

**Queen Victoria Hospital NHS Foundation
Trust
Quality Account
2025/26**

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1. Foreword from Trust Chair & Chief Executive Officer

Welcome to the Queen Victoria Hospital NHS Foundation Trust Quality Account for 2025/26. This report sets out how we have assured, monitored and improved the quality of care provided to our patients over the past year, and the priorities that will continue to guide our improvement work.

During 2025/26, the Trust has continued to deliver high-quality specialist and local services in a challenging and evolving NHS environment. Demand across cancer, elective and urgent care services has remained high, and our teams have worked with professionalism, skill and compassion to meet patients' needs while maintaining a strong focus on safety, experience and outcomes.

Patient experience continues to be a distinguishing strength of Queen Victoria Hospital. National survey results, local feedback and real-time measures consistently show that patients feel listened to, supported and involved in decisions about their care. These findings are reflected throughout this Quality Account and provide reassurance that, even during periods of operational pressure, the care we provide remains compassionate and patient centred.

The year also saw meaningful progress in strengthening our systems for assuring and improving quality. Our approach to continuous improvement, through *The QVH Way*, has become embedded across services, supporting teams to identify risk, learn from data and feedback, and make sustainable improvements. Governance, oversight and learning arrangements continued to mature, providing clearer assurance to the Board and greater visibility of quality and safety risks.

Performance across some national standards improved during the year, including strong delivery against the Faster Diagnosis Standard and consistently high performance within the Minor Injuries Unit. However, we also recognise the areas where performance was challenged, particularly within cancer treatment pathways and elective care. These pressures are clearly set out in this report, alongside the actions taken during the year and priorities for further improvement in 2026/27.

Supporting our people remains fundamental to delivering high-quality care. Staff continue to report pride in the care provided at QVH and a strong sense of commitment to patients. At the same time, colleagues have been clear about the pressures they face. We have listened carefully to this feedback and are using it to shape our priorities, with a continued focus on wellbeing, inclusion, learning and a culture where staff feel safe to speak up and contribute to improvement.

During the year, we progressed plans to form a strategic partnership with Royal Surrey NHS Foundation Trust and Ashford and St Peter's Hospitals NHS Foundation Trust group. This builds on our long-standing approach to collaboration with a wide range of NHS partners and reflects our commitment to working with others to improve care, resilience and outcomes for the populations we serve.

Finally, we would like to thank our patients for the trust they place in us and for the feedback they provide, which is central to our learning and improvement. We also thank our staff, volunteers, governors and system partners for their continued commitment and support.

This Quality Account demonstrates our determination to be open about our performance, learn from experience, and continually improve. Quality remains at the heart of everything we do, and it will continue to guide our decisions as we move into the year ahead.

Angela McNab Interim Trust Chair, Queen Victoria Hospital NHS Foundation Trust

Abigail Jago Acting Chief Executive Officer, Queen Victoria Hospital NHS Foundation Trust

2. About QVH

2.1 Our services, structure and patients

Queen Victoria Hospital NHS Foundation Trust (QVH) is a leading specialist centre for reconstruction and sleep, alongside essential local healthcare. We specialise in conditions of the hands and eyes (corneoplastics), head and neck cancer and skin cancer, reconstructive breast surgery, maxillofacial surgery and prosthetics. We also provide essential healthcare services for local people including conditions relating to our specialisms, a range of therapies, a Minor Injuries Unit and a Community Diagnostic Centre.

Many of these services are delivered as part of regional and national pathways, and for some specialties QVH is the sole provider across Kent, Surrey and Sussex. The highly specialist nature of this work means we treat patients from across the South East and, for several services, from throughout the UK.

Alongside our specialist provision, we also deliver a range of services for the local population. These include outpatient and diagnostic services relating to our specialisms, a broad range of therapies, a Minor Injuries Unit (MIU), and our Community Diagnostic Centre services. Our MIU plays an important role in supporting local care and continues to perform strongly against national standards for timely treatment.

Some of our services are delivered through a hub-and-spoke model, with our East Grinstead site acting as the central hub, supported by outreach and activity across several spoke sites through the QVH@ model. This approach enables close collaboration with partner organisations, supports cancer and specialist pathways across the wider health system, and helps ensure care is provided in the most appropriate setting.

QVH is internationally recognised for pioneering innovative treatments and techniques and has a strong track record of delivering excellent clinical outcomes. Our Trust is consistently among the highest-performing organisations for patient experience and satisfaction, as demonstrated through strong results in national patient surveys and consistently positive feedback through the Friends and Family Test. Patients report high levels of involvement, communication and confidence in the care they receive, reflecting our commitment to safe, high-quality and compassionate care.

Our patients vary widely in age, complexity and need. Many attend QVH for planned specialist surgery or long-term treatment pathways, while others access our services through urgent care, diagnostics or outpatient appointments. We are committed to understanding and responding to the diverse needs of our patients.

As an NHS foundation trust, we are also committed to education, training and workforce development. We provide training opportunities for resident doctors, apprenticeships and ongoing professional development for our staff, helping to sustain and develop the specialist workforce required to deliver safe, high-quality care.

We recognise our wider role as an anchor institution and supporting the health and wellbeing of our communities. This includes working proactively with partners to reduce health inequalities, improve access and experience, and ensure our services are inclusive, equitable and responsive to the populations we serve.

2.2 Our Strategy

In November 2024, our Trust Board approved the *QVH Strategy 2025–2030*, shaped through extensive engagement with patients, staff and partners. During 2025/26, we moved into the first full year of implementation, embedding the strategy across the organisation and translating our long-term ambitions into delivery.

Our strategy sets out our aim to be a centre of excellence that rebuilds lives, delivering high-quality specialist care while strengthening our role within local systems. It is underpinned by a focus on providing holistic, patient-centred care, developing integrated services and pathways, and ensuring we deliver a sustainable model of care for both our specialist patients and local community.

A key element of our strategic approach is the development of our operating model, with services delivered through our core site at East Grinstead, alongside an expanded local and outreach offer. This includes progress in delivering care closer to home, supported by developments such as our Community Diagnostic Centre and wider service integration across the geographical area we serve.

During 2025/26, the external NHS landscape continued to evolve, with increasing emphasis on collaboration, productivity and system working. In this context, partnership has become a central component of how we will deliver our strategy. This has been reflected in the announcement of our intention to form a strategic partnership with the Royal Surrey NHS Foundation Trust and Ashford and St Peter's Hospitals NHS Foundation Trust group, positioning QVH to work more closely with partners to improve patient pathways, resilience and long-term sustainability.

As part of developing the *QVH Strategy 2025–2030*, we refreshed our vision to reflect our long-term ambition and the role we play within the wider health and care system. Our new vision is:

“To be a centre of excellence that rebuilds lives and supports communities for a healthier future.”

This reflects our commitment to deliver outstanding specialist care, while continuing to strengthen our contribution to local services and system-wide working. Alongside our vision, we introduced a refreshed set of organisational values to guide how we work and deliver care:

- We are caring and inclusive over all else
- We are supportive and challenging over staying comfortable
- We listen to improve over always knowing best
- We succeed together over achieving alone.

To support the integration of these values into everyday practice, we developed a behavioural framework, providing clear expectations for how our values are demonstrated across the organisation. During 2025/26, we have continued to embed this framework through a programme of staff engagement. This included delivering a series of behavioural framework workshops for managers and staff, supporting teams to reflect on behaviours, strengthen leadership capability and promote a culture of inclusion, continuous improvement and collaboration.

Our key strategic objectives (KSOs) translate our long-term strategy into clear priorities for delivery. For 2025/26, our KSOs were:

- To deliver outstanding care
- To innovate and improve
- To be an excellent employer
- To deliver sustainable services
- To collaborate with others.

During 2025/26, we made progress across all five objectives. We improved access and performance, including a reduction in patients waiting over 52 weeks, strong urgent and emergency care performance, and continued delivery against cancer standards. We strengthened our approach to health inequalities, including increasing ethnicity recording from 79% to 85% to improve insight into patients' access and experience.

We continued to build our research and continuous improvement capability, with active research studies underway, expansion of improvement huddles and staff training, and wider use of outcome measures in services. We also invested in our people through behavioural framework workshops, leadership development and wellbeing support, while reducing vacancy rates and use of temporary staffing.

