



# Quality Report 2018/19

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



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# QUALITY REPORT 2018/19

## 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 year we have seen many challenges, however, as in previous years we have also seen excellent clinical outcomes and ground breaking research across our specialisms.

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.

Over this year we have strengthened our safety culture in theatres. The appointment in early 2018 of the theatre safety lead has created protected time for this work, and the safety lead can be responsive to safety queries in real time rather than always looking at these issues retrospectively. We have seen a significant reduction in serious incidents and the open reporting culture enables us to identify and learn from 'near misses'.

In early 2019 we had our unannounced Care Quality Commission (CQC) inspection and the Trust achieved 'Good' overall with 'Outstanding' patient care. Inspectors noted that staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity; relationships between patients and staff were strong, caring, respectful and supportive. At QVH we work hard to promote and maintain this standard of care and our staff are rightly proud of the way they genuinely go above and beyond for patients.

We were also pleased to receive feedback on managers promoting a positive culture that supports and values staff, creating a sense of common purpose based on shared values. Our staff make QVH a very special place to work with high quality services, innovation and partnership working. Our staff are passionate about their work and further improving our services for patients.

Our participation in research continues to be one of many areas where we make a contribution to the wider NHS which is greater than expected for a trust our size. Our involvement in research helps us to attract the best clinical staff, supports our teams in staying abreast of the latest treatment possibilities and enables us to deliver the very best care for our patients.

I am confident that in 2019/20 QVH will continue to provide high quality, safe and effective services, and that our approach to quality will remain that we deliver excellence in all that we do.



**Steve Jenkin**  
Chief Executive and Accounting Officer  
24 May 2019



## PRIORITIES FOR IMPROVEMENT

### QVH's quality priorities for 2019/20

Our quality priorities for 2019/20 are built around our ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. They have been developed in collaboration with staff and the council of governors, and take into account patient feedback and progress on our 2018/19 priorities.

Each priority comes under one of the three core areas of 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.

Progress against these priorities will be monitored by the Trust's quality and governance committee on a quarterly basis. Progress will also be reported at public board meetings.



## Our quality priorities and why we chose them

### Patient safety

Implementation of an e-Observation tool to collect and collate patient physiological data such as blood pressure, heart rate, respiratory rate and other clinical indices. These will then be compared automatically with agreed standards and provide automated alerts to the patient's clinician for intervention and further escalation where required

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

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

#### What success will look like...

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

The Trust has convened an e-Observation Project Board to implement a new automated software package.

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

### Clinical effectiveness

Outpatient Improvement Programme – Introduction of 'virtual clinics'.

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

#### What success will look like...

A monthly inpatient improvement steering group will monitor progress on this project from April 2019.

### Patient experience

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

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

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

#### What success will look like...

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

## Performance against 2018/19 quality priorities

Our quality priorities for 2018/19 were influenced by information from national and local reports and audit findings, along with the views of QVH governors, patient feedback and suggestions from staff across the organisation. End of year progress against our three 2018/19 quality priorities was as follows:

### PATIENT SAFETY

#### Our quality priorities and why we chose them...

##### Measurement of compliance with the WHO Surgical Safety checklist

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

During 2017/18 QVH had three never events.

QVH relaunched the World Health Organisation (WHO) checklist in 2018 including bringing into QVH practice learning from a London teaching hospital.

A revised baseline qualitative audit was undertaken in March 2018 which identified a number of potential barriers to full compliance, including:

- 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.

This baseline audit was supported by consultation events held within the theatres department to further identify the factors that have an impact on the successful implementation of this safety checklist and formulate actions to ensure the checklist can be embedded.

#### Targeted outcome...

QVH will have no never events in 2018/19.

To support this, we planned to:

- target a quarterly improvement or sustained compliance in observational audits within theatres.
- identify and train faculty members and roll out multidisciplinary safer surgery simulation training.
- measure audits detailed above against reviewed and updated surgical safety policies including Five Steps to Surgical Safety and the perioperative marking policies

#### Did we achieve it in 2018/19?

**There was one never event in 2018/19 which involved a retained item following surgery, which resulted in no harm to the patient. This was fully investigated and reported to support national learning.**

**There have been quarterly qualitative observational audits looking at human factors and compliance with Five Steps to Surgical Safety.**

**These audits have demonstrated:**

- an improvement in the engagement of all staff members carrying out the five steps
- a more consistent approach to who is leading each step
- less multitasking
- a willingness of staff to challenge non-compliance

**The Trust has identified and trained a simulation faculty team.**

**There have been safer surgery simulation training sessions.**

**Improved use of the surgical safety checklist has identified a small number of near misses which have been shared as learning opportunities within the theatre team.**



### CLINICAL EFFECTIVENESS

#### Our quality priorities and why we chose them...

##### Increased theatre productivity (continuation of 2017/18 priority over a two year period)

QVH is a surgical hospital and our operating theatres are critical for treating and caring for our elective and trauma cases.

Using our theatres efficiently and effectively is key to reducing waits for treatment, reducing cancellations and making best use of NHS money. It is also important for patient experience and staff morale.



#### Targeted outcome...

The 2018/19 QVH target for elective lists starting within 15 minutes of the booked start time was:

Q1	2018/19	60%
Q2	2018/19	70%
Q3	2018/19	75%
Q4	2018/19	80%

The start of an operation is defined as the moment when the anaesthetic is administered or needle to skin time. In setting this priority the Trust recognised that there will always be some operating lists where start time is delayed, for example if a clinician urgently needs to attend to a seriously unwell patient on the ward.

Data will be produced daily in relation to late start times and reasons, and a quarterly decrease in late theatre starts should be shown on the theatre dashboard.

#### Did we achieve it in 2018/19?

During 2018/19 the Trust brought in additional resource to support theatre productivity work and our approach moved to consideration of a number of metrics designed to target the necessary improvements.

The reporting of this quality priority was therefore stopped.

**QVH saw a significant increase in elective cases and improvement in theatre productivity in year. Work continues to develop and embed a range of quality improvement processes and initiatives including theatre scheduling, reducing cancellations and late starts.**

### PATIENT EXPERIENCE

#### Our quality priorities and why we chose them...

##### Improved clinician communication and customer care expectations

This indicator was selected as although the Trust receives only a small number of complaints a consistent theme in these over the last three years has been around clinician communication and customer care expectations.



#### Targeted outcome...

As part of our organisational development strategy we will develop a toolkit of resources to support and enable our workforce (clinical and non-clinical) to deliver the values and behaviours of QVH.

We will design a number of interventions and measure the effectiveness of these by undertaking pre and post intervention surveys of complaints and PALS contacts, specifically looking for a reduction in the number of negative references to communication.

We will review the verbatim comments from the quarterly staff friends and family test.

#### Did we achieve it in 2018/19?

**QVH was successful in becoming a pilot site to work with Clever Together around the Health Education England Best Place to Work initiative. This will involve engaging with all staff via an online crowdsourcing conversation.**

**An engagement workshop will be held in April with plans to launch the online platform later in May 2019.**

**Findings will be presented to the board which will determine next steps.**

## SAFEGUARDING IN AN ACUTE SPECIALIST HOSPITAL

**At QVH we promote a culture of safeguarding our patients and the public across the whole organisation. We take our safeguarding responsibilities very seriously and discharge our duties fully by complying with national and local legislation, policy, guidance and standards.**

Safeguarding patients and the public is underpinned by the Care Act (2014), the Children Acts (1989 and 2004) and a plethora of multi-agency guidance.

We contribute to a range of performance and quality measures as required by the Care Quality Commission, West Sussex Safeguarding Children Board, West Sussex Safeguarding Adults Board, and our commissioners.

Monitoring requirements are reflected in our monthly safeguarding board metrics and the work of the QVH safeguarding team. Plans and progress are monitored by the QVH strategic safeguarding group and the QVH clinical governance committee.

### Putting safeguarding into practice

Safeguarding is everyone's business and all staff receives regular training relevant to their role to ensure everyone knows how to manage a concern; plus where or from whom to seek advice or support. Staff have access to safeguarding prompt cards and the intranet to enable quick and accurate responses to situations that occur.

NICE guidance and standards are used to audit clinical compliance as part of a rolling three year audit programme.

### Patient focused safeguarding

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

### Staff development and shared learning

An organisational safeguarding learning and development strategy is in place and is underpinned by delivery of a comprehensive safeguarding training programme. Our training uptake averages over 90% our aim is to reach 95%. Safeguarding supervision is available for all staff on a case by case basis.

As part of the government Channel strategy all NHS staff are expected to undertake PREVENT training to reduce the radicalisation of vulnerable people. WRAP training levels last year reached 82%.

We had one allegation made against a member of staff this year. An investigation was undertaken supported by advice from the Local Authority Designated Officer and the West Sussex Designated Safeguarding Children Nurse. The purpose of the investigation was to keep our patients safe, manage staff behaviour and share learning in a constructive way.

### Implementing the Mental Capacity Act (2005)

During the last year we have updated our Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) policy, training content and support for staff to enable them to better understand the implementation of the MCA processes in day to day practice.

We have also produced a MCA information leaflet for patients and their families using plain English to help them understand how MCA works when a clearly defined decision needs to be made. There is also an information leaflet to help next of kin to understand their role and decision making authority.

We capture patient MCA data using an electronic system so that we can share learning and outcomes with staff in a meaningful way. Over 94% of our staff are up to date with MCA and DOLS training.

### Working with and communication with partners

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

### Governance and safety

A quarterly safeguarding dashboard is produced to provide a concise and clear overview of safeguarding work streams, risks, case reviews and audit progress.

## SAFE

### 2018/2019 achievements

#### Linking up the world's first cranial nerve network

At QVH we are developing the world's first dedicated cranial nerve network across multiple specialities, including: plastic surgery, ophthalmology maxillofacial surgery, ENT, neurosurgery, neurology, psychology, speech therapy and facial therapy in the treatment of cranial nerve injuries and their complications including those with numb corneas, who are therefore at risk of blindness. This service is currently available across multiple trusts in the South East.

### Further work for 2019/20

In 2019/20, QVH will seek to expand the cranial nerve service to include those suffering from intractable facial pain and migraine. Pending discussions with commissioners and NHS England, future plans include treating those with voice-related disorders, for example after laryngeal/thyroid surgery, those with eyelid ptosis or lack of a blink response. QVH is currently in discussion with NHS England (Specialised Commissioning) around continued funding for corneal neurotisation; a sight-saving procedure, which has been available at QVH.

#### Sentinel node biopsy for head and neck

QVH commenced head and neck sentinel node biopsy in September 2016, following the recommendation made in NICE clinical guideline NG36: cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over.

QVH is planning to introduce intraoperative fluorescence with nanocolloid binding to enhance the identification of appropriate lymph nodes.

In 2018 our referral base increased further and now incorporates Surrey and Sussex in support of neighbouring multidisciplinary teams.

QVH is a mentor unit for other national units and hopes to expand this process to support additional units.

The head and neck cancer lead is on the external faculty board and is a member of the UK sentinel node biopsy training programme.

#### State-of-the-art equipment

Thanks to a generous contribution from QVH Charity and its benefactors, the facial palsy unit now uses the most advanced facial nerve monitoring and stimulator system in the world (Medtronic NIM 3.0, USA), which is highly specific and allows the accurate identification of sub-millimetre facial nerve branches. This equipment allows the identification and preservation of the recurrent laryngeal nerve during thyroid surgeries as well.

In the coming year, QVH intends to purchase an upgraded surface electromyographic (EMG) system, which allows for better facial therapy planning and patient identification. This will support selection of the best treatment options for those with facial paralysis and more specifically, overcome the long-term effects of Bell's palsy.

QVH has also now procured the best supermicrosurgery instruments (EMI Ltd., Japan), which allow for the fine dissection up to 0.05 mm precision. This, alongside the nerve monitor, allows very advanced precision facial nerve surgery for the best outcomes.

# EFFECTIVE

## 2018/2019 achievements

### Trigeminal nerve surgery

In a world-first, QVH surgeons from maxillofacial and plastic surgery have recently performed a functional muscle transfer for biting/chewing. This treatment was for a serious facial infection, resulting in the loss of all the biting muscles necessary for eating. This alongside pioneering surgery to provide normal facial sensation and overcome facial pain in several patients has established QVH as a world leader in this field.

### Super-selective neurotisation-neurectomy

QVH surgeons now have the ability to identify facial zones with overworking muscles as well as weak muscles and re-route excess neural input into areas with less in order to achieve facial balance. This concept simply termed as the 'Combo', was developed in East Grinstead.

