



Queen Victoria Hospital NHS Foundation Trust

Annual Report and Accounts (extended version)
+ Quality Report 2020/21

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



Note: some of photos contained in this document were taken **before** COVID-19.

“All the staff here, both clinical and non-clinical, work together as one to ensure that this is a well-run hospital.”



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Chair's introduction

I suspect that the chair of every NHS organisation in the country will be starting their annual report with the reflection “well, that wasn’t the year we were expecting”! They will also – quite rightly – be paying tribute to all their staff who have worked so hard and with great dedication throughout this extraordinary year.

Queen Victoria Hospital (QVH) played a unique role during the enormous upheavals of 2020/21. While other trusts reorganised services to accommodate covid patients, we transformed into a regional cancer hub, ensuring that patients from across the south east with high risk breast, skin and head and neck cancers who would normally have been treated elsewhere, could continue to receive vital surgery at QVH. Our staff continued to demonstrate the unstinting focus on the individual care of patients for which we are known.

In the spring of 2020, all our staff got behind the changes needed to redesign surgical pathways, implement covid screening and testing, and to move hundreds of administrative staff to home working to protect them and our patients. One of the highlights of the year was the QVH vaccination hub. For four weeks, staff volunteered for additional work and changed roles, bringing together the logistical knowledge and clinical expertise needed to set up a centre, book in and vaccinate some 2,000 health and care staff. QVH staff also worked in the public vaccination hub in Crawley. It was of course done with the usual QVH skill, good cheer, care and compassion, bringing a wave of well-deserved positive feedback.

Our board and council of governor meetings moved to virtual formats and, whilst we were prepared for exceptional business continuity measures, there was in fact no reduction in the level of assurance and understanding that we were able to obtain on the work of the hospital. As a board we recognised that there would be some positive changes to emerge from the pandemic – for example the increased use of video consultations which we know have saved some of our patients many hours of travel time.

We also took the opportunity to consider what we had started doing which we would want to continue (or drop) and what we had stopped doing that we wanted to reinstate or stop permanently.

For some years we have been talking about the need to secure a long-term sustainable future for QVH. For obvious reasons our thinking on this has progressed more slowly than we would have expected pre-pandemic. We continue to engage with our staff and stakeholders as we consider whether joining the newly formed University Hospitals Sussex NHS Foundation Trust is the right thing for QVH. We are looking to the future with all the additional confidence that comes from the positive recognition QVH has rightly attracted for the vital role we have played in the wider NHS system over the last 12 months.

This will be my final report as chair of this amazing hospital. I would like to thank everyone that I have worked with over the last seven years, in particular the many board colleagues I have had the pleasure of working alongside throughout my two terms as chair. All the staff here, both clinical and non-clinical, work together as one to ensure that this is a well-run hospital that continues to provide outstanding care for our patients. I would like to extend my personal thanks to each and every one of them.

Beryl Hobson

Beryl Hobson
Chair
10 June 2021

“Our staff continued to demonstrate the unstinting focus on the individual care of patients for which we are known.”





“QVH staff have done an incredible job over the last year, providing life changing services for patients.”

PERFORMANCE

Overview of performance

Statement from Chief Executive

The last year was an exceptional period for every part of the NHS. At the time of writing, QVH has stepped up to take on additional cancer surgery through two waves of covid, including welcoming visiting surgeons from other trusts to operate on their patients at QVH with the support of our expert teams. We also provided support to other trusts through our diagnostics and sleep services, and mutual aid in terms of PPE and staffing. We continue to use our redesigned surgical pathways to ensure QVH is able to deliver specialist care. Building on our early adopter status, we continue to screen frontline staff using OptiGene LAMP testing and more recently have added lateral flow home testing for all staff working on site.

We should not forget how, in the early days and weeks of covid and in the face of uncertainty and fear, when most people were staying at home, our staff were here for our patients day and night. Our clinical teams were supported by all the staff who moved to working from their kitchen tables and spare rooms. They were bolstered by the generosity of our hospital charity's supporters who enabled us to provide free hot meals for staff on site and donated everything from handmade washable laundry bags to shampoo for our hard working teams.

It is very 'QVH' that, although we are the second smallest trust in the country, we have as many staff as any other trust signed up to the national SIREN research project. The SARSCoV2 Immunity and Reinfection Evaluation study is looking at prevalence and the protection offered by antibodies. This important research will advance global knowledge about the virus and contribute to helping us manage and - hopefully, in time - eliminate covid.

The internet enabled us to rapidly scale up what was a virtual clinics pilot when covid hit. It is clear that telephone and video consultations are benefiting patients who previously used to travel for several hours for relatively brief appointments with our clinical experts. Alongside that, we need to make sure we have the right alternatives for those who are digitally excluded and those with a clinical need to be assessed face to face. As a surgical hospital, our patients will of course come to our theatres and we need to continue to work on how technology can support us in doing that efficiently and safely.

Throughout the past year, the QVH response to covid has been firmly rooted in the wider system response. Everything we have done – from vaccinating our staff and other local health and social care workers, to physically moving services on our site to maximise infection control – has been part of a collaborative multidisciplinary and multi-organisational approach.

Covid has not gone away. At the time of writing, we are still staffing our incident room seven days a week and participating in regular system meetings to ensure the situation is well managed, based on the most up to date data. It is inevitable that covid has had a significant impact on planned care and much of our focus going forwards will be on what we need to do for the thousands of patients who have now joined our waiting lists.

Our finances worked very differently over the last year, with a national emphasis on ensuring all trusts were funded for the work they carried out. This meant that the growth of QVH's underlying deficit was temporarily paused.

QVH staff have done an incredible job over the last year, providing life changing services for patients from across the south east and beyond. The Trust's ability to do that in the context of all the challenges of covid, should reinforce our ambitions to face future challenges secure in the knowledge that there is a positive future for the hospital, our services and our staff.

Steve Jenkin
Chief Executive and Accounting Officer
10 June 2021

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 2020/21, the principal activities of the Trust were the provision of:

- plastic surgery (including reconstructive surgery for cancer patients) and burns care
- corneoplastics
- 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 (since 1 April 2021 part of University Hospitals Sussex NHS Foundation 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 2020/21, hundreds of patients from other hospitals in the south east were able to receive their cancer surgery at QVH with surgeons from other trusts operating at QVH alongside our expert theatre teams.

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 developed its strategic emphasis across five key strategic objectives. These are set out below and include details of the principal 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.

During 2020/21 the principal risk to delivering outstanding patient experience has been the covid pandemic. The organisation has made significant changes in the estate and the clinical pathways to maintain patient safety throughout the pandemic. We invested in point of care testing for staff and patients to ensure rapid identification of covid infection. Alongside preoperative screening and support, this has enabled QVH to safely function as a cancer hub for the region throughout the pandemic.

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 described above, changes to pathways and collaboration with the wider NHS system have enabled QVH to function as a cancer hub throughout the pandemic; the challenge resulting from this is the impact of this extra activity on more routine clinical work. We have embraced new technologies and adapted our working practices, including virtual service provision and one-stop pathways to reduce the need for multiple visits to the site. We have introduced, and continue to operate, additional clinical review processes for patients waiting for surgery to balance the risks of covid and non-covid harm.

There continue to be clinical services that have staffing challenges, especially in smaller teams, and this has been a greater risk over the last year with the frequent need

for staff to undertake periods of isolation. This has been mitigated to some extent with new ways of working, in particular virtual clinics.

3. Operational excellence

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

The principal risks to delivery of this objective are the significant waiting list backlogs due to covid, availability and capacity of some specialist clinical staff across our sites and available theatre 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 larger trust could help us to develop a clear future strategy for our services, benefiting patients across the region. There may be ongoing opportunities for QVH to continue to support other hospitals with diagnostics.

4. Financial sustainability

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

The finance regime for 2020/21 was changed due to the covid pandemic and all trusts were funded at total cost for the first half of the year. For the second half of the year, the Trust was allocated a financial envelope through the Integrated Care System (ICS). The Trust was able to deliver its services within this envelope. This block contract arrangement will still be in place for the first half of the new financial year, however the contracting arrangements for the second half of the year are still unclear and further guidance will be provided.

Although the Trust was able to deliver its financial obligations in year, the future funding regime and its impact on the Trust’s underlying deficit are unclear.

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.

Despite the pandemic we maintained, and in some areas slightly improved, performance against key indicators for this objective. Through the pandemic we protected staff with high levels of infection prevention and control and technological solutions to support segregated and home working. Our overseas recruitment campaign was suspended and resumed again in January 2021. Bank and agency use reduced significantly and did not return to pre-covid levels in year. Our staff education and learning offers were redesigned for virtual delivery and there was an increased take up of e-learning for mandatory and statutory training. Staff survey scores remained relatively stable with a slight increase in the overall response rate as described elsewhere in this report.

Going concern

The Trust is required under International Accounting Standard 570 to undertake an assessment of the NHS Foundation Trust’s ability to continue as a going concern. Due to the materiality of the financial position, 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. In keeping with a number of other NHS trusts working in the current financial regime, the Trust is assured of access via NHS England and Improvement to financial resources to support the financial position.

There is no prospect that within the next 12 months, or the foreseeable future, health services will cease to be provided from the Queen Victoria Hospital site. At present the Trust is investigating a potential merger, if the merger progresses within 12 months from the date of signing the accounts this would not impact on the Trust’s going concern status as its services would continue to be provided within the public sector.

Control total

The 2020/21 financial regime was broken into two elements. In the first six months, the Trust was funded at full cost and achieved a break-even position in line with all NHS provider organisations. For the second six months, the Trust was allocated a block contract envelope in line with spend in the first six months of the financial year. Due to the financial regime the Trust achieved a £3m surplus at year end.

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. The financial statements do not include any adjustments that would result from the basis of preparation being inappropriate.

Performance analysis

How we measure performance

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 business units and managers. There are internal triggers in place so that all variances against plan are identified as early as possible and 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 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 (KPIs); 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 targets.

The Trust’s governance and assurance processes continued through the pandemic, making use of virtual meetings.

Analysis and explanation of development and performance

Care Quality

The overall rating for the hospital remains as ‘good’ with a rating of ‘outstanding’ for care. The Care Quality Commission (CQC) did not undertake any face to face inspections during 2020/21 due to the covid pandemic. The CQC relationship manager meets virtually with the Trust on a regular basis. The Trust paused the compliance in practice visits to all clinical areas during the pandemic and these are scheduled to restart in summer 2021. Quality is continually monitored by the clinical governance group and the quality and governance sub-committee of the board, and a range of quality metrics are

discussed at board level. The Trust is fully compliant with the registration requirements of the CQC.

Infection control

QVH had seven hospital acquired cases of Clostridium difficile, no E. Coli bacteraemia, no hospital acquired cases of Covid-19 and no hospital acquired MRSA bacteraemia in 2020/21.

There were two Covid-19 outbreaks in non-clinical departments; an outbreak is two or more test-confirmed cases of Covid-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days. There was no impact from this on patient care or experience.

Waiting times

In 2020/21 waiting times have been severely impacted by the covid pandemic. This has been driven by the standing down of all non-urgent activity as directed nationally in wave 1, the mobilisation of QVH as a cancer hub in both waves 1 and 2 and the management of patients who are clinically vulnerable. The total waiting list size has increased since the end of year as referral rates have started to recover.

The total number of patients waiting longer than one year for treatment has increased substantially as capacity has been utilised for the management of cancer and other patients prioritised for their clinical need. However, performance has remained ahead of plan.

PATIENTS WAITING GREATER THAN 52 WEEKS

Q1	Q2	Q3	Q4
185	555	623	903

REFERRAL TO TREATMENT WITHIN 18 WEEKS. TARGET 92%

Q1	Q2	Q3	Q4
50.4%	55.6%	71.36%	70.22%

TOTAL WAITING LIST SIZE

Q1	Q2	Q3	Q4
9,854	10,282	10,069	11,002

Figures shown are month end for each quarter

Cancer waiting times

Throughout 2020/21 QVH worked to improve cancer times for patients. An improvement plan is in place and the Trust has made good progress in delivering the new faster diagnosis standard.

The two-week wait standard (maximum time from urgent GP referral for suspected cancer to first hospital assessment) fell in quarter one due to the need for patients to self-isolate in advance of treatment but has recovered well throughout the remainder of the year.

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

Q1	Q2	Q3	Q4
88.2%	85.3%	85.7%	87.7%

31 DAY DECISION TO TREAT

Q1	Q2	Q3	Q4
93.1%	89.7%	92.8%	94.6%

2 WEEK WAIT REFERRAL FOR SUSPECTED CANCER

Q1	Q2	Q3	Q4
77.1%	99.7%	98.9%	98.8%

FASTER DIAGNOSIS STANDARD (SHADOW MONITORING)

Q1	Q2	Q3	Q4
82.5%	82.2%	73.7%	83.2%

Figures shown are month end for each quarter

Equality of service delivery to different groups

All Trust policies are subject to an equality impact assessment to ensure no adverse impact on patients or staff with protected characteristics. In line with the public sector equality duty, the Trust also works to reduce or remove the disadvantage suffered by people because of a protected characteristic, for example ensuring alternative pathways for patients with learning difficulties or dementia who often cannot tolerate a nose and throat covid swab. We review patient feedback in both the national friends and family test and the annual national inpatient survey by gender, age, disability and ethnicity, checking for any emerging issues requiring action. In the context of growing waiting lists, work is underway to increase the comprehensiveness of information on patients’ protected characteristics, including ethnicity coding, in order to monitor equality of access. The Trust is also working with the ICS to agree a wider approach to addressing health inequalities.

Financial plan

In 2020/21 the Trust was working under the revised national financial regime due to the pandemic, with all elective care suspended for the beginning of the year. This revised framework was operational for all NHS provider organisations.

The funding regime was based on a block contract arrangement to cover all of the Trust’s costs in the first six months of the year. For the subsequent six months the Trust was given a financial allocation through the ICS, including an allocation of anticipated spend related to covid. Late notice of funding and a slower recovery of activity due to the second wave of the pandemic resulted in the Trust making a £3.0m surplus.

The key financial financial performance indicators for 2020/21 are detailed in the table below.

Key financial indicators 2020/21	Plan £000	Actual £000
Reported financial performance	(£483)	£3,017

The accounts report a surplus of £3,017k which equates to an adjusted surplus on a control total basis of £2,478k, excluding impact of net impairments resulting from valuation of land and buildings £(232k); Department of Health and Social Care (DHSC) ‘donated’ personal protective equipment consumables stock balance £(341k); and the net impact of donated income less donated depreciation of £34k.

Statement of comprehensive income

Below is an extract of the table from the accounts (see the Annual Accounts section of this report) that shows the total value for income and expenditure for the financial year.

	2020/21 £000
Operating income from patient care activities	70,786
Other operating income	14,365
Operating expenses	(80,740)
Operating surplus / (deficit) from continuing operations	4,411
Finance income	1
Finance expenses	(127)
PDC dividends payable	(1,268)
Net finance costs	(1,394)
Other gains/(losses)	-
Surplus/ (deficit) for the year	3,017

Other comprehensive income	
Will not be reclassified to income and expenditure:	
Impairments	(171)
Revaluations	842
Total comprehensive income / (expense) for the period	3,688

Land and buildings were revalued as at 31 March 2021 by professionally qualified, Royal Institute of Chartered Surveyors (RICS) registered, valuers Gerald Eve LLP on a desktop basis. For 2020/21 the valuer, in arriving at the 31 March 2021 valuation, applied the following considerations:

- Operational Assets continue to be valued using a Modern Equivalent Asset Valuation (MEA) on an alternative site basis.
- The valuation took account of changes in building cost market values since the full valuation at 31 March 2020.
- The valuer also took note of maintenance and enhancements undertaken by the Trust since the full valuation at 31 March 2020.
- The Trust has entered into an agreement to sell a small parcel of land (approximately 1.5 hectares). As the site is valued on a MEA Alternate site basis, no value has been associated with the land within the 2020/21 accounts.

Income

Total income for the Trust was £85.2m an increase of £12.8m on last year due to the change in financial arrangements due to the pandemic. The Trust received £70.8m for the provision of patient care activities. The Trust received other operating income of £14.4m, this included £2m for centrally allocated personal protective equipment (PPE), £9.9m for top up support on top of the block payments for 2020/21 and £1.6m from Health Education England to support the cost of providing training and education to medical and other NHS staff.

Operating expenses

The Trust incurred £80.7m of operating expenses in 2020/21. This includes £55m (68% of total operating expenditure) to employ, on average over the year, 983 members of staff.

Operational non-pay expenditure includes supplies and services costs of £13.3m, drug costs £1.1m, premises costs £4.3m, depreciation and amortisation of £3.6m, clinical negligence premium £0.8m.

Capital

The Trust invested in a £4.4m capital programme within the financial year. Expenditure by asset class as follows:

Asset class	£000
Building enhancements	729
Assets under construction	616
IT	1,110
Plant and Machinery	1,679
Intangibles	242
Total	£4,376

Included in the above, £79k relates to cash donations from the QVH Charity and League of Friends Charity to support medical equipment purchases, and DHSC donated diagnostic equipment valued at £175k as part of the pandemic response.

Cash

The Trust has a cash balance of £8.6m, which represents c.39 days of operating expenditure. The majority of funds are held with the Government Banking Service (GBS).

Revenue Loans converted to Public Dividend Capital (PDC)

In 2020/21 the Department of Health and Social care issued Public Dividend Capital to the Trust of £6,391k to convert the historic revenue loans drawn by the Trust. No interest was payable on the revenue loans from 01 April 2020. The Trust still holds an interest bearing capital loan that was drawn in 2011 to fund the development of the Trust theatres: 31 March 2021 liability value £4,302k.

Environmental and sustainability report

The key sustainability objectives are:

- To continue to reduce our carbon footprint year on year through behavioural change and by introducing low carbon technologies in our ongoing commitment to reduce carbon
- 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 – programmes such as a shared courier service and pathology transportation services are currently being reviewed
- To reduce both general and clinical waste in line with NHS England directions
- To consider the design and operation of our buildings which includes the recent installation of a more modern building management system (BMS) to control our plant more economically
- To implement phased action plans to address energy, water and carbon management reduction programmes, including the use of programmable time clocks to assure that all key plant and equipment is operated to an environmentally acceptable standard.

In 2020/21 key successes included:

- A review and reduction of overnight electricity consumption in theatres
- Continued installation of variable speed drives to larger fan motors, connected to the building management system so efficiency gains can be calculated
- A review of the BMS, seeking opportunities for carbon reduction
- Continuing the programme to replace existing lighting with low energy and low maintenance LEDs - phase 2 has been completed and now all key areas are lit with energy efficient lighting
- Full participation in Sussex integrated care system carbon efficiency scheme review.

Specific carbon reducing projects identified for implementation in 2021/22 are:

- Further review of the newly installed BMS to assure that all plant is operating efficiently and offering energy savings
- Ongoing development alongside other partners in the ICS in the further development of Our Green Plan; previously known as the Sustainable Management Development Plan
- Review of catering food waste identifying ways to use the food waste efficiently either by way of a bio-enzyme digesting the waste or an alternative
- Review of heating systems and boilers to ascertain alterations that can be made to progressively adapt or replace carbon-producing boilers and heating systems to make them more ecologically friendly
- The installation across the hospital of more cycle racks and safe storage boxes for those staff and visitors who wish to cycle to the hospital
- Installation of further electric vehicle charging points to allow the greater use of electric car usage by staff and patients.

“...the Trust was working under the revised national financial regime due to the pandemic, with all elective care suspended for the beginning of the year..”

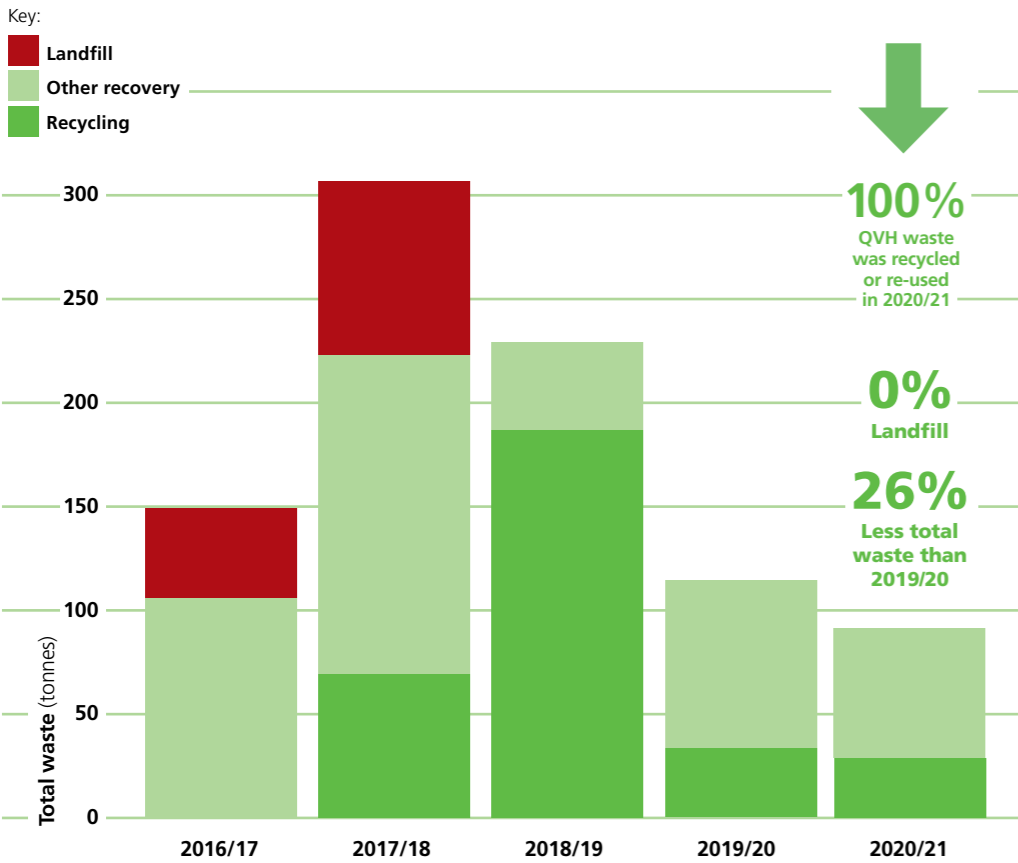
Waste reduction and recycling

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

Waste recycling

WASTE		2016/17	2017/18	2018/19	2019/2020	2020/21
Recycling	tonnes	0.00	68.00	187.30	33.76	28.48
	t CO ₂ e	0.00	1.43	3.93	1.76	1.65
Other recovery	tonnes	106.00	155.00	42.78	81.2	62.58
	t CO ₂ e	2.12	3.26	0.89	1.78	1.34
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	85.00	0.00	0.00	0.00
	t CO ₂ e	10.75	26.35	0.00	0.00	0.00
Total waste (tonnes)		150.00	308.00	230.08	114.96	91.05
% Recycled or re-used		0%	22%	81%	100%	100%
Total waste tCO ₂ e		12.87	31.03	4.83	3.54	3.18

Waste breakdown



Our carbon footprint

Our carbon footprint from gas and electricity sources from 1 April 2020 to 31 March 2021 was 2,146 tonnes of CO₂ equivalent.

Annual consumption

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.

Greenhouse gas emissions 1 April 2020 to 31 March 2021

Emissions source	Tonnes of CO ₂ equivalent
Combustion of fuel and operation of facilities	1,157
Electricity, heat, steam and cooling purchased for own use	989
Total	2,146

Total annual energy consumption was as follows:

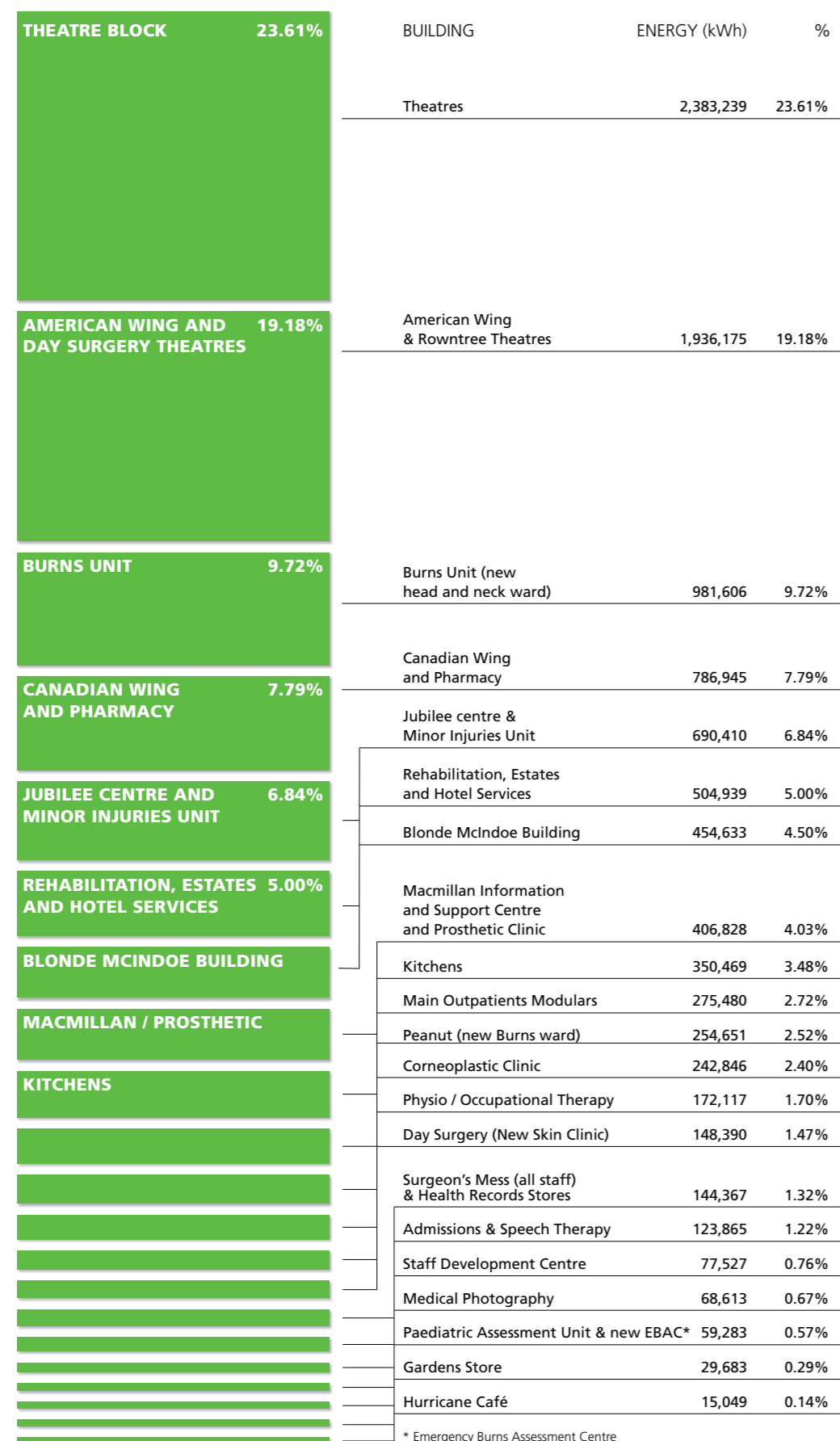
Energy type	2019/20 (kWh)	2020/21 (kWh)
Gas	6,400,387 kWh	6,112,750 kWh
Electricity	4,178,748 kWh	3,994,460 kWh

Energy consumption by building/area

Energy source...		Gas		Electricity				
BUILDING/AREA	Gross Internal Area (m ²)	Heating	DHW (direct hot water)	Ventilation	Air Conditioning	Lighting	Small Power	Pumps
Jubilee centre and Minor Injuries Unit	2,146.5	261,706	174,950	0	2,279	149,416	98,766	3,292
Rehabilitation, Estates and Hotel Services	1,176	342,786	88,154	0	0	17,795	53,386	2,818
Macmillan Information and Support Centre and Prosthetic Clinic	863.1	192,445	157,455	0	5,175	12,651	39,102	0
Physio / Occupational Therapy	423	82,076	67,153	0	0	3,699	19,189	0
Main Outpatients Modularity	792	83,660	112,681	0	37,839	2,818	35,424	3,059
Canadian Wing and Pharmacy	2,697	261,706	131,212	0	12,814	256,278	120,130	4,805
Day Surgery (New Skin Clinic)	397.3	71,113	53,481	0	0	5,804	17,896	97
American Wing and Rowntree Theatres	4,077.6	729,850	548,891	0	160,350	314,018	180,393	2,672
Burns Unit (new head and neck ward)	1,715	306,968	230,858	274,272	6,295	85,429	76,436	1,349
Peanut (new Burns ward)	649	113,554	77,894	0	4,014	28,671	29,308	1,211
Paediatric Assessment Unit and new EBAC*	167	29,219	20,044	0	0	2,429	7,591	0
Medical Photography	193.3	33,821	23,200	0	0	2,810	8,782	0
Admissions & Speech Therapy	158.7	0	114,341	0	0	2,309	7,215	0
Blonde McIndoe Building	724	126,676	86,896	181,417	14,911	9,941	34,792	0
Theatres	4,415.3	401,413	536,327	867,462	173,492	159,035	202,408	43,373
Corneoplastic Clinic	498	87,134	87,134	0	3,256	42,948	22,167	208
Kitchens	1,024.2	230,325	56,358	0	0	14,744	46,559	2,483
Surgeon's Mess (all staff) & Health Records Stores	363.7	81,790	27,263	0	0	18,350	16,191	864
Gardens Store	100.8	23,639	0	0	0	1,465	4,579	0
Staff Development Centre	502	21,333	26,074	0	0	7,302	22,818	0
Hurricane Café	60.3	11,440	0	0	0	875	2,734	0

* Emergency Burns Assessment Centre

Energy consumption by building...



...by use.



“The Trust has engaged with stakeholders, including staff and governors, about its strategic plans for a number of years.”

Social and community issues

The Trust has engaged with stakeholders, including staff and governors, about its strategic plans for a number of years, including issues related to the scale of QVH as the second smallest trust in the country and an intention to address these challenges by building on existing partnership working. In the summer of 2020, key QVH partners Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust announced their intention to merge into a single organisation. In October 2020, a leaflet describing the Trust's approach to securing its long-term future in this context was circulated to a wide range of external stakeholders and made available on the Trust's website. In November and December 2020, QVH wrote on the subject to all south east MPs; NHS provider and commissioner partners; NHS England and Improvement; and a number of education and charitable stakeholders.

The board has been clear that a possible merger would be about securing the long term future of the hospital and its services. However, a public campaign has been launched which expresses concern about the ongoing availability of QVH's services. Elections to the QVH council of governors in winter 2020 took place in this context. While much of the content of the campaign is based on positive patient experiences at QVH, there has also been some inaccurate reporting suggesting an intention to restrict QVH services to Sussex patients only. We have been working through stakeholder communications and our public website, as well as an ongoing programme of staff engagement, to keep people informed about next steps.