Alongside this, we delivered progress in our digital infrastructure, estate, and financial sustainability, including the go-live of Archie our Electronic Patient Record (EPR), expansion of our Local Anaesthetic Unit, continued development of the Community Diagnostic Centre, and £7.5 million of cost reductions over the year. We also confirmed our intention to form a strategic partnership with the Royal Surrey NHS Foundation Trust and Ashford and St Peter's Hospitals NHS Foundation Trust group, reflecting the growing importance of collaboration in delivering sustainable services for the future.

2.3 Working in partnership: Improving Lives Together

The *QVH Strategy 2025–2030* remains closely aligned to the ambitions of the Sussex Health and Care System strategy, *Improving Lives Together*, recognising that partnership working is essential to deliver better outcomes for our patients and populations.

During 2025/26, partnership working has become an increasingly central component of how we deliver our strategy. In a challenging and evolving NHS landscape, collaboration across organisations, sectors and communities is critical to improving access, addressing health inequalities and ensuring the long-term sustainability of services.

Over the year, we confirmed our intention to form a strategic partnership with the Royal Surrey NHS Foundation Trust and Ashford and St Peter's Hospitals NHS Foundation Trust group. This partnership represents a significant step forward in our ambition to work at scale, enabling

us to strengthen clinical collaboration, share expertise and resources, and develop more resilient and sustainable services for the future.

Alongside this, we have continued to strengthen our role within the Sussex system and our local communities, working with partners to support prevention, improve population health and reduce inequalities. This includes our ongoing contribution as an anchor institution, supporting the wider health and wellbeing of our communities.

Through these partnerships, we are better able to deliver integrated, high-quality care, drive innovation and respond to the changing needs of the populations we serve.

2.4 Queen Victoria Hospital Charity

Queen Victoria Hospital Charity is our dedicated hospital charity, supporting our patients, families and staff by funding the additional elements that NHS funding cannot always provide. In 2026, the Charity marks its 30th anniversary, recognising three decades of support that has helped enhance care and outcomes across our hospital.

The Charity works in partnership with clinical teams and services to fund initiatives that deliver meaningful impact for patients and staff. This includes investment in specialist and innovative equipment to enhance safety and precision; support for clinical research and service improvement; practical, emotional and wellbeing support for patients and staff; and improvements to care environments that promote calm, comfort and support.

Over the past year, Queen Victoria Hospital Charity has supported a range of projects aligned to our Trust priorities, helping to improve patient experience, support recovery, and strengthen the working environment for staff delivering complex and emotionally demanding care. These investments complement NHS provision and enable our services to go further for those who rely on them.

Looking ahead, the Charity has ambitious plans for the coming year, building on its strong track record and working closely with our hospital to support future developments, innovation and improvement. Through continued generosity from supporters, QVH Charity will play an important role in helping us deliver our vision to rebuild lives and support communities for a healthier future.

You can find out more about Queen Victoria Hospital Charity at www.supportqvh.org

3. Statement on Quality

3.1 Our approach to Quality Improvement: The QVH Way

This year marked the second year of our Continuous Improvement Programme, *The QVH Way*. The aim of our programme has been to deliver better, safer and more efficient care. Application of structured improvement methodology has helped staff at all levels in the Trust to identify problems, test solutions and make positive changes where they matter most. In this second year of the programme, it has become increasingly clear that staff recognise the importance and value of practising improvement in daily working. Standardised improvement processes are now embedded across many areas, and techniques are being actively utilised to tackle significant challenges across strategic priority areas.

During the year, Continuous Improvement was brought together with Quality and Compliance, Audit, Medical and Dental Education, and the Library Teams under the oversight of the Chief Medical Officer. This connection has facilitated collaboration and development of a joined-up approach to evidence-based culture and learning.

Many of our accredited British Quality Foundation Lean six sigma Yellow and Green Belts have applied their learning to the delivery of prioritised strategic projects using data and feedback to understand themes and root causes, testing and learning before implementing innovative and sustainable improvements. Patients are benefitting from service improvements, including in our Sleep Apnoea clinic where experience has improved and waiting times to treatment have reduced.

Another improvement project in our Sleep Disorder Centre led to the implementation of group clinics. This has resulted in patients starting treatment sooner, improving their experience and outcomes. Better clinic utilisation has led to financial savings and improved administrative efficiencies.

More than 80 staff members from a wide range of clinical and non-clinical roles have now received training. This means more teams have the confidence and skills to solve everyday problems, acting as local improvement champions and supporting improvement in their own areas. Teams are using regular Improvement Huddles with simple visual tools and data to spot issues early and make small incremental changes quickly. A mixture of virtual and physical huddles are embedded across 18 key departments across our organisation.

“The training has been really informative. We've learned a lot of different skills and techniques that we can take back to our workplace to problem solve and improve our efficiency” QVH Specialist Therapist, Yellow Belt graduate

“It really gets you thinking about the importance of understanding the problem before you go rushing off to try and find a solution. I'm really looking forward to putting what I've learned into practice,” Medical Education Manager, Yellow Belt graduate

All improvement work is now closely linked to the Trust's key operational and quality priorities and over 80 improvement projects have already taken place or are underway.



Staff engagement has been a focus, with regular communication, celebration events and the introduction of **The QVH Way Award for Continuous Improvement** presented at our annual Star Awards (*our joint winners are pictured*). This is one way we recognise individuals and teams who are making a difference, and support staff ownership of improvement work.

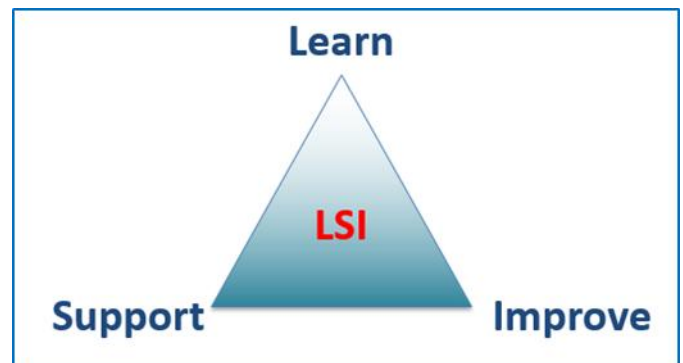
Experience Based Co-Design training has been introduced and applied to some key strategic priority work. This approach brings patients, carers and staff together to ensure that changes are based on real experiences and what matters most to those using our services. More training is planned in the coming year to embed this ethos within our Health Inequalities work.

To sustain and further embed our continuous improvement methodologies more widely, a bespoke in-house training programme has been developed including online and face to face training as well as coaching to further support QVH to have a culture of learning, innovation and continuous improvement at its heart. We will continue to embed this reliably and consistently utilising our growing resource of trained champions and supported by our leaders.

Our objective is for all interactions between leaders / managers and teams to reflect the QVH 'LSI' model reflecting on: -

- What did I **Learn**?
- How can I **Support** this?
- What will be **Improved** as a result?

By doing this, continuous improvement will remain **“the way we work, every day”** for the benefit of patients, staff and the communities we serve.



3.2 Quality priorities 2025/26

During 2025/26, we delivered measurable progress against our Quality Priorities, with improvements embedded across governance, assurance, patient experience, and legal compliance. Despite operational pressures and digital limitations, we strengthened our systems to monitor care quality, learn from outcomes and respond to patient needs, demonstrating continued organisational improvement.

Safe and effective care

We improved how we monitor and assure the quality of care through strengthening clinical audit governance and oversight. Audit activity has been routinely reviewed within service and directorate governance structures, with clear executive oversight. Participation in national audits has increased; notably an increase from 15% to 100% participation in the Breast and Cosmetic Implant Registry. A comprehensive audit has been developed for 2026/27. These improvements provide assurance that care is safe, effective, and subject to ongoing review.

Learning from incidents, audits, and safeguarding activity was strengthened through our re-established Clinical Learning Forum, which supported multidisciplinary learning and staff engagement. Learning has been shared more consistently across the organisation to support safer care and continuous improvement. The Clinical Learning Forum is recorded and sent out for staff who are unable to attend to watch and learn when it is convenient for them.

Caring and responsive services

We have improved how we communicate with and respond to patients. Patient information is regularly reviewed to make sure it is clear, up to date and accessible, including meeting the needs of people with sensory impairments or additional communication needs. Governance is now in place to support ongoing compliance with the Accessible Information Standard. This includes a Patient Information Review Group (PIRG).

Structured reviews of complaints and incidents have also seen improved coordination, learning and communication, resulting in a timelier response to patients.