### Chimeric vascularised nerve flaps

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

### Early and late facial nerve repair

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

### Glaucoma treatment

The glaucoma specialists at QVH published and presented six peer review papers in 2018 describing advances and innovations in minimally invasive glaucoma surgery. QVH won the best paper award at the International Congress of Glaucoma surgery in Montreal looking at long term surgical outcomes. The glaucoma team have started a new study looking at minimally invasive surgery in angle closure glaucoma.

## Further work for 2019/20

QVH now hopes to extend this life-giving procedure to sufferers of chronic migraine in the UK as well. This treatment has been shown to be effective in over 85% of patients.

In the coming year, QVH hopes to build on these patient experiences and share this expertise with the wider medical community.

QVH surgeons are hoping to perform more of these surgeries for patients all across the UK and look forward to helping as many patients as possible.

The Cranial Nerve Network at QVH now intends to spread this message to all relevant specialities in the UK and internationally; facial nerve injuries are best treated as early as possible, regardless of patient's age.

The glaucoma service will continue to update models of care to ensure patients are seen in a timely manner such as the introduction of virtual glaucoma clinics for stable patients.

## 2018/2019 achievements

### Mouth to eye stem cell transplant in paediatric patients

Limb stem cell deficiency in the cornea is a serious ocular condition and if untreated can lead to total loss of vision. The condition can be treated by the transplantation of laboratory cultured stem cells. Stem cells have previously been sourced from either a donor eye or from the patient's healthy eye.

Autologous stem cell transplants have a lower rate of rejection than donor stem cell transplants. However, if the patient has bilateral disease or it is felt that taking a biopsy from their healthy eye is too great a risk an alternative strategy is required. We have developed a protocol where we use cells taken from the patient's own buccal mucosa of the mouth instead of from their healthy eye. The cells are isolated, expanded in number and grown into sheets in the eye bank laboratory. After a period of three weeks they are ready for transplantation.

### Enhanced recovery after surgery

The enhanced recovery after surgery (ERAS) pathway has been further modified to facilitate a two night stay for free flap reconstruction patients. Patients who are deemed appropriate with low BMI, good support at home and who are generally fit and well are successfully being discharged after a two night stay.

### Clinical trial of natural tissue graft for long sightedness

The QVH is one of four multicentre's in Europe taking part in the Allotex study. The UK chief investigating officer for this study is a QVH ophthalmic consultant. The objective of this study is to evaluate the safety and effectiveness of a natural tissue graft. The donor cornea is sterilized and shaped with a laser in theatre prior to implantation into the patient's eye.

## Further work for 2019/20

This process is unique in the UK and we aim to continue offering this treatment at QVH.

QVH will continue to examine surgical, clinical and demographic characteristics to be able to identify patients who will be suitable for an early discharge. This will enable the Trust to modify the ERAS pathway as appropriate and reduce hospital stays with an evidence based approach.

Further exploration of drain-free breast reconstruction DIEPS is planned; drains are being removed earlier than previously with this type of surgery contributing to the successful early discharge of appropriate patients.

Data collection is due to conclude in January 2021.

# CARING

## 2018/2019 achievements

### QVH acute facial paralysis clinic

QVH has one of the most sophisticated facial therapy and rehabilitation services in the world with a full team of dedicated facial therapists. We provide an acute clinic for all patients recently affected by Bell's palsy or the malevolent effects of facial paralysis, where early care can be provided by therapists one-to-one, over the phone or online.

### Macmillan Quality Environment Award

The Macmillan Information and Support Centre retained its prestigious award marking the highest possible standards for cancer care environments, driving forward the design and use of these facilities, based on a robust understanding of the needs of people affected by cancer.

### Confidence building for children who have suffered burns

The team at QVH provide residential camps for children who have been treated for burns and/or traumatic injuries.

This year the team took 30 children to CREW camp (Creative Recreation Educational Weekend) on the Isle of Wight where they enjoyed a confidence-building residential weekend challenging themselves through canoeing, aeroball, highrope climbing and the giant swing. The weekend is funded entirely by donations to QVH Charity.

Children treated by QVH also attended national burns camp in Cambridgeshire during August and the national burns jamboree (for younger children) in October, where they joined burn injured children from around the UK.

## Further work for 2019/20

We are in the process of incorporating virtual reality programmes and smartphone app-based technology into the rehabilitation of facial paralysis patients, a global-first. This will include those with facial paralysis due to strokes.

The first award to the centre was made in 2016 and reassessment occurs every three years. Assessment is carried out by an independent organisation appointed by Macmillan Cancer Support. The centre will continue to ensure that its environment and facilities continue to be of the highest standard to meet patient needs.

Plans for 2019/20 include a day trip to the Sea Life Centre in Brighton for paediatric patients who are admitted for eye surgery. These patients are unable to go to many of the activity camps as they cannot risk injury to their eyes but a quiet, dark place to visit meets their needs for fun and allows them and their families to get together and support each other.

Thirty children will benefit from the 2019 CREW camp which takes place in June.

**“QVH has one of the most sophisticated facial therapy and rehabilitation services in the world with a full team of dedicated facial therapists.”**

## 2018/2019 achievements

### Scarless and/or minimal access surgery

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

### Restore sessions for breast reconstruction patients

Patients are encouraged to attend a 'show & tell' information session prior to commencement of their surgical pathway. The Restore session empowers patients to make informed decisions, interact with patients who have already had a reconstruction journey and see their results. Due to the success of the events held at QVH, Restore also run these events at hospitals in Worthing and Dartford with support from QVH ex-patients.

## Further work for 2019/20

QVH surgeons are continuing to perfect their technique and enhance their skills with other centres in the UK via Facial Therapy Specialists-UK.

QVH continually considers the holistic assessment and treatment of all patients. There is currently work in progress to establish a wellbeing programme for breast cancer patients with a focus on nutrition, diet, exercise and dynamic thinking. This programme aims to ensure the patient is in strongest possible position for treatment.

**“QVH continually considers the holistic assessment and treatment of all patients. There is currently work in progress to establish a wellbeing programme for breast cancer patients with a focus on nutrition, diet, exercise and dynamic thinking.”**

# RESPONSIVE

## 2018/2019 achievements

### Computerised tomography (CT) scan

QVH's state-of-the-art new CT scanner opened in December 2018. A total of 526 patients were scanned between December 2018 and the end of March 2019.

The scanner, funded by a donation from the League of Friends, supports QVH's specialist clinical services, helping doctors make earlier and more accurate cancer diagnoses, plan patients' treatment more effectively and ultimately lead to better rates of survival.

### Autologous reconstruction

A consultant in the QVH breast team was invited to speak at the British Institute of Radiology about the benefits of autologous reconstruction. This type of reconstruction is considered a durable option with less revision surgeries as focus moves to reconstruction options that last a patient's lifetime.

### Improved patient wayfinding and signage for patients and visitors

New signage has been put up across the Trust to improve access and make navigating around the hospital easier. It has helped to reduce patient and visitor stress and anxiety, which enhances the overall patient experience.

The wayfinding scheme was developed with the involvement of patients, visitors, volunteers, front-line and support staff including the Trust's dementia lead.

### Head and neck patient experience feedback

The Trust is proactively seeking feedback from head and neck cancer patients through a specially designed patient survey specifically reviewing their surgical pathway.

### Improved facilities for junior doctors and clinical site practitioners

QVH's education centre has been refurbished to include facilities available for use by anyone working on site overnight and at weekends. Facilities include a new kitchen and rest room and an outdoor area.

The new facilities will ensure healthcare professionals working outside of normal hours are able to rest and make hot meals.

## Further work for 2019/20

Inpatients needing a CT scan will no longer have to be transferred to another hospital and QVH can provide a local scanning service to people living in East Grinstead and Mid Sussex.

The breast service is exploring strategies to increase capacity for free flap breast reconstruction to meet the growing demand for this surgery in the South East.

Our vision for the future of one of the best surgical hospitals in the country includes further improvements to our estate when capital funds are available.

This patient feedback will provide important additional information to support improvements in the patient pathway.

The Trust will continue to improve staff facilities, including provision in 2019/20 of two additional staff spaces on site where staff can relax and have meals while they are on a break.

# WELL LED

## 2018/2019 achievements

### Establishing the first facial therapy society in the world

The facial therapy team at QVH, working with colleagues in the UK and the US, were instrumental in organising the world's first facial therapy society; thereby further cementing facial therapy as a recognised sub-speciality of physiotherapy, specifically for those with facial paralysis. FTS UK held its inaugural conference in Birmingham in September 2018 with several invited speakers from QVH. This established QVH as the leading centre of excellence in facial palsy treatment in the UK.

### Head and neck multi-collaborative research

The LISTER Pilot study for severe epithelial dysplasia has been completed and the QVH team have commenced the DeFEND (NIHR) trial using fibrin glue in elective neck dissection.

QVH continues to contribute to the PQIP (NIHR) trial quality of life study for patients having four hour and over general anaesthetic.

### Raising national awareness of facial paralysis

In March 2018, members of the facial paralysis team presented to MPs at the House of Commons to increase awareness of the plight of those suffering from Ramsay-Hunt syndrome and other causes of facial paralysis. This will hopefully address the lack of funding for the treatment of those with facial paralysis.

## Further work for 2019/20

The facial palsy unit at QVH is hoping to spread its expertise in the international forum and put forward a bid to organise a symposium on functional facial rehabilitation following paralysis at the upcoming 2019 neuro-rehabilitation congress in Maastricht, Netherlands.

QVH aims to be the highest recruiting centre for the DeFEND and PQIP trials, and has been accepted as a recruiting centre for the upcoming SaVER (NIHR) and JaW PrinT (NIHR) studies.

Future plans include supporting the development of facial paralysis services for patients in Wales and Northern Ireland, where there is currently no such service.

***"QVH's education centre has been refurbished to include facilities available for use by anyone working on site overnight and at weekends."***

***"The facial palsy unit at QVH is hoping to spread its expertise in the international forum."***

## Statements of assurance from the Board of Directors

### Review of services

During 2018/19, Queen Victoria Hospital NHS Foundation Trust provided 21 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplasty surgery and community 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 2018/19 represents 93% of total of the total income generated from the provision of relevant health services by QVH for 2018/19.

### 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. We are proud to be holders of grants from the National Institute for Health Research, and believe this reflects the quality of our research.

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

The total number of participants recruited to HRA-approved studies in 2018/19 was 887 with QVH taking part in 40 studies; of these 887 participants 640 were National Portfolio recruits.

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

### Participation in clinical audits and clinical outcome review programmes

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

During 2018/19, ten national clinical audits and six clinical outcome review programmes (previously known as confidential enquiries) covered health services that QVH provides. We participated in 100% of national clinical audits and 100% of clinical outcome review programmes that we were eligible to participate in. The tables below also include the percentage of registered cases required by the terms of that audit or review programme.



## Participation in clinical outcome review programmes 2018/19

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
Falls and Fragility Fractures Audit programme (FFFAP) National Audit Inpatient Falls	✔	✔	n/a
Learning Disabilities Mortality Review Programme (LeDeR)	✔	✔	n/a
Medical and Surgical Clinical Outcome Review Programme – Perioperative diabetes	✔	✔	77%
Mental Health Clinical Outcome Review Programme Suicide, Homicide & Sudden Unexplained Death	✔	✔	n/a
National Ophthalmology Audit (NOD) – Adult Cataract surgery	✔	Partial participation	unknown

## Participation in national clinical audits 2018/19

Learning Disabilities Mortality Review Programme (LeDeR)	✔	✔	n/a
Mandatory surveillance of bloodstream infections and clostridium difficile infection	✔	✔	100% of applicable cases
National Audit of Breast Cancer in Older People (NABCOP)	✔	✔	100%
National Audit of Care at the End of Life (NACEL)	✔	✔	100%
National Clinical Audit of Anxiety and Depression (NCAAD) – Psychological Therapies Spotlight	✔	✔	17%
National Mortality Case Record Review Programme (previously Retrospective Case Record Review, funded by NHSI)	✔	✔	No cases submitted. No submission required
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 those reviewed requiring submission
Seven Day Hospital Services Self-Assessment Survey	✔	✔	100% of applicable cases
Surgical Site Infection Surveillance Service	✔	✔	100% of applicable cases

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

Ten national audits were reviewed by the Trust in 2018/19. The three most relevant were:

### National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) – Highs and Lows

This national study highlighted where care could be improved for patients with diabetes undergoing surgery. It found that, nationally, multidisciplinary care could be improved, particularly around nutritional assessment, that patients were not always prioritised on surgical lists as required, and that perioperative care could be improved in around one third of cases. At QVH, there is a lead anaesthetist for perioperative diabetic care and internal audit and recommendations are being followed up in pre-assessment and theatres. Our use of a multidisciplinary approach with the diabetes nurse, pharmacy, anaesthetists, nursing staff and surgical staff continues, and we continue to prioritise diabetic patients at the start of theatre sessions.