Should the decision be taken to proceed to a full business case for the merger of QVH with the newly formed University Hospitals Sussex NHS Foundation Trust, the development of the full business case will be supported by a comprehensive communications and engagement plan, helping to ensure staff, patients, members and other stakeholders are informed and involved in the future organisational arrangements.

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.

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 covering protection of vulnerable patients at QVH.

The procurement team has reviewed and updated policies and procedures which relate to the Trust's corporate responsibility for slavery and human trafficking. Mandatory questions regarding the Modern Slavery Act 2015 as well as the Bribery Act 2010 are included in new supplier forms and in tender packs.

Where there is concern regarding possible slavery or human trafficking of a patient, to determine appropriate action the patient is seen alone and an independent translator is used, in line with the Trust's safeguarding procedures. If this did not resolve any concerns, then a referral would be made to the police. No cases of slavery or human trafficking were identified in 2020/21.

Overseas operations

QVH has no overseas operations.

"We work alongside partner agencies to promote the safety, health and well-being of people who use our services"

- Directors’ report
- Remuneration report
- Staff report
- Staff survey report
- Code of Governance



ACCOUNTABILITY

Directors’ report

Directors’ disclosures

In 2020/21 the following individuals served as directors of Queen Victoria Hospital NHS Foundation Trust.

- Beryl Hobson**
Chair (voting)
- Paul Dillon-Robinson**
Non-executive director (voting)
- Kevin Gould**
Non-executive director (voting)
- Karen Norman**
Non-executive director (voting)
- Gary Needle**
Non-executive director and
Senior Independent Director (voting)
- Steve Jenkin**
Chief Executive (voting)
- Michelle Miles**
Director of Finance and Performance (voting)
- Keith Altman**
Medical Director (voting)
- Jo Thomas**
Director of Nursing and Quality to 11/11/2020 (voting)
- Nicky Reeves**
Director of Nursing and Quality (interim)
from 16/11/2020 (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)

Biographies for all current directors of the Trust are provided on pages 168-9. 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 from the QVH website at www.qvh.nhs.uk/board-of-directors/

The directors of QVH are responsible for preparing this annual report and accounts 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 2020/21 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 2020/21 compared to 2019/20 is shown below.

Better Payment Practice Code	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Total non-NHS trade invoices paid	15,214	36,764	20,007	41,045
Total non-NHS trade invoices paid within target	13,673	33,720	17,187	36,510
Percentage of non-NHS trade invoices paid within target	89.9%	91.7%	85.9%	89%
Total NHS trade invoices paid	1,274	6,870	1,033	5,074

Fees and charges

Foundation Trusts are required to disclose the income and full cost associated with fees and charges levied by the Trust, in respect of income generation activities such as catering, car parking or accommodation fees, where the full cost exceeds £1 million, or the service is otherwise material to the Accounts. There are no material fees and charges to disclose in respect of income generating activities for 2020/21 or the comparative year 2019/20.

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 the annual governance statement.

Patient care

As in previous years a detailed account of how the Trust delivers and monitors the quality of patient care is included in the quality report which will be available on the Trust’s public website. This 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 (now part of University Hospitals Sussex) 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. QVH is working with University Hospitals Sussex to look at whether formalising our partnership working through merger would benefit our patients, our staff and the wider NHS. At the time of writing no decisions have been made.

Using feedback to improve services

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:

National patient surveys – we participate in all relevant national 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 five 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 (more recently virtually) to describe their experience of care. This 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 websites – we monitor and respond to online sites inviting patient feedback including Care Opinion and the NHS website. This forms an additional 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 a programme reviewing the outpatient experience.

When QVH became a regional cancer hub during the first wave of the pandemic, this included ensuring safe and timely treatment for patients requiring surgery for breast cancer. This is not surgery usually performed at QVH, therefore the Trust sought additional feedback from this cohort of patients about their experience through a questionnaire undertaken between April and October 2020. We sent out 494 questionnaires and received 264 responses. We asked patients to tell us what we were doing right and where we could improve. Out of the responses, 262 patients found our service very good or good, one patient found our service neither good or poor and one patient found the service poor.

Although the vast majority of patients were pleased with the service, an early theme was the length of time that patients had to wait from arrival to the actual time of surgery. The findings were immediately fed back to the theatre team who were able to review the service and implement changes to reduce patient waiting time and improve communication with patients about unavoidable waits. A designated nurse kept patients updated about their position on the theatre list, helping patients to feel informed and reassured.


In June 2020, following national suspension, QVH reintroduced the friends and family test using the new national format:

We welcome patient feedback to tell us what we are doing right and what we can improve.

Thinking about our service, overall, how was your experience of our service?: very good / good / neither good nor poor / very poor / don’t know

Please can you tell us why you gave your answer and if there is anything we could have done better?

Although the numbers collected have been lower than usual, this is providing positive and helpful feedback.



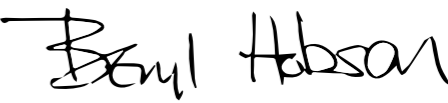
Steve Jenkin
Chief Executive and Accounting Officer
22 June 2020

Remuneration report

Annual statement on remuneration

In 2020/21 the very senior management (VSM) pay guidance from NHS Improvement was delayed until December 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 the 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, benchmarks 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 (WRES) and workforce disability equality standard (WDES), which are summarised in the Trust’s annual equalities and diversity report. When vacancies have arisen the Trust has proactively encouraged applications from all communities.

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

The committee takes account of the desire to have a board that is representative of the community and workforce it serves. Particularly in the case of new appointment considerations, the Trust will take account of its equality and diversity policies and action plan including those related to WRES and WDES as well as the impact on the gender pay gap. Further information is contained in the staff report.

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 NHS/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 or 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 2020/21 the executive management team continued to oversee robust pay and vacancy controls for all roles through weekly virtual meetings.

Remuneration tables

The salary and pension entitlements of very senior managers and of non-executive directors are set out in the tables below showing information subject to audit. In line with national guidance, senior managers means those who influence the decisions of the NHS foundation trust as a whole rather than the decisions of individual directorates or sections within the NHS foundation trust. During the year one senior manager, the medical director, was paid more than £150,000. This level of remuneration reflects national pay scales for senior consultants and national clinical awards.

Service contracts obligations

There are no service contract obligations to disclose.

Policy on payment for loss of office

Termination payments are made within the contractual rights of the employee and are therefore subject to income tax and national insurance contributions. This applies to very senior managers whose remuneration is set by the

nomination and remuneration committee. Where a very senior manager receives payment for loss of office, this is determined by their notice period. For 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 were reviewed in 2020/21 in line with clear guidance from NHS/E and the nomination and remuneration committee approved the recommended fixed percentage 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 four times in 2020/21. All meetings took place on a virtual basis due to the ongoing pandemic.

The director of nursing and quality took retirement at the end of November 2020. With an escalating pandemic and ongoing discussions related to the future form of the

Trust, the chief executive recommended to the committee that an interim arrangement be considered as there was a natural successor in the deputy director of nursing and an opportunity to develop talent across a number of other clinical personnel.

The director of nursing and quality also fulfilled the role of deputy chief executive. The committee was recommended to consider proposals to recognise additional responsibilities of two directors, one to deputise for the chief executive and another to increase working hours to full time due to an unsustainable and increasing workload including a lead role in development and oversight of the strategic business case for change. Opinion and advice was sought from the specialist team at NHS England and Improvement to provide additional assurance to the committee in relation to the proposal.

The committee had a further meeting to agree the recommendations of NHS England and Improvement in relation to the annual VSM pay award.

Details of the membership of the nomination and remuneration committee and of the number of meetings and individuals' attendance at each is disclosed on pages 166-7.

The committee was materially assisted in its considerations at all meetings held in 2020/21 by Geraldine Opreshko, director of workforce and organisational development. This was in virtual attendance 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.

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
Clare Pirie Director of Communications and Corporate Affairs	1 May 2017	Permanent	3 months
Michelle Miles Director of Finance and Performance	1 February 2018	Permanent	3 months
Nicky Reeves Interim Director of Nursing and Quality	16 November 2020	11 months	3 months

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 (rounded to the nearest £00)	£600

GOVERNORS EXPENSES 1 April 2020 – 31 March 2021

Total number of governors in office	35 served for all or part of 2020/21
Number of governors receiving expenses in 2020/21	0
Aggregate sum of expenses paid in 2020/21 (rounded to the nearest £00)	0

Salary and Pension entitlements of very senior managers

REMUNERATION 2020/21	2020/21			2020/21	2020/21	2020/21	2020/21				2020/21	2020/21			
	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) ^a				Other remuneration £000s (Band of £5k)	Total £000s (Band of £5k)			
Altman K – Medical Director*	170	-	175	-	-	-	-	-	-		-	170	-	175	Altman
Dillon-Robinson P – Non-Executive Director	10	-	15	-	-	-	-	-	-		-	10	-	15	Dillon-Robinson
Gould K – Non-Executive Director	10	-	15	-	-	-	-	-	-		-	10	-	15	Gould
Hobson B – Chair	40	-	45	-	-	-	-	-	-		-	40	-	45	Hobson
Jago A – Director of Operations	105	-	110	-	-	-	52.5	-	55.0		-	160	-	165	Jago
Jenkin S – Chief Executive	145	-	150	-	-	-	35.0	-	37.5		-	180	-	185	Jenkin
Miles M – Director of Finance	125	-	130	-	-	-	-	-	-		-	125	-	130	Miles
Needle G – Non-Executive Director	10	-	15	-	-	-	-	-	-		-	10	-	15	Needle
Norman K – Non-Executive Director	10	-	15	-	-	-	-	-	-		-	10	-	15	Norman
Opreshko G – Director of Workforce and OD [¶]	100	-	105	-	-	-	25.0	-	27.5		-	130	-	135	Opreshko
Pirie C – Director of Comms. and Corp. Affairs	85	-	90	-	-	-	50.0	-	52.5		-	140	-	145	Pirie
Thomas J – Director of Nursing & Quality [€]	80	-	85	-	-	-	5.0	-	7.5		-	85	-	90	Thomas
Reeves N – Interim Director of N&Q ^{§ ¶}	35	-	40	-	-	-	37.5	-	40.0		-	70	-	75	Reeves

* salary attributable to current Medical Director's clinical role is £158K ¶ retired November 2020 § from November 2020 ¶ OD=organisational development and N&Q=nursing and quality

¶ The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit that being a member of the pension scheme could provide.The pension benefit table provides further information on the pension benefits accruing to the individual.

REMUNERATION 2019/20	2019/20			2019/20	2019/20	2019/20	2019/20				2019/20	2019/20			
Altman K – Medical Director*	110	-	115	-	-	-	-	-	-		-	110	-	115	Altman
Colwell V – Non-Executive Director ¶	0	-	5	-	-	-	-	-	-		-	0	-	5	Colwell
Dillon-Robinson P – Non-Executive Director §	5	-	10	-	-	-	-	-	-		-	5	-	10	Dillon-Robinson
Gould K – Non-Executive Director	10	-	15	-	-	-	-	-	-		-	10	-	15	Gould
Hobson B – Chair	40	-	45	-	-	-	-	-	-		-	40	-	45	Hobson
Jago A – Director of Operations	100	-	105	-	-	-	15.0	-	17.5		-	120	-	125	Jago
Jenkin S – Chief Executive	145	-	150	-	-	-	32.5	-	35.0		-	175	-	180	Jenkin
Miles M – Director of Finance	120	-	125	-	-	-	-	-	-		-	120	-	125	Miles
Needle G – Non-Executive Director	10	-	15	-	-	-	-	-	-		-	10	-	15	Needle
Norman K – Non-Executive Director ¶	10	-	15	-	-	-	-	-	-		-	10	-	15	Norman
Opreshko G – Director of Workforce and OD	100	-	105	-	-	-	25.0	-	27.5		-	130	-	135	Opreshko
Owens L – Interim Director of Finance ^a	25	-	30	-	-	-	-	-	-		-	25	-	30	Owens
Pickles E – Medical Director ¶	70	-	75	-	-	-	-	-	-		-	70	-	75	Pickles
Pirie C – Director of Comms. and Corp. Affairs	70	-	75	-	-	-	17.5	-	20.0		-	90	-	95	Pirie
Thomas J – Director of Nursing	115	-	120	-	-	-	50.0	-	52.5		-	165	-	170	Thomas
Thornton J – Non-Executive Director ¶	5	-	10	-	-	-	-	-	-		-	5	-	10	Thornton

* 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

PENSION BENEFITS 2020/21	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		Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31-Mar-19	
	£'000 (bands of £2,500)	£'000 (bands of £2,500)	£'000 (bands of £5,000)	£'000 (bands of £5,000)	£'000		£'000	£'000	
Jago A – Director of Operations	2.5-5.0	2.5-5.0	25-30	50-55	383		52	442	Jago
Jenkin S – Chief Executive	2.5-5	0	10-15	0	156		54	213	Jenkin
Opreshko G – Director of Workforce and OD	0-2.5	0	5-10	0	94		32	128	Opreshko
Pirie C – Director of Comms. and Corp. Affairs	2.5-5.0	2.5-5.0	20-25	45-50	347		54	406	Pirie
Thomas J – Director of Nursing & Quality ¶	0-2.5	0-2.5	40-45	120-125	880		0	0	Thomas
Reeves N – Interim Director of N & Q	0-2.5	5-10	40-45	120-125	764		47	900	Reeves

¶ retired during 2020/21

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 2019/20 or 2020/21.

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 2020/21 was £170k to £175k (2019/20, £185k to £190k). This was 5.3 times (2019/20, 5.9 times) the median remuneration of the workforce, which was £32k (2019/20, £32k). The reduction in this ratio is due to the highest paid director undertaking less additional clinical work than in the previous year, while the median workforce remuneration has remained the same.

In 2020/21, 4 (2019/20, 4) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £179k to £201k (2019/20 £198k to £213k).

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 average staff numbers 2020/21

PERMANENTLY EMPLOYED													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Headcount	1069	1,066	1,070	1,070	1,067	1,069	1,072	1,074	1,077	1,074	1,078	1,083	1,072
FTE	907.73	904.90	909.68	910.49	909.61	913.14	916.43	920.52	922.28	919.86	924.50	927.65	915.57
TEMPORARY STAFF-BANK, LOCUM, AGENCY													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Non-medical Bank	35.66	28.20	30.87	42.22	53.88	51.76	56.84	60.75	59.90	69.31	62.74	83.75	52.99
Non-medical Agency	7.42	4.24	4.87	5.70	5.86	9.83	8.93	10.19	9.89	10.40	9.14	9.53	8.00
Medical Locums	1.77	3.42	2.25	4.29	3.72	3.62	6.32	3.74	4.29	5.83	2.96	3.06	3.77
Medical Bank	1.86	1.45	1.65	1.03	1.53	2.23	1.56	2.1	1.25	1.07	0.71	1.01	1.45
Medical Agency	1.06	0.92	1.10	0.00	0.95	1.33	1.28	1.76	1.70	0.92	0.92	1.09	1.09
Total Average Full Time Equivalent Staff Numbers 2020/21													982.87

The table above shows the average number of staff employed by the Trust each month in 2020/21. Further information, including staff turnover, can be found in nationally reported figures published by NHS Digital on the following link <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>.

Breakdown of number of male and female directors, other senior managers and employees

The table below shows the gender breakdown in the Trust.

	Chief Executive	Executive Directors	Non-executive Directors	Other senior managers	All other employees	Total
Female	0	2	2	3	814	821
Male	1	1	3	0	262	267
Total						1088

The Trust publishes an annual gender pay gap report and associated action plan. Reports are published on the Trust website and on the Cabinet Office website at gender-pay-gap.service.gov.uk

Sickness absence data

In line with national guidance, the table below shows the sickness absence for the calendar year January-December 2020.

Total full-time equivalent staff years available	Total days lost	Average number of days of sickness per full-time equivalent employee
911	9,872	6.7

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

Staff costs analysis	2020/21			2019/20
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	42,957	-	42,957	40,093
Social Security Costs	4,178	-	4,178	3,936
Apprenticeship levy	193	-	193	182
Employer's contributions to NHS Pension scheme	6,882	-	6,882	6,492
Pension cost – other	15	-	15	14
Temporary staff	-	1,055	1,055	2,810
Total gross staff costs	54,255	1,055	55,280	53,527
Recoveries in respect of seconded staff	-	-	-	(37)
Total staff costs	54,225	1,055	55,280	53,490
Of which costs capitalised as part of assets	94	340	434	598

Average number of employees (WTE basis)	2020/21			2019/20
	Permanent number	Other number	Total number	Total number
Medical and dental	159	10	169	165
Ambulance staff	-	-	-	-
Administration and estates	281	19	300	315
Healthcare assistants and other support staff	131	2	133	130
Nursing, midwifery and health visiting staff	199	26	225	232
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	58	5	63	65
Healthcare science staff	93	1	94	93
Social care staff	-	-	-	-
Other	-	-	-	-
Total average numbers	921	63	984	1,000
Of which number of employees (WTE) engaged on capital projects	2	2	4	9

STAFF POLICIES AND ACTIONS APPLIED DURING THE FINANCIAL YEAR

During 2020/21, QVH continued to ensure all staff policies were systematically reviewed and updated to comply with changes in legislation, ensure that employment policies are in line with current good practice, and that applicants and employees are treated fairly and equitably. Key staff policies reviewed in 2020/21 included:

Other action taken in year included:

- Launch of the Stay Well team to support overall physical and psychological wellbeing during the pandemic
- Regular workforce briefings to the whole workforce to update and inform of changes to working arrangements and flexibilities in terms and conditions throughout the pandemic, for example annual leave, shielding, and sickness and covid absence.

Policy / guidelines	Date ratified
Policy and procedure for exception reporting and work schedule review	28/09/2020
Alcohol, drug and substance misuse policy (fitness for work)	28/09/2020
Temporary staffing operational policy and management guidelines	28/09/2020
Disclosure and Barring Service (DBS) checks policy	28/09/2020
Supporting trans people guidelines	28/09/2020
Job planning for consultants and specialty and associate specialists doctors policy and procedure	23/11/2020
Policy for the management of acting-up and secondment	22/02/2021
Employment break scheme policy	22/02/2021
Policy for the checking of professional registration	22/02/2021
Flexible working and agile working policy	22/03/2021
Investigation policy	22/03/2021

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 health wellbeing. Our occupational health provider is very supportive of our disabled staff and is working with managers to ensure reasonable adjustments are given due consideration when recommended.

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

- During 2020/20 a range of initiatives were successfully continued – albeit virtually or ensuring social distancing – including long service awards recognition and virtual staff awards.
- There are bi-monthly meetings of the hospital management team, with senior clinical leaders from across the Trust involved in strategy and decision making which was particularly beneficial through the pandemic.
- 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 guardian, elected by the workforce, continues to report directly to the chief executive in this role.
- Also, for the first time, with the support of the NHS England and Improvement regional team the Trust saw the election of two co-chairs for the first QVH BAME staff network.

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.

- We launched the Stay Well team initiative in partnership with the HR advisory service, organisational development and psychological therapy teams which has been very well utilised throughout the pandemic.
- During 2020/21 the chief executive continued to host regular staff briefing sessions. In 2020/21 the focus was primarily on the future plans for QVH and discussions in relation to potential merger.
- 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.

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, continuous improvement of care quality, workforce challenges and so on. These meetings continued virtually during the pandemic.
- Formal consultation with staff is driven through the joint consultation and negotiating committee comprising trade union and management representatives and the local negotiating committee involving managers and medical staff representatives and a British Medical Association representative.

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 have been provided by Cordell Health (previously the Robens Centre) since June 2019. 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, although this has taken place virtually with telephone triage in most instances.
- The launch of the Stay Well team has been very successful in supporting the wellbeing of the whole workforce through a challenging time.
- 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 24-hour employee assistance programme which provides comprehensive advice, including legal advice.

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

- QVH takes fraud and corruption very seriously and regularly reviews processes to ensure that opportunities for fraud are minimised.
- The counter fraud team were fully consulted on the new investigation policy ratified during the year.
- There are also training sessions for staff and managers from the counter fraud team. These include training sessions for the recruitment team on right to work documentation and visual checks.
- 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 Counter Fraud Authority 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 equality and diversity in November 2020, with progress marked against various equality initiatives and contractual requirements. This includes information on the gender pay gap, workforce WRES and WDES which are all published on the Trust's website. Progress against an action plan will be formally reported through the committee structure on a bi-annual basis.

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.

The establishment of the QVH BAME network has been very positively received by the workforce and the co-chairs receive ongoing support, guidance and mentoring from the NHS England and Improvement regional team. Furthermore, the Trust has introduced BAME representation onto advisory appointment committees to bring a broader recruitment panel representation.

Retention and attraction challenges

During 2020/21 – whether due to or in spite of the pandemic – the Trust managed to maintain the positive gains made in relation to workforce KPIs, continuing to reap the benefits of the sustained attraction and retention campaign that began two years before. We continued the collaboration with two other NHS trusts for the overseas recruitment of nurses, including operating department practitioners, although it was suspended for several months due to the pandemic. Bank and agency usage dwindled during the first phase of the lockdown but started to rise again later in the year. Many bank shifts were utilised for covid related activities such as staff and patient testing, setting up OptiGene LAMP testing on site and the hospital hub vaccination centre. The Trust still has the highest number of substantive staff in post ever. The 2020 NHS staff survey results also remained stable with some areas of improvement during this time.

The Trust was proactive in its response to supporting staff to work from home during the pandemic if they could in line with national guidance. Around a third of the workforce were enabled to work in agile ways, including clinical staff setting up and running virtual clinics, transforming the way the Trust was able to support patients during such a challenging time.

A homeworking survey was undertaken after the first lockdown to learn from the experiences of staff who had working from home. This informed a revision and update to a new flexible and agile working policy and also confirmed that our approach to agile working had kept overall sickness absence rates – both covid and non-covid – below or close to the Trust KPI. Staff, particularly those shielding, also confirmed that the ability to work flexibly had reduced the likelihood of them needing to take sickness absence. The outcome of this was also consistent with themes from the 2020 staff survey.

Opportunities for education and learning were quickly transformed to virtual platforms, induction re-designed to allow us to still welcome new starters and e-learning promoted and rolled out. This led to mandatory and statutory KPIs being maintained throughout the whole period.

The Trust contributed as part of the ICS on the system response to the NHS People Plan and people promise launched in year. The Trust was well prepared for any impact of Brexit, offering surgeries to any of the workforce who required advice and guidance. It has had negligible impact on the direct workforce, but monitoring will continue.

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 2020/21 QVH made two payments in this category; a redundancy due to the end of a fixed term contract and a payment in lieu of notice within contractual terms.

2020/21 LIEU OF NOTICE

Contractual costs	Agreements Number	Total value of agreements
Voluntary redundancies including early retirement	1	£3,990
Mutual agreed resignations (MARS)	0	-
Early retirements in the efficiency of the service	0	-
Contractual payments in lieu of notice	1	£11,125
Exit payments following employment tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
Total number of exit packages by type	2	-
Total resource cost	-	£15,115

Expenditure on consultancy

During 2020/21, the Trust incurred consultancy costs of £31,500. This was for support to work on the strategic case for possible merger. The Sussex Health and Care Partnership funded the Trust for these costs in recognition of the need to secure a long term sustainable solution for the hospital.

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 2020/21 the Trust had no off-payroll arrangements.

All off-payroll engagements as of 31 March 2021, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2021	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 2020 and 31 March 2021, 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 2020 and 31 March 2021	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 2020 and 31 March 2021

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

Queen Victoria Hospital NHS Foundation Trust — Trade union facility time disclosures
TRADE UNION FACILITY TIME REGULATIONS (2017) — 2020/21 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
4	4

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%	4
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	£53,791,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.004%

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. Throughout a pandemic and period of significant pressure on the NHS, this has never been more important.

The engagement of staff is key in helping the Trust meet both current and future challenges. We 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.

In 2018 and 2019 NHS staff surveys showed a step change in the score for recommending the Trust as a place to work – an improvement of 15% over two years. This stabilised for 2020.

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.

The goals laid out in our people and organisational development strategy clearly set out the Trust's vision, ambitions and plans for the development of QVH through our workforce. These goals are aligned to many of the themes in the 2020 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 in 2019. For the 2020 NHS staff survey, there were 10 themes compared to 11 in 2019. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those responses.

The number of questions in 2020 reduced from 90 to 78.

For 2020, QVH took the decision to run a mixed mode survey due in part to the pandemic and the number of people working in agile ways. Specific areas were selected to receive either an online or paper survey. Paper surveys showed a 49% return rate compared with an online return rate of 62% once ineligible were removed. The table on the next page shows details on the response rate.



Staff survey response rates:

Surveys	paper	online	total
Invited	248	811	1059
Blank	17	2	19
Excluded	0	0	0
Ineligible	1	2	3
Left organisation	0	7	7
Not returned	109	293	402
No further mailings	0	11	11
Opted out	0	0	0
Undelivered	0	1	1

Benchmarking group comparator response rates:

In 2020, QVH surveyed 1,059 eligible staff compared to 1,009 in 2019. Of these, 616 responded. This equates to a 59% return rate, an increase from 58% the year before. The 2020 benchmarking group for acute specialist trusts has 14 organisations and showed a 56% return rate overall.

	2016	2017	2018	2019	2020
Best	69.1%	62.0%	63.2%	69.6%	65.6%
QVH	55.5%	54.9%	52.2%	58.1%	58.7%
Average	49.7%	52.8%	52.8%	58.1%	56.1%
Worst	39.2%	38.0%	40.5%	46.3%	38.6%

Out of the 75 positive questions asked in the 2020 survey, three were significantly better, 62 had no significant difference and 10 were significantly worse than 2019.

The core questions around engagement which feed into the board reports are shown below. QVH saw a slight decrease of 1% for Q18a and Q18c but a 2% increase for Q18d.

Q	Description	2016	2017	2018	2019	2020
Q18a.	Care of patients/service users is organisation's top priority	81%	82%	86%	88%	87%
Q18c.	I would recommend my organisation as a place to work	62%	57%	62%	72%	71%
Q18d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	91%	88%	91%	92%	94%

The staff engagement scores are calculated from key questions in the survey, grouped into three categories. These are advocacy, involvement and motivation. The overall QVH engagement score for 2020 is 7.4%, a slight decrease of 0.1% from 2019.

A summary of QVH's most and least improved results from 2020 below will be looked at in greater detail across departments to identify if there are any trends in relation to specialties or particular staff groups.

Q	Most improved from last survey	2019	2020
Q11d.	In the last 3 months I have not come to work when feeling well enough to perform duties	37%	59%
Q13a.	I have not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74%	84%
Q17b.	I would feel secure raising concerns about unsafe clinical practice	70%	77%
Q13a.	I have adequate materials, supplies and equipment to do my work	61%	67%
Q17b.	The organisation definitely takes positive action on health and wellbeing	36%	41%

Q	Least improved from last survey	2019	2020
Q41.	Team members often meet to discuss the team's effectiveness	67%	55%
Q11c.	In the last 12 months I have often felt unwell due to work related stress	71%	51%
Q5c.	Relationships at work are unstrained	54%	45%
Q6b.	I have a choice in how to do my work	63%	56%
Q9b.	Communication between senior management and staff is effective	43%	36%

The staff friends and family test was suspended in 2020 due to the pandemic.

AREAS OF IMPROVEMENT

Of the 10 themes agreed for the 2020 NHS Staff survey, QVH’s results show an improvement in 2 out of 10 themes, 3 remained at the same level and 5 decreased compared to 2019. The table below shows the statistical significance of the changes in the theme scores over the last year.