Mental Capacity Act compliance

A significant piece of work in 2025/26 was an in-depth review of processes and behaviours that support consistent compliance with the Mental Capacity Act. This work has strengthened our insight, pathways, documentation, and oversight. Mental Capacity Act assessments have been established within the Archie EPR our new electronic patient record. Regular audits and direct observational work are helping staff ensure that patients who may lack capacity are identified, appropriately assessed, and supported in line with legal requirements.

Whilst challenges remain around workforce capacity and confidence in performing the right steps at the right time, a clear step-change was achieved in governance, cultural awareness and assurance of Mental Capacity Act practice.

Well-led organisation

Over the year, we as a Trust have demonstrated improved governance, accountability, and leadership oversight of quality. Clear reporting structures supported executive visibility of risks, progress and outcomes, and quality improvement activity was increasingly aligned with our strategic priorities.

Overall, we have made sustained and demonstrable progress against our Quality Priorities. Systems for monitoring care, learning from experience and supporting patients have been strengthened, providing a solid and credible platform for further improvement in 2026/27.

3.3 National quality indicators

This section outlines our performance against National Quality Indicators (NQIs) and summaries participation and outcomes from national and local clinical audits during 2025/26. It demonstrates how audit and benchmarking information is used to assure quality, improve patient outcomes and inform continuous improvement.

National clinical audits: action taken to improve quality

QVH participation in national clinical audits and clinical outcome review programmes 2025/26

Programme / work stream	Eligible for QVH participation	QVH participation	% of cases submitted
Breast and Cosmetic Implant Registry	√	√	100%
Case Mix Programme (CMP) (National clinical audit of adult critical care in England, Wales, and Northern Ireland)	√	√	100%
Child Health Clinical Outcome Review Programme - Emergency surgery in children and young people	√	√	100%
Learning from Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR)	√	N/A	N/A
National Audit of Care at the End of Life (NACEL)	√	√	100%
National Child Mortality Database	√	N/A	N/A
National Diabetes Inpatient Safety Audit (NDISA) - National Adult Diabetes Audit (NDA)	√	N/A	N/A
National Falls & Fragility Fracture Audit Programme - National Audit of Inpatient Falls (NAIF)	√	N/A	N/A
Perioperative Quality Improvement Programme (PQIP)	√	√	144 patients have been recruited to this study during the year

While there may be new national audits relevant to Queen Victoria Hospital, there were no applicable cases during the reporting period to submit.

Participation in National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) studies with report published in 2025/26

Study name	Data collection period	Date report published
A Balanced Solution (Abnormal Blood Sodium Levels)	1 October – 31 October 2023	October 2025
Right Place, Right Time, Right Team (Emergency Paediatric Surgery)	12 February – 25 February 2024 17 June – 30 June 2024	December 2025

The reports of two national clinical audits were reviewed in 2025/26, and we intend to take the following actions to improve the quality of healthcare:

A Balanced Solution (abnormal Blood Sodium Levels)

In response to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Blood Sodium Study, we have reviewed our local practice and identified actions to further strengthen patient safety and clinical effectiveness. While national care bundles and standards, including guidance on the use of hypertonic saline, are awaited, we will implement these as soon as they become available. Existing guidance already supports assessment of fluid balance and medication review. However, additional focus will be placed on consistent fluid balance monitoring, earlier recognition of sodium disturbances on wards, clearer involvement of pharmacy in medication reviews, improved access to blood gas results within electronic systems, and better communication of medication changes with primary care services.

Right Place, Right Time, Right Team (Emergency Paediatric Surgery)

We took part in a national review of emergency surgery for children and young people, led by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and titled *Right Place, Right Time, Right Team*. Our Trust contributed to the national data collection and has reviewed the published recommendations.

This review confirmed that many of the recommended arrangements are already in place at QVH. These include dedicated trauma coordinator roles, use of the “sip to send” approach to keep children hydrated before procedures, and close working within a regional clinical network. Together, these help ensure children receive timely and considerate care.

The review also highlighted the importance of strong links with paediatric medical services. We recognise this as an area for ongoing development for us which remains under regular review through existing clinical governance and collaborative discussions.

Local Clinical Audits - action taken to improve quality

There was a total of 69 clinical audit projects registered in 2025/26. Reports of 40 local clinical audits were reviewed in 2025/26, and we intend to take the following actions to improve the quality of healthcare provided:

Radiology - Quality of Portable Check X-rays

This audit showed that chest X-rays are being used safely and effectively at QVH to confirm the correct position of nasogastric (NG) feeding tubes. All reviewed X-rays gave clear and reliable information before feeding was started, in line with national safety guidance. This helps protect patients from harm caused by incorrectly placed NG tubes and confirms good, safe practice.

The audit also identified ways to improve the quality of portable chest X-rays, particularly by improving image quality and ensuring radiation doses are kept as low as possible. By improving technique and consistency, the Trust can reduce the need for repeat X-rays, improve diagnostic confidence, and support safer, more effective inpatient care.

Radiology – Identifying Fragility Fractures in Radiology Reports

This audit reviewed how well radiology reports identify vertebral fragility fractures, which can be an early sign of osteoporosis. While bone health was often mentioned, fractures were not always clearly identified and advice on next steps was not consistently included. This meant some opportunities for early treatment of osteoporosis were being missed.

In response, a clearer and more consistent reporting approach has been introduced. This ensures fractures are clearly described and followed by recommended actions, helping patients receive earlier assessment and treatment. This supports better long-term outcomes by reducing the risk of future fractures, pain and loss of independence.

Maxillofacial - Lifespan of Hybrid Mandibular Advancement Splints

This audit looked at how long hybrid mandibular advancement splints last after concerns were raised about wear and tear. The findings showed that these splints last an average of just over three years, which is slightly longer than similar devices.

Having clear evidence about lifespan allows clinicians to give patients accurate information and helps patients make informed decisions about their care. This supports shared decision making and reassures patients that treatments are recommended based on good evidence.

Maxillofacial - Shared Decision Making in Orthognathic Care

This audit explored the shared decision making experience of patients and families orthognathic (jaw) treatment. Results were very positive, with over 80% of patients and over 90% of parents reporting that they felt actively involved in decisions about care. These results exceed national NHS expectations of 65% to 75% (CQUIN threshold).

The audit confirmed that clear information, supported by the Jaw Surgery Information Evenings and opportunities to speak with others who have had treatment, help patients feel informed and confident. This reinforces the importance of involving patients and families throughout the care pathway.

Maxillofacial – Botox Treatment for Temporomandibular Joint Disorder (TMD)

This service evaluation showed that Botox injections can help relieve symptoms for many patients with jaw joint problems. However, a significant number of patients continued to experience symptoms after completing the standard NHS treatment course.

The evaluation highlighted the need for clearer guidance on which patients may benefit from further treatment and more consistent recording of outcomes. Introducing a standard review process will support fair decision making, improve understanding of treatment effectiveness, and help inform future service development.

Therapies – Dietetics - Managing the risk of Malnutrition

This audit demonstrated very good performance in early nutrition screening, with all adult patients assessed for malnutrition risk within 24 hours of admission. This supports timely identification of patients who may need dietary support.

The audit also identified areas for improvement, including better recording of usual weight and more consistent repeat screening during admission. Actions are underway, including staff training and improved electronic prompts, to support accurate documentation and ongoing monitoring. These improvements will help ensure changes in nutritional risk are identified promptly, supporting safer and more effective patient care.

Plastics and Burns - Outcomes of Finger Flexor Tendon Repairs at Queen Victoria Hospital

An audit of finger flexor tendon repairs (FDP/FDS) performed at our hospital reviewed outcomes for patients treated between January and December 2023. The audit included 122 patients and 201 repaired tendons.

The overall tendon rupture rate was 5%, which was slightly above the agreed quality standard. This affected 8.2% of patients. Timeliness of surgery was a key strength, with 95% of patients undergoing surgery within four days of presentation and an average time from referral to surgery was less than two days.

Compliance with the postoperative rehabilitation programme was excellent, with all patients completing the recommended pathway. However, only 73% of patients started hand therapy within five days of surgery. Delays were largely related to patient-specific factors and staffing pressures.

Variation in rupture rates was observed between different anaesthetic techniques. As a result, a further audit has been planned to better understand these differences and support improvement in patient outcomes.

Perioperative Care – GL1MPSE Study

The GL1MPSE study is a national review examining the impact of newer medicines known as GLP-1 and GIP receptor agonists on patients undergoing surgery. These medicines are widely used to treat diabetes and are increasingly prescribed, or self-sourced, for weight management. They slow the rate at which the stomach empties, which can increase the risk of stomach contents being regurgitated during anaesthesia and potentially causing breathing complications.