### 6<sup>th</sup> National Audit Project of the Royal College of Anaesthetists – Perioperative Anaphylaxis

This national audit of life-threatening reactions during anaesthesia and surgery was fully contributed to by the Trust in 2017/18, and the report provides reassurance on areas where our practice is appropriate. Safe surgery at QVH necessitates the use of several medicines that are high risk for severe allergic reaction, and the report supported our approach to this risk, and the treatment and follow up of the rare occasions when patients suffer anaphylaxis. Work in 2019/20 will be on reducing the incidence of using higher risk medicines. The report was presented at the QVH joint hospital clinical governance group, and actions will be followed up by the clinical and anaesthetic governance groups.

### National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) – Common Themes

This review of NCEPOD studies since 1987 highlighted ten areas that were common to many of the reports, and through the joint hospital clinical governance group, gave the Trust the opportunity to see how far we have come in improving the safety of patient care at the time of surgery, and where we still need to make progress. Areas such as timely consultant review, the supervision of junior doctors, morbidity and mortality reviews, the availability of critical care and the quality of consent have seen huge progress in the last decade. The monitoring of deteriorating patients will be further enhanced at QVH with the introduction of electronic observations and automatic escalation alerts in 2019/20. In some areas, for example, documentation and patient records, we recognise we still have progress to make with the introduction of electronic patient records and document management systems.

## Local clinical audits

The reports of 52 completed local clinical audits were reviewed by QVH in 2018/19. Examples of audit projects undertaken across QVH, their findings and actions taken as a result are set out below.

### Pain relief and patient satisfaction following day case hand surgery under regional anaesthesia

This re-audit was carried out as the initial audit found variation in the analgesia with which patients were discharged; some patients also reported high post-operative pain scores. After the initial audit cycle changes were made so that patients were given a standardised discharge analgesia and a patient information leaflet on discharge to guide expectations and explain how to take post-operative analgesia. Re-audit showed 85% of patients were satisfied with at home management of pain and 96% of patients were satisfied with the anaesthetic technique used.

### A very simple and effective way of reducing theatre time whilst reducing theatre costs

The hand trauma clinic allows semi urgent patients referred from other hospitals to be seen on an elective basis. It allows prompt management of a wide range of surgical emergencies whilst reducing the number of cases that need a more formal surgical management in the main theatre. Cases range from simple nailbed repairs to extensors and nerve repair. The clinic is run by a registrar and a junior trainee with a reachable on call trauma consultant. Common practice for these types of patients is to inject a Lidocaine with Bupivacaine mixture before surgery in the procedure room to provide a rapid onset and a long action for the patient's comfort. Patients were divided into two groups with one cohort being injected outside the procedure room and the other outside of the anaesthetic room. Results were based on patients comfort, the need for additional anaesthesia and the time from injection to commencement of surgery. Results found monthly saving in both time (30 minutes per session) and cost (approximately £385 a month) with an extra case being able to be performed if the anaesthetic is injected outside of the procedure room. Patients' comfort levels remained high with only two patients from a total of 20 requiring additional anaesthesia prior to the start of their procedure.

### Sentinel lymph node biopsy and the correlation with histological characteristics of the tumour

Malignant melanoma is the fifth most common type of cancer. Worldwide this contributes to 80% of skin cancer related deaths, since 1990 incidence of malignant melanomas have increased by 119%. Sentinel lymph node biopsy is a selective lymphadenectomy which is used as a validated staging technique for occult nodal detection. This project was a retrospective case note review which investigated the results of sentinel lymph node biopsy and the correlation with histological characteristics of tumours and if there are possible predictors of the sentinel lymph node biopsy result. Results suggested that aseptic conditions should be increased during operations and dressings should be changed to further prevent post-operative infection rates. Re-audit will be undertaken to assess the success of these changes which include provision of health education information to patients in skin doctors' training sessions.

### Outcomes of ipsilateral free ALT flap with saphenous vein grafts for knee region reconstruction

Infected total knee arthroplasty is potentially a limb threatening condition. It is managed in an orthoplastic multidisciplinary team approach, and commonly in two stages. Although pedicled gastrocnemius flap is considered the workhorse technique for knee coverage, it does not easily cover soft tissue defects proximal to the patella and cannot be easily re-raised for the second stage of reconstruction.

Data collection for this was to assess the efficacy and safety of the free ipsilateral extended anterolateral thigh flap (ALT) with vein grafts for soft tissue reconstruction of infected knee arthroplasty; of the patients assessed all of the flaps survived.

This technique has proven effective for complex soft tissue reconstruction of the knee and distal thigh, whether for infected total knee arthroplasty or extensor mechanism reconstruction. Although it is a lengthier and technically demanding procedure, it replaces like with like and is easily re-elevated for the second stage of knee reconstruction.

### The 'snail flap': a local flap based on Fibonacci sequence as a reconstructive technique after excision of skin tumours of the scalp

Scalp reconstruction after skin tumour ablation can be a challenging task due to the special tissue characteristics of this region. Achieving the optimal cosmetic result without compromising the safety of oncologic surgery remains the basic reconstructive goal. Primary closure is the simplest option providing hairy coverage but is not feasible for larger defects and carries a higher risk of wound dehiscence. On the other hand, split thickness skin graft is a common choice as it can be even used in large defects; however, unavoidably results in a colour mismatch and a non-hair, patch-work appearance. In pursuit of a better appearance several types of local flaps with various design patterns have been described.

Retrospective data analysis of ten consecutive patients who have undergone surgical excision of skin tumour on the scalp with an immediate 'snail flap' reconstruction during the last two years was conducted.

The flap survival rate was 100% and can be considered as a safe option for the reconstruction of small and moderate sized skin defects of the scalp with minor post-operative complications and excellent aesthetic outcome.

### Free flap breast reconstruction and the patient journey, analysis of a large cohort to improve patient information and documentation

This project is supported by the Scar Free Foundation, and aims to improve standardisation of patient-centred care regarding reconstructive surgery, improve holistic approaches to scars, improve patient outcomes and develop clinical research strategies in pursuit of scar free healing. Collection of this data in the UK has never been carried out before.

The project results will provide an objective comparison of different free flap breast reconstruction types and personal patient satisfaction by considering factors such as number of clinical appointments, number of days spent out of work due to reconstruction, emotional well-being and how the patient contemplates herself following breast reconstruction surgery.

Results showed reconstruction options included DIEP, MSTRAM and TUGs, of a total of 409 breast reconstruction procedures, only two patients reconstructions failed and the average reconstructive journey took 20.8 months.

In 58.7% of cases patient notes had no descriptors documenting patient views in relation to the overall result of their breast reconstruction, therefore a better measure of patient satisfaction is being trialled in a breast centred questionnaire for a cohort of outpatients for a period of six months.

### On the day cancellations between January and April 2018 (retrospective)

Cancellation of surgical procedures on the day of operation causes considerable anxiety to patients and also has a significant impact on the delivery of NHS services. This project was to collate operating theatre data of patients due to have oral maxillofacial surgery between January and April 2018 who were cancelled on the day, to evaluate the cause of cancellation, improve theatre utilisation and compare QVH to the national average.

Results showed that over 50% of cancellations were down to patient factors. Recommendations around the planning of surgical staff rotas and patient communication are being considered, with plans to re-audit when these actions have been implemented.

### Peri-operative management of oral anticoagulation/antiplatelets requiring skin surgery at QVH

The QVH guidelines on peri-operative management of patients on oral anticoagulants/antiplatelets were revised in January 2018; this audit was to assess compliance against the guideline and to investigate if there was any correlation post-operative bleeding and perioperative management. This was a retrospective study of patients requiring excision or biopsies of skin lesions whilst on either antiplatelet or anticoagulant medication. In 19% of cases patients had their medication stopped and 3% of cases had an abnormal post-operative bleed. Results showed differing practice dependent on the treating consultant's team and education to embed the guideline adherence is currently underway.

### Carpal tunnel release

Carpal tunnel release is a surgical procedure to divide a ligament in the wrist to relieve pressure on a nerve that gives the patient symptoms of numbness, tingling and pain in the hand. This project was carried out to evaluate patient satisfaction and pain levels following carpal tunnel surgery under local anaesthetic with no tourniquet, a technique that uses adrenaline to vasoconstrict and does not require cautery.

Data collection was carried out between April and August 2018, 100% of patients would recommend the surgery to another patient and 93% were extremely satisfied. The WALANT technique is being considered as routine in the appropriate cases going forwards.

### Managing pain in dental abscess patients

Patients at QVH are cared for in an acute recovery area supporting theatres to improve patient flow through the department. This project was undertaken to ensure that patient's pain is managed effectively following their dental abscess procedure and to limit the number of unplanned delays to transferring out of the recovery unit.

Results found that multiple factors influenced patients' pain levels, patients were well managed with a variety of combinations of analgesia both intra-operatively and during their recovery period. All patients were managed appropriately before their discharge to the ward with a minimal pain level score. Due to the nature of the results there were no action points required but continual monitoring and re-audit in the future will ensure we are continuing to efficiently manage patient's pain management in recovery.

### Corneal neurotization restoration of corneal sensation with regional nerve grafts

Normal corneal sensation is integral in maintaining the structure and function of corneal epithelium. Corneal denervation can impair wound healing leading to corneal ulceration and result in blindness. The management of neurotrophic keratopathy is challenging due to abnormal epithelial healing. Targeted medical and surgical management have been proposed to halt the progression of the disease at early stages to prevent the globe threatening later stages. Insensate corneas are known to defy conventional management and after grafting are exposed to similar epithelial breakdowns, therefore addressing the underlying corneal anaesthesia is of utmost significance in successful long term management of the neurotrophic corneas.

The aim of the audit was to prospectively audit all aspects of this procedure, including patient selection, surgical technique and functional and structural outcomes, against what is published in literature as reported by other international centres with experience in corneal neurotisation surgery.

The structural outcomes were assessed against standards by the British Journal of Ophthalmology for change in corneal nerve density and morphology. Both functional and structural outcomes were measured pre-operatively, early (1-3 months), intermediate (3-6 months) and late (9-12 months and more) postoperative periods. Any adverse events following corneal neurotisation were recorded.

This audit demonstrates the safety and efficacy of corneal neurotisation procedure as the only definitive treatment modality available to treat the underlying pathology in neurotrophic corneas, as no complications reported for any of the cases, while there were general improvement functionally and structurally.

The restoration of corneal sensation improves corneal functional and structural health, thus preventing possible complications of neurotrophic keratopathy.

Theatre time was reduced from 4.5 hours for the first case to three hours for the last audited case.

### Rupture rates between two- and four-strand flexor tendon repair: is less more?

Flexor tendon injury is a very common injury requiring timely repair and effective postoperative rehabilitation. The ultimate goal of surgical intervention has remained constant: to achieve enough strength to allow early motion, to prevent adhesions within the tendon sheath, and to restore the finger to normal range of motion and function.

The purpose of this study was to explore the difference in clinical outcome of two-strand and four-strand flexor tendon repairs in a single unit in adult population. A total of 109 complete divisions of a single flexor tendon from 2016 to 2018 were analysed retrospectively.

Thirty flexor tendons were repaired with two-strand and 79 tendons were repaired with four-strand technique. There was no significant difference in the complication rate including rupture, infection and adhesions. These results support that four-strand is not superior to two-strand and that lower volume type of repair would be preferable and would avoid unnecessary over treatment.

### Pan-Kent laryngectomy outcomes – a five year review

A laryngectomy is an operation to remove the voice box – usually because of cancer. This is a life changing operation with post laryngectomy challenges.

The speech and language and maxillofacial team conducted a retrospective audit of 34 patients that had a laryngectomy procedure at QVH between 2013 and 2018 to assess the functional outcomes and compare this with nationally reported data. The parameters of assessment included surgical margins; leak rates post operatively, a Clavien-Dindo score of complications, days to oral intake, achieving a functional voice and normalcy of diet, and the requirement of nutritional supplementation.