NHS staff survey results		2019		2020		Statistically significant change?
Theme		Score	Respondents	Score	Respondents	
1	Equality, diversity and inclusion	9.3	573	9.2	597	Not significant
2	Health and wellbeing	6.3	579	6.5	599	Not significant
3	Immediate managers	7.3	578	7.0	601	Not significant
4	Morale	6.6	569	6.4	591	Not significant
5	Quality of care	7.9	511	7.9	531	Not significant
6	Safe environment – bullying and harassment	8.2	575	8.4	569	Not significant
7	Safe environment – violence	9.8	577	9.8	597	Not significant
8	Safety culture	7.0	573	7.0	594	Not significant
9	Staff engagement	7.5	580	7.4	607	Not significant
10	Team working	7.0	572	6.5	602	Yes

QUESTIONS/AREAS OF IMPROVEMENT

A more in-depth analysis of the 2020 survey data highlights specific questions and areas where QVH has improved:

Theme	Q	Description	2019	2020
n/a	Q4f	Have adequate materials, supplies and equipment to do my work	61%	67%
2	Q5h	Satisfied with opportunities for flexible working patterns	56%	60%
6	Q7a	Satisfied with quality of care I give to patients/service users	88%	92%
2	Q11a	Organisation definitely takes positive action on health and well-being	36%	41%
2	Q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	37%	59%
7	Q13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74%	84%
9	Q17b	Would feel secure raising concerns about unsafe clinical practice	70%	77%
1	Q26b	Disability: organisation made adequate adjustment(s) to enable me to carry out work	73%	82%

AREAS FOR DEVELOPMENT

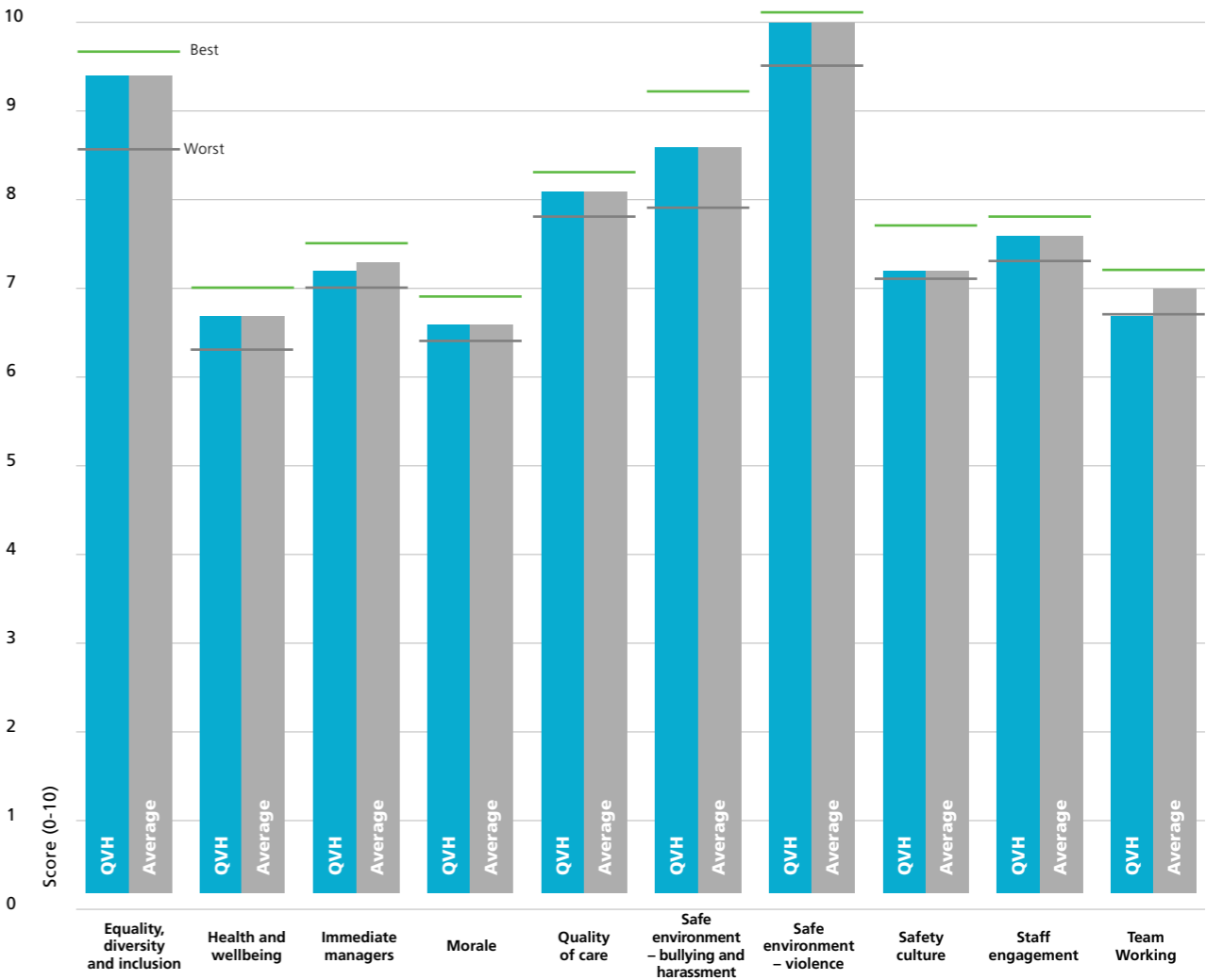
In addition to the specialist acute trust comparisons, further analysis identifies specific questions and areas where QVH needs to focus its actions for improvement:

Theme	Q	Description	2019	2020
4	Q4c	Involved in deciding changes that affect work	56%	50%
10	Q4h	Team members have a set of shared objectives	75%	69%
10	Q4i	Team members often meet to discuss the team's effectiveness	67%	56%
4	Q4j	I receive the respect I deserve from my colleagues at work	76%	70%
n/a	Q5d	Satisfied with amount of responsibility given	79%	74%
4	Q6b	I have a choice in deciding how to do my work	63%	56%
4	Q6c	Relationships at work are unstrained	54%	46%
3	Q8b	Immediate manager can be counted on to help with difficult tasks	76%	70%
3	Q8c	Immediate manager gives clear feedback on my work	66%	62%
3	Q8d	Immediate manager asks for my opinion before making decisions that affect my work	60%	55%
3	Q8e	Immediate manager supportive in personal crisis	81%	77%
3	Q9b	Communication between senior management and staff is effective	43%	36%
2	Q11c	In last 12 months, have not felt unwell due to work related stress	71%	61%
9	Q16d	Staff given feedback about changes made in response to reported errors/near misses/ incidents	58%	54%

KEY COMPARISONS

When compared with our comparator group of 14 specialist acute trusts, our scores are average overall. QVH ranks above average on none, average on 8 and slightly below average on 2.

Theme	1	2	3	4	5	6	7	8	9	10
	Equality, diversity and inclusion	Health and wellbeing	Immediate managers	Morale	Quality of care	Safe environment – bullying and harassment	Safe environment – violence	Safety culture	Staff engagement	Team Working
Best	9.5	6.8	7.3	6.7	8.1	9.0	9.9	7.5	7.6	7.0
QVH	9.2	6.5	7.0	6.4	7.9	8.4	9.8	7.0	7.4	6.5
Average	9.2	6.5	7.1	6.4	7.9	8.4	9.8	7.0	7.4	6.8
Worst	8.4	6.1	6.8	6.2	7.6	7.7	9.3	6.9	7.1	6.5



When compared with the comparator group scores above, QVH can identify key results. QVH is average on the themes of *equality, diversity and inclusion*; *health and wellbeing*; *immediate managers*; *morale*; *quality of care*; *bullying and harassment*; *violence*; *safety culture*; and *staff engagement*. QVH scored below average on *team working*, and increased remote working due to the pandemic is likely to have impacted on this score. Results have been compared across providers in the local integrated care system and the general themes are consistent.

Summary of themes

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 over the 2019 NHS Staff Survey which must remain a focus in order to continue enhancing staff experience, specifically:

- **Health and well-being** (people and organisational development strategy Goal 3);
- **Safe environment** – bullying and harassment (people and organisational development strategy Goal 3);
- **Team working** (linked to Goal 1 of the people and organisational development strategy).

QVH will continue to triangulate key findings from the NHS staff survey report alongside the Picker report, people and organisational development strategy, and the stay/exit interviews to ensure we effectively listen and respond to the needs of staff. We will work closely with the co-chairs of the Black, Asian and Minority Ethnic (BAME) staff network with a focus on the experience of staff from a BAME background.

Over and above the primary areas identified in the survey, other areas that will be a focus for improvement include team working and team building.

With consideration to the overall results, it appears there may be a correlation between the impact of covid and the responses to some of the themes in the 2020 survey. The health and wellbeing theme improved and HR offered staff a range of resources and support through the Stay Well initiative. Themes that need improvement are where the impact of social distancing and remote working can be seen, such as team working, immediate managers, morale and staff engagement.

Summary of ongoing actions

Actions will be undertaken in collaboration with key stakeholders including business units, communications and colleagues in workforce and organisational development and learning and will include:

- **Ongoing promotion of education, learning and development across virtual platforms and, as the year progresses, offering a more blended approach to learning**
- **Further promotion of our successful apprenticeship programmes across the Trust**
- **Continuing to promote and develop management and leadership opportunities in house and externally across the wider system**
- **Working with business units in relation to specific team interventions and staff survey themes**
- **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.**

Each locality will take responsibility for reviewing comparative data for 2019/20 to identify improvements and areas to focus on, including:

- **Sharing results with their localities**
- **Seeking ideas to inform improvements**
- **Developing and implementing a joint/agreed action plan**
- **Sharing regular updates/outcomes on implementation with teams and senior management.**

At a corporate level, initiatives include:

- **Reviewing our approach to agile working on a longer term basis**
- **Reviewing staff survey data in relation to equality, diversity and inclusion and updating our action plan**
- **Involving the freedom to speak up guardian and BAME network co-chairs by sharing relevant and appropriate information to support their programmes of work**
- **Working with key theme trust leads on implementation of strategy and communications.**

“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
1.	2: Disclose	Board and Council of Governors	A.1.1
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 2020/21 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 4 July 2020. 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 constitution and standing orders. (published to the Trust’s website) provide the framework for decision making and delegation between the Board of Directors, council of governors and executive management team, including how any disagreements between the Council of Governors and the board of directors will be resolved.			
2.	2: Disclose	Board, Nomination Committee(s) Audit Committee, Remuneration Committee	A.1.2
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 in the appendix, page 166.			
3.	2: Disclose	Council of Governors	A.5.3
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 in the appendix, page 167.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
4.	Additional requirement of NHS foundation trust annual reporting manual (FT ARM)	Council of Governors	n/a
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 in the appendix, pages 166-7.			
5.	2: Disclose	Board	B.1.1
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 in the appendix, page 166.			
6.	2: Disclose	Board	B.1.4
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 in the appendix, page 168. 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
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 in the appendix, page 166. 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
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 page 27.			
9.	Additional requirement of FT ARM	Nominations Committee(s)	n/a
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 2020/21.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
10.	2: Disclose	Chair / Council of Governors	B.3.1
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
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.			
Compliant: The QVH outlook for 2020/21 was presented at the annual general meeting and annual members meeting (AGM/AMM) held on 28 September 2020, 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 to support informed discussion of forward plans.			
12.	Additional requirement of FT ARM	Council of Governors	n/a
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 2020/21.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
13.	2: Disclose	Board	B.6.1
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 2021, 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 and, in 2020, the Trust adopted the new <i>Framework for conducting annual appraisals of NHS provider chairs</i> .			
14.	2: Disclose	Board	B.6.2
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 2020/21.			
15.	2: Disclose	Board	C.1.1
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 FT ARM paragraph 2.95			
See the annual governance statement, page 65.			
16.	2: Disclose	Board	C.2.1
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, page 65.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
17.	2: Disclose	Audit Committee/ control environment	C.2.2
<p>Summary of requirement — A trust should disclose in the annual report:</p> <p>(a) if it has an internal audit function, how the function is structured and what role it performs; or</p> <p>(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.</p> <p>In 2020/21 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 2020/21 included:</p> <ul style="list-style-type: none">– Research and development– Financial governance and control during covid– Referrals and waiting list management– Risk management– GDPR – data security and protection (DSP) toolkit– Staff retention– Conflict of interest– Procurement and contract management– Financial systems and payroll– Estates and facilities.			
18.	2: Disclose	Audit Committee/ Council of Governors	C.3.5
<p>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.</p> <p>Not applicable in 2020/21.</p>			
19.	2: Disclose	Audit Committee	C.3.9
<p>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:</p> <ul style="list-style-type: none">– 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. <p>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.</p> <p>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.</p> <p><i>continues...</i></p>			

	Part of schedule A (see above)	Relating to	Code of Governance reference
<p><i>continued from previous page...</i></p> <p>During 2020/21 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.</p> <p>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.</p> <p>The internal auditor’s opinion, based on the work performed to 31 March 2021 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.</p> <p>The external auditors did not provide non-audit services.</p> <p>The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners, this has been affected in 2020/21 due to the financial funding regime to support the NHS through the pandemic. 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.</p> <p>The Trust undertook a desk top valuation and impairment review exercise during 2020/21.</p> <p>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.</p>			
20.	2: Disclose	Board/Remuneration Committee	D.1.3
<p>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.</p> <p>Not applicable.</p>			

	Part of schedule A (see above)	Relating to	Code of Governance reference
21.	2: Disclose	Board	E.1.5
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.			
Compliant: The Board of Directors uses a variety of methods to understand the views of governors:			
– In 2020/21 the lead governor was 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 2020/21 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 2021.			
– 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
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.			
23.	2: Disclose	Membership	E.1.4
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.			
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/board-of-directors and www.qvh.nhs.uk/council-of-governors-2			

	Part of schedule A (see above)	Relating to	Code of Governance reference
24.	Additional requirement of FT ARM	Membership	n/a
Summary of requirement — The annual report should include: – a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; – information on the number of members and the number of members in each constituency; and – a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.			
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 2021, the number of members within the public constituency was 7,766 and the staff constituency was 1,082.			
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 28 September 2020.			
Additional information regarding membership of the QVH Foundation Trust can be found online at www.qvh.nhs.uk/for-members/			
25.	Additional requirement of FT ARM (based on FReM requirement)	Board / Council of Governors	n/a
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.			
See also ARM paragraph 2.22 as directors’ report requirement.			
A register of directors’ and governors’ interest is kept by the Trust and is available on request from the deputy company secretary.			
26.	6: Comply or explain	Board	A.1.4
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.			
Compliant.			
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.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
28.	6: Comply or explain	Board	A.1.6
Summary of requirement — The Board should report on its approach to clinical governance.			
Compliant . 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 was updated in January 2021 and published to the Trust’s website. The Trust’s standards of business conduct and behaviour policy was updated in 2020/21, 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.			
Compliant. See 30 above.			
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.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
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.			
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 in October 2019.			
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 with the non-executive directors on alternate weeks throughout 2020/21.			
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 2020/21.			
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.			
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 England and Improvement (Monitor) publishes guides to the duties and legal obligations of foundation trust governors. General duties of the Trust’s council of governors are included in provision 19 of the Trust’s constitution.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
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 chair of both bodies; the roles of the director of communications and corporate affairs and the deputy company secretary as advisers 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 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
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 2020/21. 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
Summary of requirement — The Council should receive and consider other appropriate information required to enable it to discharge its duties.			
Compliant.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
45.	6: Comply or explain	Board	B.1.2
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
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
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
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.			
Compliant. 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.			
49.	6: Comply or explain	Nominations Committee(s)	B.2.3
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
Summary of requirement — The chairperson or an independent non-executive director should chair the nominations committee(s).			
Compliant.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
51.	6: Comply or explain	Nominations Committee(s) / Council of Governors	B.2.5
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
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
Summary of requirement — When considering the appointment of non-executive directors, the Council of Governors should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.			
Compliant. 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.			
54.	6: Comply or explain	Council of Governors	B.2.8
Summary of requirement — The annual report should describe the process followed by the Council of Governors in relation to appointments of the chairperson and non- executive directors.			
Compliant. See 51 above.			
55.	6: Comply or explain	Nominations Committee(s)	B.2.9
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
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 2020/21.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
57.	6: Comply or explain	Board / Council of Governors	B.5.1
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
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
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.			
60.	6: Comply or explain	Board / Committees	B.5.4
Summary of requirement — Committees should be provided with sufficient resources to undertake their duties.			
Compliant.			

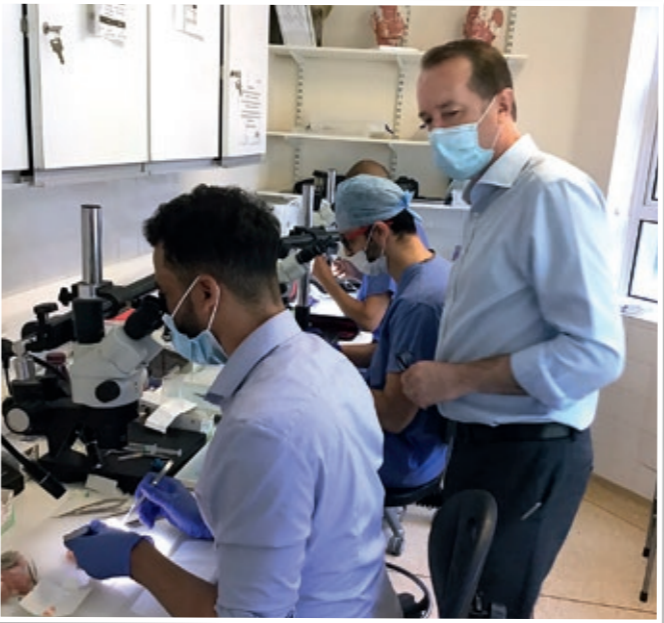
	Part of schedule A (see above)	Relating to	Code of Governance reference
61.	6: Comply or explain	Chair	B.6.3
Summary of requirement — The senior independent director should lead the performance evaluation of the chairperson.			
Compliant. The performance of the chair is assessed by the senior independent director in collaboration with the chair of the Council of Governors’ appointments committee and in line with the new frame-work for conducting annual appraisals of NHS provider chairs. See 13 above.			
62.	6: Comply or explain	Chair	B.6.4
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.			
63.	6: Comply or explain	Chair / Council of Governors	B.6.5
Summary of requirement — Led by the chairperson, the Council of Governors 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 reviewed every three years. The council’s governor steering group agreed to a 12-month postponement of the review scheduled in 2021.			
The Trust’s bi-annual newsletter was deferred in 2020/21 although communications by email has continued with members who have provided the Trust with their email address.			
64.	6: Comply or explain	Council of Governors	B.6.6
Summary of requirement — There should be a clear policy and a fair process, agreed and adopted by the Council of Governors, 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.			
65.	6: Comply or explain	Board / Remuneration Committee	B.8.1
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 2020/21.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
66.	6: Comply or explain	Board	C.1.2
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 page13.			
67.	6: Comply or explain	Board	C.1.3
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 also included in the annual quality account.			
68.	6: Comply or explain	Board	C.1.4
Summary of requirement			
a) The Board of Directors must notify NHSI/E 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 NHSI/E 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.			
69.	6: Comply or explain	Board / Audit Committee	C.3.1
Summary of requirement — The Board should establish an audit committee composed of at least three members who are all independent non-executive directors.			
Compliant.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
70.	6: Comply or explain	Council of Governors / Audit Committee	C.3.3
Summary of requirement — The council of governors 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
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
Summary of requirement — When the Council of Governors ends an external auditor’s appointment in disputed circumstances, the chairperson should write to NHS/VE informing it of the reasons behind the decision.			
Not applicable in 2020/21.			
73.	6: Comply or explain	Audit Committee	C.3.8
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 2020/21, 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
74.	6: Comply or explain	Remuneration Committee	D.1.1
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
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, and is in line with national guidance.			
76.	6: Comply or explain	Remuneration Committee	D.1.4
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 2020/21.			
77.	6: Comply or explain	Remuneration Committee	D.2.2
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
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 28 September 2020.			

	Part of schedule A (see above)	Relating to	Code of Governance reference
79.	6: Comply or explain	Board	E.1.2
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
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
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 are 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 with, among others: – University Hospitals Sussex NHS Foundation Trust, with specific partnership work on clinical pathways – Surrey and Sussex Cancer Alliance and Kent and Medway Cancer Alliance – The Sussex Health and Care Partnership 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 the QVH partnership working board – NHS trusts which host QVH ‘spoke’ services across the south east.			
82.	6: Comply or explain	Board	E.2.2
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 81 above.			



NHS Single Oversight Framework

NHS England and NHS Improvement’s NHS 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 reflects targeted support needs identified in finance and use of resources, and operational performance.

This segmentation information is the Trust’s position as at 28 May 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

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

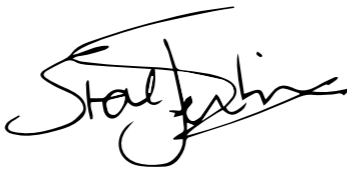
In preparing the accounts and overseeing the proper use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

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

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

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



Steve Jenkin
Chief Executive and Accounting Officer
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 2021 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.

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

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.

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 corporate risk register is divided between these two committees to allow robust review of the relevant risks for each 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, with the chair of each Board sub-committee presenting an assurance report to council of governors meetings and well as taking questions from governors.

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 board is assured, as recorded in the annual effectiveness review considered in March 2021, 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 2020, the board conducted an annual review of the standing orders and standing financial instructions, the reservation of powers and scheme of delegation, with further updates to the reservation of powers and scheme of delegation in January 2021.

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 five years to ensure that governance arrangements remain fit for purpose. During 2017/18 QVH 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. The Trust continues to use internal processes and external best practice to review and strengthen 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:

- Public board meetings are held bimonthly. There are detailed reports which include all key national performance measures on quality, operational performance, finance and workforce. There is opportunity for robust challenge and debate about these reports and the way in which the directors work collaboratively in order to meet the Trust's key strategic objectives and provide leadership and oversight of the systems in place for care provision and service delivery. In addition to this governance process, the non-executive chair of each board 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 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 seeks additional assurance on risk management by commissioning internal and external audits as part of the audit work programme or in response to specific issues. It requires evidence that effective systems and processes are in place to mitigate and manage risk.
- The board assurance framework and corporate risk register are discussed at every public board meeting.
- NHS Improvement information and monitoring requests are responded to in a timely manner and the executive management team attend quarterly NHS Improvement performance reviews.
- Regular provider engagement meetings are held with the Care Quality Commission to ensure compliance with regulatory standards and compassionate care.

The governance of data security and priority work in this area is described under information governance below.

Equality impact assessments are integrated into core business. Each new or revised policy requires an equality impact assessment to be completed to ensure the Trust meets legislative requirements and does not discriminate 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 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 tabletop exercises and lockdown drills, partnership working with commissioners and NHS England and peer review by the Local Health Resilience Partnership. The Trust has maintained an incident response throughout the covid pandemic. Due to the pandemic there was a 'light touch' national self-assessment. There are 55 core standards applicable to QVH and the Trust was fully compliant in 48 of these. Seven standards were rated as partial compliance and there is an action plan in place to address these areas.

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.

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

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 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

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

(20/07/20) In response to a freedom of information request from the media, the Trust sent information on staff antibody testing that accidentally contained a hidden data table revealing related personal data. This was identified immediately and reported to the ICO. All data subjects were informed. The data was subsequently permanently removed from the response and the ICO determined that no further action was required.

(20/06/20) In response to a data subject access request, a copy set of health records were accidentally sent to the wrong recipient. The data subject was informed immediately once the Trust was made aware and the incident was reported to the ICO. The records were returned to the Trust safely. Following a formal internal investigation, a robust checking procedure was put in place and the ICO determined that no further action was required.

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 2020/21 through the use of a fully integrated data warehouse and supported by regular studies of data flows and processes and routine independent audits. QVH has invested in additional reporting tools to support the increased demand of local and national reporting requirements. The implementation of digital tools such as PowerBI have started to allow greater automation, reducing the risk of human error and allowing experienced staff to address more complex data quality issues due to the in-depth and near real-time reporting capabilities.

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

“The Trust has continued to provide high quality services for its patients.”

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 via sub-committees
- 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.

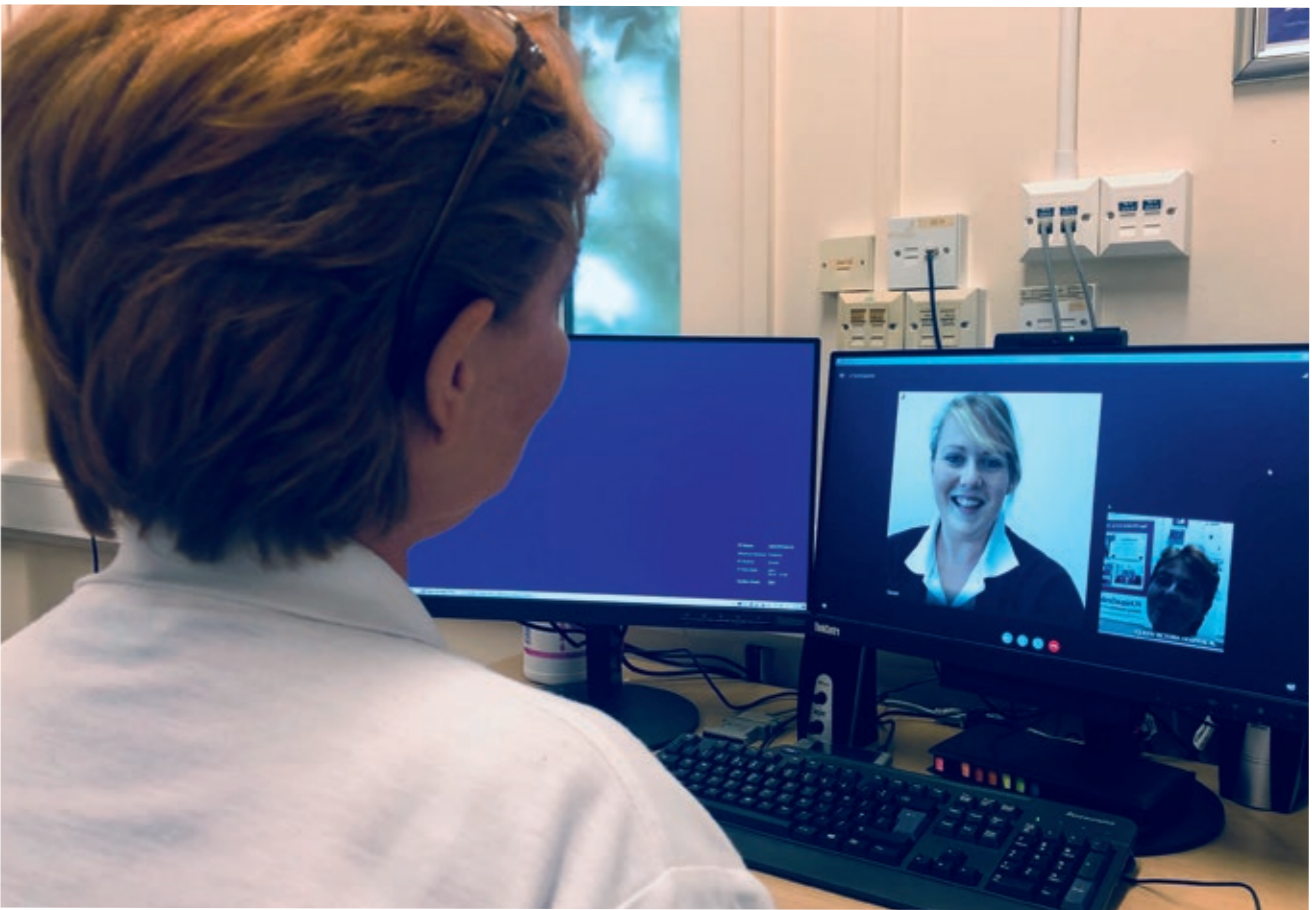
The quality and governance committee reviews feedback from external assessments on quality of service, including NHS Improvement, Healthwatch, Care Quality Commission, NHS Resolution and audit, as well as ensuring internal quality measures are regularly tested and standards are met.

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



“The Trust has managed risks effectively through the year.”

QUALITY REPORT 2020/21

Statement on quality

Queen Victoria Hospital (QVH) continues to place quality, safety and the experience of patients at the forefront of everything that we do. This quality report sets out in detail our commitment to continuous, evidence-based quality improvement, the progress we have made over the last year and our plans for the coming year.

During the pandemic every area of our work changed, and our staff are rightly proud of the swift work to set up as a regional cancer hub, enabling exceptionally vulnerable patients to be treated away from hospitals managing covid patients.

Through clinical audit we have maintained our continuous work to assess and improve our specialist services, and this year there has also been a focus on auditing practices which had to change due to the pandemic. From the use of QR codes to replace paper leaflets, to an audit of how sleep disorders patients are using equipment at home, we have been able to assure ourselves that QVH remains at the forefront of good practice and in many cases share our practice to benefit other trusts.

We have also contributed to the urgent studies undertaken during the coronavirus pandemic, including the SIREN study with about 20% of our staff having volunteered for regular swabbing and blood tests over 12 months to monitor antibodies. QVH performs well above its size in terms of research. Participation helps our clinical staff to stay abreast of the latest treatment possibilities, and pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world.

A recent example of innovation included in this report is a device created at QVH to reduce the risk of surgeons irradiating their own fingers when attempting to create dynamic images of the patient's digits. We also learn from elsewhere and now offer patients a new form relief during painful dressing changes; a survey of patients using our virtual reality headsets found patients reported experiencing less pain when using the headsets as well as reduced anxiety.

The impact of the pandemic continues to be clear across our services, including the sad fact that we are now seeing patients with larger and deeper skin cancers, presumably as a result of delays in seeking treatment. In common with all trusts, we have also seen our waiting lists increase considerably and we are prioritising patients according to clinical urgency.

However, there have been developments that brought benefits for patients, including the move to virtual clinics. At QVH we were running a small pilot pre-pandemic, aware that some of our patients were travelling considerable distances for relatively brief appointments. Virtual clinics are now a mainstream part of how we work, with face to face care still available as needed. There are examples threaded through this report of what that change has meant for patients in each of our specialities from increasing efficiency in facial palsy clinics to 'self-fit' retainers in orthodontics, and our teams work hard to support patients to use these services remotely including the provision of videos and online virtual receptionists helping patients to feel confident with their technology in advance of an appointment.

As illustrated so clearly throughout this report, QVH continues to provide compassionate care and excellent clinical outcomes across our life changing services. Our staff are passionate about their work and further improving services for patients. I am confident that QVH has a bright future continuing to bring together expert teams to provide outstanding care for patients from across the wide area that we serve.



Steve Jenkin
Chief Executive and Accounting Officer
17 June 2021



QVH'S QUALITY PRIORITIES FOR 2021/22

Our quality priorities for 2021/22 are grounded in 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 2020/21 priorities.

The Trust uses the three established dimensions of health care quality:

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

'Never events' are serious incidents that are entirely preventable because robust guidance or safety recommendations are available nationally and should have been implemented by all providers.

In 2018, QVH relaunched the use of the WHO surgical safety checklist in theatres to ensure compliance with the very best safety standards. This followed quarterly observational audits that identified:

- A lack of engagement with the process
- Distractions (such as staff performing other tasks whilst WHO checklist being completed)
- Inconsistent leadership between theatres in terms of who was responsible for sign in, time out and sign out.

In 2021, the quarter 4 observational audit found that three of the five steps are now fully embedded in practice. These are the 'team brief', 'sign in', and 'time out' steps.

What success will look like...

QVH will target a quarterly improvement or sustained compliance of the remaining 2 of the 5 steps. The 'sign out' and 'debrief' steps.

To achieve this multidisciplinary bimonthly safer surgery simulation training has begun for theatre staff.

The training is split into 2 sessions, one which has poor practice/distraction and one showing good practice.

The training is designed to help staff recognise poor compliance and then give them tools in order to challenge this.

The quarterly audits will be measured against reviewed and updated surgical safety policies including the five steps to surgical safety and the perioperative marking policies.

CLINICAL EFFECTIVENESS

To offer supportive counselling (or formal therapy if appropriate) to staff to improve their wellbeing and experience of work and reduce absence.

QVH's psychological therapies department includes psychologists, psychotherapists and counsellors. Offering their skills and evidence based therapeutic models to support staff will in turn improve the patient experience.

The benefit of having this service on site is reduced waits for staff referred for therapeutic support by their GP. Staff who may be signed off sick while waiting for a service could be seen as a priority, facilitating a speedier return to work.

The priority has been informed by the results of an audit conducted by the psychological therapies department. Members of staff whose mental health or wellbeing had been adversely affected by the covid pandemic were given a series of formal therapy sessions. Improvements were measured in all cases.

What success will look like...

Success will be monitored through psychometric tests that measure:

- Psychological distress
- Depression
- Anxiety
- Self-esteem
- Impact of trauma
- General wellbeing.

Participating staff group will be assessed pre-intervention and then post-intervention on a quarterly basis and the data analysed for significance.

We continue to comply with NHS guidelines and currently the psychological therapies department delivers 75% of all clinically necessary appointments remotely. We continue to routinely screen for improvements in our patients conditions and data analysis will provide information on pre/post pandemic validity and reliability of scores in light of the change of delivery.

Over 12 months, a picture will emerge indicating the mental health and wellbeing of the staff team. Analysis will then be made of absenteeism due to sickness, looking specifically at whether the intervention reduced sickness and improved recovery.

If successful, there would be improved scores on the psychometric tests and reduced sickness overall compared with previous measures.

PATIENT EXPERIENCE

During the covid pandemic, the Trust has followed government guidance on social distancing, replacing face-to-face outpatient appointments with telephone and video calls where appropriate.