We reviewed 250 patients who had surgery under general anaesthesia in November 2025. Twelve patients (approximately 5%) were identified as taking a GLP-1 or GIP receptor agonist. Half were using these medicines for diabetes and half for weight loss. In several cases, the medication had been purchased online and was not consistently documented in the medical record. Many patients did not disclose their use unless specifically asked, and normal body weight did not exclude use of these medicines.

No episodes of vomiting or airway complications were recorded during the study period; however, the findings highlighted the increasing prevalence of these medications and the potential for under-recognition. The audit reinforced the importance of directly asking all patients about GLP-1 and GIP receptor agonist use during pre-operative assessment, regardless of body weight or indication. Improved documentation and clear local guidance will support safer perioperative management as use of these medicines continues to rise.

Oversight of national and local audits is provided through:

- Executive Subcommittee for Quality
- Executive Committee for Quality and Risk
- Quality and Safety Committee
- Trust Board.

Readmission within 30 days of discharge

Any emergency readmission to hospital within 30 days of discharge is a significant concern. The NHS has a 30-day readmission rule that provides an incentive for hospitals to reduce avoidable emergency readmissions.

The average hospital readmission rate nationally is 14.7%

	2022-23			2023-24			2024-25		
	Age 0 - 15	16 & over	Total	Age 0 - 15	16 & over	Total	Age 0 - 15	16 & over	Total
Discharges	1,655	7,270	8,925	1,250	7,290	8,540	1,160	7,665	8,825
30 day readmission (%)	11.7	12.5	11.20	18.7	13.3	11.7	23.4	12.6	12.4
National average (%)	12.8	14.4	14.2	13.2	15.1	14.8	13.2	14.9	14.7

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 via the Secondary Uses Service
- Readmissions are predominantly to treat 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 of ensuring our complication rate is acceptable and is reviewed for learning
- QVH acknowledges the slight increase in total hospital readmissions within 30 days, and this is particularly noted within the age 0-15

We intend to take the following actions to lower our 30 day readmission rate by:

- Monitoring readmissions in each service and identifying areas where change may be significant and a cause for concern
- Acting on those significant changes and embedding good practice
- Sharing the learning with all services.

Venous thromboembolism

Patients undergoing surgery are at increased risk of venous thromboembolism (VTE), a significant and potentially preventable cause of morbidity and mortality in the UK. Early risk assessment and appropriate prophylactic measures are essential in reducing this risk. The national standard requires that at least 95% of all patients are assessed for VTE risk on admission. In-year we saw a drop in the number of VTE risk assessments which correlated with a change in our assessment methodology. This was rapidly recognised and the VTE risk assessment process was adapted and improved prior to relaunch with refreshed staff training. No patients came to harm as a result of the drop in risk assessments and % compliance is rapidly recovering to the required standard.

The percentage of patients admitted to hospital who received a VTE risk assessment during the reporting period is presented in the table below.

We consider this data to be accurate for the following reasons:

- Robust processes are in place for the collection and validation of VTE assessment data.
- Data is submitted on a monthly basis via the Strategic Data Collection Service (SDCS).
- Performance is monitored monthly through Trust-wide performance dashboards.
- Ongoing monthly audits across all inpatient areas support compliance and data quality.

We remain committed to minimising the incidence of VTE, recognising it as one of the most common causes of preventable post-operative harm. All patients undergoing surgery are risk assessed, and appropriate preventative measures are implemented in line with national guidance, including the use of compression stockings and administration of low molecular weight heparin where indicated.

	2025/26 Qtr 1	2025/26 Qtr 2	2025/26 Qtr 3	2025/26 Qtr 4
QVH (%)	98.15%	97.75%	95.38%	67.68%
National average	90.54%	91.44%	91.49%	Data not available
Best performing trust	99.71%	99.95%	99.88%	Data not available
Worst performing trust	14.46%	15.36%	14.94%	Data not available

Infection control: C. difficile

C. difficile (Clostridioides difficile) is a bacterium that can cause serious infections, particularly in the intestines, leading to diarrhoea and inflammation of the colon. It often occurs after antibiotic treatment, which disrupts the balance of gut bacteria, allowing C. difficile to overgrow and produce toxins that damage the colon. C. difficile infections can range from mild to severe.

	2023/24	2024/25	2025/26
QVH rate per 100,000 bed days of case	9.4	37	10.571
National average	46.67	53	*
Best performing trust	0.0	3	
Worst performing trust	131.2	125	

* The national data for 2025/26 is not yet available. It will be included in our 2026/27 Quality Report

We continue to implement a range of measures to tackle infection and to improve the safety and quality of our services. These include a strong focus on early identification of infection to prevent spread in conjunction with antibiotic stewardship (using antibiotics appropriately). These measures are supported with robust environmental hygiene and continuous staff engagement and education.

We have continued to report mandatory data via the UK Health Security Agency. The NHS has published annual thresholds for healthcare-associated C. difficile infection and key Gram-negative BSIs bloodstream infections.

QVH is above the nationally set threshold for C. difficile. The threshold for healthcare-associated cases of C. difficile for 2025/26 was no more than 0 cases. We reported 1 healthcare-associated case for 2025/26 with no secondary cases identified. Data is collated internally and submitted on a regular basis to UK Health Security Agency. Effective systems are in place to review cases and improve practice to reduce the risk of C. difficile.

3.4 Duty of Candour

The statutory Duty of Candour was brought into law in 2014 for NHS trusts and underpins a safe, open, and transparent culture. It places a legal duty upon trusts to be open and honest with their patients when something may have gone wrong. The national guidance regarding the statutory duty (organisational) states that 'patients/relevant persons must be informed of an incident that is of moderate harm and above in a timeframe that is 'reasonably practicable'.

We support a culture of openness, honesty and transparency adhering to the Duty of Candour principles that our staff should use when communicating with patients, their families and carers following a patient notifiable safety incident, complaint or claim where a patient suffered moderate harm or above. There were four formal Duty of Candour letters sent in this reporting period with no themes noted.

3.5 Never Events

Never Events are incidents that are wholly preventable because guidance or safety recommendations providing strong systemic protective barriers are available and should have been implemented by all healthcare providers. We are awaiting the results of the national Never Events Consultation which concluded in May 2024.

There were two Never Events in QVH during 2025/26, a 'wrong site block' on a hand trauma patient, resulting in no harm to the patient (May 2025) and a 'wrong site surgery', resulting in minor harm to the patient by way of an additional small scar (November 2025). The identified learning from both events has informed changes in practice to prevent recurrence.

3.6 Infection, prevention and control

We recognise that the effective prevention and control of Health Care Associated Infections (HCAIs) is essential to ensure that patients using our services receive safe care. Effective prevention and control must be an integral part of everyday practice and applied consistently across our organisation to ensure the safety of our patients. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention and control measures are maintained. A clear infection prevention strategy and consistent approach are key to ensuring a safe care environment and practices. It is the responsibility of everyone and only truly successful when everyone works together.

The 2025/26 threshold set by the UK Health Security Agency (HAS) for reportable infections was 0. During this period we reported 1 case of C.Difficile infection; 1 case of Pseudomonas blood stream infection; and 1 cases of E.Coli blood stream infection. Each case was investigated using an RCA (Root cause analysis) to look for learning opportunities and any potential causes or correlation. The findings of these RCA are fed back to the relevant teams and shared through the infection prevention and control (IPC) quarterly reports. In each case these were isolated incidents with no secondary cases.

One key auditable factor relating to infection prevention and control is hand hygiene compliance. We have a robust process in place for monitoring and recording compliance with hand hygiene standards through monthly auditing and regular spot checks. Focus is maintained with ongoing education using a variety of different formats to engage staff across our organisation.

All Trust staff are encouraged to take ownership for infection control and to integrate its core principles within their departments and roles. Monthly audits are carried out in all clinical areas to ensure that staff across each discipline are complying with standards. The audit tool and audit process is monitored closely to make sure accurate, reliable and robust data is collected. A record is held of non-compliant individuals and those who frequently do not comply are managed formally by the Infection Control Team and their line manager

	Target	2022/2023	2023/2024	2024/2025	2025/2026
Hand washing compliance	95%	99.5%	98.7%	98.6%	99.2%

3.7 Patient safety incidents

Patient Safety Incidents reported on the Datix system are submitted directly to the National Reporting and Learning System (NRLS) since February 2024. Learn from Patient Safety Events (LFPSE) has been fully implemented in our organisation alongside the Patient Safety Incident Response Framework (PSIRF).