Outcomes showed higher than average leak rates with work around enhanced recovery protocol showing improvements in the final year of the project. QVH have a consistent use of frozen sections for margin control and fewer complications than the national figures with patients resuming oral intake quickly and good uptake for a functional voice.

There is now work underway to establish a standardised and validated outcome measure tool to truly define what is considered a "good outcome" and contribute to national outcomes whilst continuing to monitor local outcomes.

## Commissioning for Quality and Innovation payment framework

**The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of NHS healthcare providers' income conditional upon achieving certain improvement goals. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.**

A proportion of QVH income in 2018/19 is conditional on achieving number of national and local CQUIN goals. The Trust has achieved 100% of all the national and dental CQUIN schemes which equates to £1.4m against the contract value.

The national quality initiatives were:

### 1. Introduction of health and wellbeing initiatives

QVH has taken a number of measures to improve staff health and wellbeing throughout 2018/19 including introduction and promotion of health and wellbeing schemes such as Care First/Zest, pilates, mindfulness for stress and wellbeing courses for staff. Themed promotion to staff of healthy behaviour has included dry January, no smoking day, on your feet Britain and national walking month, and world blood donor day. The 'My Trust Benefits' website was launched where staff can access national and local discounts on the high street and online, and Trust benefits such as salary sacrifice schemes, as well as opportunities for learning to develop personal and professional skills. Health and wellbeing promotion has been supported through the weekly staff newsletter, banners and posters located around the Trust, computer screensavers, and word of mouth.

### 2. Healthy food for NHS staff, visitors and patients

As part of this national CQUIN, we have taken forward a number of initiatives to ensure that a choice of healthy food is available to patients and staff. Healthy options are available in all catering outlets including vending machines for staff working out of hours. QVH continues to achieve 100% compliance in all categories. All drinks lines stocked are sugar free (less than 5g sugar per 100 ml); all confectionery and sweets contain 250kcal or less; all pre-packed sandwiches and other savoury pre-packed meals contain 400 kcal or less. We have also introduced low fat hot chocolate in our vending machines for milk based drinks.

During 2018/19 QVH has been regularly monitoring the proportion of drinks and food which comply with the CQUIN guidelines. We have seen significant reductions of drinks and food high in calories, salt, sugar and fat. There are no longer price promotions or advertising for foods high in fat, sugar and salt. The vending machine displays have been improved to encourage water bottle sales, putting less healthy contents on lower shelves and displaying sugar and calories contents.

### 3. Improving the uptake of flu vaccinations for front line staff

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

The national CQUIN measured from October to December 2018 stipulates that trusts are required to vaccinate 75% of frontline staff as part of an annual immunisation programme. For the 2018/19 programme, a CCG locally agreed variance to the CQUIN was introduced which allowed QVH to include all staff members who had the vaccination elsewhere or taken an active decision to decline vaccination. QVH achieved the CQUIN target, with 80.4% of staff engaged and a 61.3% vaccination rate.

### 4. Timely identification and treatment of sepsis in acute inpatient settings

Sepsis is a common and potentially life-threatening condition that can lead to widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which may reduce blood supply to vital organs such as the brain, heart and kidneys. Sepsis is recognised as a significant cause of poor outcomes and death, and is almost unique among acute conditions in that it affects all age groups.

QVH has very few patients each year with suspected sepsis, or those who go on to develop it. Where sepsis is suspected, patients are managed in accordance with the Sepsis Six pathway and treatment is provided.

In 2018/19 the adult patients' pathway was reviewed and now includes treatment guidelines for sepsis and a prescription chart. The pathway must be completed for all patients treated with sepsis. The Trust is in the process of procuring an e-observation system which will enable clinical staff to record patient vital signs quickly and easily, and will automatically alert appropriate clinical staff if a patient's scores are outside the normal range, as is the case when patients develop sepsis.

### 5. Reduction in antibiotic consumption

The misuse of antibiotics is a globally recognised problem. QVH has reviewed national guidance and taken a number of steps to reduce the unnecessary prescribing of antibiotics across the Trust. This will help to decrease the spread of antimicrobial drug resistance. We monitor and scrutinise our antibiotic usage on a monthly basis, and report our data externally to Public Health England quarterly. To support this QVH is delivering internal training to all clinical staff to ensure levels of antibiotic prescriptions are kept to a minimum and only used where absolutely necessary.

*continues...*

**6. Empiric review of antibiotic prescriptions**

All hospitalised patients who are prescribed antibiotics at QVH are safeguarded by consistent assessment reviews. This ensures that antibiotics are being used appropriately and provides our patients with the best possible care and treatment. In 2018/19 QVH launched an antimicrobial app to promote adherence to guidelines.

**7. Offering advice and guidance**

QVH provides advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into QVH specialist burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastic surgery and community services. QVH is using functionality within the e-referral system and working with GP representatives towards further development of the advice and guidance functionality within the e-referral system.

**8. Preventing ill health by risky behaviours – alcohol and tobacco**

This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View, particularly around the need for prevention, to be incentivising and supporting healthier behaviour. QVH is currently providing online training for relevant staff, both medical and nursing, to support the collection of data for all inpatients, and brief advice to patients who are identified as smokers or as taking excessive amounts of alcohol. The audit is being undertaken and will be reviewed by the commissioners at the end of May 2019 to provide baseline for future years review.

**Dental**

There were three dental CQUINs in 2018/19; the milestones have all been met and the dental commissioners have agreed to pay 100% of the CQUIN which equates to £364,315 against a contract value of £14.5 million.

- 1. Orthodontics buddy** – this is an arrangement where a number of less complex cases are allocated to QVH for agreed training purposes.
- 2. Referral management and triage** – throughout 2018/19 QVH has worked on embedding the Dental Electronic Referral System (DERS) and we now only accept referrals from General Dental Practitioners electronically, including the receipt of x-rays. The Trust is required to carry out final triage to confirm the patient meets level 3 complexity for the specialty: level 1 referrals are to be rejected and level 2 referrals redirected to an intermediate minor oral surgery provider, unless patient modifying factors require treatment to be carried out in secondary care.
- 3. Dental managed clinical networks** – our clinicians have actively participated in all meetings arranged to date. This is where the clinical care pathways of our patients are considered and the network will shape and improve services.

**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 2018/19 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

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

QVH sustained an overall rating of 'good' and was rated 'outstanding' for the caring domain. The full breakdown of ratings for all three domains assessed by the CQC are shown in the table (opposite, top).

The recommendations and findings from the CQC report have been transferred into a continuous improvement action plan. Progress against these actions will be monitored at the quality and governance committee.

**CARE QUALITY COMMISSION INSPECTIONS JANUARY AND FEBRUARY 2019**

	SURGERY BURNS AND PLASTICS	CRITICAL CARE	SERVICES FOR CHILDREN AND YOUNG PEOPLE	OUTPATIENTS	MINOR INJURIES UNIT	OVERALL
<b>SAFE</b>	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
<b>EFFECTIVE</b>	GOOD	GOOD	GOOD	Not rated	GOOD	GOOD
<b>CARING</b>	OUTSTANDING	GOOD	OUTSTANDING	OUTSTANDING	GOOD	OUTSTANDING
<b>RESPONSIVE</b>	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
<b>WELL-LED</b>	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
<b>OVERALL</b>	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD

**Compliance in Practice (CiP) inspections**

QVH continues to utilise the Compliance in Practice inspection process as a quality improvement initiative within the Trust.

Inspectors are recruited from the QVH staff base and include a variety of clinical and non-clinical stakeholders, as well as members of the board and council of governors. Inspection teams are then allocated to inspect one of 13 clinical areas that are each visited on a quarterly basis.

The structure of the inspections reflects the enquiry lines pursued by the CQC and, as such, assists in enabling the Trust to maintain, and endeavour to improve, its current inspection rating. Newly devised action plans are completed by department leads following each inspection to remedy any areas of poor performance or inconsistencies identified.

Inspection standards are linked to the CQC rating system and all areas are reaching a compliance rating of 'Good'.

**Hospital episode statistics**

QVH submitted records during 2018/19 to the Secondary Uses Service for inclusion in the hospital episode statistics.

Hospital episode statistics	Admitted patients	Outpatient care	Minor injuries unit
<b>Percentage of records in the published data which include the patient's valid NHS number</b>			
QVH	99.4%	99.5%	98.4%
Nationally	99.4%	99.6%	97.5%
<b>Percentage of records which include the patient's valid general medical practice code</b>			
QVH	99.7%	99.3%	99.8%
Nationally	99.9%	99.8%	99.3%

Source: The figures are aggregates of the QVH entries taken directly from the SUS data quality dashboard provider view, based on the provisional April - December 2018 SUS data at the month 9 inclusion date. (LH 11/03/2019)

**Data Security and Protection Toolkit**

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

The purpose of the assessment is to enable the Trust to measure compliance against the law and central guidance. It is also to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

The ultimate aim is to demonstrate the Trust can be trusted to maintain the confidentiality and security of personal information. 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.

Standards were not met 2018/19.

The Trust was able to meet 99 out of the 100 assertions for the Data Security and Protection Toolkit in 2018/19. Unfortunately the Trust was unable to ensure that at least 95% of all staff undertook data security awareness training during the year and so this assertion was not met. Data security awareness is mandatory for all staff at induction and both classroom sessions and e-learning is available. There is a sustained executive led programme to enforce and improve training compliance.

**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 – CareCERT. 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.

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

In March 2018 QVH was one of the first NHS trusts to get Cyber Essentials PLUS accreditation.

**Information Governance Assessment**

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

**Payment by results and clinical coding**

The annual clinical coding audit for 2018/19 assessed the work of the clinical coding team in a year that has included significant staff changes due to retirements and the recruitment and development of trainees. The audit was carried out by an external coding consultancy.

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

- children's and adolescent services
- dentistry and orthodontics
- ear, nose and throat
- head and neck cancer services
- oral and maxillofacial surgery
- hands
- ophthalmology
- plastic surgery
- breast surgery
- skin cancer services.

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

	QVH compliance rate	Targeted accuracy standard
Primary diagnosis	89.00%	90% or higher
Secondary diagnosis	93.88%	80% or higher
Primary procedure	95.50%	90% or higher
Secondary procedure	98.35%	80% or higher

The accuracy of primary diagnosis is 1% below target, and a fall in accuracy compared with previous years. This was traced to a single source in a limited time period, and was addressed immediately. The Trust will implement in full the recommendations made in the audit report to ensure attainment of the required accuracy levels at future 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 sound decision making.

An integrated data warehouse has increased transparency and visibility of data issues. Regular studies of data flows and routine independent have also allowed problems to be identified and solutions put in place which improve the consistency and quality of data collected.

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

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

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

In 2018/19 QVH continued to progress the data quality agenda:

- building and applying a library of integrated standard operating procedures for data collection
- with support from external experts, enhancing existing data flows continuing to raise the profile and importance of good data at all levels within the Trust
- building an audit trail as part of the production process which will allow for responsive alerts which will flag data quality issues needing attention.

**Learning from deaths**

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

During 2018/19 five 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
<b>Number of deaths</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>

During 2018/19 there were four case record reviews, utilising the ‘Structured Judgement Review’ methodology. Local department mortality reviews were also conducted. One death required further internal investigation using root cause analysis methodology as the death was unexpected.

No deaths, representing 0% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

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

**Implementation of seven day hospital services**

The seven day services programme is designed to ensure patients who are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

There are ten clinical standards, of which four have been identified nationally as priority on the basis of their potential to positively affect patient outcomes:

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

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

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

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

QVH has an implementation plan in place to deliver the four priority clinical standards. As recommended by NHS England, the 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.

Locally defined clinical standards have also been developed which group our admissions into those that should be reviewed by a consultant within one hour, those within

14 hours and those who could wait 24 hours which means they can be reviewed by the next morning trauma round. These clinical standards are now an integral part of QVH’s operational trauma policy.

We collaborate with network partner hospitals to provide some diagnostics and interventions in specialties not provided at QVH. The new provision of a QVH on-site CT scanner in 2018/19 has improved local access to urgent imaging needs for our patients.

**QVH response to the Gosport Independent Panel Report**

QVH has a freedom to speak up guardian elected by staff. This role is specifically aimed at staff, and provides confidential advice and support in relation to concerns about patient safety. The role reports directly to the chief executive and the freedom to speak up guardian attends the board of directors meeting quarterly to report on findings. QVH works proactively to support an open culture, where issues are identified and lessons learnt. 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 is also fully engaged in the Get It Right First Time programme, where data around the clinical effectiveness and safety of its services are benchmarked at specialty level which helps identify any unusual trends particularly where patient outcomes are not as they should be.