By speaking to their clinician over the telephone or by video, patients can receive their consultation without the leaving their own home. This enhances the patient experience by reducing travel time, travel expense and the need to arrange time off work or childcare cover, etc.

At the same time, it is important that patients are informed that this is exactly the same as any other appointment with your hospital consultant, clinical nurse specialist or other member of their team.




In order to support patients who are preparing for a telephone or video appointment, the Trust has put together some helpful information to ensure patient appointments are efficient and useful to both the patient and the medical team.

What success will look like...

Across the NHS, trusts are expected to take all possible steps to avoid outpatient attendances with low clinical value. Where outpatient appointments are clinically necessary, at least 25% should be delivered remotely by either video or telephone. This is closely monitored to identify progress using routine data analysis.

Remote consultation is deemed as the default position to manage appointments between a clinician and a patient within the outpatient setting by using telephone or video, as opposed to face-to-face consultations.

The Trust has also put in place solutions to avoid unnecessary referrals to outpatient services. These include offering advice and guidance to GPs and implementing patient initiated follow ups as a default for certain conditions or pathways such as burns, therapies and sleep services.

Because of the covid pandemic, we had to pause our work to finalise and implement these priorities. Revisiting these quality priorities will be part of our phased recovery and restoration of services.

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

Performance against 2020/21 quality priorities

Our quality priorities for 2020/21 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. The original patient safety priority related to simulation training, however this was suspended as resources were not available in the context of the pandemic, and it was replaced with the review of the clinical harm review process.

End of year progress against our three 2020/21 quality priorities was as follows:

PATIENT SAFETY

Our quality priorities and why we chose them...

Review processes for clinical harm reviews and establish robust approach to this in the light of increased numbers of patients requiring review.

Clinical harm reviews are a continuous process and the number of patients who have waited 52 weeks or more has increased significantly due to the covid pandemic.

Targeted outcome...

All patients waiting longer than 52 weeks are assessed for harm and if moderate or above actual harm is noted on further clinical assessment, they are prioritised for their procedures urgently.

Did we achieve it in 2020/21?

Clinical harm reviews were undertaken by consultants for all patients waiting longer than 52 weeks.

There is variance in numbers of reviews completed between departments due to differing clinical commitments of consultant workforce. This remains an ongoing process.

CLINICAL EFFECTIVENESS

Our quality priorities and why we chose them...

Implement and increase the use of virtual hand surgery clinics, including for trauma, so that patients can be seen more quickly and can be assessed and treated with fewer appointments to improve their overall 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.

Targeted outcome...

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.

In setting this quality priority we planned to 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.

Did we achieve it in 2020/21?

Virtual clinics have been implemented with both doctors and therapists, and face-to-face care and treatment is still available as required.

The hand therapists are triaging patients through the virtual trauma pathway, and the virtual model is an extension of therapy clinic provision.

Therapists are now present within the trauma theatres to fit splints after the patient's operation.

The QVH public website has clear information for patients about how to access their virtual appointment and what to expect.

PATIENT EXPERIENCE

Our quality priorities and why we chose them...

The Mental Capacity Act (MCA) was enacted in 2005 and then implemented during 2006. Staff, patients and families still find it challenging to fully understand all the legal nuances and requirements for valid decision making and consent for our most vulnerable patients.

Targeted outcome...

Our aim is to support Trust-wide implementation of the MCA and to improve clinical safety and patient care. Specifically:

1. To improve data capture on existing systems allowing the Trust to have a better overview of MCA activity and improve accuracy of reporting.
2. Implementation of updated MCA documentation to improve record keeping and meet the threshold for legal review. Define clear recording standards so that staff are confident they are recording adequate information.
3. The patient MCA journey will be made transparent and current patient information will be reviewed and adjusted to make the processes transparent and clearer to all concerned.

Did we achieve it in 2020/21?

The safeguarding team have reviewed all patients where concerns have been raised by medical secretaries, pre-assessment or learning development link nurses.

The Trust has reviewed MCA systems, policies and documentation. Robust arrangements are in place.

1. Audits demonstrate that clinicians' understanding and implementation is steadily improving. Ongoing staff support and audit should continue to build knowledge and practice competencies. Introduction of recording MCA status in clinical records at the point of the decision to admit will allow proactive actions to be planned.
2. QVH are arranging expert MCA training sessions to support consultants with the legal aspects of the clinical dilemmas and record keeping requirements.
3. Information is available for patients and their families. Patient experience challenges are brought to the attention of the patient experience manager and the safeguarding team.

A learning disability is a lifelong condition which cannot be cured. Patients with this condition have a reduced ability to understand new or complex information and are likely to find it difficult 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 in hospital.

Targeted outcome...

This project aims to improve patient experience by undertaking detailed reviews with individual patients while they are at QVH. We will also use the reviews to ensure that each patient's journey is explained clearly to them and their family/carers, along with the support they can expect from staff.

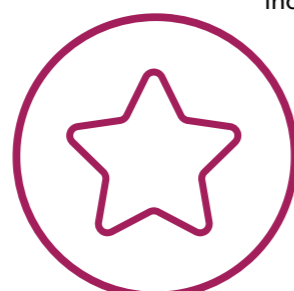
Did we achieve it in 2020/21?

A QVH learning disability lead has been identified for the Trust. A learning disability strategy is being developed, alongside information and resources for staff and a dedicated learning disability intranet page.

A review of every patient with learning disability needs is undertaken by the Sussex Community NHS Foundation Trust learning disability link nurse, via a service level agreement.

Clinical effectiveness

"Virtual clinics have been implemented with both doctors and therapists, and face-to-face care and treatment is still available as required."



SAFEGUARDING AND MENTAL CAPACITY ACT

QVH safeguarding systems and arrangements continue to be improved and strengthened. Safeguarding support for staff is well established. Safeguarding audits continue to provide assurance for the organisation and also identify any key development areas.

Covid has caused significant disruption across the NHS and the country. We have changed the way we work to ensure that the needs of patients are accommodated and to safeguard the most vulnerable. The safeguarding team continue to offer support across the hospital, including an out of hours advice service to support staff in safeguarding their patients during this unprecedented time.

Evidence of QVH compliance with the Mental Capacity Act (MCA) has strengthened. This year MCA was a QVH quality priority so many developments have been implemented to ensure this legal requirement is met.

Liberty safeguard protection was due to be launched September 2020, but was then delayed because of the pandemic. During this period, urgent Deprivation of Liberty Safeguards (DOLS) guidance and forms were provided by the Department of Health so that when patients needed to be detained in hospital for treatment this could be undertaken legally. This applies only for patients who lack capacity to make specific decisions about their treatment and family and friends are always involved in the best interest decision when this is required.

Progress during 2020/21:

- Adult safeguarding level 3 training was introduced in 2019. Uptake by March 2020 was 92%, exceeding the planned target.
- QVH appointed burns consultant Tania Cubison as named doctor for safeguarding, replacing BSUH paediatrician Oli Rahman who had provided robust advice and support to QVH colleagues for a number of years.
- Exceeded the 85% target for WRAP training with 89% - an improvement of 7% on the previous year. All WRAP Level 3 training is now completed online. WRAP stands for workshop to raise awareness of Prevent, and aims to safeguard vulnerable people from supporting terrorism or becoming involved in terrorism themselves.
- Enhanced the structure of the safeguarding team and appointed a named nurse for safeguarding children and looked after children. Katy Fowler has worked at QVH for 18 years and brings a wealth of experience and commitment to the role.
- Continued engagement of staff and recognition of safeguarding responsibilities with Datix reporting systems enabling the production of monthly metrics for the board.
- Maintained robust connections with West Sussex safeguarding adults board and safeguarding children partnership and the establishment of an acute children’s safeguarding network.
- Systematic review of relevant QVH safeguarding policies, protocols, standards and guidance. The intranet safeguarding and MCA pages are kept updated.
- National child protection information sharing system (CP-IS) is being used by the minor injuries unit and paediatric ward; an audit of this is currently underway.
- Strengthened safeguarding systems for looked after children across the Trust.
- Safeguarding children neglect tool roll out has begun in the Trust in line with West Sussex local children’s safeguarding partnership priorities.

“The safeguarding team continue to offer support across the hospital, including an out of hours advice service.”

IMPLEMENTATION OF SEVEN DAY HOSPITAL SERVICES

The seven-day services programme aims 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 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 for initial consultant assessment after admission.

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, continuing once-daily once a clear pathway of care has been established.

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 that we are achieving Standard 2 with performance of 92% against a target of 90%.

The audit showed that we have further work to do on Standard 8 where we are achieving 80% for twice-daily reviews and 100% for once-daily reviews against a target for both of 90%. In some instances the consultant had attended remotely and as the name was not recorded this was not counted as a specialist consultant review; the need to improve documentation has been noted. There were also cases where the notes were not available at the time of audit as they were being scanned for electronic patient records.

Locally defined clinical standards have been developed aligned with the national standards and are now an integral part of QVH’s operational policies.

GUARDIAN OF SAFE WORKING

The role of guardian of safe working hours was established as part of the contract settlement for junior doctors in 2016. The purpose of the role is to support junior doctors with their working arrangements and conditions, education and training, and to provide assurance to the board that doctors are keeping safe working hours. If the safe working standards are not met, a set process is in place for making exception reports.

The consultant anaesthetist appointed to the role in October 2018 submits quarterly reports to the board detailing any exception reports, breaches of the working standards, fines levied for breaches or gaps in rotas.

The guardian is responsible for convening the junior doctors’ forum, which meets quarterly and promotes safe working doctors’ inductions. The guardian also has authority to intervene in rota design, management and hours issues. The junior doctors’ forum reports into the specialty local faculty groups and the educational board.

A national update to the junior doctor contract, agreed in August 2019, included new fines for breaking the rest rules for the non-resident 24-hour on-call rotas. Consequently, there have been some fines levied on the plastics department when trainees were working overnight. Examination of the reports identified the causes of these breeches and confirmed that they were unavoidable.

During the first wave of the covid pandemic, the rota was altered to enhance cover at the McIndoe Centre (the independent sector provider on the same site as QVH, working together as part of the pandemic response); cover the virtual clinic; and cover absences due to sickness and staff shielding. Junior doctors reacted to this very responsibly and we were fortunate to keep staff with us due to the postponement of rotations.

During the first wave of covid in March to August 2020, there were no exception reports.

To encourage doctors to begin reporting again we held a two-week reporting drive. Since then, there has been a gradual increase and we have a low but steady rate of two to six per month.

Nationally, in 2019/20 all NHS trusts were awarded £30,000 fatigue and facilities funding, with larger trusts receiving £60,000. At QVH, the junior doctors’ forum decided to spend the fund refurbishing current relaxation areas and creating a new one. During the pandemic it was decided nationally that any remaining funds could be carried over to the end of March 2021 and this has since been extended again if monies could not be spent due to the pandemic.

Since the surgeons’ mess was used for PPE storage until recently, we have not been able to refurbish it. Plans have been made to do this work.

The Trust has enabled trust grade doctors (those working in a 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. Although this has happened in a few trusts nationally, we are the first trust within Kent, Surrey and Sussex to do this.

Statements of assurance from the Board of Directors

Review of services

During 2020/21, QVH provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastic surgery and 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 2020/21 represents 90% of the total income generated from the provision of relevant health services by QVH for 2020/21. 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 Innovate UK and believes this reflects the quality of our research. This year we have participated in the prestigious national SIREN covid study, which informed the government’s map out of lockdown.

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 undertaken at QVH. We are grateful for the ongoing support of our local clinical research network for core research infrastructure and have contributed to the urgent public health studies undertaken during the coronavirus pandemic.

The total number of participants recruited to Health Research Authority (HRA)-approved studies (which includes ethics approval) in 2020/21 was 353 with QVH taking part in 30 studies. Of these, 328 were national portfolio recruits. The national portfolio is administered by the National Institute for Health Research (NIHR), and is a national register of all high quality research ongoing in the NHS. Only high-quality research is accepted for registration, therefore this kind of research is deemed to be the most prestigious that the NHS undertakes.

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 quality standards and taking action to bring practice in line with these standards in order to improve the quality of care and health outcomes.

During 2020/21, 11 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 include the percentage of registered cases required by the terms of that audit or review programme, where appropriate.



Participation in clinical outcome review programmes 2020/21

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 – Dysphagia in Parkinson’s Disease	✓	✓	100%

Participation in national clinical audits 2020/21

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 Diabetes Audit – Adults (Harms)	✓	✓	1 case
NHSE & NHSI Learning Disability Improvement Standards Project	✓	✓	100%
National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓ (partial)	< 5% (estimated)
Perioperative Quality Improvement Programme (PQIP)	✓	✓	Recruitment paused during Covid
NAP7: ACCC-track: Anaesthesia and Critical Care Covid Activity Tracking Survey	✓	✓	Organisational participation
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

Project name (alphabetical)	Applicable to QVH	Participation Comments	% of cases submitted
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National clinical audits

Fourteen national audits were reviewed by the Trust in 2020/21. The two most relevant were:

National audit of inpatient falls

We continue to give priority to the national audit of inpatient falls. This is a continuous national audit and will audit patients who have fallen in hospital and sustained a hip fracture. The audit aims to improve fall risk reduction practice for inpatients. As of February 2021, 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 local auditing programme for falls and continue to improve practice to reduce the risk of falls.

Dysphagia in Parkinson's disease

This study aims to examine the pathway of care of patients with Parkinson's disease who are admitted to hospital when acutely unwell. In particular, the study explores multidisciplinary care and reviews the organisational factors in the process of identifying, screening, assessing, treating and monitoring the ability to swallow. QVH participated and in addition a member of our therapies team formed part of the clinical review panel for this NCEPOD (National Confidential Enquiry into Patient Outcome and Death) study. Recommendations are due for publication in early 2021 and QVH will use these to benefit patients.



Local clinical audits

The reports of 74 completed local clinical audits and were reviewed by QVH in 2020/21. Examples of audit projects undertaken across QVH, their findings, and actions taken as a result are set out below.

The Antibiotic prophylaxis administered in theatre prior to surgery (Project 561)

At QVH, a large proportion of antibiotic use is for surgical prophylaxis. Micro guide guidelines state that prophylaxis antibiotic should be administered in theatre within 30 minutes prior to incision (except in groin dissections where the antibiotics are administered at time of induction of anaesthesia). Results from this audit cycle showed this standard was met in 61% of head and neck cases and in 93% of plastics cases audited.

It was proposed to specialty leads that their departments should investigate to identify if there were any unusual circumstances in each case that would explain why the standard was not followed. Action plans to improve compliance would then be generated if no unusual circumstances had occurred. This audit will be conducted on an annual basis.

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 six months retrospectively after an idea from radiology had been piloted in theatres. The radiology team 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 and documentation for radiation dose accrued during the procedure are saved, reviewed and evaluated. Due to the complexity of the hand surgery, surgeons sometimes irradiate their own fingers in an attempt to visualise dynamic images of the patient's digits. The radiology team suggested using an instrument to reduce these occurrences therefore reducing radiation to the surgeons' fingers. The instrument had to fulfil many criteria and be fit for purpose before the surgeons took up the idea and considered trialling it.

The 'fingers in the beam' audit showed a marked reduction in these occurrences after the instrument was piloted. It was felt that this was not solely due to using the alternative instrument but by raising awareness of radiation in theatres. The audit also provides evidence for QSI (ISAS) accreditation with radiology reviewing imaging from other radiographer-trained operators.

The audit was conducted in 2019 and further work has been undertaken for this concept to be published in UKIO; work is underway with manufacturers to update guidance on minimising dose reduction. There is potential for this idea to be implemented in other trusts as an easy and cost-effective way to minimise 'fingers in beams' and thereby reduce dose reduction. This project was also entered and shortlisted for the audit prize 2020.

Cycle 1 and 2: Improving the burns admission process: a streamlined approach (project 545)

Patients admitted to the burns unit are often clinically unwell with their physical state subject to rapid change. In addition to medical management, burns patients also require an MDT approach including psychological, nutritional and physiotherapy. As such, a standardised admission process is key to ensure the best patient experience and outcomes.

Anecdotally within the unit, an increasing number of patients are being admitted without a consultant-led plan at the point of admission and the necessary investigations instigated. Furthermore, due to the high number of bank staff and new junior staff, there may be a lack of knowledge of admission protocols.

The project objectives were to assess the admission process on the burns unit and compare with national standards.

Results confirmed that the admission process is non-standardised with important investigations not completed. Findings were presented at the local governance meeting and a new admissions proforma approved through the patient documentation group. Cycle 2 of the audit demonstrated that, while the admissions proforma has been used and resulted in a more streamlined admissions process, there is still room for improvement. Work will continue to utilise the admission proforma and ongoing departmental education via the burns ward handbook and doctor's induction sessions.

Audit to evidence compliance with NICE clinical guideline NG109 lower urinary tract infection; antimicrobial prescribing (Audit 1140)

QVH's minor injuries unit (MIU) is run by specially trained emergency care practitioners and emergency nurse practitioners who are able to see, diagnose and treat a wide range of minor injuries and ailments for both adults and children over one year old. One of the conditions that patients present with to the MIU is urinary tract infections (UTIs). A UTI can affect different parts of the urinary tract, including bladder, urethra or kidneys. This is usually caused by bacteria entering the urinary tract. Mild UTIs can clear up within a few days but may require a short course of antibiotics if symptoms persist.

The MIU emergency care practitioner reviewed patient documentation from a three-month sample to ensure satisfactory collation and completion of documentation evidencing compliance with NICE guidelines and patient group direction (PGD) protocol. Results showed that 100% of patients seen were treated within the scope of the NICE guideline and also PGD protocol. As such, no actions were set and re-audit is planned for three years' time in line with the schedule for NICE auditing of relevant guidelines.

Patient information delivered using quick response (QR) codes (Project 562)

The project explored the use quick response (QR) codes as a method of patient information delivery. QR codes are 2D barcodes that can store patient information sheets and can be accessed through a smart phone or similar device.

The benefits of this are:

- Modern approach to deliver patient information
- Less infection control risk
- Environmentally friendly
- Simple to manage and update.

The orthodontics team reformatted three of their patient information leaflets, generated QR codes and devised posters for clinic areas for patients to access this information.

Patients were then surveyed for feedback on their preferences and experience of using QR codes. Over 100 patients were surveyed in September 2020. Responses showed that 82% of patients required no assistance to use the QR codes with only 4% having trouble with the code. Although 3% reported the use of QR code as ‘neither easy nor difficult’ and 3% found it ‘difficult’, the majority confirmed that the QR code was ‘easy to use’ (94%). Only 2% reported preferring paper leaflets, 26% were neutral while the majority (72%) preferred to use this digital tool to access patient information over a paper leaflet.

We received a very positive response from patients and are considering a wider roll out with a wider selection of patient information to share. There has been Trust-wide interest in this project with other departments. The maxillofacial and breast care teams now using QR codes and the burns team are trialling the approach. The pre-assessment department are extending the scope of the original project to deliver a QR leaflet information board in their waiting area. The initial cycle of this project has been published in the British Orthodontic Society Newsletter. This work was also presented at the Trust governance audit competition in November 2020. Research results have also been submitted to the Journal of Orthodontics for publication.

Sharps bins audit (Project 565)

Compliance in practice inspections are usually held on a bi-annual basis as a quality improvement initiative within the Trust, This audit is based on the results of inspections in January and February 2020, before inspections were paused due to the pandemic, and questions about whether sharps bins are assembled correctly (this was highlighted as an area where the radiology department could make improvements).

Data is collected through spot checks carried out once a month in radiology. Of 23 sharps bins inspected in six separate radiology areas, four areas were noted to have noncompliance. The audit will continue on a monthly basis to ensure heightened awareness and improve infection prevention and control standards in preparation for the next round of the compliance in practice inspections.

Service evaluation of the case mix, suitability and complexity of Orthodontic patients (Project 1600)

We constantly review our service performance to ensure that we are accepting the right case mix, offering the right types of treatment and completing our care to a high standard.

In order to ensure waiting lists are kept to a minimum and to best enable us to meet 18-week standards, we must confirm that our new patient referrals are appropriate and that accepted patients are of an appropriate severity and complexity. The majority of patients accepted within hospital orthodontic services will be those with a severe and complex need, requiring multi-disciplinary treatments.

The standard has been set at 80% of our patients in treatment to have an IOTN (index of orthodontic treatment need) and complexity level 3a/3b. In addition to a treatment service, the role of regional orthodontic units includes training. There is therefore a requirement that units have a suitable case mix to best enable the teaching of registrars and therapists.

Data was collected in the QVH orthodontic department between February and April 2019 and in November and December 2020. The data (543 sets in 2019 and 493 in 2020) showed that 95% and 98.5% of patients in treatment had an IOTN above level 4, which meets the set standard.

All patients in treatment in 2019 and 2020 had a complexity level of 3a or 3b with 81% (2019) and 80% (2020) being 3b, again meeting secondary care requirements. More than half the patients (52% in both 2019 and 2020) in treatment have a requirement for multi-disciplinary care.

CPAP adherence comparison (Project 563)

Adherence to CPAP (continuous positive airway pressure) is vitally important given the many potential adverse health and societal consequences of untreated obstructive sleep apnoea. This project aimed to identify whether a recent change in practice due to covid has impacted on patients’ initial adherence to CPAP treatment. In July 2019, patients being set up on CPAP had their machine fitted and turned on before going home, giving them the opportunity to experience using CPAP before commencing treatment. As using a CPAP machine is an aerosol generating procedure, patients set up in July 2020 had their machine fitted but not turned on during their setup.

Analysis revealed that patients set up on CPAP in July 2019 (n=113) and July 2020 (n=86) were similar in their demographics (age and sex) and importantly did not significantly differ in their adherence to CPAP treatment in the first seven days, first 30 days or during days 61-90 of their treatment. The results of this audit therefore suggest that CPAP adherence has not been affected by the change in practice implemented due to covid.

Cycle 2: NICE CG179 pressure ulcers prevention and management (Project 1708)

Serious pressure ulcers are considered avoidable in a hospital setting and are reported nationally. We take pride in the extremely low level of hospital acquired serious pressure ulcers at QVH. To ensure that this level is maintained, we reviewed the tools used to identify patients that are at risk and may need extra care. Given our specialist surgery, many patients have an extensive length of theatre time. It was noted that our current risk assessment tool didn’t sufficiently capture this and the increased risk it brings. The results of this audit have led to the introduction of a new, more sensitive risk assessment tool, supporting continuous improvement.

Clinical harm review due to diagnostic delays in imaging during the covid pandemic (Project 546)

During the pandemic, routine referrals for imaging were cancelled due to government social distancing and isolation guidance. The risk lead asked how radiology would know if clinical harm had been caused by delaying a patient’s scan. The manager proposed a retrospective audit after patients had been imaged to review the breach date and imaging reports. Any equivocal reports were shown to a radiologist for them to determine any potential harm.

Data collected from any patient waiting over 40 days for a diagnostic exam and subsequently examined by a consultant radiologist confirmed that no patients experienced any harm or adverse effects due to delays in their imaging. Until recovery and restoration is complete and the service returns to business as usual, this audit will continue to evidence good practice and provide assurance of no patient harm from diagnostic delays.

Audit of compliance with checking the child protection information sharing database for paediatric burns patients (Project 578)

The CP-IS (Child Protection Information Sharing) project is a national database allowing information sharing between social services and NHS services for any child who is a looked after or on a child protection plan. Whenever these children have an unscheduled NHS attendance, the database should be consulted, allowing the healthcare team to be notified about existing child safeguarding concerns and to get the details of the child’s social care team.

The standard clerking proforma for all children attending the paediatric assessment unit for an acute burns assessment includes a section for documentation that the CP-IS database has been checked but completion rates were thought to be low.

The initial audit cycle with data collected in March 2020 showed 78.7% compliance. A subsequent audit cycle following circulation of the initial audit findings with data collection completed October - November 2020 showed an increase to 94.8% with CP-IS documentation compliance.

Three cycle audit of lateral cephalogram quality: An inter-departmental audit (Project 1576)

Lateral cephalograms are a key radiological assessment for diagnosis and treatment planning.

This project was undertaken to assess the quality of lateral cephalograms undertaken at QVH. The gold standard was set in agreement between radiology and orthodontics. Data collection assessed demographic data, equipment set up, patient preparation and visibility of key structures for 100 cases per cycle.

Cycle 1, undertaken in 2015, showed 11 out of 17 criteria met the gold standard and that improvements needed to be made with collimation and head positioning.

Cycle 2, undertaken in 2016, recorded improved head position and 13 of the 17 criteria met the gold standard. Further work was deemed necessary for collimation.

Cycle 3, undertaken in 2019, recorded collimation was present but a drop to 9 out of 17 criteria for the gold standard. Areas for improvement were noted as head positioning and presence of jewellery.

Interdepartmental education has been undertaken and proved beneficial to improving positioning errors. Collimation has been successfully implemented. Re-audit is to continue every two years to monitor adherence to the gold standard and address any training issues. This project was entered in the QVH clinical audit and quality improvement prize, achieving runner up place. The judges noted the longevity of the project’s data collection and display of continued development to maximise patient experience and high quality care. This audit also won the poster prize.

Full polysomnography triage audit (Project 568)

The sleep disorder centre has the capacity to run six polysomnography sleep studies per night and has done so in the past. However, due to covid, changes in practice have been required and there were no overnight sleep studies completed between early March and July 2020. During this time, patients have undergone investigations in their own home using a WatchPAT device.

WatchPAT devices are considered an efficient tool to help clinicians when diagnosing sleep disorders. This project will allow the sleep disorder centre to analyse a change in practice to ensure that patients are effectively triaged to undergo sleep investigations via WatchPAT or polysomnography. It will also allow for resource planning by determining how many inpatient beds are required in a year for full PSG studies under this new triaging system.

Audit to evidence compliance with NICE clinical guideline NG51: Sepsis: recognition, diagnosis and early management (Project 1384)

Sepsis is a life-threatening illness that occurs when the body's immune system whilst dealing with an infection starts to damage its own tissues and organs. At QVH, we use the NEWS2 scoring system for ward-based patient observations. Sepsis screening is triggered when the patient has a NEWS2 score of five or greater, along with concern that the patient looks unwell, family or carers are worried and/or there are risk factors present.

We benchmark against the 'sepsis six' pathway actions: to administer oxygen; take cultures; give antibiotics; give fluids; take lactate and urine. These actions should be undertaken within one hour. These actions aim to control the source of infection and to measure and restore circulation and oxygen delivery.

A continual monthly baseline audit is completed using current clinical site practitioner documentation. Confirmed cases of sepsis and the appropriate management are reviewed by the sepsis lead and disseminated at the clinical governance group. Where necessary, individual cases and learning points are highlighted to speciality level governance leads for further discussion at local governance meetings and teaching sessions.

Data collection for the last three years shows that less than 20 patients a year have developed sepsis and all patients that are clinically 'septic' are managed appropriately.

In 2020, QVH introduced an electronic observation system and in 2021 will implement the sepsis pathway through this system.

Audit for the appropriate use and completion of referrals for deep vein thrombosis scans against NICE CG144 (Audit 1231)

Deep vein thrombosis (DVT) is a medically urgent condition requiring anticoagulation treatment. All patients should have a Wells score and a D-dimer result included in their referral. The aim of this audit was to ensure that DVT scan referrals were appropriate, fit for purpose and met NICE guideline CG144. If any failings were noted these would be fed back to the referrers to improve internal practice if required.

Results showed that 62% of referrals did not contain a Wells score or D-dimer score and 14% did not meet the referral standards set out by NICE. In response to these findings, a mandatory prompt was added to the single histopathology and radiology order comms (ICE) system where referrals are created for inclusion of a Wells Score and D-Dimer result. Re-audit is planned for 2021 to complete the audit cycle, evidence improvement in meeting referral standards and highlight any further referral criteria that may need to be addressed.

Cycle 2: NICE CG179 pressure ulcers prevention and management (Audit 1708)

The tissue viability lead works collaboratively within multidisciplinary teams, providing expert tissue viability advice, support and guidance to promote best practice in the prevention of avoidable skin injuries, for example pressure ulcers, and to optimise wound healing for patients. At QVH, the role encompasses strengthening clinical practice; enhancing knowledge and understanding of wound healing; and prevention of pressure ulcers and moisture associated skin damage, which can be a separate or contributing cause of pressure ulcers. The initial cycle of this project was carried out in 2019 with re-audit conducted July-August 2020.

Findings demonstrate that there continued to be good and consistent use of the risk assessment screening tool at point of admission but lacked evidence of reassessment post-surgery or documentation of individualised prevention care plans.

While it is recognised that many cases treated at QVH are deemed as low risk of a pressure ulcer, all QVH patients have provision of a high specification mattress as a minimum to help reduce the risk of pressure associated skin injury. However, the nature of the specialist and major surgery provided at QVH is a known high risk factor, along with other factors such as increasing age and poor nutritional status associated with ill health. It is therefore acknowledged that it may be more appropriate to use the Waterlow pressure ulcer risk assessment tool which is designed for assessment of surgical patients.

In addition, the tissue viability nurse is introducing individualised pressure ulcer prevention care plans for those patients who have been assessed as being at risk, alongside treatment plans for individual patients who have either existing pressure or moisture damage. Staff receive full training on preventing pressure ulcers and moisture associated skin damage and the implementation of the new documentation.

The tissue viability nurse plans to pilot the Waterlow risk assessment tool and prevention care plans in December 2020 and January 2021 for all head and neck surgical patients, evaluate this through feedback, re-audit and present the findings.

A separate audit to investigate any impact from seating surfaces and cushions on pressure is planned.



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 2020/21 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 on 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 is shown below:

	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 bi-annual compliance in practice inspection process as a quality improvement initiative. Inspectors are clinical and non-clinical QVH staff and members of the board and council of governors. The 2020 inspection schedule was halted for infection control reasons. Where possible, departments have undertaken internal mini inspections to continue to embed good practice in preparation for the inspection process to resume. The compliance in practice lead has worked to support these departments to ensure a consistent approach.

The toolkit examines 13 areas - including environment, equality and diversity, infection prevention and control, patient experience and patient feedback and complaints - using a combination of an observational checklist and staff and patient questioning. Questions related to professional record keeping standards are no longer included as the Trust is fully live with an electronic document management system. For those areas where manual completion of patient records continues, a Trust-wide documentation audit is underway and reported monthly to the patient documentation group.

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

Areas rated as requiring improvement or inadequate included environment; equality and diversity; incident reporting and duty of candour; information governance and PAS (patient administration system); and patient feedback and complaints. All other measures were rated as outstanding, good or not applicable to the area being inspected. These questions are asked of three to five staff in each area and the impact of small sample size is recognised, and results triangulated with other data.

The structure of the inspections reflects the lines of enquiry pursued by the CQC and is linked to their rating system. Work continues to develop the toolkit and lines of questioning 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'.