Within QVH:

- There is a process in place for triaging / reviewing patient safety incidents daily by experienced clinical and non-clinical incident reviewers.
- Data is collated and tracked to understand trends, themes, the incident reporting culture within the Trust and the learning identified.

During 2025/26 this information has been reported to the relevant sub-committee for Quality, following which quarterly reports are submitted to the Quality and Safety Committee.

There is a strong reporting culture across our Trust around reporting patient safety incidents, the majority of which are no or low / minor harm. Patient Safety Incident Investigation and Formal Internal Investigation reports were tabled, presented and approved at the Patient Safety and Experience Subcommittee and the Executive Subcommittee for Quality respectively. Families have been actively encouraged to participate and invited to discuss report findings and recommendations should they wish to do so.

3.8 Learning from deaths and patient death reporting

We are committed to the national Learning from Deaths (LfD) programme and to ensuring that patient deaths are identified, reviewed and learnt from in line with NHS England guidance.

During 2025/2026, we identified and reviewed deaths of patients who had died within 30 days of an inpatient admission or outpatient procedure. Deaths were reviewed through established governance arrangements with reporting strengthened to monthly scrutiny from October 2025. Oversight is provided through the Executive Subcommittee for Quality.

Across the reporting year:

- The number of deaths notified within 30 days of receiving care at Queen Victoria Hospital remained stable, averaging approximately 12 per quarter.

- Two inpatient deaths or deaths following transfer out of the Trust were reported, one in quarter 1 and one in quarter 2. None were reported in quarters 3 and 4.
- No deaths were judged to be more likely than not due to problems in care, and no avoidable deaths were identified.

Where appropriate, deaths were reviewed using the Structured Judgement Review (SJR) methodology. One of the SJR's completed during the year was in relation to a case that progressed to inquest.

The specialism and size of our Trust mean on-site deaths are unusual and therefore there is no Standardised Hospital Mortality Index (SHMI) data reporting. In-depth targeted reviewing consistent with the NHS 2017 framework ensures that deaths which might be related to care at our Trust are consistently evaluated.

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
In-Hospital mortality	0.0120%	0.0204%	0.0099%	0.0048%	0.0087%	0.0084%
In Hospital deaths	2	4	2	1	2	2

Learning and Improvement

During 2025/2026:

- No thematic concerns were identified.
- No learning actions were identified for local or system-wide implementation.

This provides assurance that the care delivered was appropriate and aligned with expected clinical standards.

Coroner's Inquests

One inquest concluded during the year resulting in a narrative or 'read-only' conclusion, with no criticism of the care we provided. Debriefs were held to support the learning and wellbeing of staff wellbeing.

Equality and Health Inequalities

In line with national requirements, we analysed deaths by age and ethnicity:

- Most deaths occurred in patients aged 80-89 years, consistent with national mortality trends.
- All deaths fell within the 70-99 age range except one within the 60-69 age group.
- Ethnicity data completeness was good, with most patients recorded as white British.

No disproportionate impacts were identified. Further work will continue to align Learning from Deaths data with our Health Inequalities programme.

Governance and Assurance

The Responding to and Learning from Deaths Policy was fully reviewed and ratified during 2025/26. We also participate in system learning through the Learning from Deaths Quality Improvement Network, which supports shared learning across the Integrated Care System.

Conclusion

We are assured that our Trust's Learning from Deaths arrangements are robust, proportionate and effective, and that deaths are reviewed in line with national guidance. This supports our ongoing commitment to safe, high-quality care, transparency, and continuous improvement.

3.9 Participation in clinical research

The period 2025/26 marked a pivotal year in advancing our research and innovation ambitions. The first full year of delivery of the *QVH Research and Innovation Strategy* focused on establishing strong foundations for sustainable growth, including widening participation in research and strengthening governance and infrastructure. The strategic aim is to ensure the consistent provision of high-quality research opportunities for patients.

A key milestone during the year was agreement of charitable funding for a new Research, Innovation and Education Centre, to be located at the heart of the hospital. A project group is being established to deliver this centre in 2026/27. The Centre will provide a visible and accessible hub, reinforcing our Trust's commitment to integrating research with education, innovation and evidence based continuous improvement. This will help embed these activities into everyday clinical practice.

Strategic collaborations have continued to play a central role in expanding the Trust's research capability. A significant new partnership with the University of Sussex is underway, with QVH contributing specialist expertise. This project is being jointly funded by the Health Innovation and Education Fund and QVH Charity.

In parallel, we secured Regional Research Delivery Network (RRDN) Strategic Funding to support joint working with the local Primary Care Network, enabling local GPs to develop their research capability. Through the secondment of internal research expertise, this programme has increased capacity and capability for community-based research and extended research activity beyond our acute hospital setting.

In addition, a successful National Institute for Health and Care Research (NIHR) Research Delivery Network Accelerator bid enabled us to participate in a national priority initiative focused on reducing research study set-up times.

QVH Research Delivery Team

Research continues to be overseen at Board level with links to external partners including Sussex Health & Care Research Partnership fostering a strong, multidisciplinary research culture. Enhanced links with the Commercial Research Delivery Centre, the Regional Research Delivery Network and local primary care partners ensure that our Trust is well positioned to offer a broader and more diverse portfolio of research opportunities across traditional care boundaries aligning with the strategic shifts within the NHS 10 Year Health Plan for England to move care from hospital to community and sickness to prevention.

During the year, our team (*members pictured right*) recruited to 14 active studies, with 223 patients enrolled. Whilst this represents a reduction compared with previous years, it reflects the planned closure of eight high recruiting studies during the year. The Trust's ambition is to lead research aligned to our specialist services and the needs of our patient population. This includes an increasing focus on developing and sponsoring high-quality, clinician-led studies.



QVH Research Governance Team with our Clinical Academic



A continuous improvement approach to research and innovation has remained a key priority throughout the year. Significant progress has been made in strengthening internal systems, processes and digital capability. A new Quality Management System is nearing completion, incorporating refreshed standard operating procedures aligned to clearly mapped research delivery and governance processes, roles and responsibilities. The first phase of targeted

investment in digital research infrastructure has enhanced electronic data capture and statistical analysis capability to improve efficiency and data quality.

Looking ahead, our Trust is well positioned to support future growth in research activity. A developing pipeline of clinician-led projects offers us potential to generate competitive grant applications, optimise external funding opportunities, and enhance access to high-quality research enhancing outcomes and opportunities for our patients and further strengthening QVH's role as a centre of excellence.

3.10 Patient experience

Patients, carers and visitors who provide feedback following care or treatment are essential to helping us learn, improve and develop our services. Their experiences shape how we adapt our pathways, how we communicate and how we understand what matters most to people using our services.

Feedback is managed by the Patient Experience Manager in conjunction with our triumvirate leadership teams. This collaboration ensures that feedback is reviewed close to the point of care and that directorates are supported to live our value of "listen to improve", embedding the voice of patients and families in everyday decision making.

Activity summary

The table below shows, for comparison purposes, activity over the last three years.

	2023/24	2024/25	2025/26	2024/25 to 2025/26 Change
Total number of formal complaints received	65	73	88	20% increase
Patient Advice and Liaison Service (PALS) contacts received	230	278	339	21% increase
Compliments received by Chief Executive Officer's office	83	96	75	22% decrease

We have an integrated Complaints and Patient Advice and Liaison Service (PALS) service, which manages concerns and feedback in accordance with our Complaints Policy and the NHS Complaints Standards.

From 1 April 2025 to 31 March 2026, a total of 88 formal complaints were received, representing an approximate 20% increase on the previous year (73 complaints). This aligns with a 21% increase in PALS contact over the same period alongside rising local and national trends in patient feedback volumes. It also reflects heightened complexity of services and greater awareness of reporting channels.

Developments in complaints handling

During 2025/26, a significant focus was placed on strengthening the learning culture and ensuring that feedback leads to meaningful and visible improvement. Key developments included:

- **Embedding directorate led investigations:** Complaints were managed in collaboration with triumvirate leadership teams, enabling a better understanding of service specific issues and more timely actions. This approach is now fully established across all clinical directorates.
- **Improved communications with complainants:** Updates to complaint acknowledgements and response letters were implemented, ensuring clearer explanations, personalised communication and reflective learning in line with NHS Complaints Standards.
- **Strengthening governance oversight:** Routine review processes were embedded, including escalation of key themes and direct Executive review of complex or sensitive complaints.
- **Focus on timely resolution:** Despite the introduction of a more stringent 30 working day target (from August 2025), 86% of complaints were closed within agreed timeframes throughout the year. Monthly performance remained strong, with 92% of complaints acknowledged within three working days through the year.