**Guardian of Safe Working**

The Guardian of Safe Working role is designed to be somebody independent of the management structure who is not afraid of challenging senior colleagues where needed to champion safe working hours. The aim of this role is to support juniors in working safe hours and to provide assurance to doctors and the Board that doctors are able to work within safe working hours. Where the system fails a set process is in place for early reporting (exception reporting).

In line with the Terms and Conditions of Service for NHS Doctors and Dentists in Training, the Board receives a Guardian of Safe Working report on a quarterly basis and this report is also provided to the Local Negotiating Committee. The Guardian is involved in the Junior Doctors Forum and the Trust induction for doctors.

The Guardian’s consolidated annual report for 2018/19, signed off by the Trust chief executive, shows that the Trust has had an improvement in medical staff gaps and vacancies during the year. The main type of exception report is for unforeseen and unavoidable overrun of work beyond the rostered hours. There have also been exception reports related to lost educational opportunities when a specific specialist rota was short and service commitments impacted on training. Overall the level of exception reporting is low and the Guardian has encouraged trainees and trainers to see this as a useful, informative process that can improve rotas and working hours.



## REPORTING OF NATIONAL CORE QUALITY INDICATORS

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

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

The National Quality Board published a framework in March 2017 around identifying, reporting investigating and learning from deaths, along with NHS Improvement guidance regarding the requirement that all trusts develop a policy by September 2017, 'Responding to and learning from deaths'. This policy was written by the Trust's head of risk and ratified for use in September 2017.

Of the eight recommendations, one of the key areas was around reviews and investigations and the medical director and head of risk attended Royal College of Physicians 'structured judgement review' training which has been rolled out for use within the Trust.

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

Source: QVH information system

	2014/15	2015/16	2016/17	2017/18	2018/19 (up to Feb)
In-hospital mortality	0.01%	0.031%	0.005%	0.02%	0.016%

## EMERGENCY READMISSION WITHIN 28 DAYS OF DISCHARGE

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

- QVH has a process in place for collating data on patient readmissions to hospital
- Data is collated internally and patient episode details are submitted to the Health and Social Care Information Centre (HSCIC) monthly
- Readmissions are generally to treat some of the complications that may arise from the original injury or from surgery such as wound infections
- We monitor readmissions as a means to ensure our complication rate is acceptable and that we are not discharging patients from hospital too early.

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

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

Source: QVH information system

	2015-16			2016-17			2017-18			2018-19 Apr – Feb		
	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	2238	17049	19287	2265	18234	20499	2261	18161	20422	2076	16590	18666
Readmissions	58	318	376	43	358	401	66	469	535	38	336	374
28 day readmission rate	2.59%	1.87%	1.95%	1.90%	1.96%	1.96%	2.92%	2.58%	2.62%	1.83%	2.03%	2.00%

### 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
- Hand hygiene is promoted through ongoing education and mandatory training
- Monthly audits are undertaken in all clinical areas to ensure that all staff across each discipline are complying with standards.

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

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

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
- Incidents are collated internally and submitted weekly to the clinical commissioning group
- Cases of Clostridium difficile are confirmed and uploaded to Public Health England by the consultant microbiologist
- Results are compared to peers and highest and lowest performers, as well as the Trust's previous performance.

QVH continues to maintain its low infection rate through surveillance supported by robust policies and procedures linked to evidence-based practice and NICE guidance. Infection rates are routinely monitored through the Trust's infection prevention and control group and quality and governance committee. QVH strives to meet the challenging target of zero cases per annum. Root cause analysis in previous cases has shown correct antimicrobial prescribing and clinical documentation to be an issue. Robust antimicrobial monitoring and prescribing will help towards meeting this target.

CLOSTRIDIUM DIFFICILE RATES	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Trust apportioned cases</b>	1	1	1	2	0	0
<b>Total bed-days</b>	18362	14778	14406	14278	14242	14063
<b>Rate per 100,000 bed-days for specimens taken from patients aged two years and over (Trust apportioned cases)</b>	5.4	6.8	6.7*	14	0	0
<b>National average rate for acute specialist trusts</b>	14.7*	15*	14.9*	13.2	14	
<b>Best performing trust</b>	0	0	0	0	0	Data not available till June 2019
<b>Worse performing trust</b>	81.8*	115*	113.2*	147.5	123	

\* This data has been updated from the 2016/17 quality report to reflect a change in reporting methodology

Source: Health and Social Care Information Centre data May 2017  
<https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>

### REPORTING OF PATIENT SAFETY INCIDENTS

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, 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.

QVH encourages all staff to report incidents as soon as they occur. During 2018/19 work will continue to support staff with 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 continue to be a priority within the Trust.

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

- QVH has a process in place for collating data and information on patient safety incidents
- Incidents are collated internally and submitted on a monthly basis to the NRLS.

PATIENT SAFETY INCIDENTS	2015/16		2016/17		2017/18	
	01/04/15-30/09/15	01/10/15-31/03/16	01/04/16 – 30/09/16	01/10/16-31/03/17	01/04/17-30/09/17	01/10/17-31/03/2018
<b>Total reported patient safety incidents</b>	381	492	412	295	294	355
<b>Incident reporting rate per 1,000 spells</b>	52	69	57	42	41	49
<b>Incidents causing severe harm or death</b>	0	1	2	1	0	0
<b>Percentage of incidents causing severe harm or death</b>	0%	0.2%	0.5%	0.3	0	0

ACUTE SPECIALIST TRUST BENCHMARKS	01/04/2015-30/09/2015 (per 1,000 bed days)	01/10/2015-31/03/2016 (per 1,000 bed days)	01/04/2016-30/09/2016 (per 1,000 bed days)	01/10/2016-31/03/2017 (per 1,000 bed days)	01/04/17-30/09/17 (per 1,000 bed days)	01/10/17-31/03/18 (per 1,000 bed days)
<b>Lowest national incident reporting rate</b>	15.9	16.05	16.34	13.67	14.82	17.6
<b>Highest national incident reporting rate</b>	104.45	141.94	150.63	149.7	174.59	158.25
<b>Lowest national % incidents causing severe harm</b>	0%	0%	0%	0%	0%	0%
<b>Lowest national % incidents causing death</b>	0%	0%	0%	0%	0%	0%
<b>Highest national % incidents causing severe harm</b>	0.6%	0.4%	0.3%	1.4%	1.6%	0.6%
<b>Highest national % incidents causing death</b>	0.8%	0.2%	0.3%	0.5%	0.2%	0.7%
<b>Average national % of incidents causing severe harm</b>	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%
<b>Average national % of incidents causing death</b>	0%	0%	0%	0.1%	0%	0.1%

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

## WHO SAFE SURGERY CHECKLIST

In June 2008 the WHO (World Health Organisation) launched a global Patient Safety Challenge 'Safe Surgery Saves Lives', to reduce the number of surgical deaths across the world. The checklist is part of this initiative and is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks. Every member of the team must be involved.

The checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: before the induction of anaesthesia ("Sign Out"), before the incision of the skin ("Time Out") and before the patient leaves the operating room ("Sign Out").

In each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation.

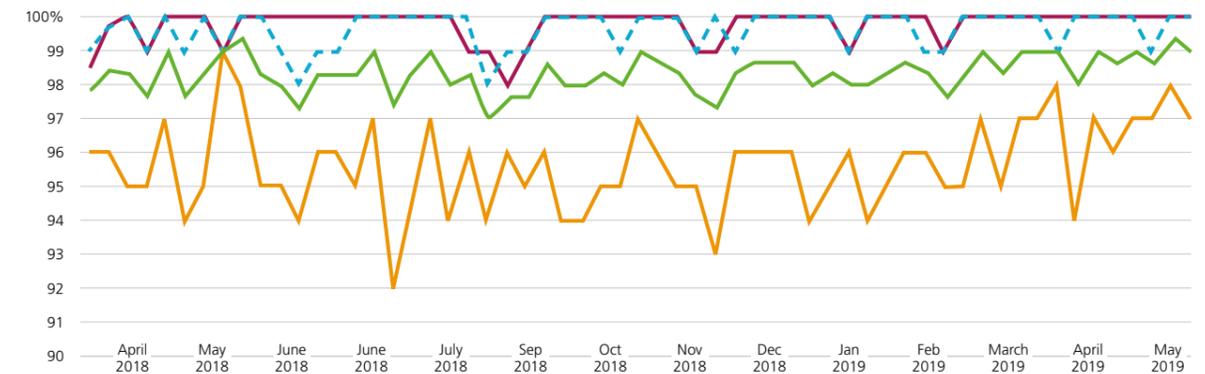
The WHO checklist forms part of the "Five Steps to Surgical Safety" (NPSA, 2010). The Surgical Safety policy extends these steps to encompass the whole patient surgical journey.

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

- Quantitative compliance is recorded in real time by the surgical team on theatre list database (ORSOS).
- Audit of paper documentation of compliance with surgical safety checklist in comparison with that recorded on ORSOS.
- Observational audit is carried out quarterly and aims to assess how the surgical safety checklist is being implemented. With a focus on human factors the audit aims to identify areas of weakness that might impact on the value of the Surgical Safety checklist and thus patient safety.
- Results of the audits inform the Improving quality and effectiveness of Five Steps to Surgical Safety.

Patient safety is the highest priority at Queen Victoria Hospital and is a multidisciplinary responsibility. A review of the supporting policies was undertaken in 2018 and was informed by the results of a multidisciplinary questionnaire to determine appropriate roles and

### RESULTS OF QUANTITATIVE COMPLIANCE SINCE APRIL 2018



Key:  
 — sign in  
 - - - time out  
 — sign out  
 — average

responsibilities. The fourth qualitative (observational) audit was carried out in January 2019 and demonstrates that compliance with the surgical safety policy has improved since cycle one. In house training and robust induction of new substantive staff and temporary workers has resulted in an increased willingness to speak up and promote best practice.

## VENOUS THROMBOEMBOLISM – INITIAL ASSESSMENT FOR RISK OF VTE PERFORMED

Patients undergoing surgery can be at risk of venous thromboembolism (VTE) or blood clots. They are a major cause of death in the UK and can be prevented by early assessment and risk identification. The national target is that 95% of all patients are risk assessed for VTE on admission to QVH.

We believe this data is as described for the following reason

- QVH has processes in place for collating data on VTE assessment
- Incidences are collated internally and submitted to the Department of Health on a quarterly basis and published by NHS England. Results are compared to peers, highest and lowest performers and our own previous performance.

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.

Work will continue into 2019/20 to ensure that QVH maintains its 95% target for VTE assessments within 24 hours of admission. Performance against this target is measured on a monthly basis using the Trust-wide performance dashboards

QVH undertakes the NHS 'safety thermometer' on a monthly basis in all inpatient areas. It provides the Trust with a rate of harm-free patient care and includes the assessment of patients for VTE risk on admission.

VTE ASSESSMENT RATE	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
QVH	100.00%	100.00%	100.00%	100.00%	93.90%	97.50%	91.87%	93.04%	90.96%	91.88%
National average	96.10%	96.20%	96.00%	96.00%	96.00%	95.90%	95.50%	95.53%	95.73%	95.51%
National average specialist trusts	97.40%	97.30%	97.40%	98.00%	98.70%	97.70%	97.23%	97.53%	97.53%	97.40%
Best performing specialist trust	99.50%	99.10%	99.90%	100.00%	99.90%	100.00%	100.00%	100.00%	99.97%	99.96%
Worse performing specialist trust	94.60%	93.30%	94.30%	95.00%	93.90%	95.10%	91.87%	93.04%	90.96%	82.68%

VTE ASSESSMENT RATE	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	VTE ASSESSMENT RATE
QVH	93.53%	94.42%	99.30%	96.42%	98.10%	97.85%	98.67%	98.22%	98.26%	QVH
National average	95.64%	95.53%	95.20%	95.25%	95.36%	95.21%	95.63%	95.49%	95.65%	National average
National average specialist trusts	97.65%	97.44%	97.58%	97.58%	97.26%	97.12%	96.66%	96.78%	96.33%	National average specialist trusts
Best performing specialist trust	100.00%	99.96%	99.97%	99.94%	99.95%	99.89%	99.86%	99.82%	99.82%	Best performing specialist trust
Worse performing specialist trust	90.67%	94.42%	95.56%	95.24%	80.96%	92.39%	92.28%	90.56%	90.56%	Worse performing specialist trust

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

**NHS IMPROVEMENT NATIONAL PRIORITY INDICATORS**

**NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHS Improvement helps the NHS to meet its short-term challenges and secure its future.**

NHS Improvement uses the following national access and outcomes measures to make an assessment of governance at NHS foundation trusts. Performance against these indicators is used as a trigger to detect any governance issues.