As we continue to recover and restore services impacted by the pandemic, we are investigating ways to reinstate the compliance in practice inspections while adhering to social distancing and infection control requirements.

Hospital episode statistics

QVH submitted data during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics. The data below is actual percentage reported for 2020/21 from the SUS datasets against the national percentage targets set. QVH achieved all the national targets.

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	99.4%	99.7%	99.5%
Nationally	99.4%	99.7%	97.7%
Percentage of records which include the patient's valid general medical practice code			
QVH	99.7%	99.6%	99.9%
Nationally	99.7%	99.6%	97.9%

Source: SUS current submissions downloaded by the business intelligence team. Calculations made using the total records submitted against the NHS number and general medical practice code populated.

Information governance assessment

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

In recognition of the impact of covid on NHS resources, the completion date for all organisations for 2019/20 was extended from March 31 2020 to September 30 2020. The Trust achieved a ‘standards exceeded’ rating for this year’s submission. All mandatory requirements were met.

Cyber security

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

NHS 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 through ‘10 steps to cyber security’
- providing an assurance framework in order that an organisation can be assessed for resilience against cyber threats.

In May 2021, QVH successfully renewed its Cyber Essentials Plus accreditation. This is the highest level of certification offered under the Cyber Essentials scheme. It is a rigorous test of an organisation’s cyber security systems in which cyber security experts carry out vulnerability tests to make sure that the organisation is protected against basic hacking and phishing attacks. 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 2020/21 assessed the work of the clinical coding team. A number of experienced coders left the QVH coding team and while recruitment of trained coders has been challenging a number of new recruits have now joined the team and have successfully completed their coding standards course.

QVH is currently setting out a plan to implement a coding support function to include additional training, increased resource capacity, mentoring and auditing. In addition to this, QVH has purchased coding software that is due to go live in quarter 2. This will help to improve accuracy and efficiency and offers advanced reporting capabilities.

The 2020/21 independent clinical coding audit was completed by taking random samples across all 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 medicine).

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

	Coding accuracy 2019/20	Coding accuracy 2020/21	Level required – data security and protection toolkit
Primary diagnosis	86.0%	84.5%	≥ 90% mandatory ≥ 95% advisory
Secondary diagnosis	87.3%	91.1%	≥ 80% mandatory ≥ 90% advisory
Primary procedure	92.2%	94.7%	≥ 90% mandatory ≥ 95% advisory
Secondary procedure	92.4%	96.8%	≥ 80% mandatory ≥ 90% advisory

The coding audit indicates a significant improvement in the coding of secondary diagnosis, primary procedure and secondary procedure and it also includes recommendations to get the QVH coding audit results back to the levels we used to achieve before the loss of expertise. The key recommendation for improving the primary diagnosis is the implementation of a robust process for accessing and recording histopathology results. This process is being reviewed and a plan developed for training staff and implementing monitoring tools.

The Trust also plans to fund further nationally recognised qualifications for two members of the team. These staff members will become senior clinical coders who will then be able to offer further support to the rest of the team and help to mentor new recruits in future.

An overall action plan to improve the coding accuracy and efficiency is currently in progress in response to the coding audit.

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 patient care and sound decision making. Our integrated data warehouse has increased the transparency and visibility of data issues and, with new reporting structures allowing for greater automation, this is reducing the risk of human error while releasing more time for experienced staff to address more complex data quality issues.

In 2020/21, the Trust has been taking continuous measures to improve data quality, including:

- The data quality information governance group meets once a month, bringing together various Trust stakeholders to monitor and address data quality issues and provide resolution in a timely manner
- Work is ongoing to review the current data collection operating procedures and aligning them to new clinical validation requirements from NHSEI
- The data quality improvement plan with commissioners for 2020/21 has been successfully delivered by automating the production of contract monitoring reports and creating a unique ID to reconcile SUS and service level agreement monitoring.

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 2020/21 two QVH patients 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	1	0

The two cases were subject to structured judgement reviews (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 QVH, are subject to a preliminary case note review. Cases are escalated to SJR 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
- A learning from deaths report is produced annually and presented to the board for scrutiny
- 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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
In-hospital mortality	0.031%	0.005%	0.02%	0.025%	0.005%	0.012 %

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 NHS Digital monthly
- Readmissions are generally to treat some of the complications that may arise from the original injury or from surgery, such as wound infections, or delays in surgery
- We monitor all readmissions as a means to ensure our complication rate is acceptable and is reviewed for learning.

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. Plans are in place for future analysis to be undertaken using statistical process control methodology.

Source: QVH information system

	2017-18			2018-19			2019-20			2020-21		
	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	2,261	18,166	20,427	2,206	17,628	19,834	2,008	17,729	19,737	1,535	15,091	16,626
Readmissions	65	426	491	40	325	365	41	317	358	53	335	388
28 day readmission rate	2.87%	2.35%	2.40%	1.81%	1.84%	1.84%	2.04%	1.79%	1.81%	3.45%	2.22%	2.33%

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 challenge 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. The audit tool has been modified to bring a focus on robust compliance with hand hygiene at the point of care and the identification the individuals who are non-compliant rather than the department as a whole.

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	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Hand hygiene (washing or alcohol gel use)	95%	98.4%	99.1%	99.4%	99.2%	96.6%	93.4%	95%

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 areas for improvement and to identify learning needs from every identified case

■ Incidents are collated internally and submitted monthly 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 has seen an increase in Clostridium difficile rates this past year. This reflects what is being seen nationally, with cases increasing both in hospitals and in the community. An explanation for this is that, due to the pandemic, antibiotic prescribing has increased in the community, to try to prevent hospital admissions and to reduce face-to-face appointments, and in hospitals to combat the Covid-19 symptoms that have been affecting multiple systems within the body and causing serious harm.

All QVH policies and procedures are linked to evidence-based practice and NICE guidance and are reviewed regularly. 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 of this year's cases has shown incorrect antimicrobial prescribing and clinical documentation to be of concern in two of the cases, three were deemed to be acquired pre-admission but the sampling procedure was not followed on admission meaning the cases are attributable to the Trust. The two remaining cases were hospital acquired with no clear route of transmission identified. Lessons were learnt in all cases and education is ongoing.

The infection prevention and control team is working closely with wards and clinical teams to ensure compliance with Trust and national guidance. There is to be an increased focus on robust antimicrobial monitoring and prescribing, with a multi-disciplinary team approach to challenge non-compliance. This will highlight the importance of correct antibiotic prescribing ensuring the right drug is prescribed at the right time for the right length of time and with the right investigations.

CLOSTRIDIUM DIFFICILE RATES	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Trust apportioned cases	1	1	2	0	0	2	7
Total bed-days	14,778	14,406	14,278	14,242	14,063	15,518	8,882
Rate per 100,000 bed-days *	6.8	6.7	14	0	0	12.89	78.8

* for specimens taken from patients aged two years and over (Trust apportioned cases)

Source: Health and Social Care Information Centre data July 2019 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 was scheduled for Q1 2020/21. However, this was put on hold due to covid and user forums were scheduled for January 2021, but they were subsequently postponed again due to the national lockdown.

NRLS data for the full year 1 April 2020 to 31 March 2021 will be published in September 2021. Due to a

national change in reporting frequency, we do not have access to part year (April to September) data as in previous years.

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 2020/21, 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	2016/17		2017/18		2018/19		2019/20	
	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019	April - Sep 2018	Oct 2018 - Mar 2019
Total reported patient safety incidents	412	295	294	355	262	311	387	366
Incident reporting rate per 1,000 spells	57	42	41	49	34.9	46.61	55.2	55.7
Incidents causing severe harm or death	2	1	0	0	0	1	0	0
Percentage of incidents causing severe harm or death	0.5%	0.3%	0%	0%	0%	0.3%	0%	0%

ACUTE SPECIALIST TRUST BENCHMARKS	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019	April - Sep 2019	Oct 2019 - Mar 2020
	per 1,000 bed days							
Lowest national incident reporting rate	16.34	13.67	14.82	17.6	19.0	20.48	23.0	19.1
Highest national incident reporting rate	150.63	149.7	174.59	158.25	142.8	140.62	184.1	177.0
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	0.3%	1.4%	1.6%	0.6%	0.4%	0.3%	0.3%	0.2%
Highest national % incidents causing death	0.3%	0.5%	0.2%	0.7%	0.4%	0.5%	0.2%	1.1%
Average national % of incidents causing severe harm	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Average national % of incidents causing death	0%	0.1%	0%	0.1%	0.1%	0.1%	0.04%	0.08%

Source: QVH data from Datix and benchmarking data from NRLS data workbooks

WHO SAFE SURGERY CHECKLIST

In June 2008, the World Health Organisation (WHO) launched a ‘safer surgery saves lives’ global patient safety challenge to reduce the number of surgical deaths across the world. The five steps to surgical safety 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.

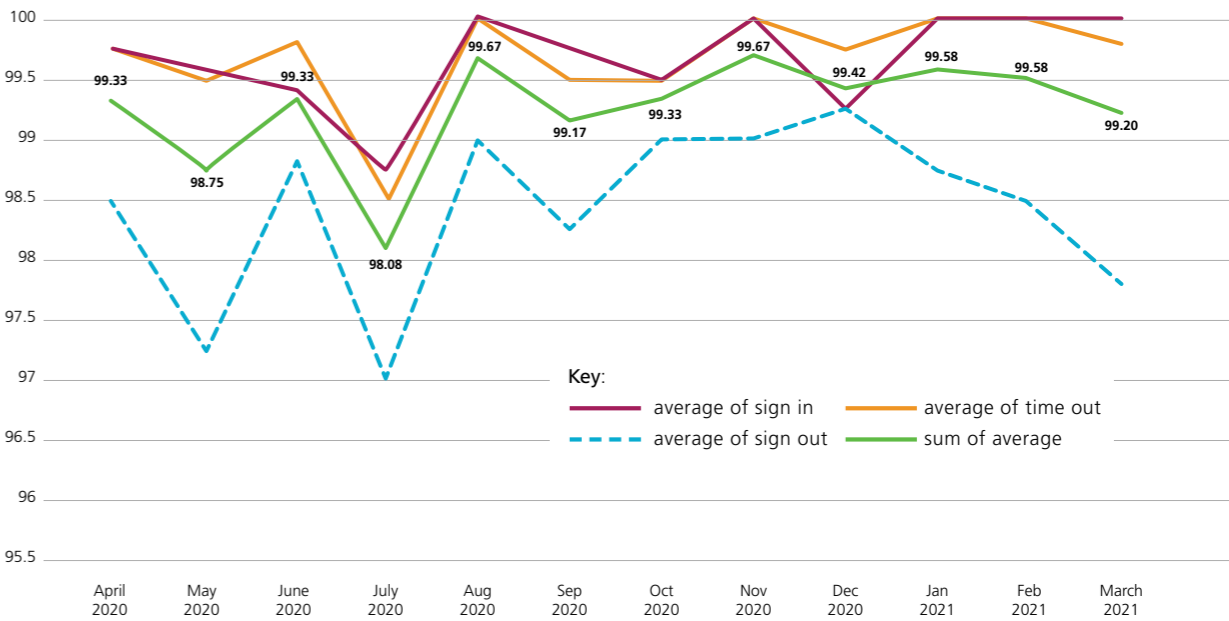
The WHO safe surgery checklist forms part of the five steps to surgical safety (NPSA 2010), each corresponding to a specific period in the normal flow of work. It starts with a ‘team brief’, where each patient is discussed with the whole team and any critical events identified and any learning objectives for the day are discussed. The ‘sign in’ is carried out before induction of anaesthesia, the ‘time out’ is before skin incision, 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 if the learning objectives from the day were met.

The quantitative compliance of the use of the checklist is measured in real time by the surgical team and recorded on the theatre data base (ORSOS). 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, corneoplastics and maxillofacial, has been completed and learning objectives set for the teams that work there.

Through the theatre audits, 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.

During preceptorship training (a period of structured transition for the newly registered practitioners), one hour is spent on the use of the surgical safety checklist.

RESULTS OF QUANTITATIVE COMPLIANCE 2020/21



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.

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.

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 continues to undertake monthly audits in all inpatient areas and will continue to ensure it 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.

VTE ASSESSMENT RATE	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
QVH	90.96%	91.88%	93.53%	94.42%	99.30%	96.42%	98.10%	97.85%	98.67%	98.22%
National average	95.73%	95.51%	95.64%	95.53%	95.20%	95.25%	95.36%	95.21%	95.63%	95.49%
National average specialist trusts	97.53%	97.40%	97.65%	97.44%	97.58%	97.58%	97.26%	97.12%	96.66%	96.78%
Best performing specialist trust	99.97%	99.96%	100.00%	99.96%	99.97%	99.94%	99.95%	99.89%	99.86%	99.82%
Worse performing specialist trust	90.96%	82.68%	90.67%	94.42%	95.56%	95.24%	80.96%	92.39%	92.28%	90.56%

Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	VTE ASSESSMENT RATE
98.26%	97.42%	96.54%	97.71%	96.87%	95.2%	92.70%	97.80%	96.50%	96.50%	QVH
95.65%	95.71%	95.63%	95.47%	95.33%	Stopped due to Covid-19					National average
96.33%	96.69%	97.02%	97.24%	96.52%						National average specialist trusts
99.82%	99.92%	99.82%	99.89%	99.89%						Best performing specialist trust
90.56%	92.63%	93.46%	93.53%	80.58%						Worse performing specialist trust

Source: <https://improvement.nhs.uk/resources/vte/#h2-data-publications>



NHS FRIENDS AND FAMILY TEST – PATIENTS



We use the results of the friends and family test (FFT) 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 to monitor the effectiveness of improvements.

Due to the covid pandemic, FFT data submission was suspended from March 2020. Data submission resumed from December 2020 for acute and community providers. The first data to be nationally reported to NHS England was for December 2020. This data was submitted in early January 2021 and published in February 2021. We have been collecting our own feedback since July 2020. During the suspension, if patients wanted to give feedback about their experience or raise concerns, they were encouraged to contact the patient experience manager, by email or telephone, and were directed to the Care Opinion website where feedback reviews can be posted.

Data is collected 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 or outpatient trauma unit; and 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. The FFT is one way of gathering patient feedback and helps us to improve our hospital services and patient experience, using nationally reported and validated data.

Our average inpatient FFT ‘very good/good’ rate was 99%. For patients reporting a positive experience, interaction with staff continues to be the most significant factor. We are continuing to build upon this relationship by actively encouraging staff to understand and act upon patient feedback. Results are presented to the board, quality and governance committee and patient experience group on a regular basis, and each month we publish details on the QVH website about how many people completed the FFT and what they thought about their care.

NHS FRIENDS AND FAMILY TEST SCORES FROM PATIENTS	Minor injuries unit				Acute inpatients				Outpatients			
	17/18	18/19	19/20	20/21	17/18	18/19	19/20	20/21	17/18	18/19	19/20	20/21
Percentage extremely likely/likely to recommend	96%	96%	96%	97%	98%	99%	98%	99%	94%	95%	95%	95%
Percentage extremely unlikely/unlikely to recommend	2%	2%	2%	2%	0%	0%	0%	0%	2%	2%	2%	2%
Response rate	24%	23%	18%	29%	43%	42%	39%	30%	16%	17%	14%	19%

Source: QVH information system

“The friends and family test is one way of gathering patient feedback and helps us to improve our hospital services and patient experience.”

COMPLAINTS

The Trust has continued to work with departments to respond to concerns raised by patients and their families through the complaint process and to learn and take action from the feedback provided.

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

- We have a responsibility to establish a complaints procedure in line with statutory requirements.
 - The arrangements are made accessible to all patients and their families.
 - The Trust has an internal target for responding to all complaints within 30 working days.
 - Our process ensures that complaints are dealt with promptly and efficiently and that complainants are treated courteously and sympathetically.
- Our comments and complaints procedure has three main elements:
 - Listening** – to hear and take seriously all feedback that is received, whether that is a formal complaint, a compliment or other patient experience.
 - Responding** – to provide a full written response to complaints. All responses are investigated by an appropriate senior manager and reviewed by the Chief Executive.
 - Improving** – our complaint processes not only provide an investigation and formal response to the complainant but also identify gaps in our service provision and changes that may be needed to improve our services for patients.

Learnings from complaints received are highlighted at a range of meetings, including the clinical governance group, quality and governance committee and board meetings.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Complaints per 1,000 spells (all attendances)	0	0.4	0.3	0.3	0.27	0.26	0.34	0.26
Complaints per 1,000 spells (inpatients)	0	4.1	2.8	2.6	2.5	2.9	3.5	2.8

Data source: continuous internal audit

Between April 2020 and March 2021, we received 46 formal complaints and 51 PALS queries.

SAME SEX ACCOMMODATION

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

- QVH has designated same-sex ward areas
- QVH is able to adapt washing and toilet facilities to deliver same-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 2020/21 through the use of single rooms and the appropriate planning of patient admissions.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0	0	0	0



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 root cause analyses are presented internally to share and implement the required 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	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Development of pressure ulcer Grade 2 or above per 1,000 spells	0	0.6 (total=11)	0.9 (total=17)	0.5 (total=10)	0.4 (total=9)	0.2 (total=5)	0.4 (total=8)	0.5 (total=8)*

* For 2020/21 all pressure ulcers were grade 2 or below

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. The guardian provides staff with 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 feedback. QVH works proactively to support an open culture, where issues are identified and lessons sought to be learnt from.

Part of the 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 Nicky' director of nursing and quality email account that is available to all staff and 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.

“The Trust takes its duty of candour seriously”



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

In partnership with two other NHS Trusts, QVH continues to recruit overseas nurses and has successfully appointed a further six nurses who are now registered and working fully within theatres. This recruitment drive has significantly reduced our vacancy rate and agency usage.

The Trust is very aware of the need to attract more women into senior clinical roles and the annual equalities and diversity report sets out how we are addressing the workforce race equality standard and workforce disability equality standard. We have an equality and diversity action plan which is monitored at the finance and performance committee and a number of significant milestones have been achieved during 2020/21.

With the increasing use of e-workforce systems, the Trust continues with its deployment of electronic rostering systems and leave management. These have been widely used and proved an excellent resource to draw upon during the pandemic. There is more visibility of what activities our employees are undertaking at any one time and a clearly defined approach to annual leave.

“Our recruitment drive has significantly reduced our vacancy rate and agency usage.”

WELLBEING

The workforce team play a leading role in supporting staff health and wellbeing through a programme of initiatives and information

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 department provides 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. Since June 2019, our occupational health service has been provided by Cordell Health with a dedicated occupational health adviser for self-referrals and management referrals on site three days a week. Staff are able to self-refer to the onsite internal physiotherapy service.

We now contract directly for a more cost effective and comprehensive employee assistance service. This service is provided by Care First and provides all staff with a range of personal and professional

support. This includes 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 to deliver sessions on stress, mental health, and managing pressure. These, unfortunately, had to be postponed in 2020 due to covid.

During the pandemic, the workforce team established the QVH Stay Well initiative to ensure our staff were supported during this time and had access to support and resources on a range of issues from stress and anxiety to personal finance and relationship support. The Stay Well initiative also drew upon the expertise of the Trust's psychological therapies team and established a dedicated area on the QVH site where staff were able to go during particularly difficult times during their shifts.

NHS IMPROVEMENT NATIONAL PRIORITY INDICATORS

NHS England and NHS Improvement (NHSEI) use the following national access and outcomes measures to assess governance at NHS foundation trusts. 2020/21 was an extraordinary year due to the impact of the covid pandemic, however the review and monitoring of standards continued.

Performance for non-urgent care was significantly impacted through both the stand-down of routine activity and QVH mobilising as a regional cancer hub to support Kent, Surrey and Sussex patients during the pandemic. NHSEI national priority indicators for safety, effectiveness and experience can also be found in section 2.

QVH’s 2020/21 performance against these waiting time indicators is shown below.

NON-ELECTIVE WAITING TIMES – MINOR INJURY UNIT (MIU)

The MIU continued to deliver against the 4 hour standard. Attendances were lower than previous years. The number of patients leaving without being seen has improved from 1.46% in 2019/20 to 0.33% in 2020/21.

QVH TRUST PERFORMANCE		Performance		Quarterly trend			
		Target	QVH 2020/21	Q1	Q2	Q3	Q4
Minor injury unit access	Attendees completing treatments and leaving within four hours in minor injuries unit	95%	99.93%	100%	99.91%	99.89%	99.94%

DIAGNOSTIC WAITING TIMES

Diagnostic waiting times were initially impacted by the pandemic. However services recovered during quarters 3 and 4. Performance for reporting turnaround times has continued being greater than 95% reported within seven days throughout the period.

QVH TRUST PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21
Diagnostic waits < 6 weeks (DM01)	72.45%	28.09%	73.30%	84.95%	86.84%	92.08%	94.94%	98.13%	96.34%	98.84%	99.15%	98.92%
Diagnostic reporting complete within 7 days	99.03%	98.62%	99.40%	98.56%	98.66%	98.22%	98.66%	95.53%	98.45%	97.88%	98.39%	97.03%

OPERATIONS CANCELLED BY THE HOSPITAL ON THE DAY FOR NON-CLINICAL REASONS

During the year, 11,319 surgical cases were delivered and every effort is made to minimise cancelled operations. Work has continued to improve our theatre capacity and efficiency.

	How data is collected	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days	Data collected from patient administration system and theatre system	4	4	14	14	16	2
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	Data collected from patient administration system and theatre system	3	0	0	2	2	4

CANCER WAITING TIMES

Work has been ongoing to improve cancer waiting times for patients. An improvement plan is in place across all NHS Constitution standards and the Trust has made good progress in delivery of the new faster diagnosis standard.

QVH TRUST PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21
Two Week Wait (93%)	83.78%	89.50%	77.12%	84.53%	98.36%	99.70%	98.70%	99.43%	98.87%	90.67%	98.22%	98.80%
62 Day Referral to Treatment (85%)	90.91%	95.92%	88.24%	77.46%	91.25%	85.29%	81.82%	86.57%	85.56%	85.33%	87.50%	87.65%
31 Day Decision to Treat	98.21%	98.48%	93.06%	89.02%	93.90%	89.74%	92.22%	93.33%	92.78%	89.66%	94.81%	94.62%
Faster diagnosis (75%) (shadow reporting)	67.4%	79.9%	77.1%	82.5%	75.3%	67.8%	82.2%	75.1%	77.1%	73.7%	82.8%	83.2%

ELECTIVE WAITING TIMES

Prior to the mandated step-down of activity due to the covid pandemic, the Trust was on track to have no patients waiting 52 weeks or more (excluding patient choice deferrals) and deliver an improved RTT (referral to treatment) position. However, waiting times have been considerably impacted by the step-down of routine hospital treatment and the mobilisation of QVH as a regional cancer hub. The number of patients waiting for longer than one year has increased considerably while treatments have been prioritised according to clinical urgency.

QVH TRUST PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21
Referral to treatment times within 18 weeks (target 92%)	69.58%	59.22%	50.48%	42.16%	47.69%	55.61%	64.21%	69.60%	71.36%	71.06%	69.96%	70.22%
Patients waiting greater than 52 weeks	38	100	185	320	461	555	608	563	623	740	907	903
Total waiting list size	9,604	9,397	9,854	10,059	10,186	10,282	10,360	9,907	10,069	10,124	10,416	11,002

Sources: QVH information system.

SERVICES WE PROVIDE

Head and neck services

Orthodontics

Maxillofacial prosthetics service

Radiology department

Facial paralysis

Therapies

Sleep disorder centre

Psychological therapies

Skin cancer care and surgery

Anaesthetics

Simulation training

Corneoplastic and ophthalmology services

Hand surgery

Breast reconstruction

Burns service

Head and neck services

QVH provides specialist head and neck cancer services to West Kent, Surrey and Sussex. Throughout 2020/21, the service has remained as busy as ever with a significant increase in the total number of major head and neck cancer procedures undertaken when compared to previous years (figure 1). In spite of the increased volume, the department continues to match or exceed the recognised national benchmark standards (figure 2).

This upturn in activity is likely due to multiple factors. A key component is the versatile response adopted by QVH and the head and neck cancer team during the covid pandemic. This allowed for the continuation of high-quality surgical treatment for head and neck cancer patients within the existing QVH referral base, while

of cases from the West Kent MDT selected for surgical treatment, as well as the ever-increasing multi-disciplinary expertise required to manage this complex patient cohort.

Coronavirus has also presented a number of challenges to surgical training. In response, a virtual reality in medicine and surgery training programme has been developed in collaboration with Brighton and Sussex Medical School. This multi-speciality training tool has successfully delivered virtual reality-based training to hundreds of delegates around the world.

Beyond the challenges and opportunities presented by the covid pandemic, the head and neck cancer team have continued to strengthen joint working with the world-renowned QVH maxillofacial prosthetic service. The use of stereolithographic models to guide surgical planning

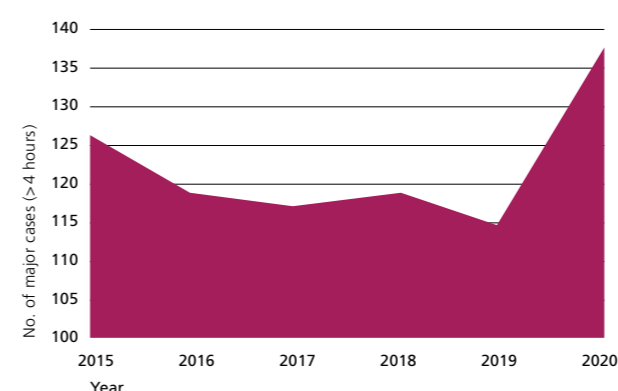


Figure 1: major head and neck cancer procedures undertaken, 2015-2020

also creating robust pathways to facilitate the referral of patients from other head and neck cancer units that were unable to provide surgical services during the peaks of coronavirus admissions. In recognition of these efforts, QVH was one of the first sites designated as a regional cancer hub by NHS England.

Furthermore, the Surrey and Sussex cancer alliance supported the upturn in activity by providing additional financial support for a further consultant head and neck surgeon and cancer pathway navigator. To inform other units of the approach adopted at QVH, the head and neck cancer team successfully published a manuscript detailing their experience in the British Journal of Oral and Maxillofacial Surgery.

A second factor contributing to the rise in major case activity in 2020 relates to an increase in the proportion of patients with complex oropharyngeal, laryngeal and hypopharyngeal cancers undergoing primary or salvage ablative surgery at QVH. A total of 20 cases within this category were performed in 2020, a 67% increase from 2019. This likely represents an increase in the throughput

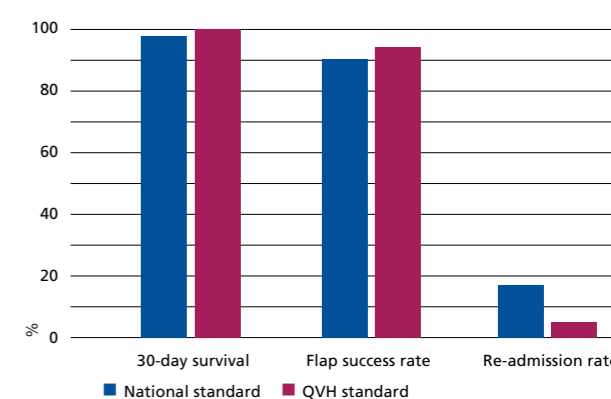


Figure 2: QVH compared to national benchmark standards

continues to increase and one of the head and neck cancer surgical team is now undergoing training to use the software available to provide comprehensive on-site virtual surgical planning for bony ablative cases, enhancing the standards of care for patients while significantly decreasing the costs incurred from outsourcing such activity.

The QVH head and neck cancer team also remain at the forefront of national planning and data collection. The QVH head and neck cancer lead is currently the British Association of Oral and Maxillofacial Surgeons (BAOMS) head and neck cancer special interest group lead, ensuring that QVH remains up-to-date with the latest developments within the specialty.

QVH continues to support the BAOMS quality outcomes in oral and maxillofacial surgery programme and has submitted an application to become one of the pilot units. If successful, this would support the pre-existing prospective outcome data collection through the provision of a cancer data co-ordinator, thus ensuring QVH remains central in collating data to help drive improvements in patient care both locally and nationally.



Orthodontics

In 2020, the QVH orthodontic department, like services elsewhere, sustained significant impact on clinical care as a result of the covid pandemic. The team concentrated on the transition from face to face clinics to virtual clinics to keep in touch with patients. Cases were, and continue to be, triaged according to their risk of harm as a result of inevitable delays to clinical care.

Where patients couldn't be instructed on how to manage their own emergency needs with instructional videos or verbal instruction, face to face emergency treatment continued and clinicians managed this with full PPE and barrier nursing. The orthodontic team went to considerable effort to repurpose the department, setting up one-way systems, reducing unnecessary contacts and adjusting how care was delivered to reduce the risk of covid transmission.

At the end of the first wave of the pandemic, the team were one of the first specialities in the Trust to get back to face-to-face working, putting into practice the new protocols to keep staff and patients safe and this process continued as the second lockdown was eased. As a result of the reduced patient throughput, however, the volumes of available outcome records in this calendar year has reduced and this is reflected in the data below.

Virtual 'walk in' orthodontic emergency service

The covid pandemic has required innovative thinking to adapt services to allow the continuation of patient care. With the introduction of virtual clinics, orthodontics has modified its service to introduce a virtual emergency service to replace the walk-in service provided prior to the pandemic. This new service allows existing QVH orthodontic patients in treatment to have a virtual consultation with a clinician and obtain advice on managing problems with their orthodontic appliances. Where patients are identified as requiring a face-to-face appointment this is made in a timely manner. This adaptation to the service will be audited, including obtaining patient feedback.

'Self-fit' retainer project and nurse-led follow up clinic

As a result of the challenges to departmental activity during the covid pandemic, a change in departmental protocol was implemented to allow patients completing orthodontic treatment to have their retainers posted to their homes to self-fit, with the introduction of a nurse-led follow up clinic to support the service. The new protocol links with the ongoing department patient information project, and the first QVH patient information video on self-fitting of retainers was created for the QVH YouTube channel. This new process is also being audited.

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. 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 2020, 99% of our patients were assessed as 'greatly improved' or 'improved'. This is shown in the table below.

PAR score		
Percentage of patients achieving an outcome in the improved or greatly improved category	2020	99%
	2019	99.3%
	2018	99.3%
	2017	98.6%
	2016	98%
	2015	95%
	2014	95%
	2013	95%
National Gold Standard: 70% in this category		
Data is produced one year in arrears		

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 digital questionnaire. In 2020, 113 patients completed the questionnaire and the majority (99%) were completely satisfied.

Furthermore, 99% were happy that their teeth were as straight as they would have hoped; 100% reported improved self-confidence; 99% reported an improved ability to keep teeth clean; 99% reported improved ability to chew; and 98% reported improved speech.

A total of 98% 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.