During 2026/27, we will continue to refine the complaints management process, ensuring it is simpler, faster and more person centred. The new Patient Experience Meeting, launching in April 2026, will oversee shared learning and improvement actions across services.

Themes of complaints, PALS and compliments

All feedback received at QVH, whether concerns, complaints or compliments is categorised into themes. Some submissions include multiple themes. These are reviewed quarterly with triumvirate leadership at 'Learning From' meetings. Compliments are shared alongside concerns and claims to highlight outstanding practice and identify learning that can be adopted elsewhere in our organisation.

The table below sets out the top five themes for 2025/26.

2025/2026	Complaints	PALS	Compliments
1	Treatment (35)	Treatment (69)	Treatment (75)
2	Values and Behaviours (21)	Trust Administration (57)	Values and Behaviours (58)
3	Trust Administration (16)	Appointment delays and cancellations (44)	
4	Access to treatment or drugs (14)	Access to treatment and drugs (37)	
5	Appointment delays and cancellations (12)	Communications (30)	

Triangulation and learning

Throughout the year, the Patient Experience Manager and directorate triumvirates met quarterly to review triangulated findings from Complaints, PALS contacts, Patient Experience incidents, friends and family test (FFT) feedback, claims, and Violence prevention and reduction reviews.

This multidimensional approach has strengthened insight and assurance. Where Trust-wide themes emerged, ad-hoc sessions were held to agree coordinated actions across directorates.

Each 'Learning From' meeting resulted in both Trust-level and directorate specific action plans. Examples of the types of learning and improvements arising from feedback in 2025/26 include:

- **Strengthening clinic management for mixed telephone/face to face clinics:** Standardised processes developed after concerns raised relating to several directorates. Effectiveness to be re-evaluated next year.
- **Improvements to Duty of Candour practice:** Themes from complaints and claims prompted refresher training and a planned update to the Duty of Candour policy for clarity and consistency.
- **Clarifying Minor Injuries Unit (MIU) service boundaries:** QVH worked with the ICB and NHS 111 to standardise messaging and reduce inappropriate referrals to MIU.

- **Improving trauma clinic pathway information:** The wider trauma network was engaged to improve understanding of arrival times, pathway expectations and service scope.
- **Enhancing communication around discharge planning:** Following complaints, teams strengthened checks relating to transport arrangements, expected discharge timing and communication during transitions.
- **Administrative process improvements:** Several complaints highlighted delays or errors in correspondence, prompting directorate level audits and administrative training.

Patient experience surveys

We use several methods to gather structured feedback, including:

- National patient surveys
- Local patient experience surveys
- Friends and Family Test (FFT)

National surveys

We undertook all CQC mandated national patient surveys during 2025/26. Highlights included:

- Adult Inpatient Survey 2023
 - QVH was recognised at the top performing trust in the survey for overall experience
 - QVH was “much better than expected” on 41 questions and scored 9.4/10 for “Your care and treatment.”
- Children and Young People’s Survey 2024
 - QVH was recognised as the top performing trust in the survey for overall experience
 - QVH performed “much better than expected” on 30 questions,

Friends and Family Test (FFT)

FFT continues to be a valuable real time measure of patient experience. During 2025/26:

- QVH received 38,078 FFT responses
- Adult Inpatients: Recommendation rates remained consistently high reaching 99% across the year, with only 6 patients not rating us good or very good in the period.
- Child Inpatients: Recommendation rates were similarly strong reaching 99% across the year, with only 2 patients not rating us good or very good in the period.
- MIU recommendation rates were significantly better than national scores consistently. MIU scores peaked at 96% in February 2026.

Summary

During 2025/26 we substantially developed our complaints handling, strengthened governance, ensured more robust directorate ownership, and improved the integration of the patient voice at all levels of our organisation. Despite an increase in formal complaints, we maintained high patient satisfaction scores, managed complaints responsively and demonstrated repeated evidence of learning.

The work undertaken this year has laid strong foundations for 2026/27, where the focus will be on:

- Embedding the new Patient Experience Meeting
- Strengthening early resolution under the NHS Complaints Standards
- Enhancing communication and administrative reliability
- Continuing to develop consistent, compassionate and person-centred engagement with patients and families.

3.11 Our people

Staff recommendations to family and friends

Friends and family test

We value the feedback we receive from our annual NHS Staff Survey, including whether our staff would recommend QVH to their friends and family as a place to receive treatment. We have good levels of staff engagement and our results in both the NHS Staff Survey and the Friends and Family Test show that staff perception of our services continues to be high. We believe the willingness of staff to recommend the Trust as a place to be treated is a positive indicator of the standard of care provided. QVH is ranked second best within our benchmarking group for standard of care.

Data is:

- collected by Picker and submitted annually to NHS England
- compared to other acute specialist trusts, and our own previous performance, as set out in the table below.

Q25d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

	2023	2024	2025
Staff recommendation (%)	93%	93%	90%
National average	65%	63%	63%
Best performing trust	93%	94%	92%
Worst performing trust	71%	74%	70%

The response of our staff to the question “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” was above average in the country for acute specialist trusts, and top for Sussex.

Staff recommendation - Q25d	2023	2024	2025
Queen Victoria Hospital	92.8%	93.0%	90.3%
Benchmark group – median result	87.8%	89.6%	88.8%
Benchmark group – best result	94.1%	93.2%	91.6%
Benchmark group – worst result	73.9%	72.3%	69.8%
National average	65%	65.3%	62.9%

Headline NHS Staff Survey results

The results of the 2025 NHS Staff Survey, published on the 12 March 2026, represent the views of 56% of our staff who responded. Staff Survey data is:

- collected by Picker and submitted annually to NHS England
- compared to other specialist trusts, and our own previous performance, as set out in the table below showing headline results:

Staff recommendations		
Questions	BGA	QVH
Care of patients / service users is my organisation's top priority	82.3%	82.3%
I would recommend my organisation as a place to work	68.8%	65.0%
happy with the standard of care provided by this organisation	88.8%	90.3%

QVH scores across the People Promise elements were average on two out of seven and slightly below average on five:

- We are compassionate and inclusive (average)
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team (average).

Supporting the Armed Forces community

In April 2026, we submitted an application for Silver Defence Employer Recognition, and work is ongoing with the Veterans' Covenant Healthcare Alliance (VCHA) to embed Armed Forces awareness training within our Trust induction and wider learning programmes. We are also working towards Veteran Aware reaccreditation by the end of the year.

We remains committed to the national Step into Health programme, a partnership between the NHS, Walking with the Wounded and the Royal Foundation, which connects NHS employers with talented individuals from the Armed Forces community and supports access to careers in the NHS.

3.12 Freedom to Speak Up

At QVH, we recognise that every staff member's voice is important. Our commitment to Freedom to Speak Up (FTSU) is underpinned by our core values: being caring and inclusive, supportive and challenging, listening to improve, and succeeding together. National requirements for NHS organisations to report annually on speaking-up activity, including whistleblowing, further reinforce this commitment. We remain dedicated to fostering a culture where staff feel confident to raise concerns, knowing they will be listened to and that appropriate action will be taken.

The Guardian Service has been the independent provider of our Freedom to Speak Up service since May 2024, with strong support from the Executive team and senior leaders. During the

reporting period (1 April 2025 to 31 March 2026), 36 concerns were raised, consistent with the previous year and equating to a higher-than-average reporting rate compared to national benchmarks. This suggests good visibility of the service and a culture where staff feel able to speak up.

There has been an increase in cases escalated to the Trust, we believe this suggests an increase in awareness. No cases of detriment were reported. We have continued to promote a positive speaking-up culture through increased visibility, regular engagement, and leadership oversight.

Key areas for improvement include strengthening management capability in handling concerns, reinforcing expected behaviours, improving communication and expectation management, and supporting staff wellbeing through and after formal processes. We remain committed to fostering a safe, open culture where staff feel confident to raise concerns and are supported to do so.

3.13 Guardian of Safe Working Hours

A key part of safe care is making certain that our doctors are well-rested and supported. We have robust systems in place to carefully monitor working hours for our resident doctors, address any contractual breaches appropriately, and identify and respond to patient safety concerns promptly and effectively.