QVH has experienced challenges in the delivery of the national referral to treatment standards due to the availability of specialist clinical staff, an increase in service demand and variable systems and processes.

The Trust, with support from the NHS Improvement intensive support team, undertook a comprehensive review of reporting, systems and processes alongside an extensive programme of validation. This review resulted in an increased total reported waiting list and an increase in the number of patients waiting longer than national standards require for their treatment. A recovery plan was implemented in 2018/19 and, working alongside NHS partners, the Trust delivered significant improvements.

Work is ongoing to eliminate long waits and deliver compliance with national standards.

Waiting times for cancer patients have improved this year across all relevant indicators. A plan is in place which includes working with referring organisations to minimise any delays between providers which can be a risk to delivery of national standards.

QVH's 2018/19 performance against these indicators was:

NATIONAL PRIORITY INDICATOR	Performance		Quarterly trend				
	Target	Annual	Q1	Q2	Q3	Q4	
<b>SAFETY</b>							
Infection control	C-Diff (Clostridium difficile) acquisitions	0	0	0	0	0	0
<b>EXPERIENCE</b>							
Referral to treatment times	% incomplete pathways less than 18 weeks RTT	92%	75.87%	77.81%	74.93%	75.32%	78.47%
Minor injury unit access	Attendees completing treatments and leaving within four hours in minor injuries unit	95%	99.67%	99.39%	99.58%	99.86%	99.87%
<b>EFFECTIVENESS</b>							
Cancer access – initial appointments	Urgent cancer referral seen within two weeks wait	93%	94.76%	95.60%	95.98%	92.88%	92.31%
Cancer access – initial treatments	% of cancer patients treated within 62 days of urgent GP referral	85%	83.52%	80.37%	84%	85%	85.16%
	% patients treated within 62 days from screening referral						
	Screening service not offered at QVH, all patients are on a shared pathway with other providers	90%	60%	60%	100%	0%	50%
	% treatment started within 31 days from decision to treat, first treatment	96%	92.26%	88.75%	91.80%	94.82%	93.26%
	% treatment started within 31 days from decision to treat, subsequent treatment	94%	85.84%	88.57%	88.17%	80%	91.67%

Source: QVH information system.

**NHS FRIENDS AND FAMILY TEST – PATIENTS**

**The NHS friends and family test is a key indicator of patient satisfaction. We believe this data is as described for the following reasons:**

- The friends and family test asks patients whether they would be happy to recommend our Trust to friends and family if they needed similar treatment.
- QVH has a process for collating NHS friends and family test data across all areas of the Trust.
- Data on inpatient and outpatient services is collated internally and submitted to the Department of Health on a monthly basis and published by NHS England.
- We collect feedback through a range of different methods including, text messages, paper surveys and integrated voice messaging.

For patients who have learning disabilities, language or literacy issues, dementia or visual impairment there is an easy read version of the feedback form available, which uses pictures of faces, ranging from very happy to very sad, to ascertain their response to their experience of care. Children who come onto Peanut ward have the option to use the monkey feedback form.

Response rates and patient responses for 'extremely likely/likely to recommend' and 'unlikely/extremely unlikely to recommend' are compared with our specialist trust peers.

Results are presented to the board, quality and governance committee and patient experience group on a regular basis.

The results are published on the QVH website and shared with staff on a monthly basis.

Staff at QVH work hard to ensure patients receive the best care and patient experience through our services. Comments received electronically are reviewed on a daily basis so that we are able to respond to potential issues in a timely manner. Friends and family test response rates are amongst the highest in the South of England.

Responses and comments are broken down into weekday and weekend feedback to help inform our continued implementation of seven day services at QVH.

We have developed a patient experience programme that allows patients to provide their feedback in real-time through the inpatient surveys or social media; or at a later date through NHS Choices' Care Opinion, postal surveys, focus groups, face to face engagement and of course PALS and complaints.



NHS FRIENDS AND FAMILY TEST SCORES FROM PATIENTS	Minor injuries unit			Acute inpatients			Outpatients		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Percentage extremely likely/likely to recommend	95%	96%	96%	98%	98%	99%	94%	94%	95%*
Percentage extremely unlikely/unlikely to recommend	2%	2%	2%	0%	0%	0%	2%	2%	2%
Response rate	27%	24%	23%	46%	43%	42%	17%	16%	17%

Source: QVH information system

**95%** of outpatients are extremely likely / likely to recommend Queen Victoria Hospital \*

## COMPLAINTS

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

- QVH has a robust complaints management process in place
- The Trust has an internal target for responding to all complaints within 30 working days
- All complaints are investigated to ensure appropriate learning
- The process for dealing with each complaint is individualised to meet the complainant's needs

Complainants who remain dissatisfied are actively supported to go to the Parliamentary and Health Service Ombudsman for assurance that their complaint has been responded to appropriately.

Between April 2018 and March 2019 we received 54 formal complaints and 81 PALS queries.

Complaints are a vital source of information about the views of our patients, families and carers about the quality of our services and standards of our care. We are keen to listen, learn and improve using feedback from the public, Health Watch and also from national reports published

by the Local Government and Parliamentary Health Service Ombudsman. Learning from complaints takes place at a number of levels. The service, department or specialty identifies any immediate learning and actions that can be taken locally. A monthly report identifies themes, trends and suggestions for improvement based on a variety of feedback (complaints, friends and family test, social media, Care Opinion etc). This report is discussed at Trust board, quality and governance committee, clinical governance group, business unit performance reviews and patient experience group. Complaint data is triangulated with other information such as incidents, serious untoward incidents, freedom to speak up data and claims information to ensure a full picture of emerging and persistent issues is recognised and described.

Learning from complaints is shared with staff at a variety of meetings and is built into our Trust induction programme. An annual complaints report is produced each year and is available on the QVH website.

During 2018/19, two complaints were referred to the Parliamentary Health Service Ombudsman, and one case is still under review.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Complaints per 1,000 spells (all attendances)</b>	<b>0</b>	<b>0.4</b>	<b>0.3</b>	<b>0.3</b>	<b>0.27</b>	<b>0.26</b>
<b>Complaints per 1,000 spells</b>	<b>0</b>	<b>4.1</b>	<b>2.8</b>	<b>2.6</b>	<b>2.5</b>	<b>2.9</b>

Data source: continuous internal audit

## PRESSURE ULCERS

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

- QVH has a robust process for collating the incidence of pressure ulcers
- All pressure damage is investigated and the root cause analysis is presented internally to share learning and change practice
- Following the recruitment of a tissue viability nurse a baseline audit has been completed. An education package is being developed to embed changes in practice.

QVH endeavours to ensure that the treatment provided to patients does not cause them harm. The figures above reflect hospital-acquired pressure injuries and no pressure injuries sustained were graded as Category 3 or 4.

The tissue viability nurse acts as a clinical link between risk and the clinical areas to aid in assessment of the tissue damage. Use of photographs and liaison with the reporters allows us to accurately categorise the damage and ensure any damage that is non pressure related, is reported correctly. Increased accessibility to the tissue viability nurse offers support and guidance with pressure ulcer prevention and management. The tissue viability nurse training sessions within the clinical areas focus on pressure damage prevention to increase staff awareness and provide guidance for the management of patients with complex needs

Pressure ulcer development in hospital is also measured through data collection for the national 'safety thermometer' and results are monitored internally through the Clinical Governance Group and Quality and Governance Committee.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Development of pressure ulcer Grade 2 or above per 1,000 spells</b>	<b>0</b>	<b>0.5</b> (total=8)	<b>0.6</b> (total=11)	<b>0.9</b> (total=17)	<b>0.5</b> (total=10)	<b>0.4</b> (total=9)	<b>0.2</b> (total=5)

Data source: QVH information system

## SAME SEX ACCOMMODATION

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

- QVH has designated single sex ward areas
- QVH is able to adapt washing and toilet facilities to deliver single sex accommodation
- Any decision to mix genders in clinically justifiable circumstances is taken by a senior manager.

QVH is committed to providing every patient with same sex accommodation to ensure that we safeguard their privacy and dignity when they are often at their most vulnerable. We have maintained segregated accommodation during 2018/19 through the use of single rooms and the appropriate planning of patient admissions.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Failure to deliver single sex accommodation (occasions)</b>	<b>0</b>						

Data source: QVH information system

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

During 2018/19 14,708 surgical cases passed through our theatres and every effort is made to minimise cancelled operations. A programme of work had been underway to improve our theatre capacity and efficiency. This includes a number of strategies to improve recruitment of theatre staffing which have impacted in year cancellation rates. To minimise cancellations an escalation procedure is in place in addition to weekly theatre and session planning meetings.

The governors' selected indicator for 2018/19 was "outpatient cancellations by patient". Due to issues with the indicator and its supporting data, the Trust is not able to reliably report its performance against this indicator hence it is not included. The Trust considers that further work is needed regarding information retained to support cancellation of appointment by the patient and to strengthen validation controls.

	How data is collected	Target	2015/16	2016/17	2017/18	2018/19
<b>Cancer - 62 day wait from referral to first definitive treatment</b>	Data collected monthly and reported quarterly. Performance includes shared care with other providers	85%	82.34%	82.45%	74.43%	83.95%
<b>18 weeks – incomplete pathways</b>	Data collected from monthly snapshots	92%	92.91%	91.50%	77.18%	78.47%
<b>Diagnostic waiting times</b>	Waiting times for routine ultrasound access	Maximum 6 week wait	–	2-3 weeks	3-4 weeks	5-6 weeks
<b>Minor injuries unit - patients leaving without being seen</b>	Data collected from PAS in the minor injuries unit	5%	2.38%	1.62%	1.30%	1.67%
<b>Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days</b>	Data collected from PAS and theatre systems	0	4	4	14	14
<b>Urgent operations cancelled for non-clinical reasons for a second or subsequent time</b>	Data collected from PAS and theatre systems	0	3	0	0	2

### STAFF FRIENDS AND FAMILY TEST

QVH's 2018/19 staff friends and family test results show a significant increase in the percentage of people likely or extremely likely to recommend QVH as a place to receive care and as a place to work.

STAFF FRIENDS AND FAMILY 2018/19 QUESTIONS	Q1	Q2	Q3*	Q4**
How likely are you to recommend Queen Victoria Hospital to friends and family if they needed care or treatment?	89.27%	91.39%	90.8%	96%
How likely are you to recommend Queen Victoria Hospital to friends and family as a place to work?	51.22%	51.22%	63%	76.63%

STAFF SURVEY 2018 QUESTIONS	2017	2018
I would recommend my organisation as a place to work	57.7%	63.0%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	87.2%	90.8%

\*Q3 relates to results in National NHS staff survey



**96%** of staff likely to recommend Queen Victoria Hospital to friends and family if they needed care or treatment.\*\*

### WORKFORCE

The significant workforce challenges across the NHS impacted on the Trust during 2017/18 but showed signs of stabilising and improving during 2018/19.

Although recruitment of nurses and operating department practitioners remains a challenge across theatres, critical care and inpatient areas in common with other NHS Trusts, our significant level of sustained attraction and retention initiatives is having a positive impact.

In year the Trust saw an increase in the number of high quality clinical staff from the local market

applying for jobs which has improved the turnover rate and has seen the highest number of substantive staff in post for several years. Although temporary staffing usage remained higher than desired there has been a decline in use overall helped by robust weekly vacancy control processes in place.

Additionally the Trust partnered with another NHS trust for overseas nursing recruitment with a focus on theatre nursing, critical care and inpatients. The majority of those recruited will join in 2019/20.

*“The Trust saw an increase in the number of high quality clinical staff from the local market.”*

*“The human resources department provides quarterly information on the support provided to staff through our occupational health and employee assistance providers.”*

### WELLBEING

The QVH appraisal toolkit supports managers to have conversations with all staff in relation to their general health and wellbeing.

QVH has a health and safety committee which regularly receives reports from across the Trust highlighting any risks and how they are being addressed. In addition, the human resources department provides quarterly information on the support provided to staff through our occupational health and employee assistance providers. Data on this is also included in workforce reports to the board and board sub-committees. Our occupational health service is provided by a neighbouring trust, Surrey and Sussex Healthcare Trust and has been re-tendered for the next financial year.