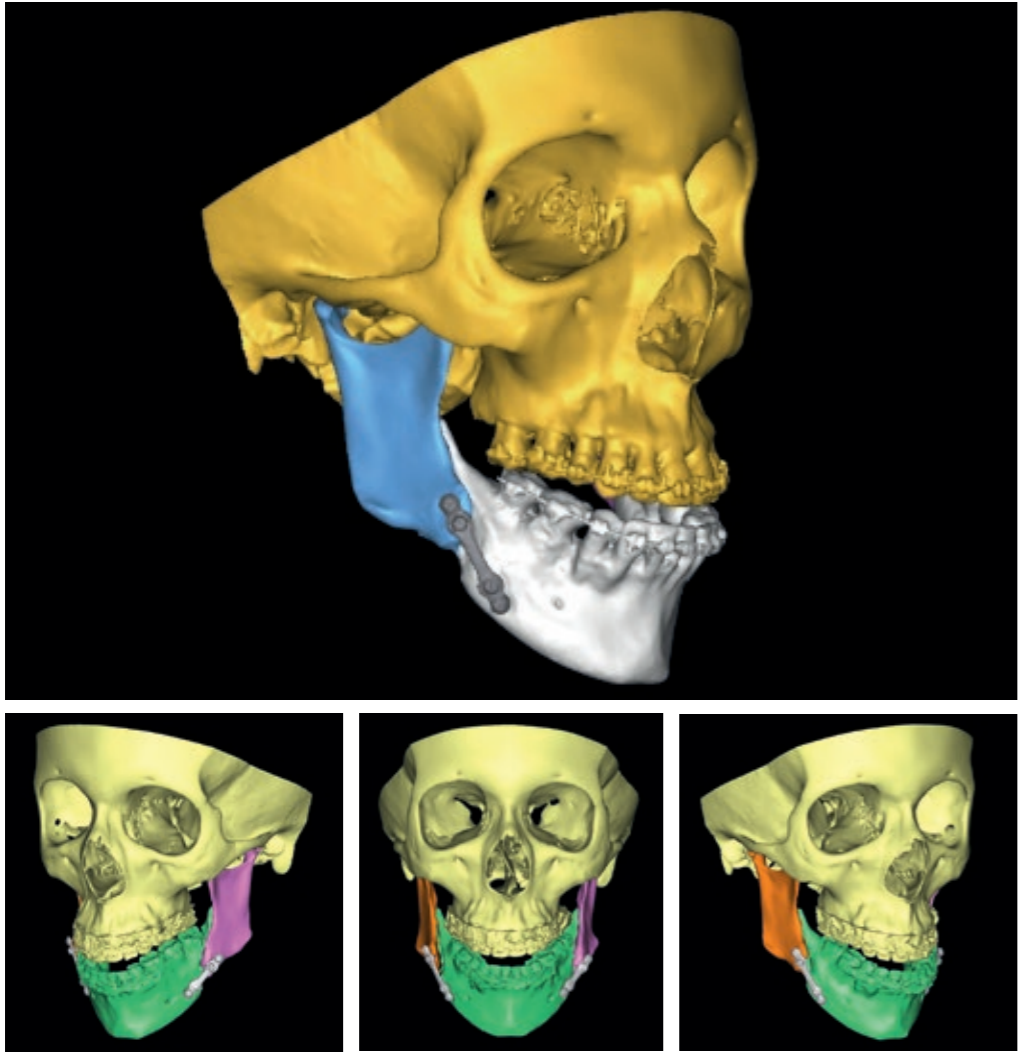
“The team use a variety of validated clinical and patient outcome assessments.”

Maxillofacial prosthetics service

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. As such, it has government funded training posts under the modernising scientific careers: scientist training programme. While complying with current post-Brexit legislation concerning the manufacture and supply of medical devices, the department has sought to improve its in-house 3D surgery planning and device manufacturing capability.

3D computerised orthognathic jaw surgery planning



During the last 12 months, one staff member successfully completed an MSc (non-clinical) in 3D additive manufacturing. While still in the initial development stages for use with head and neck surgery cases at QVH, engagement with these new technologies has already assisted with surgery planning for head and neck cancer and congenital surgery cases. The in-house 3D facility has reduced theatre time and progressed the quality of perioperative devices resulting in improved postoperative outcomes.

“The service at QVH is one of only five accredited reconstructive science training institutions.”

Radiology department

The radiology department continues to provide general radiography, fluoroscopy, non-obstetric ultrasound, computerised tomography and cone beam computed tomography services on site.

Throughout the early part of 2020 demand for these services initially fell as covid restrictions were initiated. However, as QVH was deemed a regional cancer hub, work commenced with community care hubs and integrated care systems to support surrounding trusts and primary care with MRI, CT and ultrasound capacity. This has helped improve patient diagnosis and meant patient have not experienced delays where they would have otherwise been seen in acute sites.

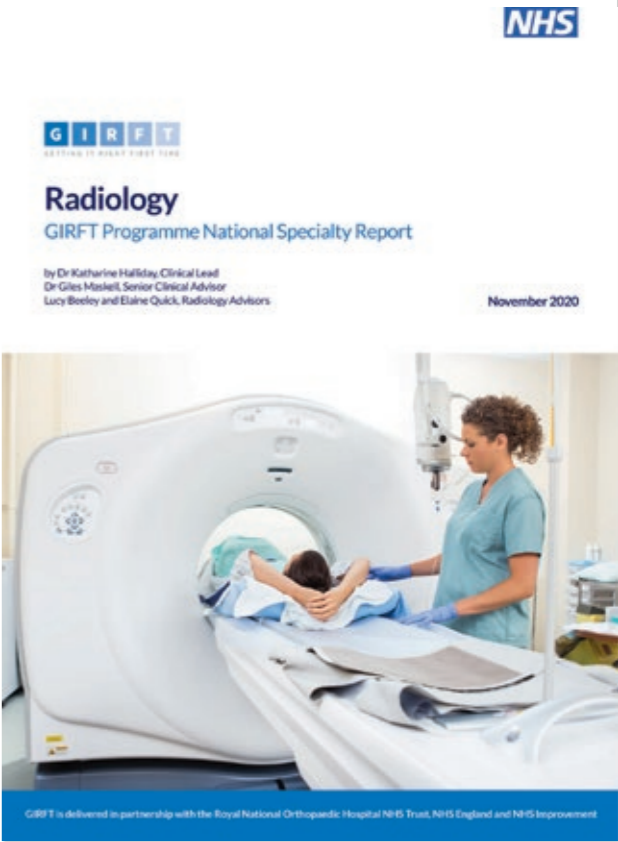
As we provided this service for patients who would normally have been seen at another hospital we sought patient feedback, with all patients reporting a very good experience, that QVH met their expectations, and overwhelmingly that they were reassured by QVH's infection control processes.

A collaborative and flexible working approach has been key to continued service delivery throughout the changes and challenges faced by health and care services during the pandemic. The radiology team have all learned enhanced PPE cleaning and fit testing to ensure strict infection control procedures have been adhered to. Clinic templates have been modified to allow extra time for deep cleaning of clinic space and, where possible, grouped appointment cohorts with the booking of vulnerable or at risk patient groups together to reduce potential anxiety about attending an onsite appointment and mixing with others in waiting areas.

The radiology department assistant team have contributed to staff swabbing and have focused on swabbing staff who work in isolated work groups or are frequent lone workers. Collaborative work with the theatre team has also allowed repatriated breast cancer cases to be treated at QVH. The radiology department has been instrumental to the integration of the PACS system and breast imaging equipment and the implementation of standard operating procedures to ensure standards of care are outlined and met.

The lead consultant radiologist played a central role in the introduction of on site testing and has also been working on regional programmes around strategic service delivery and diagnostics.

The national Getting It Right First Time (GIRFT) programme identifies examples of innovative, high quality and efficient services and also areas of unwarranted variation in clinical practice and/or divergence from evidence-based practice. A GIRFT review carried out in March 2019 at QVH found that the radiology department, and radiology department assistant (RDA) role in particular, stood out as excellent examples for role extension. This was also detailed in the Trust's CQC report. GIRFT cited our RDA role as an example of good practice in its National Speciality Report published in November 2020.



To continue to build on this good practice, the radiology department wants to further develop the RDA role in 2021 to extend to the ultrasound pathway to increase the efficiency of the referral process. There is also potential for the department to further extend this pathway to vet MRI scans for the musculoskeletal service.

The department is looking to further upskill and develop staff by introducing a degree standard apprenticeship in diagnostic radiography. The first candidate will be eligible to enrol for study starting in September 2021.

The radiology department now offers ultrasound guided biopsies of the neck as standard. This is a neck biopsy procedure performed by a radiologist to take a tissue sample of an abnormality in the neck lymph node glands or thyroid gland. The biopsy is undertaken using an ultrasound scanner and a special biopsy needle. Following the implementation of this procedure, the service found there was no adequate patient focussed material or literature to give patients information on the procedure, aiding in informed consent and providing advice on what to expect or after care. The patient information group approved a leaflet on this subject in November 2020.

There is also appetite to produce and introduce patient information on sialogram and sialoplasty procedures and explore the use of patient information videos as the Trust develops more virtual means and technology to deliver patient information, this work will take place throughout 2021.

Facial paralysis

Scarless surgery in facial palsy

Over the past year, the QVH facial palsy team has incorporated a new technique to reanimate the face after paralysis with the use of nerve grafts with their own blood supply, placed within the patient's mouth.

Facial pain clinics

Studies have shown a clear correlation between depression/anxiety and facial palsy. In extreme cases, facial pain also begins to set in. QVH is proud to have continued specialised clinics since restrictions began in March 2020, in order to treat those with intractable facial pain, for example after Bell's palsy and even migraine. This has provided a lifeline for those severely afflicted by this condition.

Telemedicine clinics in facial palsy

With the arrival of the pandemic in 2020, the facial palsy team, which had been trialling remotes clinics since 2018, rolled out fully-fledged telemedicine clinics for both psychological and clinical assessments for all new facial palsy patients. NHS facial palsy patients from all parts of the UK can now be managed from the comfort of their homes. The map right illustrates the scale of QVH's contribution to the treatment of NHS facial palsy patients nationally. This also translates into less time off work for our patients as well as reduced travel costs.

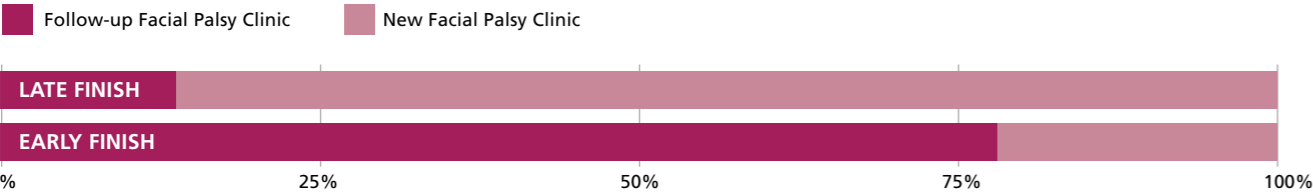
Concurrently, these virtual clinics have also helped QVH complete these facial palsy appointments within time, with a significantly lesser risk of late running clinics (as shown below). Audit analysis of clinical waiting times pre-covid and more recently have shown that clinics now finish over an hour earlier on average. This virtual clinic template now applies to 100% of new facial palsy/therapy appointments and 30% of follow-up appointments.

Future plans are to extend this service to Northern Ireland via a QVH-Belfast link, allowing decisions to be made in East Grinstead while the patient is simultaneously treated in Northern Ireland.

Virtual reality facial palsy therapy sessions

QVH Charity has recently approved the purchase of virtual reality technology developed at the University of Sussex for monitoring improvement in facial palsy patients treated at QVH. Using this device and a novel scale termed the East Grinstead Grades of Stiffness (EGGS) score, clinicians will be able to identify earlier those at higher risk of facial contractures and therefore surgery. This will translate into reduced long-term facial pain for QVH patients.

The success of the facial palsy team is attracting international recognition to QVH with invitations to global webinars in the field of cranial nerve surgery, virtual reality and facial therapy. Building on the legacy of Charles McLaughlin from the 1950s, QVH is recognised as the place where many of the principles of facial reanimation surgery were first discovered and today is recognised as an international centre of excellence in facial palsy. Members of the team have given numerous webinars and written landmark articles and books, continuing to build QVH's legacy.



“QVH is recognised as the place where many of the principles of facial reanimation surgery were first discovered.”

Snail flap: a rotation flap in scalp reconstruction

The facial palsy team have developed a new technique of rebuilding the scalp in a quicker and more effective manner, without the need to sacrifice hair-bearing areas. This has been shown to heal faster and better than conventional skin grafts, with great benefits for future patients within the NHS and beyond.

Migraine surgery

Many facial palsy patients also suffer from nerve compression due to undue tightness in their facial muscles and this causes migraine headaches. In these patients, a blend of Botulinum toxin and steroid injections, and sometimes surgery, can be very effective. Using the template of the American Migraine Centre in Cleveland, QVH now offers a possible solution for the millions who suffer from migraine as well.

Ultrasound-guided injections

As part of QVH's effort to combat facial pain and associated migraines, we have developed a novel technique of treating intractable jaw and neck pain in those suffering from Bell's palsy, hemifacial spasms, and other conditions. Globally, these conditions were previously not always recognised or correctly treated. QVH now offers a much simpler, non-operative solution using ultrasound technology, for a debilitating problem.

Reducing costs

An analysis of over 850 facial palsy patients since 2016 in terms of blood and radiological investigations has allowed QVH to reduce the number of tests being done unnecessarily, while maintaining high levels of detection. This is important as most patients referred to us are very complex and may have been referred on from other hospitals.

Facial palsy therapy

The last 12 months have seen the delivery of facial palsy therapy change dramatically in response to the covid pandemic. The team have been able to change to offer patients both therapy and MDT appointments virtually. Delivery of patient courses posed a challenge but the team developed a new MDT course which not only combines psychology and therapy input for patients for the first time but was also successfully delivered remotely. The preliminary results have been outstanding, with great improvements in both psychosocial and physical outcome measures.

Therapy team members continue to work in extended roles offering medical advisory services to facial palsy charities and undertaking committee roles for the facial therapy specialists professional network, an international group. As chair of this group, our lead therapist has been working with an international team to set up guidelines for best practice in facial palsy therapy.

Therapies

The therapies department at QVH prides itself on providing safe and effective services delivered by a range of highly trained allied health professionals including physiotherapists, occupational therapists, speech and language therapists, dieticians and an orthotist. Therapists at QVH are an integral part of both our multiple disciplinary teams on site as well as providing access to specialist outpatient and domiciliary services for local patients.

Annual data and surveys demonstrate that throughout this year therapies has continued to meet its aims, maintaining its vision for the future and ultimately providing our range of services safely during the pandemic.

Alongside multiple other services at QVH, therapies successfully employed virtual/ telephone consultations to assess and treat over 13,000 patients. This ensured the continuation of treatment for a diverse range of acute and chronic conditions empowering patients with advice, education and rehabilitation programs. Over 90% of patients reported their virtual consultations were either highly or quite effective. Following this feedback clinicians continue to provide our patients the choice of virtual consultations within therapies.

Delivery of groups and educational courses for patients posed a significant challenge during the pandemic, however in response teams took the opportunity to collaborate. Clinicians at QVH continue to work in extended roles within specialist professional networks bringing up to date developments back to the therapies department to ensure we providing the high quality care. Specific examples of this benefiting facial palsy patients are described in the facial palsy section above.

Challenges and interruptions to accredited training programs have been widespread, having the potential to affect the next generation of therapists. At QVH the therapies department has organised, produced and delivered high quality training sessions and supervision remotely for undergraduate and postgraduate trainees. This educational work continues to provide joint learning experiences and enhances our partnership working for the future.

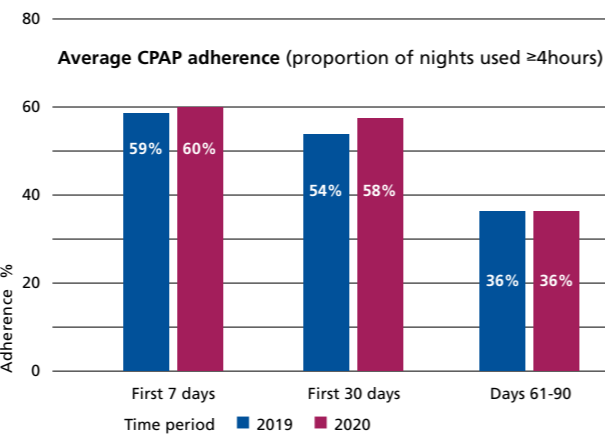
“Over 90% of patients reported their virtual consultations were either highly or quite effective.”

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 five consultant physicians, 12 technicians, administrative staff and secretaries. It 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 International Classification of Sleep Disorders (ICSD-3). These comprise insomnias; sleep disordered breathing; central hypersomnias; parasomnias; circadian rhythm disorders; and movement disorders including nocturnal epilepsies. Treatments for sleep disordered breathing include CPAP; non-invasive ventilation; adaptive servo ventilation; orthodontic services for mandibular advancement devices; and surgery including bi-maxillary osteotomy.

Coronavirus has presented a number of challenges during 2020. Changes in practice, including telephone consultations with remote monitoring and adjusting practice in line with infection control guidance, during the pandemic has allowed for the service to continue operating with both diagnostics and follow up support at near pre-pandemic levels. This has also allowed the department to support other trusts with their patient case load while their sleep services were suspended.



Where clinically indicated, patients are able to trial CPAP therapy on site having first tested negative for covid. This change in process has allowed the centre to continue with current capacity levels with scope to increase this into 2021 and a recent audit revealed this change in practice exhibited the same or better treatment outcomes for patients. Patient feedback was collected through the friends and family test shows positive patient feedback.

The centre is trialling the use of use of daytime trans-oral electric stimulation to improve CPAP adherence. This proposal was approved by the clinical governance group in summer 2020. Further work is underway for 2021 for commissioning approval and agreed tariff reimbursement.

Psychological therapies

The department of psychological therapies offers a range of evidence-based psychological treatments to inpatients, outpatients and staff at QVH. Therapies offered to patients include preparing them for surgery and for adjustment following surgery, body image difficulties, post-traumatic stress disorder, injury and illness-related depression and anxiety, insomnia and other sleep disorders.

The department includes 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 MDT meetings.

During the pandemic the department continued to offer the full range of therapies to patients and staff. In response to an identified need for staff, a service was commenced and audited offering focussed support for staff to resolve trauma related issues that had been exacerbated by the pandemic using EMDR (Eye Movement Desensitization and Re-processing). Bespoke EMDR equipment was made available through the QVH charity. Participants were assessed using measures of depression, anxiety, psychological distress, general wellbeing, trauma and self-esteem. The findings are currently being evaluated. Data analysis will follow but initial findings are very positive with improvements seen across all measures.

Skin cancer care and surgery

The QVH 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, a consultant dermatologist and consultant histopathologist. QVH also provides specialist dermatopathology services for skin cancer and other conditions.

Basal cell carcinoma (BCC) 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 but 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.

This was an unusual year in so many ways and so it is perhaps not surprising that the total numbers of BCCs in 2020/21 are down from the previous year. QVH carried out 1,428 BCC excisions in 2020/21 compared to 1,939 in the year before. This is in line with the national picture for cancer treatment rates and illustrates the need for QVH to continue to support the national and regional cancer recovery plans. Presumably due to delays in seeking cancer treatment in the first lockdown, many patients have since presented with tumours which are more advanced than would normally be the case. As a result, the tumours are larger and deeper and the proportion of incomplete excisions is increased. In 2020/21, 120 were incompletely excised, giving an overall complete excision rate of BCCs at QVH in 2020/21 of 91.6%.

“The ‘see and treat’ service is a one-stop service for a patient...”

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.

For malignant melanomas there was also a hiatus of presentation during lockdown and so the overall numbers are down in 2020/21 at 293 compared to 396 in the previous year. The proportions of incomplete excisions has decreased, however, with 19 incompletely excised melanomas giving an overall complete excision rate of melanomas at QVH in 2020/21 of 98.9%.

The ‘see and treat’ service is a one-stop service for a patient to have a consultant appointment to evaluate a skin lesion and discuss and formulate a treatment plan. Where possible, if the skin lesion requires surgery, this will be offered on the same day under a local anaesthetic with a virtual post-operative follow up appointment.

Complete excision rates in basal cell carcinoma		Complete excision rates in malignant melanoma	
Target 98% and British Association of Dermatology guidelines		QVH target 100% NICE guidance 75%	
2020/21	91.6%	2020/21	98.9%
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%

Anaesthetics

The anaesthetic department at QVH includes 22 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.

During 2020, the anaesthetic department was at the forefront of the planning and delivery of the hospital's response to the developing covid pandemic. Anaesthetic cover was provided to an expanded service, which included the McIndoe Centre covering urgent and emergency trauma, as well as a continued clinical commitment to QVH as it took on cancer work from surrounding trusts. Anaesthesia for children who have suffered burns and traumatic hand and face injuries has also continued.

From early on in pandemic, the anaesthetists were on the front line of service delivery, working within rapidly developing guidelines, often in full PPE and where risk to personal safety was difficult to quantify. An extra rota to cover short notice leave was introduced so the service could be maintained throughout.

Critical care consultants worked to develop and plan for the expansion of ITU services while setting up a service to allow continued urgent cancer work for QVH and neighbouring trusts.

The anaesthetic department also led in providing simulation training in preparation for all the clinical challenges that arose during the pandemic.

Consultant anaesthetists were involved in planning for lockdown and later for the recovery and restoration of clinical services and a consultant anaesthetist also provided senior clinical leadership to the successful vaccination programme for QVH staff and other local health and care workers.

We were able to maintain the training for our anaesthetic junior doctors who all met their training targets, despite the pandemic severely affecting training elsewhere.

“We were able to maintain the training for our anaesthetic junior doctors who all met their training targets, despite the pandemic severely affecting training elsewhere.”

Pre-assessment clinic

The pre-assessment clinic is run by a dedicated team of nurses and anaesthetists. They adapted quickly to new working conditions, developing virtual clinics and telephone consultations so that patients could not only be assessed but also informed and updated about the changing situation.

They collaborated closely with clinics from neighbouring trusts to allow the visiting cancer services to develop safely and successfully and have continued to minimise the late cancellation of operations despite very difficult circumstances.

Critical care

QVH operates a specialist critical care unit (CCU) caring for patients after major maxillofacial and plastic surgical reconstruction procedures, burns injuries and maxillofacial and limb trauma. Over the last year we the service has reorganised to safely care for an increased number of cancer patients from an expanded group of local hospital trusts. This helped to ensure patients were able to receive their surgery while the impact of covid would otherwise have made this impossible. QVH has also, over the last year, made specialist CCU nurses and doctors available to several other hospitals to support the huge demands placed upon them by the covid pandemic.

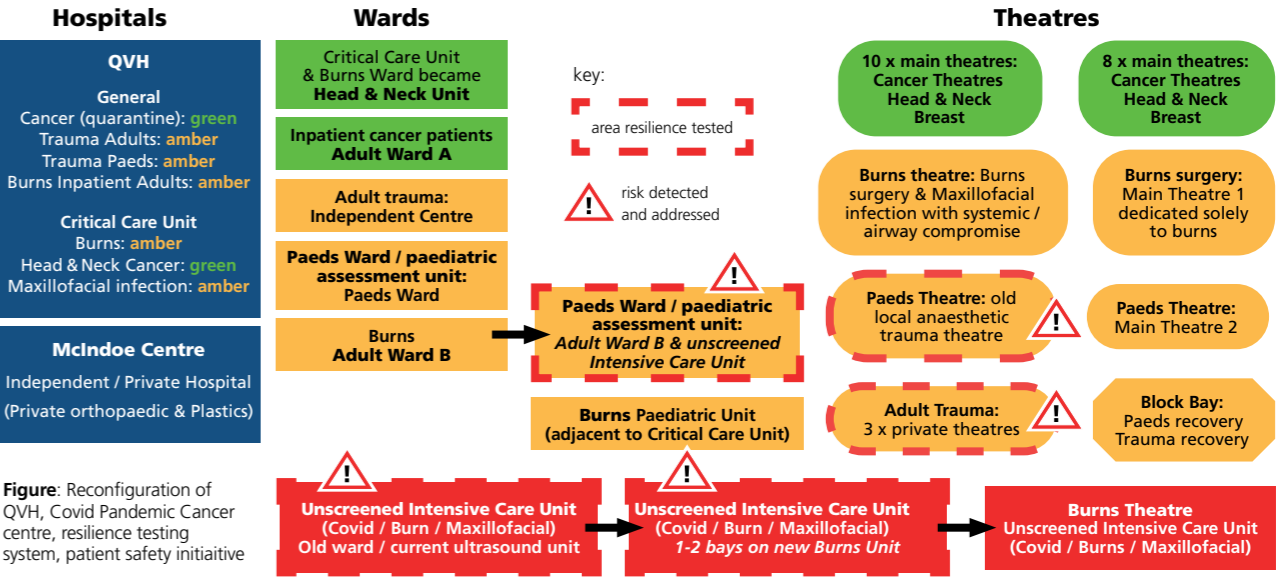
Pain

Over the last year, the pain team has meshed tightly as a team working well together through the pandemic. Led by a senior clinical nurse specialist and consultant anaesthetists, the team includes two development pain nurse specialists and a specialist pharmacist. Whilst trauma was at the McIndoe Centre, the team looked after patients on both sites and managed pain policies for both.

The team have run an increased number of regional and epidural study days after a period of none during the first wave and managed to hold seven half-day sessions in the last year. The team has contributed to the care of all patients with complex pain needs, managing the epidural, regional and PCA (patient controlled analgesia) patients. The pain team also liaises with the pharmacy team to ensure patients have correct medication on discharge and that patients have good quality information to manage their pain needs at home while ensuring that patients understand the need not to continue with acute analgesic medication. Advice and assistance is also frequently given to patients and staff in clinic settings.

Following an audit of pain during burns dressing changes in November 2019, the team trialled a virtual reality headset on both burns and Peanut (children's) wards. This was very well received by patients and staff and funding for two headsets was applied for from QVH Charity. The headsets are now available for patient use in burns outpatients and burns and Peanut wards.

Simulation training



Simulation training proved invaluable in preparing staff and clinical areas within the hospital for the new policies and procedures that were implemented during the pandemic. A multidisciplinary simulation team – led by anaesthetists and supported by nurses and operating department practitioners from theatres, the wards and CCU – delivered training in high volume to all professions and clinical groups to ensure PPE use was optimum, teaching new skills such as proning patients, building confidence and reducing stress.

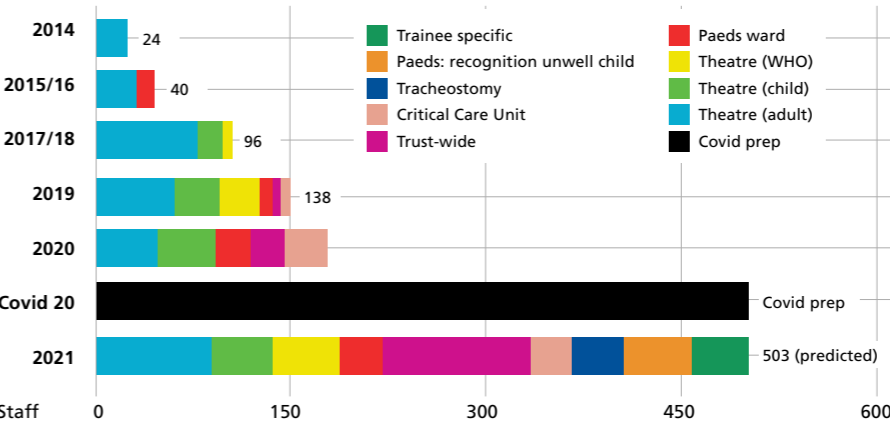
As part of the preparation for the Trust's role as a regional cancer hub during the pandemic, reconfigurations of hospital areas, including the McIndoe Centre, were devised to keep 'green' cancer and 'amber' emergency trauma pathways separate to minimise the risks of covid transmission. The simulation team recognised the inherent and often unknown risks associated with reconfiguration and suggested running simulated systems resilience testing in the new areas using manikins. This allowed the team to detect any unpredicted risks and modify them before the areas opened to patients.

This was recognised by Health Education England and the South East simulation training network as an innovative use of simulation to improve patient safety. The systems resilience testing is now embedded into the Trust's simulation programme as well as critical incident simulation training. There has been a significant increase in training that clinical staff can book into for the simulation team to resilience-test their areas of work and come up with solutions before problems even occur.

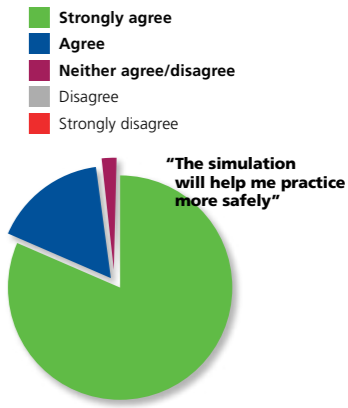
The simulation team, head and neck anaesthetists and nurse educator for CCU delivered enhanced 'up skill' training in tracheostomy management for staff on the newly formed head and neck unit. The team and the resuscitation officer now deliver simulation training in clinical areas across the Trust on the recognition of the unwell ward patient to ensure maintenance of clinical skills.

The Trust and its supporting charities have made significant investment in simulation training including a full repertoire of manikins to match the patient population it serves and a state-of-the-art simulation suite.

Below: number of staff trained using simulation at QVH



Below: simulation feedback







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 include Mohs micrographic excision for eyelid tumour management; facial palsy rehabilitation in the eyelid region as part of the largest facial palsy service in the UK; endoscopic dacryocystorhinostomy (including paediatric endoscopic dacryocystorhinostomy) for tear duct problems; and modern orbital decompression techniques for thyroid eye disease.

The QVH corneoplastic team are active in publishing and driving innovation for corneal and oculoplastic specialities. During the covid pandemic, new ways of treating patients were explored to reduce hospital attendance, including innovative methods of suturing so that patients could remove their own sutures. This has a threefold benefit: reducing the risk of covid transmission, allowing more patients to be treated, and reducing carbon emissions from unnecessary travel.

The cancer treatment pathway was maintained during the pandemic through telemedicine with new systems for emailing photographs and video consultations. This allowed the corneoplastic unit to maintain full capacity, providing a regional and national service to treat sight-threatening diseases and eyelid cancers and to become a super-regional unit for corneal and ocular plastic surgery. Inpatient care and emergency surgery were maintained throughout the pandemic for complex corneal ulcers, corneal melts, ocular perforations and sight-threatening ocular surface conditions as well as periocular cancers.

Scarless surgery has been introduced and pioneered for paediatric patients suffering from congenital ptosis (droopy eyelids). The unit also published papers on improving outcomes for patients with meibomian gland inversion – a condition that causes dry-eye and infection – through early identification of anatomical changes to the upper lid margin and providing surgery to address this.