Resident doctors are encouraged to report any occasions where they work beyond their planned hours through a secure computer system that is reviewed by our Guardian of Safe Working and Workforce Team. In 2025/26 national reforms were recommended to strengthen these processes which allow doctors to report excess hours more confidentially and ensure that reports are reviewed within strict timeframes. Where additional hours are worked, these are then compensated fairly, either through payment or time off in lieu.

Our Trust moved quickly to put these reforms into action, and the revised system is working well. Reports and trends are actively monitored so that concerns can be addressed early and improvements made where needed.

At times, some doctors may work longer hours to maintain continuity of care for patients undergoing complex or major treatments, including cancer care. When this happens, we review and monitor situations closely to ensure patient safety and staff wellbeing remains our top priority.

3.14 Data quality

Our Data Quality Improvement Group meets monthly to review areas of recorded patient data that could be improved. The current focus is on ethnicity recording and additional granularity of local speciality treatment codes. The NHS England retrospective Data Quality Maturity Index (DQMI) is shared, any significant variances are investigated and appropriated action is taken. Over the last reported 12 months the DQ score has remained above 97%.

Data Assurance: Commissioning Data Set Submissions Scorecard

NHS England last published October 2025		Last published 12 months											
Data Set	Eng Avg	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Data Quality Maturity Index (DQMI)	79.5	97.6	97.5	97.5	97.4	97.0	97.5	97.5	97.5	97.5	97.5	97.5	97.6
Admitted Patient Care (APC)	93.0	95.5	95.5	95.5	95.6	94.5	95.6	95.6	95.6	95.6	95.6	95.6	95.6
Diagnostics Imaging Data (DID)	89.3	98.9	98.4	98.3	98.1	98.4	98.3	98.4	98.5	98.5	98.4	98.3	98.5
Out-Patients (OP)	89.5	99.8	99.8	99.7	99.7	99.7	99.8	99.7	99.7	99.7	99.7	99.8	99.8

Source: NHS England Data Quality Maturity Index

Introduction of the Archie Electronic Patient Record (EPR) has provided a new modern Microsoft Power Business Intelligence on premise reporting and dashboard system that gives users access to representations of the data. Incorporation of statistical process control (SPC) charts provides visual metric trends and highlights values falling outside normal variation.

Clinical coding continues to maintain 100% full coding of inpatient activity within the required 2 months for payments by results for diagnosis and performed procedures. The coding reviewed within this audit was of a very high standard and has comfortably achieved DSPT 'Standards Exceeded' level, the highest attainable level possible. Over the last four years we have achieved the highest level attainable of 'Standards Exceeded'.

Area	2021/22 Audit	2022/23 Audit	2023/24 Audit	2024/25 Audit
Primary Diagnosis	98.00%	96.50%	97.00%	98.50%
Secondary Diagnosis	98.32%	96.38%	98.59%	97.16%
Primary Procedure	98.82%	98.72%	97.93%	97.96%
Secondary Procedure	98.63%	98.99%	98.10%	98.82%

Area	Level
Primary Diagnosis	>=90% Standards Met >=95% Standards Exceeded
Secondary Diagnosis	>=80% Standards Met >=90% Standards Exceeded
Primary Procedure	>=90% Standards Met >=95% Standards Exceeded
Secondary Procedure	>=80% Standards Met >=90% Standards Exceeded

3.15 Information governance

Our information governance function ensures that personal, sensitive and corporate information is managed appropriately, regardless of how it is recorded or received. This is supported through defined information governance roles and structured internal and external forums, including interoperability groups with the Sussex Integrated Care System and Integrated Care Board. We maintain clear oversight of information management through established processes and performance assurance data security, data quality and cyber security, including the Data Security and Protection Toolkit standards.

We continue to provide assurance to our service users that their information is handled correctly and protected throughout its lifecycle from unauthorised access, loss, damage or destruction. This increases public confidence that the NHS and its partners can be trusted with data.

The Data Security and Protection Toolkit/Cyber Assessment Framework submissions can be accessed by members of the public to view the assessments of participating organisations.

Cyber security

Cyber security remains one of the most significant operational threats to the NHS and is a primary focus of the information governance agenda. NHS England has integrated a cyber security service into its Cyber Security Operations Centre (CSOC) to enhance cyber resilience across the health and social care system. This service identifies emerging threats and provides guidance to healthcare organisations on appropriate responses. We receive these alerts and take necessary actions accordingly. Following the changes to the Data Security and Protection Toolkit (DSPT) in September 2024, the standards/framework remains the same for the next submission in June 2026.

Maintaining strong cyber resilience is a priority for us. This is supported through robust policies and procedures to manage cyber risk, protect against cyber-attack, and enable effective prevention, detection and response. Key elements include safeguarding confidentiality and privacy, alongside mandatory staff training in data security.

Mandatory cyber security requirements are integral to the DSPT. We have established ongoing processes and procedures to maintain compliance with these standards. The DSPT is scheduled for internal audit during Q1 of 2026/27 ahead of our submission to NHS England on 30 June 2026. We have achieved the standards for 2024/25 for all the 197 requirements. Results for 2025/26 will be available on 1 July 2026.

3.16 Activity during the year

During 2025/26, we continued to deliver high-quality, safe and compassionate care while operating under sustained demand and workforce pressures common across the NHS. We maintained our strong reputation for excellent patient experience, supported by significant digital improvements and infrastructure investment that will further strengthen access standards performance in future years.

Elective waiting times

Throughout 2025/26, we continued to focus on reducing the length of time patients wait for treatment. Performance improved over the course of the year, with 18-week Referral to Treatment (RTT) performance increasing by 3%, from 58.9% in Month 1 to 61.85% in Month 12. In addition, the proportion of patients receiving a first appointment within 18 weeks improved by 7% during the year.

Delivery in Quarter 4 was more challenging, and our Trust did not meet its year-end targets for RTT 18 weeks, 52 weeks and 65 weeks. We are focusing on improving theatre and outpatient productivity, strengthening senior oversight of the patient tracking list, and increasing the use of digital technology to support a stretching RTT recovery trajectory in 2026/27.

We continue to prioritise reducing long waits. The proportion of patients waiting over 52 weeks reduced from 2.2% of the overall waiting list to 1.1% during the year, with the total number of patients waiting over 52 weeks falling from 397 in April 2025 to 226 in March 2026. We remain committed to achieving and maintaining a position where no more than 1% of our patients wait longer than 52 weeks in 2026/27.

Reducing the number of patients waiting over 65 weeks and 52 weeks remains a key operational focus for our Trust.

Elective Care performance

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Referral to treatment (RTT) within 18 weeks (92% standard)	62.4%	64.5%	60.9%	61.8%
Proportion of patients having a first appointment in 18 weeks	75.8%	76.4%	73.4%	76%
Total patients waiting longer than 65 weeks	45	67	53	31
Total patients waiting longer than 52 weeks/overall proportion of the waiting list	388/ 2.2%	387/ 2.0%	266/ 1.3%	226/ 1.1%
Total waiting list size	17,869	19,776	20,186	20,841

Figures shown are month end for each quarter.

Cancer

During 2025/26, we continued to see increased demand across cancer services, with a 15% increase in urgent suspected cancer referrals compared with the previous year. This increase in demand, alongside pathway complexity and capacity constraints, has presented challenges in the delivery of cancer waiting time standards.

Performance against the 62-day treatment standard was particularly challenged during the year, although year-end performance of 81.6% exceeded our plan. The 31-day treatment standard also remained below the national target, primarily due to consultant and theatre capacity pressures.

Despite these challenges, we maintained strong performance in a number of key areas. The Faster Diagnosis Standard was consistently achieved throughout the year, exceeding the national target of 80% with delivery of 83.4% by year end, with further improvement seen in Quarter 4.

Patient experience continues to be a significant strength. In the 2025 National Cancer Patient Experience Survey, QVH achieved top national scores in several areas, including involvement in care decisions (97% compared to 71% nationally) and access to help from ward staff (97% compared to 74% nationally). Overall cancer care at QVH was rated 9.05 out of 10, above the national average of 8.94.

A range of improvement actions have been implemented in response to performance challenges. These include additional weekend activity to support timely treatment, strengthening the teledermatology pathway to improve triage and support timely onward

referral, and continued partnership working with the Surrey and Sussex Cancer Alliance to review pathways using a continuous improvement approach.

Cancer performance

	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4*
First definitive treatment within 62 days	Constitutional standard 85%	81.7%	81.8%	73.2%	81.6%
Faster diagnosis standard	Constitutional standard/national target 80%	81.4%	77.5%	81.8%	83.4%

Figures shown are month end for each quarter.

