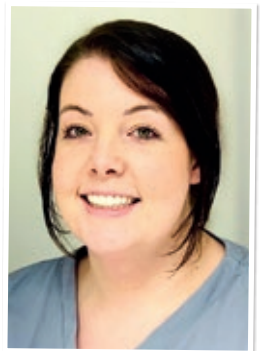
Clare joined QVH in 2016. She has been supporting clear communication in the NHS since 2000, working at King's College Hospital and Brighton and Sussex University Hospitals, as well as for national and local NHS commissioning organisations. Clare's role at QVH includes corporate governance and development of the QVH Charity, as well as strategic leadership for communications and engagement.

Jo Thomas, Director of Nursing and Quality

Jo was appointed in June 2015 having previously held the post in an interim capacity since February 2015. Before joining QVH, Jo held chief nurse positions in both commissioning and acute provider organisations. Jo began her NHS career as a nursing auxiliary before commencing her training in Brighton. She has 35 years of nursing experience in elective, specialist and emergency care, with a specialist interest and an MSc in women's health. Jo has senior management experience of leading and managing specialist services as well as extensive involvement in operational delivery and the redesign of health care services.

John Thornton, Non-Executive Director/Senior Independent Director

John has almost 30 years' experience as a senior executive in the financial services industry. He is involved in a range of business and community activities as a consultant, non-executive director and mentor. At QVH John chaired the finance and performance committee and was a member of the audit committee. He stepped down from his role at QVH in September 2019.





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