The corneoplastic unit works closely with the QVH facial palsy team, and has introduced many innovations in facial palsy rehabilitation,

including the Malhotra platinum segments for upper adjustable eyelid loading. Recent work has been directed towards developing innovative ways to improve eyelid malposition in facial palsy. During the pandemic, the unit continued to publish papers on improving outcomes in facial palsy surgery, including modifications to the traditional direct browlift and re-grafting of skin at the time of direct browlift. The team have also introduced a new validated standard for measuring watery eye, based on their national research study TEARS, which will help to define and monitor treatments for this condition with better accuracy.

Nationally, the current demand for consultant-led clinics is exceeding capacity in all ophthalmic subspecialties. In response, during the past 12 months, the glaucoma service has rapidly increased the capacity of the glaucoma virtual clinic, resulting in many more patients being seen and consulted during the lockdowns. Patients attend for an appointment where measurements and images are taken by a technician and 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 glaucoma team offers the full range of investigations and treatments and specialises in minimally invasive glaucoma surgery.

The glaucoma service has continued to be very active in research with current projects focusing on quality of life and ocular surface comfort in glaucoma patients. The results of these studies will help the glaucoma team provide individualised care for each patient based on how their disease and treatment impacts on their lives.

QVH also performs routine and complex cataract surgery and takes referrals for general ophthalmology. Most cataract surgeries are carried out under a local anaesthetic with the eye numbed but the patient awake. This is a source of anxiety for many patients who are apprehensive about being awake whilst having a procedure. QVH has introduced a volunteering role, providing someone to talk to and hold the patient's hand during their procedure.

“The team are active in publishing and driving innovation for corneal and oculoplastic specialities”

Hand surgery

The hand surgery department serves approximately 5 million people in the South East, covering an area from Dover, Canterbury and Brighton to the outskirts of London. QVH provides four operating theatres for trauma surgery and 1.5-2 theatres for elective surgery on a daily basis, five days a week. Weekend services are provided in the form of two trauma theatres and a minor operations theatre.



Elective hand surgery comprises congenital hand deformities for which QVH is both a regional and national service. Hand trauma comprises fracture fixation, nerve injuries, tendon injuries, infections and reconstruction of burn injuries to the upper limb. Trauma in other forms like brachial plexus injuries and orthopaedic reconstruction of bony defects in the upper limb is also carried out jointly with orthopaedic surgeons, both at QVH and in a new spoke unit that has been established at Royal Sussex County Hospital, Brighton, to treat the complex upper limb injuries in conjunction with the orthopaedic surgeons.

Skin cancers, tumours of the hand, some bony tumours and nerve tumours are also treated in the hand surgery department at QVH. Treatment of arthritis and degenerative diseases of the hand is also a very important part of the regional hand unit. Nerve injuries requiring tendon transfers and rehabilitation of traumatised hands is a large workload.

Additional services in the form of prosthesis for amputated digits and limbs are also provided by the maxillofacial laboratory.

QVH trauma referral points

The team consists of six hand surgery consultants with the newest addition being part of the Brighton lower limb trauma team. This is supported by a very able hand therapy team which has 12 therapists, and has been augmented with the addition of two part time senior hand therapists.

New developments in the department

A new triage system for post-operative care has evolved, where a senior hand therapist will review all operating notes and triage and arrange appointments with therapists only or in the doctors' clinics. This arrangement provides robust oversight of any problems that need to be flagged up to senior staff. We have conducted regular clinical harm reviews and prioritised patients accordingly.

Clinical effectiveness

Patients from across the wide geographical area served by QVH are now able to avoid journeys and benefit from video consultations.

Two therapy led trauma clinics have been established where therapists see post-operative trauma patients allowing more flexibility for patient appointments, increasing the number of post-operative appointments that are available to patients but also reducing the workload on the existing clinics, allowing for better time management and management of junior doctors. These therapy led trauma clinics are managed by senior therapists

Breast reconstruction

In 2020/21 QVH carried out 212 free-flap breast reconstructions without a single flap failure; a notable quality achievement and patient benefit.

The QVH breast reconstruction centre remains one of Europe's largest providers of free-flap breast reconstruction. Additionally, we remain the sole provider of this service to the people of Kent, Surrey and Sussex and also provide specialist services to patients from across the UK and Channel Islands. We aim to strengthen our position as the regional plastic surgery service to Kent, Surrey and Sussex.

The complex reconstructive work undertaken at the unit is supported by a multidisciplinary team (MDT) delivering a safe, efficient, high-volume, high-quality service, and providing training to the next generation of free-flap breast reconstructive plastic surgeons.

The covid pandemic has caused significant disruption to the service over the last year. From March - July 2020 there was a national moratorium on breast reconstruction, supported by the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and Association of Breast Surgeons (ABS). During this period, QVH was designated a regional cancer hub, allowing patients with high-risk breast cancers to receive appropriate timely treatment, while resources at their base hospitals were directed towards the management of covid. This enabled breast oncology patients from across Kent, Surrey and Sussex to be treated by their local MDT with surgery at QVH through the peaks of the covid pandemic. This situation was repeated during the December 2020 to April 2021 restrictions on services.

When able, QVH surgeons re-commenced free-flap breast reconstructions according to strict criteria to enable the safe resumption of services. Pathways of care were modified to enable more 'normal' practice.

We have pioneered virtual clinics enabling patients to securely upload relevant photographs and have telephone or video consultations. The virtual nurse-led clinic allows patients to access a specialist breast reconstruction nurse for advice, queries and concerns to avoid them having to travel to QVH. Key services such as the breast reconstruction seminars and breast reduction seminars are also now virtual events, allowing more patients to attend and avoiding patients having to travel long distances for an additional appointment.

Another innovation arising from the covid pandemic is that, where possible, immediate breast reconstruction patients are now seen in a 'one-stop' clinic. This enables them to have their consultation with a surgeon, pre-operative scans and pre-operative assessment in one day rather than attend the hospital on multiple occasions.

Further work for 2021/22 includes the development of pre-recorded procedure-specific video presentations and use of QR codes to deliver information digitally. These innovations give patients the flexibility to access information on a continual basis, including in advance of appointments and supports decision-making and informed consent.

Although we have been able to continue reconstructive services at the same time as mastectomy for disease and for risk-reducing cases, we have not been able to proceed with delayed breast-reconstruction for much of the year. This will have a significant impact on waiting times. We are working to restore services delivering immediate breast reconstructions at the time of therapeutic mastectomy on a 62-day pathway; immediate reconstruction at the time of risk-reducing mastectomy on an 18-week pathway; and delayed breast reconstructive surgery on a 52-week pathway.

assisted by a registrar and have increased the number of patients that can be seen.

A new hand consultant has started sessions in the trauma unit and will provide additional clinic cover and flexibility for elective operating. This has improved the patient experience with more options to attend follow up as well as benefiting the teaching and training of junior doctors. Patients will usually see the therapist on the same day, saving them a journey the next day for a splint and rehabilitation advice.

A new hand trauma unit has been set up in our day surgery area, allowing three theatres for local anaesthetic ambulatory management of acute hand injuries.

A hand workshop was held in the time between the two lockdowns to train junior doctors and new entrants in the basics of hand surgery, supporting consistent treatment and maintaining skills of junior doctors and consultants.

Virtual reality in medicine and surgery workshops have been established by a consultant maxillofacial surgeon at Brighton in collaboration with the University of Sussex. QVH consultants have organised 3D teaching sessions on two occasions to produce videos of cadaver dissections of flaps, different methods of fracture fixation and some elective surgery procedures. These videos can be viewed with the use of a simple headset by a worldwide audience on YouTube. These have been immensely popular and have been well attended sessions.

Our ability to provide better and timelier treatment has been improved by the acquisition of one new image intensifier and the acquisition further image intensifier is also in the process.

Flexor tendon audit

A new and more aggressive flexor tendon regime is being vigorously audited to reduce the already good, rupture rate for flexors tendons that we have but also to improve outcomes and possibly reduce the time splintage as we progress.

Wide awake local anaesthetic surgery

A large number of patients are now treated by wide awake local anaesthetic surgery resulting in a reduction of the amount of time and utilisation of anaesthetic personnel. This has also allowed for the use of different theatre complexes for many common procedures. We now have a plastic joint clinic at the Royal Alexandra Children's Hospital in Brighton which assists the local orthopaedic surgeons with paediatric hand problems.



Burns service

The QVH burns service is renowned for providing world-class, multidisciplinary, specialist burns care for adults and children. It provides medical, surgical, wound and rehabilitative burns care to patients in Kent, Surrey, Sussex and parts of South London for a very wide range of burn types and sizes. This includes up to critical care level 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 and South East Burns Network (LSEBN) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2020/21, the QVH burns service accepted:

- 1,230 adult (>16 years of age) new referrals
– a 11.44% decrease on the previous year
– of which 162 needed inpatient care
- 791 paediatric (<16 years of age) new referrals
– a 4.12% decrease in referrals.

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 LSEBN that have the appropriate facilities. The inpatient paediatric divert is a temporary measure while the service is being reviewed. This divert came into effect in August 2019.

During 2020, both the adult and paediatric burn services moved physical locations and adapted new working practices as a direct result of the covid pandemic. Greater use of telemedicine and the institution of virtual clinics (both video and telephone) occurred. Both have shown potential to be adapted and integrated into future permanent working patterns within the burns unit for the benefit of patients.

In 2020 there were no adult or paediatric mortalities. All patients are discussed at weekly multidisciplinary (MDT) meetings in addition to daily ward rounds so that any learning points can be identified. If further review is required, the patient's case is discussed at the quarterly burns governance meeting and at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the annual LSEBN audit meeting, with any outlier cases taken to the national burns mortality meeting. Key burns performance indicators are recorded and analysed through QVH's active participation in the international burns injury database (iBID) programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators.

Overall in 2020, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care. Several years ago, QVH initiated

AVERAGE TIME FOR BURN WOUNDS TO HEAL

Measured in days from date of injury

Target	2016	2017	2018	2019	2020
Paediatric <16 years wound healing within 21 days	11	11 (86%)	11 (85%)	11 (82%)	12 (85%)
Adults <65 years wound healing within 21 days	17 days	13 (73%)	15 (62%)	13 (54%)	16 (65%)
Adults ≥65 years wound healing within 31 days	28 days	18 (74%)	21 (60.5%)	20 (50%)	29 (54%)

LENGTH OF STAY – DAYS

	2016	2017	2018	2019	2020
Paediatric <16 years	2	2.4	1.7	2.2	n/a
Adults <65 years	8	5.8	6.3	5.4	5.9
Adults ≥65 years	14	8.7	11.3	9.5	12.8

an innovative programme of continuously monitoring healing times. There is, as yet, no recognised programme to collect and compare healing times at a national level. Patients who appear likely to exceed QVH targets for healing have their cases reviewed by a consultant and discussed by the MDT with a view to proceeding to surgery to close the wound if the patient agrees.

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 without detrimental effects on scarring. 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, better quality of life due to a shorter duration of wound care, surgery and prevention of infection. Average healing time is expressed in terms of the median average.

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 such as virtual reality headsets to reduce pain during dressing changes; telemedicine in patient care; and enzymatic debridement techniques and protocols. These projects will continue into 2021.

Innovation

We are now able to offer patients a unique form of pain and anxiety relief during burns dressing changes and other painful medical procedures. We have two virtual reality (VR) headsets that are available on the burns ward and paediatric ward. The paediatric set is available for use for patients aged eight and upwards.

The headsets are there for patients to use whenever they like but specifically to provide distraction during painful dressing changes. This project has been conducted in conjunction with our pain team and a patient satisfaction survey found patients reported experiencing less pain when using the headsets.

Responsive

Digital technology has become even more important in 2020 due to the pandemic. Enhancing patients' access to health care and information, we have rolled out an accelerated programme of virtual clinics during the pandemic. This has allowed us to deliver appointments with flexibility and to continue to treat vulnerable patients when traveling sometimes long distances would not be appropriate or clinically safe. Alongside virtual clinics the burns unit is building an educational video library as a staff resource for common procedures and occurrences within burns treatment.

Allograft is a cadaveric skin (harvested from a deceased donor) that is used as a covering for extensive burns, mainly deep dermal wounds. This is used as a temporary dressing that creates an environment for new tissue to form until the wound is fully healed. Following the successful roll-out of nurse-led enzymatic debridement, we are offering further skill enhancement and development to our nurses in the form of nurse-led allograft application.



DIRECTORS' STATEMENT

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* (not published in 2020/21)
- 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 2020 to June 2021.
 - papers relating to quality reported to the board over the period April 2019 to 22 June 2020
 - feedback from commissioners dated 14 June 2021
 - feedback from governors dated 3 June 2021
 - 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 2020/21.

- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication August 2021
- the national patient survey published 2 July 2020
- the national staff survey published 11 March 2021
- 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.

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

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- 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
17 June 2021



Steve Jenkin
Chief Executive
17 June 2021



STATEMENTS FROM THIRD PARTIES

Sussex NHS Commissioners

Thank you for giving Sussex NHS Commissioners the opportunity to comment on QVH quality account for 2020/21. The CCGs appreciate the on-going collaborative working and communication with the Trust's senior clinicians throughout the Covid-19 pandemic and would like to acknowledge that during these difficult and challenging times this collaborative working has been maintained and strengthened.

Recognising that because of the Covid-19 pandemic QVH had to pause work to finalise and implement key priorities, the CCGs acknowledge the positive quality and safety work which the Trust which has continued to focus on:

- **Safe Care:** Ensuring that Clinical Harm reviews have been well-established within the Trust, so that patients waiting longer than 52 weeks are continuously assessed for any harm and prioritised for their procedures.
- **Patient Experience:** Improving the hospital experience for patients with a learning disability by ensuring the right support and adjustments are made to aid a good recovery and to enhance their experience in hospital; identifying a Learning Disability lead within the Trust and developing a Learning Disability strategy alongside information and resources for staff and a dedicated LD intranet page.
- **Effectiveness:** Implementing and increasing the use of virtual hand surgery clinics, including for trauma, so patients are seen more quickly and can be assessed and treated with fewer appointments to improve their overall experience.

The CCG also acknowledges the ongoing participation in 11 national clinical audits and three clinical outcome review programs over the last year, as part of an ongoing quality improvement cycle. The CCG recognises specifically the priority given to the National Audit of Inpatient Falls and the adoption of a local auditing programme for falls and the continuing improving of practice to reduce the risk of falls.

Sussex NHS Commissioner recognises the importance of the priorities identified by the Trust going forward and the commissioners will continue to review the Trusts progress against these key priorities for 21/22, including:

- **Safe Care:** QVH will have no Never Events for 2021/22 and to support this will target a quarterly improvement or sustained compliance in observational audits within theatres.
- **Patient Experience:** Improving patient experience by continuing to replace face-to-face outpatient appointments with telephone and video calls where appropriate with clinicians, thereby reducing travel and travel time and expense and the need to arrange time off work or for childcare cover.
- **Effectiveness:** Offering supportive counselling (or formal therapy if appropriate) to staff to improve their wellbeing and experience of work, reduce absence and improve workforce retention and measuring success through psychometric testing.

NHS Sussex Commissioners look forward to the continued collaborative working over the coming year.

Statement from QVH Council of Governors

The Council of Governors welcomes the opportunity to comment on the Quality Account for 2020/21. To the best of our knowledge, the account is a consistent reflection of the services and activities of the Trust as observed by and reported to us. However, with the large majority of current Governors having been appointed only from February 2021, it is only to a limited extent that we can give a collective view.

There was wholehearted agreement that the report sets out the brilliant specialist work and high quality of care that the Trust continues to provide, along with significant innovation in many spheres, including digital technology for both consultation and delivery of care. The following points are made in this overall context.

The section on virtual clinics and remote consultations described remarkable and innovative work. We would be interested to see in due course any data on which methods of contact patients prefer and whether this varies between types of patient.

We noted an apparent decreased compliance on equality and diversity incident reporting and duty of candour and would hope to see a clear plan as to how this is to be addressed.

A suggestion for a future target was made regarding the answering of telephone enquiries from patients, to cover phones being answered after a maximum number of rings and/or an automatic system under which patents may leave messages.

Regarding Elective Waiting Times, more detail on the strategy to get back to pre-pandemic levels of waits, and particularly of eliminating waits of over 52 weeks, would have been of interest.

In the section on giving advice to GPs and nurses, we noted the excellent telemedicine system that allows images to be sent to a central hub for review by the hospital teams and we look forward to developments to make this process even easier, e.g. through the use of an 'app'.

In sum, we commend the Quality Account for 2020/21 as demonstrating the hard work and quality of care provided by the hospital staff and their continued efforts to maintain high standards. The staff have, yet again, shown how good the care at QVH is 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.

West Sussex Health and Adult Social Care Overview and Scrutiny Committee

Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on Queen Victoria Hospital NHS Foundation Trust (QVH) Quality Account for 2020-21.

HASC agreed in 2016 that formal responses from the committee to Quality Accounts (QA), from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by QVH in 2020-21, the committee will not be making any comments this year.

Healthwatch West Sussex

The National Quality Board are currently undertaking a review and we (through the National Director of Healthwatch) have strongly recommended that the review takes into account the views of all those who provide scrutiny for QAs (local Healthwatch, OSCs, commissioners).

HW England 2020

Having clarified that the structural layout of the document remains unchanged, and assuming that this will continue to create a quality account that remains inaccessible to people outside the NHS, we will not be reviewing any Quality Accounts this year. We have historical fed back on the inaccessibility of the language and structure of information but over more recent years, we have put forward a statement that our resources need to be used in a more productive way and that we would not review these when the document format and style is inaccessible to most.

Healthwatch West Sussex 2021

Auditor's Report and Certificate

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Queen Victoria Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Trust Statement of Comprehensive Income, Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2021 and of the Trust's income and expenditure for the year then ended; and
- 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 and the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

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

Going concern

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

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

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

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit, Risk and Assurance Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account the current financial regime, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk of incentive for revenue to be manipulated into the wrong period around the year end.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals. We consider this risk to be applicable to non-payroll and non-depreciation expenditure.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included duplicate journals, unexpected account pairings, unusual cash transactions, unexpected users and seldom used accounts.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify revenue and expenditure had been recognised in the correct accounting period.
- Evaluating accruals posted as at 31 March 2021 and verifying accruals are appropriate and accurately recorded.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

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

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

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

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

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

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

The independent auditor provided their opinion on the Annual Report and Accounts which was presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006. You can find it at www.qvh.nhs.uk/publications-policies – it has also been included here, however please note references including page numbers relate to the version presented to Parliament, not this extended edition.

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

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The 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; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer’s responsibilities

As explained more fully in the statement set out on page 73, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of their services to another public sector entity.

Auditor’s responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

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 paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 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.

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 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

ANNUAL ACCOUNTS 2020/21



Foreword to the accounts

These accounts for the year ended 31 March 2021 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 — 10 June 2021

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2021

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	70,786	69,052
Other operating income	4	14,365	3,347
Operating expenses	6, 8	(80,740)	(80,006)
Operating surplus/(deficit) from continuing operations		4,411	(7,607)
Finance income	11	1	25
Finance expenses	12	(127)	(249)
PDC dividends payable		(1,268)	(1,325)
Net finance costs		(1,394)	(1,549)
Other gains / (losses)	13	-	15
Surplus / (deficit) for the year		3,017	(9,141)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(171)	(3,189)
Revaluations	17	842	4,159
Total comprehensive income / (expense) for the period		3,688	(8,171)

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2021

	Notes	31 March 2021 £000	31 March 2020 £000
NON-CURRENT ASSETS			
Intangible assets	14	2,230	2,279
Property, plant and equipment	15	51,935	50,375
Receivables	19	227	227
Total non-current assets		54,392	52,881
CURRENT ASSETS			
Inventories	18	1,462	1,154
Receivables	19	4,140	8,543
Cash and cash equivalents	20	8,582	2,910
Total current assets		14,184	12,607
CURRENT LIABILITIES			
Trade and other payables	21	(10,544)	(11,792)
Borrowings	23	(893)	(7,332)
Provisions	25	(88)	(62)
Other liabilities	22	(431)	(437)
Total current liabilities		(11,956)	(19,623)
Total assets less current liabilities		56,620	45,865
NON-CURRENT LIABILITIES			
Borrowings	23	(3,653)	(4,512)
Provisions	25	(908)	(881)
Total non-current liabilities		(4,561)	(5,393)
TOTAL ASSETS EMPLOYED		52,059	40,472
FINANCED BY			
Public dividend capital		21,005	13,106
Revaluation reserve		13,943	13,689
Income and expenditure reserve		17,111	13,677
TOTAL TAXPAYERS' EQUITY		52,059	40,472

The notes on pages 137-165 form part of these accounts.

The accounts were approved by the Board on 7 June 2021 and are signed on the Board's behalf by:



Steve Jenkin, Chief Executive — 10 June 2021

STATEMENT OF CHANGES IN EQUITY FOR YEAR ENDED 31 MARCH 2021

	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020	13,106	13,689	13,677	40,472
Retained Surplus for the year	-	-	3,017	3,017
Impairments	-	(171)	-	(171)
Revaluation	-	842	-	842
Public Dividend Capital received *	7,899	-	-	7,899
Other reserve movements	-	(417)	417	(0)
Taxpayers' and others' equity at 31 March 2021	21,005	13,943	17,111	52,059

* £6.3m of the Public Dividend Capital (PDC) received was conversion of revenue loans. The remaining £1.5m was capital PDC received in year.

STATEMENT OF CHANGES IN EQUITY FOR YEAR ENDED 31 MARCH 2020

	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019	12,249	13,142	22,395	47,786
Surplus / (deficit) for the year	-	-	(9,141)	(9,141)
Impairments	-	(3,189)	-	(3,189)
Revaluations	-	4,159	-	4,159
Public Dividend Capital received	857	-	-	857
Other reserve movements	-	(423)	423	-
Taxpayers' and others' equity at 31 March 2020	13,106	13,689	13,677	40,472

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	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		4,411	(7,607)
Non-cash income and expense			
Depreciation and amortisation	6	3,560	3,445
Net impairments	7	(232)	397
Income recognised in respect of capital donations	4	(254)	(564)
(Increase) / decrease in receivables and other assets		5,020	1,461
(Increase) / decrease in inventories		(308)	122
Increase / (decrease) in payables and other liabilities		(1,450)	(131)
Increase / (decrease) in provisions		60	279
Net cash flows from / (used in) operating activities		10,807	(2,598)
Cash flows from investing activities			
Interest received		1	25
Purchase of intangible assets		(422)	(1,012)
Purchase of PPE		(3,583)	(2,702)
Sales of PPE		-	15
Receipt of cash donations to purchase capital assets		79	432
Net cash generated from / (used in) investing activities		(3,925)	(3,242)
Cash flows from financing activities			
Public dividend capital received		7,899	857
Movement on loans from the Department of Health and Social Care		(7,169)	5,613
Capital element of finance lease rental payments		(80)	(78)
Interest on loans paid		(179)	(210)
Interest paid on finance lease liabilities		(4)	(5)
PDC dividend (paid)		(1,677)	(1,371)
Net cash flows from / (used in) financing activities		(1,210)	4,806
Increase / (decrease) in cash and cash equivalents		5,672	(1,034)
Cash and cash equivalents at 1 April		2,910	3,944
Cash and cash equivalents at 31 March	20.1	8,582	2,910

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

1.1 Basis of Preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the NHS Foundation Trust (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 2020-21, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board.

Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

1.2 Going concern

These accounts have been prepared on a going concern basis.

The 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 position, 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. More detail on the management assessment of going concern is provided in the annual report.

1.3 NHS Charitable Funds

The Trust is 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.

1.4 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, mainly 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 external performance managers. Accordingly, the Trust operates one segment, 'The provision of healthcare'.

This is in line with management information used within the Trust for whom the chief decision maker is the Trust Board.

1.5 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15.

The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

The Trust has exercised the practical expedients permitted by IFRS 15 para 121 in preparing the disclosure at note 4. 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 completed to date is not disclosed.

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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer.

For 2020/21 and 2019/20

Revenue from research contracts

Where research contracts fall under IFRS15, 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 distinct good or service, or a series of distinct goods or services that are substantially the same and 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 performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue from sale of non-current assets

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. No income from the sale of non-current assets was recognised in 2020/21.

1.6 Other forms of Income

Grants and donations

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

Apprenticeship service income

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

1.7 Expenditure on Employee Benefits

Short-term employee benefits

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

Pension Costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period. The contributions are charged to the operating expenses as they became 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 included at note 9.

National Employees Savings Trust (NEST)

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

NEST is a defined contribution scheme with a phased employer contribution rate which was 3% for 2020/21. The rate remains at 3% from April 2021.

1.8 Expenditure on other goods and services

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

1.9 Property, plant and equipment

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 will be supplied to the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably, and either
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control, or
- form part of the initial equipping and setting up cost of a new building, ward or unit, irrespective of the 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.

Subsequent expenditure

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

Measurement

Valuation

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

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

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

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis.
- Non operational properties, including surplus land, are carried at open market value.

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

A full valuation of Land and Buildings was undertaken as at 31st March 2020 by professionally qualified, Royal Institute of Chartered Surveyors (RICS) registered, external Valuers Gerald Eve LLP. The valuation was undertaken on a modern equivalent asset, alternate site basis. For 2020/21 the same Valuers have been contracted to undertake a 'desktop exercise' to determine appropriate values for inclusion in the Accounts at 31 March 2021.

The Trust has entered into an agreement to sell approximately 1.5 hectares of surplus land which currently forms part of the hospital site. Because the whole site is valued on a modern equivalent asset, alternate site basis, this land is not included in the valuation and is therefore considered to have no value for the purposes of these accounts.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and,

where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

Land and buildings are held in the Statement of Financial Position at the revalued amounts less any subsequent accumulated depreciation and impairment losses.

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

Depreciation

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

Property, plant and equipment which have been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

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

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

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

Impairments

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

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

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

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

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

De-recognition

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

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

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

Donated and grant funded assets

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

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

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Freehold land is considered to have an infinite life and is not depreciated. Estimated useful lives for buildings are advised to the Trust by an independent valuation expert and currently range from five to forty eight years.

Estimated useful lives for plant, machinery and medical equipment are generally five, ten or fifteen years depending on the nature and likelihood of technical obsolescence. Information Technology equipment is generally given a life of five to twenty five years.

Finance-leased assets (including land), are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of Trust’s business, or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

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; it is recognised as an operating expense in the period in which it is incurred. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

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

Amortisation and useful lives

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits. In the case of software licences, estimated useful life is generally five years.

1.11 Inventories

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

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the

GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.12 Cash and cash equivalents

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

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

1.13 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents,

contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

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

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

Impairment of financial assets

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

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

Expected credit losses in respect of Trade Receivables are determined by reference to debt history and identified trends. Expected credit losses in respect of Injury Compensation Scheme receivables are calculated using the DHSC national average of claims not reaching payment of 22.43% (2019-20 21.79%).

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

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

De-recognition

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

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

1.14 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.

The trust as lessee

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 as 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

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the Statement of Financial Position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

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.

The trust as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

For this Trust, rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset, and recognised as an expense on a straight-line basis over the lease term.

1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, as a result of a past event, for which it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised in the Statement of Financial Position is the best estimate of the expenditure required to settle

the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021.

Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.95% (2019-20: negative 0.50%) in real terms.

All general provisions are subject to four separate discount rates according to the expected timing of cash flows from the Statement of Financial Position date:

- A nominal short-term rate of minus 0.02% (2019-20: positive 0.51%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.18% (2019-20: 0.55%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

1.16 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 25.2 but is not recognised in the Trust's accounts.

1.17 Non-clinical risk pooling

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

1.18 Contingent assets and contingent liabilities

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. The Trust has no contingent assets or liabilities to disclose for 2020/21.

Contingent liabilities are defined as:

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

1.19 Public Dividend Capital (PDC) and PDC dividend

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

1.20 Value added tax

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

1.21 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.

In determining if 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 is currently incurred by the Trust.

1.22 Climate Change Levy

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

1.23 Foreign exchange

The functional and presentational currency of the Trust is sterling.

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

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

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

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

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

1.24 Third party assets

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

Amounts held by the Trust at the balance sheet date were negligible.

1.25 Losses and special payments

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

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

1.26 Gifts

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

1.27 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

1.28 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. 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 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental

borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, 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 in 2022/23 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.

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.29 Critical judgements in applying accounting policies

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

For 2020/21 the Trust has identified the following critical judgements that are required to be disclosed under IAS1 paragraph 122.

■ Going Concern

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

■ Valuation of Land and Buildings

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

■ Charitable Funds

The Trust continues to make the judgement that the Charitable Funds are not material for the Trust and have not been consolidated.

1.30 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment

to the carrying amounts of assets and liabilities within the next financial year:

■ Valuation of land and buildings
£43,276,000 (2019/20 £42,828,000)

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

■ Accruals of income

The major income streams derive from the treatment of patients or from funding provided by government bodies and can be predicted with reasonable accuracy. Provisions are made where there is doubt about the likelihood of the Trust actually receiving the income due. See note 19. For 2020/21 the majority of income was provided on a block contract arrangement reducing the risk for this year (see note 3 for further details).

■ Accruals of expenditure

Where goods or services have been received by the Trust but have not been invoiced at the end of the financial year, estimates are based on the best information available at the time, and where possible, on known prices and volumes. See note 21.

■ 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 25.

continues...

Note 2. Operating segments

The Trust operates a single segment, the provision of healthcare.

	2020/21 £000s	2019/20 £000s
Income	85,151	72,399
Segment surplus (deficit)	3,017	(9,141)
Segment net assets	52,059	40,472

Note 3. Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5.

3.1 Income from patient care activities (by nature)	2020/21 £000s	2019/20 £000s
Eyes	7,314	6,595
Oral	13,705	12,358
Plastics	33,375	30,095
Sleep	5,631	5,078
Other	10,761	14,926
Total	70,786	69,052
3.2 Income from patient care activities (by source)	2020/21 £000s	2019/20 £000s
NHS England *	25,732	25,376
Clinical commissioning groups	42,326	40,289
Other NHS providers	1,765	1,211
Non-NHS: private patients	190	188
Non-NHS: overseas patients (chargeable to patient)	31	95
Injury cost recovery scheme **	236	291
Non-NHS: other	506	1,602
Total	70,786	69,052

Additional note reference note 3 (above)

As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year. For income from patient care activities (source) income has been apportioned as per 19/20 income.

* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers’

behalf. The full cost and related funding have been recognised in these accounts. £2,097,000 has been included in the NHS England line (2019/20 £1,977,000).