Urgent and Emergency Care (UEC) performance

We provide a Minor Injuries Unit (MIU) service rather than a Type 1 Emergency Department. During 2025/26, our performance remained strong, with more than 96% of MIU patients seen, treated, discharged or transferred within the four-hour standard throughout the year.

	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4 hour standard	Constitutional standard 95%	96.4%	98.2%	99.6%	98.7%

Figures shown are month end for each quarter

Diagnostic waiting times

During 2025/26, we made significant progress in strengthening diagnostic capacity, with construction commencing on a dedicated Community Diagnostic Centre building on our hospital's grounds, supported by £8.4m of national investment. The centre is due to open in 2026/27 and represents a major improvement initiative for future performance.

Diagnostic performance improved over the course of the year following disruption earlier in the year due to the failure of CT equipment. By Month 12, performance had recovered to 89%.

	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Diagnostic 6 week wait performance	Constitutional standard 99%	73.4%	88.9%	88.5%	88.9%

Figures shown are month end for each quarter

3.17 Quality priorities 2026/27

For 2026/27, we have identified three Quality Priorities for our Trust that reflect what matters most to our patients, our staff and our communities. These priorities are informed by national guidance, patient feedback, learning from incidents and complaints, and ongoing governance and assurance processes.

Together, they focus on improving clinical outcomes, reducing inequalities in access and experience, and supporting patients to be active and informed partners in their care.

Improving Clinical Outcomes and Evidence-Based Care

We will continue to strengthen the consistency and quality of clinical outcomes across our specialist services. This includes improving how we measure outcomes, learning from audits and benchmarking our performance, and ensuring care is consistently based on the best available evidence.

By better understanding variation in outcomes and acting on this learning, we aim to improve patient safety, effectiveness of care and confidence in the treatment we provide.

Reducing Health Inequalities

We are committed to ensuring everyone can access high-quality, inclusive and equitable care. During 2026/27, we will focus on identifying and addressing gaps in access, experience and outcomes, particularly for underserved or disadvantaged groups.

This includes improving the completeness and use of data relating to protected characteristics and sustaining compliance with the Accessible Information Standards, so that information about care and treatment is available in formats that meet individual needs.

Our aim is to reduce inequalities and ensure that care is respectful, accessible and responsive for all patients.

Patient Education and Empowerment – The Patient School Model

We will develop and embed a QVH Patient School model to support patients to better understand their condition, treatment and recovery. The Patient School approach will improve preparation for treatment, support recovery and self- management, and encourage shared decision making.

By listening to patient feedback and tailoring education to different needs, we aim to improve patient confidence, experience and recovery outcomes.

Measuring Improvement

Progress against each Quality Priority will be monitored throughout the year using quarterly measures. These will track improvements in outcomes, equity, compliance with standards, patient understanding and reported experience. Learning will be shared through our governance structures and used to continually improve our services.

3.18 Our Board

Those who served on our Board during the period are listed below.

Name	Position
Jon Bell	Interim Chief Finance Officer (voting) until 08/05/2025
Liz Blackburn	Acting Chief Nursing Officer (voting) from 01/12/2025
Vivek Chaudhri	Associate Non-Executive Director (non-voting)

Jane Dickson	Interim Deputy Chief Executive Officer (non-voting) until 01/04/2026
Paul Dillon-Robinson	Non-Executive Director (non-voting) until 30/09/2025
Helen Edmunds	Chief People Officer (non-voting)
Jagjit Dosanjh-Elton	Non-Executive Director (voting) from 01/10/2025
Jo Emmanuel	Non-Executive Director (voting)
Tamara Everington	Chief Medical Officer (voting)
Russell Hobby	Non-Executive Director (voting)
Abigail Jago	Acting Chief Executive Officer (voting) Chief Strategy Officer (non-voting)
James Lowell*	Chief Executive Officer (until 10/08/2025)
Simon Marshall	Interim Chief Finance Officer (voting) from 09/05/2025
Angela McNab	Interim Trust Chair (voting) from 19/01/2026
Karen Norman	Non-Executive Director (voting) until 07/04/2025
Peter O'Donnell	Non-Executive Director (voting)
Shaun O'Leary	Non-Executive Director (voting)
Aleema Shivji	Associate Non-Executive Director (non-voting)
Jackie Smith	Trust Chair (voting) until 16/01/2026
Edmund Tabay	Chief Nursing Officer (voting) until 30/11/2025
Kirsten Timmins	Chief Operating Officer (voting)

**From 10 February 2025, James Lowell was seconded to the Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) as Chief Delivery Officer.*

4. Statement of Directors responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009, as amended by the Health and Social Care Act 2012, to prepare a Quality Account including quality indicators for each financial year. The Department of Health and Social Care has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health and Social Care guidance.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Abigail Jago, Acting Chief Executive Officer & Chief Strategy Officer, Queen Victoria Hospital NHS Foundation Trust

Signature

Angela McNab, interim Trust Chair, Queen Victoria Hospital NHS Foundation Trust

Signature

5. Annexes

5.1 Commissioners statement from NHS Sussex

Thank you for giving NHS Surrey and Sussex ICB the opportunity to comment on the QVH Quality Account for 2025/26. We appreciate the on-going collaborative working and open communication with Trust colleagues, particularly through Quality Review Meetings (QRM) and wider system forums.

The ICB note that 2025/26 has been a challenging year in relation to capacity and demand pressures and the impact this has had on patient access, flow and delivery across elective and urgent care service standards.

The ICB recognises the Trusts focus on embedding the “QVH way” to support sustainable continuous improvements and the development of strategic partnerships with Royal Surrey Foundation Trust and Ashford & St Peters Foundation Trust, to support future resilience and achieve cost reductions alongside service improvement initiatives. QVH has achieved progress across many areas in 2025/2026, such as:

1. Digital development (Archie Electronic Patient Record System)
2. Investment in the community diagnostics centre
3. Expansion of the local anaesthetic unit
4. Improved oversight of quality, risks and audit activity

The ICB notes that certain patient outcome and safety metrics were not met e.g. an increase in complaints and both cancer referral to treat and diagnostic performance pathway targets being below national targets. Looking ahead the Trust plans to address these operational and infrastructure challenges alongside their 2026/27 priorities, focusing on improving clinical outcomes, reducing health inequalities, strengthening patient empowerment, and delivering operational recovery.

NHS Surrey and Sussex ICB look forward to continuing to work collaboratively with Queen Victoria Hospital over the coming year to support delivery of these priorities and further improvements.

5.2 Statement from Healthwatch

Healthwatch West Sussex welcomes the opportunity to review these Quality Accounts but cannot comment on the full content, much of which is outside of our remit. Healthwatch West Sussex values the ongoing partnership working that we have with Queen Victoria Hospital NHS Foundation Trust and we attend their patient experience committee to share insight, ask questions and escalate concerns. We also monitor Trust activity through local and national performance indicators as well as patient and public feedback.

It is paramount that NHS bodies clearly communicate how they've captured patient experiences, what they've heard and how they've used this to support change and improvement in satisfaction and health outcomes. This will become even more essential if government plans to abolish Healthwatch and the independent role and scrutiny we provide is implemented. NHS organisations must ensure they develop and publish engagement plans and use their Quality Accounts to describe what steps they have taken and what difference this has made

5.3 How to provide feedback

Our Quality Account gives us the opportunity to tell you about the quality of services we deliver to our patients. If you would like to share your views to help shape our report so that it contains information which is meaningful to you and reflects, in part, the aspects of quality that matters most to you, please email qvh.corporategovernance@nhs.net

However, if you prefer pen and paper, your comments are welcome at the following address:
Corporate Governance Team
Queen Victoria Hospital NHS Foundation Trust,
Holtye Road,
East Grinstead
RH19 3DZ

You can download a copy of this report from our website www.qvh.nhs.uk/publications-policies/annual-reports-and-accounts/

Our website

The Trust's website gives more information about us and the quality of our services. You can also sign up as a Trust member, read our magazine QVH News, or our latest news and service information at www.qvh.nhs.uk

For more information, you can contact the Communications and Engagement Team:
Call: 01342 414508 or email qvh.communications@nhs.net

Patient Advice and Liaison Service (PALS)

PALS is a free, independent and confidential service for anyone who would like help, advice, information or support or who may have a concern about their care.

To speak to QVH PALS or to arrange a meeting, please email qvh.pals@nhs.net

For more information about how to feed back visit our website at www.qvh.nhs.uk/how-to-feed-back/