We now contract directly for a more cost effective employee assistance service. This provides all staff with a range of personal and professional support including confidential counselling and legal advice for both work related and non-work issues; stress management; advice to staff on injuries at work; and a 24-hour employee assistance programme which provides comprehensive, round the clock phone advice for all staff including legal advice and access to an online wellbeing portal.

The workforce team have a leading role in supporting the Trust to meet the requirements of the CQUIN ‘Improving staff health and wellbeing’ through a programme of initiatives and information. Themes in 2018/19 included dry January, no smoking day, on your feet Britain and national walking month, blood and organ donation awareness, back care awareness, and mental health awareness. Various departments throughout the Trust have also provided information to benefit the health and wellbeing of staff which have supported the Trust’s agenda. The ‘My Trust Benefits’ website was launched where staff can access national and local discounts on the high street and online, and Trust benefits such as salary sacrifice schemes, as well as opportunities to develop personal and professional skills. In December 2018 the QVH Charity funded a ‘Blue Light Card’ valid for five years for all members of staff as a token of appreciation in recognition of the hard work of staff across the organisation with access to a range of discounts just in time for Christmas.

# SERVICES WE PROVIDE

## Head and neck services

Maxillofacial service – orthognathic treatment

Orthodontics

Mandibular advancement splint

Maxillofacial prosthetics service

Facial paralysis

Reconstructive breast surgery

Breast reconstruction after mastectomy using free tissue transfer – flap survival

Hand surgery

Burns service

Skin cancer care and surgery

Corneoplastic and ophthalmology services

Anaesthetics

Therapies

Sleep disorder centre

Psychological Therapies

Radiology department



## Head and neck services

QVH is the specialist centre for major cancer and reconstructive surgery of the head and neck. Our head and neck services are recognised, both regionally and nationally, for the specialist expertise offered. The team has six oromaxillofacial surgeons and three ear, nose and throat surgeons. QVH is recognised by the Royal College of Surgeons as a centre for training interface fellows in advanced head and neck oncology surgery.

In 2018 QVH treated 119 major cases with 30 day survival of 99.16% (against a national mortality benchmark of 98.3%) and a flap success rate of 96.25% (against a national mortality benchmark of 90-95%).

We strive to give the highest quality of patient care in line with evidence-based best practice. Our rolling programme of multi-disciplinary tracheostomy and laryngectomy training for doctors, nurses and allied health professionals has now also been rolled out to local primary and tertiary care staff. The added benefit to this has improved cross pollination understanding of each other's challenges.

We continue to improve our enhanced recovery programme for head and neck cancer patients following feedback and audit. We therefore reviewed and revised the discharge part of this pathway. Prospective audit of this pathway is ongoing.

QVH commenced head and neck sentinel node biopsy in September 2016 for early oral cancer requiring surgical management supported by NICE clinical guideline NG36 published in February 2016. In 2018, our referral base increased and now incorporates Surrey and Sussex in support of neighbouring multidisciplinary teams. Our lead continues to contribute as a faculty member on the UK training in sentinel node biopsy programme.

We continue to deliver electrochemotherapy as a palliative treatment for skin nodules to breast, skin and head and neck cancer patients. This treatment is to improve quality of life for patients with regards to unsightly tumour fungation, malodour and bleeding. Our referral base has expanded further and now incorporates Kent,

Sussex and Surrey. We are now working with plastic surgery colleagues to expand the practice further. Since commencing this service in 2017 we have had referrals for 32 patients and have treated 18. Initially referrals were mainly for patients with very advanced disease who were not all suitable for this treatment. As awareness of this service has grown we are now receiving more timely referrals so we hope to be able to support more patients in the coming year.

The Recovery Package is a joint venture between NHS England and Macmillan. In addition to holistic needs assessment and health and wellbeing events, we have designed a Head and Neck Treatment Summary including patient involvement from our local head and neck cancer support group. We have received positive feedback from our local Macmillan GP and hope it will keep our patients, their families and their GPs fully informed.

Most quality of life tools in head and neck cancer reflect the entire patient pathway including radiotherapy; none reflect solely on patient's surgical experience. So in order to improve services we commenced a working group to design a specific patient questionnaire on experiences after head and neck surgery. This is about to be rolled out and we look forward to hearing what our patients have to say about their experiences and how we can improve our services further.

In July 2018 our head and neck lead clinician and team presented a poster reflecting surgical outcomes at QVH 2016 – 2017 inclusive. These measures included major complications, length of inpatient stay and time from surgery to post-operative radiotherapy. These results are equal to or above published national outcomes.

QVH successfully developed a joint clinical and academic position in head and neck surgery. Since this appointee commenced in 2018 we have benefited from a marked expansion in the head and neck research portfolio.

### Total number of major head and neck cancer procedures

Year	Number of procedures
2018	119
2017	117
2016	119
2015	126
2014	106
2013	65

**“We continue to improve our enhanced recovery programme for head and neck cancer patients following feedback and audit”**

## Maxillofacial service – orthognathic treatment

One of the busiest in the UK, the QVH maxillofacial surgery department has four specialist orthognathic consultant surgeons supported by surgical staff, specialist nurses, dieticians, physiotherapists, psychological therapists and speech and language therapists. Our maxillofacial consultant surgeons have a number of interests in the sub-specialisms of their services including orthognathic surgery, trauma, head and neck cancer, salivary glands and surgical dermatology. The QVH service is also hosted across a wide network of acute trusts and community hospitals in the South East of England.

**91%** of patients rated the orthodontic service and care as excellent.#

### Patient satisfaction with orthognathic treatment

How do you rate the orthodontic service and care?					
2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
83% excellent 17% good	88% excellent 12% good	95% excellent 5% good	92% excellent 8% good	92% excellent 8% good	<b>91% excellent #</b> <b>9% good</b>
How do you rate the quality of surgical care?					
	91% excellent 8% good 1% average	94% excellent 6% good	90% excellent 10% good	89% excellent 11% good	<b>83% excellent</b> <b>15% good</b> <b>2% average</b>
How satisfied are you with your facial appearance?					
71% very satisfied 28% satisfied 1% neither satisfied or dissatisfied	68% very satisfied 29% satisfied 3% neither satisfied or dissatisfied	84% very satisfied 16% satisfied	71% very satisfied 29% satisfied	70% very satisfied 29% satisfied 1% very dissatisfied	<b>67% very satisfied</b> <b>28% satisfied</b> <b>3% dissatisfied</b> <b>2% very dissatisfied*</b>
How satisfied are you with your dental appearance?					
72% very satisfied 27% satisfied 1% neither satisfied or dissatisfied	80% very satisfied 20% satisfied	84% very satisfied 16% satisfied	76% very satisfied 22% satisfied 2% Very dissatisfied*	80% very satisfied 18% satisfied 1% very dissatisfied	<b>76% very satisfied</b> <b>22% satisfied</b> <b>2% very dissatisfied*</b>

\* The Trust has investigated this patient's data, which is very positive overall about the surgery which was performed at QVH. It is likely that the form was filled in incorrectly, and further feedback will be sought when the patient is reviewed at two years.

Our satisfaction results for orthognathic surgery are consistently high, and reflect good teamwork between the orthodontic team and the surgical team. All patients are seen in combined clinics by both specialities, we have regular outcome meetings to assess our results and to plan and implement improvements in the service. For the minority of patients for whom the outcome is not as they would have expected, we review their pathway and endeavour to both address their concerns and ensure that, through systematic review, we continue to improve our service for all. Specific innovations new for 2018/19 include the appointment of an orthognathic specialist nurse who has done a lot to improve the quality of care specific to orthognathic patients on wards, and has also helped a great deal as a point of contact for patients at home in the post-operative recovery period. We also now regularly run orthognathic open evenings. This allows new patients to interact with patients who have already completed treatment so that they can get a realistic viewpoint about what to expect. Dates for these open evenings can be found by contacting the orthodontic department direct.

## Orthodontics

QVH provides a specialist consultant led orthodontic service. Our four orthodontic consultants also provide specialist care for patients requiring orthodontics and jaw surgery; cleft lip and palate care; hypodontia (care for patients with multiple missing teeth); buried/impacted teeth and sleep apnoea (care for patients with sleep disordered breathing).

We accept referrals from local doctors and dentists, specialist orthodontists, sleep physicians, consultants in other hospitals and those connected with cleft lip and palate care.

The unit is also a major teaching centre with several specialist trainees and therapists; our trainees are linked to Guy's Hospital, a major teaching institute in London.

We work closely with surgical and dental consultant colleagues in other areas of practice to produce a team approach to delivering multidisciplinary care for patients with both complex and routine problems. We see about 1,500 new patients a year and manage around 17,500 patient attendances. Our aim is to provide a service delivering clinical excellence with high levels of patient satisfaction.

QVH's orthodontic clinicians have been collating and investigating their outcomes for almost 20 years, enabling them to consistently validate and improve the quality of care. On the rare occasions when things do not turn out as expected, a root cause analysis is completed to ensure that patient outcomes are continually improved and learning is embedded.

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-

PAR score	2018	99.3%
Percentage of patients achieving an outcome in the improved or greatly improved category	2017	98.6%
	2016	98%
National Gold Standard: 70% in this category	2015	95%
	2014	95%
	2013	95%

\* Data is produced one year in arrears

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 2017, 99.3% of our patients were assessed as 'greatly improved' or 'improved'. This is shown in the table below.

The care of the small number of patients whose outcomes do not improve is investigated by the team on an annual basis and a root cause analysis undertaken to understand what improvements could be made.

In addition to PAR ratings, patients are asked about their satisfaction with treatment. Every patient who completes orthodontic treatment is asked to complete a confidential questionnaire. In 2018, 161 patients completed the satisfaction questionnaire. The significant majority (91%) were completely satisfied with the result of their treatment and the remaining 8% were fairly satisfied. No patient was disappointed.

Furthermore, 99% were happy that their teeth were as straight as they would have hoped; 79% reported improved self-confidence; 73% reported an improved ability to keep teeth clean; 58% reported improved ability to chew; and 21% reported improved speech.

A total of 99% of patients felt that they were given sufficient information regarding their proposed treatment; 99% 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.

## Mandibular advancement splint

QVH has one the largest dedicated sleep clinics in the UK, responsible for the treatment of sleep-disordered breathing. There is close liaison between the sleep clinic and the orthodontics department who receive up to 400 referrals annually for the provision of potential sleep-related treatment. This can include a mandibular advancement splint, a non-invasive intra-oral appliance that is known to improve the quality of sleep in mild to moderate sleep apnoea.

Over the years, QVH's referrals have increased as patients continue to experience a positive outcome to their apnoeic symptoms. Patients are screened before their referral to the orthodontics department to assess their suitability,

with reported success rates from previous audits of 82-85%.

This year saw the fifth cycle of the patient satisfaction audit. The audit also aims to identify those patients who are most likely to benefit from a mandibular advancement splint by investigating the clinical parameters that indicate the highest probability of a positive response. Our 'on the day digital kiosk' allows patients to capture their treatment feedback as they leave the unit and this has received positive comments. Overall, the orthodontic sleep service found an 86% resolution in apnoeic symptoms, which is in line with the published literature, as well as patients continuing to have improved wellbeing.

**"...patients continue to experience a positive outcome to their apnoeic symptoms"**

## Maxillofacial prosthetics service

QVH is Europe's largest maxillofacial prosthetic rehabilitation centre, offering all aspects of care, including facial and body prosthetics; cranial implants; indwelling ocular prosthetics; rehabilitation after head and neck cancer or plastic surgery; and surgical guides for jaw alignment surgery. The service at QVH is one of only five accredited reconstructive science training institutions, and as such has government funded training posts, under the modernising scientific careers: scientist training programme.

We offer patients the full range of maxillofacial device treatments and are at the forefront of several evidenced based research projects. QVH is the lead site for the national portfolio artificial eye study. This study is collecting nationwide data on artificial eye patients via a questionnaire covering patient's cleaning regimes, the presence of any deposit/discharge for ocular prostheses, overall experience of ocular rehabilitation treatment and quality of life after eye loss. This data will enable investigation into adapting to monocular vision and add to the current evidence base available in the published

literature. The goal is to produce a simple and readily available information leaflet available in clinics and online. This study hopes to improve patients' artificial eye tolerance and reduce deposit build up, reduce symptoms of discharge, ultimately improving the patient experience. The study co-ordinator won the Research, Innovation and Education Award at this year's QVH Staff Awards for showing dedication and motivation to this QVH-led study. A large number of sites (40) nationwide have now signed up and currently 1,100 patients have been recruited into this study. Such evidence based research will inform and prepare patients experiencing eye loss in the future and be useful in NHS clinics, GP surgeries and affiliated organisations.