** 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 22.43% (2019/20 21.79%) to reflect expected rates of recovery.

Commissioner Requested Services

Within the 2020/21 financial statements, management have taken the view that commissioner requested services are those which are provided for the healthcare of NHS patients. Of the total income reported above, £70,565,000 (2019/20 £68,769,000) was derived from the provision of commissioner requested services, being all income except that associated with private and overseas patients

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

	2020/21 £000s	2019/20 £000s
Income recognised this year	31	95
Cash payments received in-year	23	11
Amounts added to provision for impairment of receivables	79	2

Note 4 Other operating income

	2020/21		
	Contract income £000	Non-contract income £000	Total £000
Research and development	218	-	218
Education and training	1,640	-	1,640
Non-patient care services to other bodies	5,543	-	5,543
Reimbursement and top up funding	4,394	-	4,394
Receipt of capital grants and donations	-	254	254
Charitable and other contributions to expenditure	-	2,087	2,087
Other income	229	-	229
Total other operating income	12,024	2,341	14,365
	2019/20		
	Contract income £000	Non-contract income £000	Total £000
Research and development	325	-	325
Education and training	1,600	-	1,600
Non-patient care services to other bodies	111	-	111
Reimbursement and top up funding	-	-	-
Receipt of capital grants and donations	-	564	564
Charitable and other contributions to expenditure	-	-	-
Other income	747	-	747
Total other operating income	2,783	564	3,347

Note 5.1 Additional information on contract (IFRS 15) recognised in the period

	2020/21 £000	2019/20 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	175	69
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2021	31 March 2020
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.

Note 6 Operating Expenses

	2020/21 £000	2019/20 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	181	1,112
Staff and executive directors costs	54,625	52,572
Remuneration of non-executive directors	113	109
Supplies and services – clinical (excluding drug costs)	12,319	11,984
Supplies and services – general	707	731
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,139	1,429
Inventories written down	236	-
Consultancy costs	32	214
Establishment	771	822
Premises	4,339	3,456
Transport (including patient travel)	335	567
Depreciation on property, plant and equipment	3,193	3,157
Amortisation on intangible assets	367	288
Net impairments	(232)	397
Movement in credit loss allowance: contract receivables / contract assets	54	488
Change in provisions discount rate(s)	36	58
Audit fees payable to the external auditor		
...audit services- statutory audit *	71	65
...other auditor remuneration (external auditor only)	-	-
Internal audit costs	79	105
Clinical negligence	838	788
Legal fees	29	11
Insurance	44	22
Research and development	221	320
Education and training	100	150
Early retirements	-	30
Car parking & security	241	219
Hospitality	-	3
Losses, ex gratia & special payments	-	8
Other services, eg external payroll	134	171
Other	768	730
Total	80,740	80,006

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 2020-21 was £59,435 exclusive of VAT (2019/20 £54,435)

Note 7 Impairment of assets

	2020/21 £000	2019/20 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(232)	397
Total net impairments charged to operating surplus / deficit	(232)	397
Impairments charged to the revaluation reserve	171	3,189
Total net impairments	(61)	3,586

Note 8 Employee benefits

	2020/21 £000	2019/20 £000
Salaries and wages	42,957	40,093
Social Security Costs	4,178	3,936
Apprenticeship levy	193	182
Employer's contributions to NHS Pension scheme*	6,882	6,492
Pension cost – other	15	14
Temporary staff (including agency)	1,055	2,810
Total gross staff costs	55,280	53,527
Recoveries in respect of seconded staff	-	(37)
Total staff costs	55,280	53,490
Of which – costs capitalised as part of assets	434	598
Total staff costs excluding capitalised costs	54,846	52,892

* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers’ behalf. The full cost and related funding have been recognised in these accounts. £2,097,000 has been included in the NHS England line (2019/20 £1,977,000).

More detailed staff cost disclosures may be found in the Annual Report.

Note 8.1 Retirements due to ill-health

During 2020/21 there was 1 early retirement from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £30k (£12k in 2019/20). These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 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% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

National Employees Savings Trust (NEST)

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

NEST is a defined contribution scheme with a phased employer contribution rate which was 3% for 2020/21. The rate remains at 3% from April 2021.

Note 10 Operating leases

Note 10.1 Queen Victoria Hospital NHS Foundation Trust as a lessor

The Trust has no significant operating leases to disclose for 2020/21.

Note 11 Finance income

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

	2020/21 £000	2019/20 £000
Interest on bank accounts	1	25
Total finance income	1	25

Note 12.1 Finance expenditure

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

	2020/21 £000	2019/20 £000
Interest expense:		
Loans from the Department of Health and Social Care	130	247
Finance leases	4	5
Interest on late payment of commercial debt	-	-
Total interest expense	134	252
Unwinding of discount on provisions	(7)	(3)
Total finance costs	127	249

Note 13 Other gains / (losses)

	2020/21 £000	2019/20 £000
Gains on disposal of assets	-	15
Total gains / (losses) on disposal of assets	-	15

Note 14.1 Intangible assets – 2020/21

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 – brought forward	2,912	1,126	4,038
Additions	242	180	422
Reclassifications	1,078	(1,078)	-
Disposals / derecognition	-	(104)	(104)
Valuation / gross cost at 31 March 2021	4,232	124	4,356
Amortisation at 1 April 2020 - brought forward	1,759	-	1,759
Provided during the year	367	-	367
Amortisation at 31 March 2021	2,126	-	2,126
Net book value at 31 March 2021	2,106	124	2,230
Net book value at 1 April 2020	1,153	1,126	2,279

Note 14.2 Intangible assets – 2019/20

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019	2,625	401	3,026
Additions	74	938	1,012
Reclassifications	213	(213)	-
Valuation / gross cost at 31 March 2020	2,912	1,126	4,038
Amortisation at 1 April 2019	1,471	-	1,471
Provided during the year	288	-	288
Amortisation at 31 March 2020	1,759	-	1,759
Net book value at 31 March 2020	1,153	1,126	2,279
Net book value at 1 April 2019	1,154	401	1,555

Note 15.1 Property, plant and equipment – 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 – brought forward	3,960	47,458	625	16,036	7,637	75,716
Additions	-	729	436	1,679	1,110	3,954
Impairments	-	(209)	-	-	-	(209)
Reversals of impairments	178	92	-	-	-	270
Revaluations	142	700	-	-	-	842
Reclassifications	-	210	(608)	-	398	-
Disposals / derecognition	-	-	(104)	(548)	-	(652)
Valuation/gross cost at 31 March 2021	4,280	48,980	349	17,167	9,145	79,921
Accumulated depreciation at 1 April 2020 – brought forward	-	8,590	-	13,179	3,572	25,341
Provided during the year	-	1,394	-	924	875	3,193
Disposals / derecognition	-	-	-	(548)	-	(548)
Accumulated depreciation at 31 March 2021	-	9,984	-	13,555	4,447	27,986
Net book value at 31 March 2021	4,280	38,996	349	3,612	4,698	51,935
Net book value at 1 April 2020	3,960	38,868	625	2,857	4,065	50,375

Note 15.2 Property, plant and equipment – 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019	5,990	43,600	391	15,083	6,738	71,802
Additions	-	778	808	953	813	3,352
Impairments	(2,030)	(2,221)	-	-	-	(4,251)
Reversals of impairments	-	665	-	-	-	665
Revaluations	-	4,159	-	-	-	4,159
Reclassifications	-	477	(563)	-	86	-
Disposals / derecognition	-	-	(11)	-	-	(11)
Valuation/gross cost at 31 March 2020	3,960	47,458	625	16,036	7,637	75,716
Accumulated depreciation at 1 April 2019	-	7,109	-	12,191	2,883	22,184
Provided during the year	-	1,481	-	988	688	3,157
Disposals / derecognition	-	-	-	-	-	-
Accumulated depreciation at 31 March 2020	-	8,590	-	13,179	3,572	25,341
Net book value at 31 March 2020	3,960	38,868	625	2,857	4,065	50,375
Net book value at 1 April 2019	5,990	36,491	391	2,892	3,855	49,618

Note 15.3 Property, plant and equipment financing – 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021						
Owned – purchased	4,280	35,163	349	2,616	4,676	47,084
Finance leased	-	1,909	-	-	-	1,909
Owned – donated/granted	-	1,924	-	996	22	2,942
NBV total at 31 March 2021	4,280	38,996	349	3,612	4,698	51,935

Note 15.4 Property, plant and equipment financing – 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Total
	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020						
Owned – purchased	3,960	34,835	598	1,748	4,054	45,195
Finance leased	-	1,939	-	-	-	1,939
Owned – donated/granted	-	2,094	27	1,109	11	3,241
NBV total at 31 March 2020	3,960	38,868	625	2,857	4,065	50,375

Note 16 Donations of property, plant and equipment

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 £79,000. The DHSC donated diagnostic equipment valued at £175,000 as part of the response to the Covid-19 pandemic.

Note 17 Revaluations of property, plant and equipment

Land and Buildings were revalued as at 31 March 2021 by professionally qualified, Royal Institute of Chartered Surveyors (RICS) registered, external valuers Gerald Eve LLP (see note 1.9). The valuation took account of changes in market values and work carried out by the Trust since the previous valuation as at 31 March 2020. The remaining useful lives of buildings were also reviewed taking account of the passage of time and maintenance and enhancements carried out by the Trust.

The Trust has entered into an agreement to sell approximately 1.5 hectares of surplus land which currently form part of the hospital site. Because the whole site is valued on a modern equivalent asset, alternate site basis, this land is not included in the valuation and is therefore considered to have no value for the purposes of these accounts.

Note 18 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	148	194
Consumables	1,314	960
Total inventories	1,462	1,154

Inventories recognised in expenses for the year were £4,625k (2019/20: £9,927k).
Write-down of inventories recognised as expenses for the year were £236k (2019/20: £0k).

In response to the Covid-19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £2,087k of items purchased by DHSC.

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

Note 19.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables *	3,921	8,746
Allowance for impaired contract receivables / assets	(1,081)	(1,241)
Prepayments (non-PFI)	476	645
PDC dividend receivable	430	21
VAT receivable	99	98
Other receivables	295	274
Total current receivables	4,140	8,543
Non-current		
Other receivables **	227	227
Total non-current receivables	227	227

Of which receivable from NHS and DHSC group bodies:

Current	2,892	5,942
Non-current	227	227

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

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

Note 19.2 Allowances for credit losses

	2020/21 £000	2019/20 £000
Contract receivables and contract assets		
Allowances as at 1 April – brought forward	1,241	753
New allowances arising	627	784
Reversals of allowances	(573)	(296)
Utilisation of allowances (write offs)	(214)	-
Allowances as at 31 March 2021	1,081	1,241

Note 20.1 Cash and cash equivalents movements

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

	2020/21 £000	2019/20 £000
At 1 April	2,910	3,944
Net change in year	5,672	(1,034)
At 31 March	8,582	2,910
Broken down into::		
Cash at commercial banks and in hand	264	402
Cash with the Government Banking Service	8,318	2,508
Total cash and cash equivalents	8,582	2,910

Note 20.2 Third party assets held by the trust

Queen Victoria Hospital NHS Foundation Trust held NIL cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest.

Note 21.1 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	2,764	6,160
Capital payables	1,338	1,142
Accruals	4,274	2,450
Social security costs	617	594
Other taxes payable	580	519
Other payables	971	927
Total current trade and other payables	10,544	11,792

Note 22 Other liabilities

	31 March 2021 £000	31 March 2020 £000
Current		
Deferred income: contract liabilities	202	207
Deferred grants	229	230
Total other current liabilities	431	437

Note 23 Borrowings

	31 March 2021 £000	31 March 2020 £000
Current		
Loans from DHSC	813	7,253
Obligations under finance leases	80	79
Total current borrowings	893	7,332
Non-current		
Loans from DHSC	3,489	4,267
Obligations under finance leases	164	245
Total non-current borrowings	3,653	4,512

In 2020/21 £6,391,000 of loans were converted to Public Dividend Capital (See SOCITE)

Note 23.1 Reconciliation of liabilities arising from financing activities – 2020/21

	Loans from DHSC £000	Finance leases £000	Total £000
Carrying value at 1 April 2020	11,520	324	11,844
Cash movements:			
Financing cash flows – payments and receipts of principal	(7,169)	(80)	(7,249)
Financing cash flows – payments of interest	(179)	(4)	(183)
Non-cash movements:			
Additions	-	-	-
Application of effective interest rate	130	4	134
Carrying value at 31 March 2021	4,302	244	4,546

Note 23.2 Reconciliation of liabilities arising from financing activities – 2019/20

	Loans from DHSC £000	Finance leases £000	Total £000
Carrying value at 1 April 2019	5,869	-	5,869
Cash movements:			
Financing cash flows – payments and receipts of principal	5,613	(78)	5,535
Financing cash flows – payments of interest	(210)	(5)	(215)
Non-cash movements:			
Additions	-	402	402
Application of effective interest rate	248	5	253
Carrying value at 31 March 2020	11,520	324	11,844

Note 24 Finance leases

Note 24.1 Queen Victoria Hospital NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2021 £000	31 March 2020 £000
Gross lease liabilities	248	324
of which liabilities are due:		
– not later than one year;	84	79
– later than one year and not later than five years;	164	245
– later than five years.	-	-
Finance charges allocated to future periods	(4)	-
Net lease liabilities	244	324
of which liabilities are due:		
– not later than one year;	80	79
– later than one year and not later than five years;	164	245
– later than five years.	-	-

Note 25.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2020	32	658	26	227	943
Change in the discount rate	-	36	-	-	36
Arising during the year	-	28	11	22	61
Utilised during the year	(6)	(22)	-	-	(28)
Reversed unused	(3)	-	(6)	-	(9)
Unwinding of discount	-	(7)	-	-	(7)
At 31 March 2021	23	693	31	249	996
Expected timing of cash flows:					
– not later than one year;	6	29	31	22	88
– later than one year and not later than five years;	17	114	-	-	131
– later than five years.	(0)	550	-	227	777
Total	23	693	31	249	996

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

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

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

Note 25.2 Clinical negligence liabilities

At 31 March 2021, £1,105k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Queen Victoria Hospital NHS Foundation Trust (31 March 2020: £1,243k).

Note 26 Contractual capital commitments

	2021 £000	2020 £000
Property, plant and equipment	316	186
Intangible assets	-	46
Total	316	232

Note 27 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. See also policy note 1.13. All financial assets and liabilities are denominated in sterling. Carrying values are taken as a reasonable approximation of fair value.

Note 27.1 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	3,359	3,359
Cash and cash equivalents	8,852	8,852
Total at 31 March 2021	11,941	11,941
Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	8,006	8,006
Cash and cash equivalents	2,910	2,910
Total at 31 March 2020	10,916	10,916

Note 27.2 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	4,302	4,302
Obligations under finance leases	244	244
Trade and other payables excluding non financial liabilities	7,891	7,891
Total at 31 March 2021	12,437	12,437

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	11,520	11,520
Obligations under finance leases	324	324
Trade and other payables excluding non financial liabilities	10,679	10,679
Total at 31 March 2020	22,523	22,523

Note 27.3 Maturity of financial assets

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

Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the Statement of Financial Position which are discounted to present value.

Financial liabilities fall due in:	31 March 2021	31 March 2020 restated *
– in one year or less	8,867	18,063
– in more than one year but not more than five years	3,898	4,871
– in more than five years	-	-
Total	12,765	22,934

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 28 Losses and Special Payments

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
– Fruitless payments and constructive losses	1	7	1	4
Total losses	1	7	1	4
Special payments				
– Ex-gratia payments	10	1	19	3
Total special payments	10	1	19	3
Totals losses and special payments	11	8	20	7

Note 29 Events after the reporting date

No significant events have been identified.

Note 30 Related parties

No board members or members of the key management staff or parties related to them undertook any transactions with Queen Victoria Hospital NHS Foundation Trust during 2020/21, (2019/20 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.

	2020/21		2019/20	
	Income £000	Expenditure £000	Income £000	Expenditure £000
The Queen Victoria Hospital NHS Trust Charitable Fund	120	-	149	-

Receivables and payables relating to the charity at 31 March 2021 were:

	31 March 2021		31 March 2020	
	Receivable £000	Payable £000	Receivable £000	Payable £000
The Queen Victoria Hospital NHS Trust Charitable Fund	208	0	157	2

Note 30 Related parties *continued...*

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

<i>Income and Expenditure</i>	2020/21		2019/20	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Brighton and Sussex University Hospitals NHS Trust	727	835	654	895
Dartford and Gravesham NHS Trust	-	446	-	877
Medway NHS Foundation Trust	72	801	1	962
East Sussex Healthcare NHS Trust	2	554	-	700
NHS Resolution	-	838	-	788
Health Education England	1,603	-	1,551	-
NHS England	28,982	-	23,545	105
NHS Brighton & Hove CCG	1,508	1	1,219	-
HM Revenue and Customs (Employer NI and Apprenticeship levy)	-	4,371	-	4,118
NHS Pension Scheme (Employer contributions)	-	6,897	-	6,492
NHS South East London CCG (was Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs) *	1,194	-	954	-
NHS Surrey Heartlands CCG (was Guildford and Waverley, North West Surrey, Surrey Downs and East Surrey CCGs) *	5,012	-	4,684	-
NHS East Sussex CCG (was Hastings and Rother, High Weald Lewes Havens, Eastbourne Hailsham and Seaford CCGs) *	10,307	850	7,961	-
NHS Kent and Medway CCG (was Ashford, Canterbury and Coastal, Dartford Gravesham and Swanley, Medway, South Kent Coast, Swale, Thanet and West Kent CCGs) *	14,138	4	13,299	-
NHS West Sussex CCG (was Coastal West Sussex, Crawley and Horsham and Mid Sussex CCGs) *	14,424	-	11,433	-
Totals	77,969	15,597	65,301	14,937

* Prior year comparatives consolidated for comparison for merged CCGs at 01/04/2020.

Note 30 Related parties *continued...*

<i>Receivables and payables</i>	2020/21		2019/20	
	Receivables £000	Payables £000	Receivables £000	Payables £000
Brighton and Sussex University Hospitals NHS Trust	226	389	935	632
Dartford and Gravesham NHS Trust	-	229	7	779
Medway NHS Foundation Trust	72	716	6	1,122
East Sussex Healthcare NHS Trust	-	269	-	705
NHS Resolution	-	-	-	-
Health Education England	996	-	630	-
NHS England	510	-	2,159	-
NHS Brighton & Hove CCG	-	-	11	-
HM Revenue and Customs (Employer NI and Apprenticeship levy)	-	1,197	-	1,113
NHS Pension Scheme (Employer contributions)	-	688	-	652
NHS South East London CCG (was Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs) *	15	-	-	-
NHS Surrey Heartlands CCG (was Guildford and Waverley, North West Surrey, Surrey Downs and East Surrey CCGs) *	23	-	279	-
NHS East Sussex CCG (was Hastings and Rother, High Weald Lewes Havens, Eastbourne Hailsham and Seaford CCGs) *	52	843	162	9
NHS Kent and Medway CCG (was Ashford, Canterbury and Coastal, Dartford Gravesham and Swanley, Medway, South Kent Coast, Swale, Thanet and West Kent CCGs) *	49	-	75	-
NHS West Sussex CCG (was Coastal West Sussex, Crawley and Horsham and Mid Sussex CCGs) *	5	-	572	-
Totals	1,948	4,331	4,836	5,012

* Prior year comparatives consolidated for comparison for merged CCGs at 01/04/2020.

APPENDICES

Board of Directors register (meeting attendance and roles 2020/21)

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 present	6 of 7 (member)	NA	NA	NA	6 of 7 (member)	NA	4 of 4 (member)
Paul Dillon-Robinson Non-Executive Director 1 October 2019 to 30 September 2022	7 of 7 (member)	5 of 5 (member)	4 of 5 (member)	11 of 11 (chair)	NA	NA	NA
Kevin Gould Non-Executive Director 1 September 2017 to 30 August 2023	7 of 7 (member)	5 of 5 (chair)	5 of 5 (member)	11 of 11 (member)	NA	NA	NA
Beryl Hobson Chair 1 April 2018 to 31 March 2021	7 of 7 (member)	NA	4 of 5 (chair)	9 of 11 (member)	NA	3 of 3 (chair)	4 of 4 (member)
Steve Jenkin Chief Executive 14 November 2016 to present	7 of 7 (member)	NA	NA	11 of 11 (member)	6 of 7 (member)	NA	NA
Abigail Jago ⁺ Director of Operations 8 May 2018 to present	7 of 7 (member)	NA	NA	6* of 11 (member)	4 of 7 (member)	NA	NA
Gary Needle Non-Executive Director (1 July 2020 to 30 Jun 2023) and Senior Independent Director since 1 October 2019	6 of 7 (member)	NA	5 of 5 (member)	NA	7 of 7 (member)	NA	4 of 4 (chair)
Michelle Miles Director of Finance and Performance 1 February 2018 to present	7 of 7 (member)	NA	NA	11 of 11 (member)	6 of 7 (member)	NA	4 of 4 (member)
Karen Norman Non-Executive director 8 April 2019 to 7 April 2022	7 of 7 (member)	5 of 5 (member)	5 of 5 (member)	NA	7 of 7 (chair)	NA	NA
Geraldine Opreshko ⁺ Director of Workforce and Organisational Development 26 July 2017 to present	5 of 7 (member)	NA	NA	7* of 11 (member)	6 of 7 (member)	NA	NA
Clare Pirie ⁺ Director of Communications and Corporate Affairs 1 May 2017 to present	7 of 7 (member)	NA	NA	NA	NA	NA	NA
Nicky Reeves Interim Director of Nursing and Quality 12 November 2020 to present	2 of 2 (member)	NA	NA	NA	2 of 2 (member)	NA	NA
Jo Thomas Director of Nursing and Quality 1 February 2015 to 11 November 2020	2 of 2 (member)	NA	NA	NA	5 of 5 (member)	NA	NA

* Finance and performance committee: AJ and GO available for a further 2 of the 11 meetings scheduled, but attendance was restricted by committee chair due to Covid-19.

⁺ denotes non-voting executive member of the board

Council of Governors register 2020/21

Name	Constituency	Status of current term	Start of term	End of term	Meeting attendance
Barham, Chris	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Beesley, Brian	Public	Elected 1st term	01/07/2018	30/06/2021	1 of 3
Belsey, John	Public	Elected 2nd term	01/07/2017	30/06/2020	0 of 0
Bennett, Liz	Stakeholder ¹	Appointed	01/05/2017	30/04/2021	1 of 3
Bowden, Elizabeth	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Brown, Andrew	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Brown, St John	Stakeholder ²	Appointed	01/04/2020	31/03/2023	2 of 3
Butler, Tim	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Farley, Miriam	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Fulford-Smith, Antony	Public	Re-elected 2nd term	01/07/2017	30/06/2020	3 of 3
Glynn, Angela	Public	Re-elected 2nd term	01/07/2017	30/06/2020	0 of 0
Haite, Janet	Public	Re-elected 2nd term	01/07/2017	30/06/2020	3 of 3
Halloway, Chris	Public	Re-elected 2nd term	01/07/2018	30/06/2021	3 of 3
Harley, Oliver	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Harold, John	Public	Elected 1st term	01/07/2019	30/06/2022	3 of 3
Holden, Julie	Stakeholder ³	Appointed	06/01/2020	05/01/2023	2 of 3
Hunt, Douglas	Public	Elected 1st term	01/07/2017	30/06/2020	3 of 3
Lane, Andrew	Public	Elected 1st term	01/07/2018	30/06/2021	2 of 3
Lehan, Carol	Staff	Elected 1st term	01/07/2017	30/06/2020	2 of 3
Lockyer, Sandra	Staff	Elected 1st term	01/07/2017	30/06/2020	2 of 3
McGarry, Joe	Public	Elected 1st term	01/07/2017	30/06/2020	0 of 0
Martin, Tony	Public	Re-elected 2nd term	01/07/2017	30/06/2020	0 of 0
Migo, Caroline	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Roche, Glynn	Public	Re-elected 2nd term	01/07/2017	30/06/2020	0 of 0
Shore, Peter ⁴	Public	Re-elected 2nd term	01/07/2019	30/06/2022	3 of 3
Smith, Roger	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Sim, Ken	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Stewart, Alison	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Tamplin, Robert	Public	Elected 1stterm	01/07/2017	30/06/2020	0 of 3
Tappenden, Tony	Public	Elected 1st term	01/07/2017	30/06/2020	0 of 0
Ward Booth, Peter	Public	Elected 1st term	01/02/2021	30/06/2023	0 of 0
Wiggins, John	Public	Elected 1st term	01/07/2017	30/06/2020	0 of 0
Williams, Martin	Public	Elected 1st term	01/07/2018	30/06/2021	3 of 3
Wilson, Mickola	Public	Elected 1st term	01/07/2017	30/06/2020	0 of 0
Yoganathan, Thavamalar	Public	Elected 1st term	01/07/2017	30/06/2020	0 of 0

¹ Representing West Sussex County Council

³ Representing East Grinstead Town Council

² Representing QVH League of Friends

⁴ Nominated Lead Governor since August 2019

Directors’ biographies 2020/21

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 and diploma of legal medicine. 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 at 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.

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 Sharpthorne (a village in Mid Sussex) since 1998, where he is a parish councillor. He is involved in a number of commercial and charitable organisations as a consultant and non-executive director. 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 and 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. At QVH, Gary chairs the charity committee and sits on the quality and governance committee. He was appointed to the role of senior independent director in October 2019.

Karen Norman, Non-Executive Director

Karen joined the board in April 2019 and lives in Brighton. She chairs the quality and governance committee and is a member of the audit committee. Karen 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, and as an independent consultant, mostly in Scandinavia. 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.

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

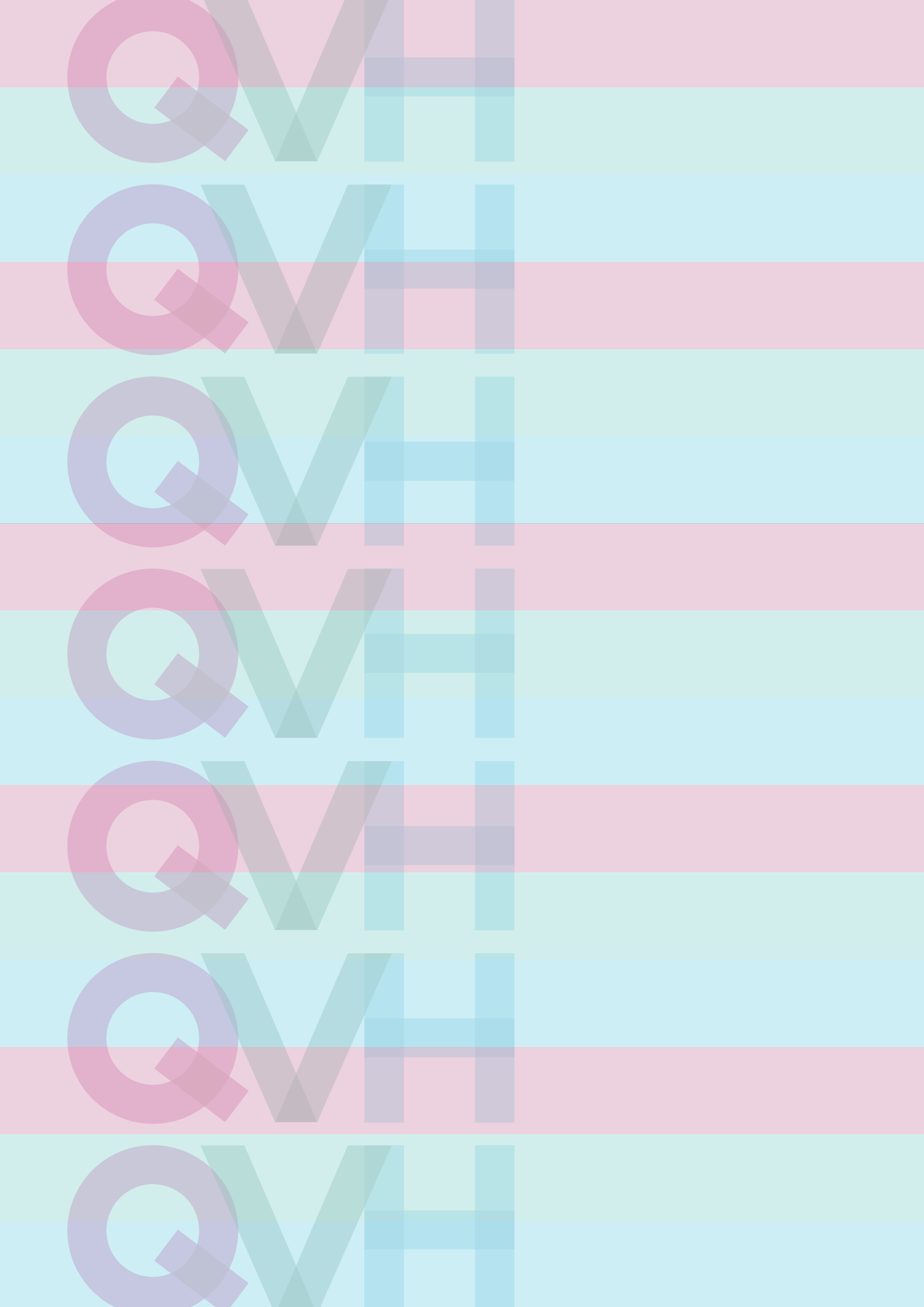
Clare joined QVH in 2016. She has been supporting clear communication in the NHS since 2000, working at King’s College Hospital and Brighton and Sussex University Hospitals, as well as for national and local NHS commissioning organisations. Clare’s role at QVH includes corporate governance and development of the QVH Charity, as well as strategic leadership for communications and engagement.

Nicky Reeves, Interim Director of Nursing and Quality

Nicky Reeves was appointed interim director of nursing and quality in November 2020, having previously been the deputy director of nursing at QVH for five years. She trained at the Hammersmith Hospital and has 36 years of nursing experience. Nicky has held a range of posts at QVH and other trusts across Surrey and Kent, leading and managing services at senior management level as well as having extensive operational nursing experience. She has always had a specialist interest in surgical nursing and started her QVH career 15 years ago as the burns centre manager. Nicky is passionate about ensuring the patients who use our services get great care. Living locally, Nicky is well aware of the importance of QVH to the population of East Grinstead.

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. Jo retired from the NHS in November 2020.



Queen Victoria Hospital is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services for people who have been damaged or disfigured through accidents or disease.

Our world-leading clinical teams provide specialist surgery and non-surgical treatment for people across the south east and beyond. We specialise in conditions of the hands and eyes, head and neck cancer and skin cancer, reconstructive breast surgery, maxillofacial surgery and prosthetics.

In addition, the people of East Grinstead and the surrounding area benefit from our expert clinicians treating more common conditions in our areas of specialism. We also provide a minor injuries unit, therapies services and a sleep 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. You can find out more at qvh.nhs.uk

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