The team supports and networks with other maxillofacial prosthetics departments through joint collaboration, and offering free training days for MSc level trainees.

The maxillofacial prosthetics department, supported by QVH Charity, have purchased a 3D scanner and printer for rapid prototyping and the design/engineering service is now available in-house.

**“We offer patients the full range of maxillofacial device treatments and are at the forefront of several evidenced based research projects.”**

## Facial paralysis

QVH has the UK's first, largest and most advanced multidisciplinary facial paralysis service. The multidisciplinary service was set up in 2007 with the main objective of establishing holistic care for patients suffering from facial paralysis. Patients can be seen on the same day, in a single location, by a consultant plastic surgeon, extended scope practitioner physiotherapist/speech and language therapist, consultant ophthalmologist and consultant psychotherapist. This was built on the legacy of Redmond McLaughlin, QVH consultant plastic surgeon from the 1940s, the global pioneer in the management of facial paralysis.

Across the UK, healthcare for patients with facial paralysis varies. As facial palsy causes physical, functional, social and psychological disability a comprehensive multidisciplinary approach is required to address these complex issues. Based on this need, QVH clinicians also founded the national charity Facial Palsy UK which supports people living with facial palsy and their families.

The therapy team, in conjunction with other specialist clinicians, have also founded Facial Therapy Specialists UK, a special interest group dedicated to professional education, driving improvements in standards of care

and supporting research. The QVH service has raised the awareness of clinicians and the public that treatment of facial paralysis is essential and beneficial. Treatment is not just cosmetic but rather the emphasis is on restoring the important functions of eye protection, eating, drinking, speech and emotional expression.

The team at QVH provides advanced facial palsy treatments including chimeric vascularised nerve grafts, surgery for severe synkinesis, corneal neurotisation and is at the forefront of advances in the management of cranial nerve disorders. The philosophy of the QVH team is 'getting it right first time'; emphasising the benefits of early and effective holistic treatment.

QVH, working in conjunction with EmTeq and UK universities have developed a prototype 'smart specs', for use in facial paralysis and stroke patients. Miniaturised sensors in the frames of the glasses track the movement of muscles, giving feedback through a smart phone or tablet. Patient trials are under way and this innovation, a world-first, is transforming the ability of both clinicians and patients to monitor their progress from the comfort of their homes, as well as significantly improve recovery as patients are more motivated to practice facial movements.

**“The philosophy of the QVH team is 'getting it right first time'; emphasising the benefits of early and effective holistic treatment.”**

## Reconstructive breast surgery

A flap is the name given to a block of tissue that is transferred with its own blood supply. Advantages of flap reconstruction are that flaps tend to be soft, warm and results often improve with time. Flaps can be moved to the chest from distant sites such as the abdomen or thighs, by cutting the tissue free from the body with its blood-supply, and using a microscope to re-attach the blood-supply from this tissue into vessels on the chest to keep it alive.

QVH is a major centre for this type of micro-vascular reconstruction, known as free flap breast reconstruction. Abdominal-based free flaps are known as free DIEP (Deep Inferior Epigastric Perforator) flaps or MS-TRAM (Muscle-sparing Transverse Rectus Abdominis Myocutaneous) flaps. Medial thigh-based flaps are known as free TUG (Transverse Upper Gracilis) flaps.

Reconstructive surgery can be performed either at the same time as a mastectomy for breast cancer (immediate breast reconstruction) or after all treatment has been completed (delayed breast reconstruction). These procedures can also be used to improve outcomes for patients who have run into difficulties following other types of reconstruction, and are the treatment of choice for breast reconstruction following radiotherapy.

We are managing an increasing demand for bilateral reconstruction on the same day as a risk-reducing mastectomy for patients who have a genetic predisposition to breast cancer, such as the BRCA gene. This is likely to further increase due to high profile media attention and improved genetic screening techniques.

With increasing frequency, free bi-pedicled DIEP flaps (where the vessels from both sides of the abdomen are re-attached to chest vessels), and two-in-one TUG flaps (placing both TUG flaps into one breast), are used in complex reconstructive situations to enable larger reconstructions to be successfully performed.

The QVH team of consultants and specialist breast reconstruction nurses provide a wide range of other reconstructive procedures and also undertake reconstructive surgery to correct breast asymmetry, breast reduction and, where funding is available, congenital breast shape deformity. The team run regular breast reconstruction multidisciplinary meetings and liaise closely with all referring units.

QVH offers a comprehensive microsurgical fellowship and currently have two positions at QVH for microvascular free flap reconstruction occupied by national and international trainees. Complication rates are maintained at a very low rate for this complex surgery that is not easily available worldwide.

**“QVH is a major centre for this type of micro-vascular reconstruction.”**

### Breast reconstruction after mastectomy using free tissue transfer – flap survival

The gold standard for breast reconstruction after a mastectomy is widely thought to be a 'free flap' reconstruction using micro-vascular techniques to take tissue, usually from the abdomen, or thighs and use it to form a new breast. This technique has high patient satisfaction and longevity. It is important we not only monitor our success in terms of clinical outcome but also how the woman feels throughout her reconstructive journey. This is called a patient reported outcome measure (PROM).

#### Breast reconstruction after mastectomy using free tissue transfer – flap survival

Target	100%
Benchmark (published literature)	95-98%
Benchmark (BAPRAS 2009)	98%
<b>2018/19</b>	<b>99.7%</b>
2017/18	99.3%
2016/17	100%
2015/16	99.6%
2014/15	100%
2013/14	98.94%

BAPRAS: British Association of Plastic Reconstructive and Aesthetic Surgeons

Outcomes include length of stay, emergency returns to theatre, readmissions to hospital, patient feedback. Any reconstructive failures are reviewed in monthly breast team meetings to identify learning and further improve the service.

The numbers of immediate breast reconstruction (at time of mastectomy) surgery patients has increased from 21% in 2013/14, to 50% in 2018/19. In the last year 294 free flaps were performed with a 0.7% failure rate. It is expected that the number of immediate reconstructions will again rise over the next year and capacity for immediate breast reconstruction has been increased to ensure the patient journey is smooth and within the national cancer target timeliness.

In the coming year, the service will continue to build on the enhanced recovery after surgery pathway and use audit findings to improve and refine this tool to benefit patients. The team hopes to publish its findings in a leading journal on plastic surgery and reconstruction.

Since the introduction of enhanced recovery after surgery, the post-operative length of stay has decreased from 5 to 3.9 days. A study is currently underway to look at factors that may predict early discharge; free-DIEP and free-TUG patients are often discharged home after a two-night inpatient stay at QVH.

## Hand surgery

The hand surgery department accounts for approximately one quarter of all elective plastic surgical operations at QVH. It also comprises a majority (approximately 80%) of the trauma workload at the hospital.

The department includes five hand consultants and a comprehensive hand therapy department which provides a regional hand surgery service to Kent, Surrey and Sussex. Outreach hand surgery clinics and therapy clinics are held at Medway, Dartford, Hastings and Horsham. The elective work covers all aspects of hand and wrist surgery including post-traumatic reconstructive surgery, paediatric hand surgery, arthritis, musculoskeletal tumours, Dupuytren's disease and peripheral neurological and vascular pathologies.

Total elective hand procedures		Total trauma cases	
2018	1,248	2018	1,415
2017	1,466	2017	2,301
2016	1,705	2016	2,873
2015	1,776	2015	2,851
2014	1,950	2014	2,847
2013	1,904	2013	3,027

The geographical intake for acute trauma comes from most of south east England and south east London and covers all aspects of hand and upper extremity trauma. It is catered for by a 24-hour trauma service with access to two dedicated trauma theatres for inpatient and day-case procedures.

We have introduced a weekly consultant led fracture clinic aimed at ensuring complex fractures are managed appropriately and in a timely manner to ensure optimal outcome for patients.

Current outcome measure work includes a 12 month audit of surgery for basal thumb joint arthritis. The purpose of this audit is to examine the quality and breadth of our surgical practice for this common pathology and to define and compare our outcomes for the various interventions undertaken. Conclusion of data collection will be October 2019 with early outcomes available from May 2019.

Following on from this there are plans for PROMS related outcomes for dupuytren's and potentially carpal tunnel surgery for the next 2 years.

New surgical practices introduced include thumb joint denervation surgery, for patients with basal thumb joint arthritis that would not be suitable for a traditional trapeziectomy surgical procedure, and WALANT (wide awake local anaesthetic and no tourniquet) surgery. This surgical technique uses adrenaline to vasoconstrict and requires no cauterisation, the patient experiences no tourniquet pain, patients report a more comfortable intraoperative experience and patient satisfaction has been favourable for this technique. Importantly it allows the surgeon to dynamically assess the outcomes of surgery during the surgical procedure.

The QVH hand surgery team continues to collaborate in national studies for dupuytren's disease and metacarpal fracture to investigate whether unicortical screw and plate fixation will achieve the same union rate as bicortical screw and plate fixation of diaphyseal metacarpal fractures. Weekly consultant led hand surgery teaching sessions continue for the junior doctors.

The QuickDASH is a standardised questionnaire used to measure disability or difficulty in using the hand and the hand therapy department at QVH aims to complete it for all new adult patients. The results are divided into conservative, trauma and elective procedures. For trauma patients it is completed by hand therapists at the initial treatment session and at discharge. For elective patients it is completed at the initial treatment session, to include symptoms prior to surgery, and is completed again on discharge.

A high score reflects greater difficulty in carrying out normal hand functions. A reduction in that score shows the beneficial effect of treatment delivered by the multidisciplinary hand team (primarily physiotherapy, occupational therapy, nurses, surgeons and other medical staff) often over a prolonged treatment episode. A decrease of 18 or more indicates a significant clinical improvement in the ability to use the hand. At QVH we achieve above this and measuring outcomes enables us to validate and improve the overall quality of the service.

“...five hand consultants and a comprehensive hand therapy department...”

Effective (clinical outcomes)	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19 (to dec 18)
Quick DASH change – Conservative (Hands)	>18	N/A	19.29	15.16	20.4	21.07*	N/A
Quick DASH change – Surgery elective (Hands)	>18	N/A	22.48	19.18	18.33	18.46*	23.26**
Quick DASH change – Surgery trauma (Hands)	>18	N/A	38.97	31.54	33.5	37.91*	34.04**

\* based on data from April 17 to Dec 18 \*\* based on data from April 18 to June 18.

## 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 living in a wide geographical covering Kent, Surrey and parts of south London for a very wide range of types and sizes of burn. This includes up to high dependency care for children and critical care for adults. Peer support networks and activities are also available for patients.

In addition, QVH provides a burns outreach service across Kent, Sussex, Surrey and parts of south London run by a clinical nurse specialist, and a weekly burns clinic for adults and children, led by a consultant and specialist nurse, at the Royal Sussex County Hospital in Brighton. QVH's burns care adviser works closely with referring services and the London South East Burns Network (LSEBN) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2018, the QVH burns service accepted:

- 1,950 adult (>16 years of age) new referrals which was a 7.1% increase in referrals, of which 94 needed inpatient care
- 910 paediatric (<16 years of age) new referrals which was a 0.33% increase in referrals of which 23 required inpatient care.

QVH's paediatric ward provides inpatient and day case paediatric services. Children who require critical care are referred to paediatric burns services within the London and South East England burn network that have the appropriate facilities.

In 2018 there were four adult mortalities and no paediatric mortalities. All patients are discussed at weekly multidisciplinary team 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 London and South East Burn Network 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.

Several years ago, QVH initiated 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 multidisciplinary team 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. Evidence is now emerging that patients over the age of 65 have similar outcomes even if their healing time is extended to 31 days. However, a shorter burn healing time may reflect better quality of care through dressings, surgery and prevention of infection. Average healing time is expressed in term of median average.

The QVH burns team is actively involved in several local and national burn research projects and innovative treatments such as antibiotic levels in burn wounds, smart dressings, use of technology and telemedicine in patient care and enzymatic debridement techniques and protocols.

### AVERAGE TIME FOR BURN WOUNDS TO HEAL

Measured from date of injury

Target	2015	2016	2017	2018
Paediatric <16 years wound healing within 21 days	11 days	11 days	11 days (86%)	11 days (85%)
Adults <65 years wound healing within 21 days	17 days	17 days	13 days (73%)	15 days (62%)
Adults ≥65 years wound healing within 31 days	24 days	28 days	18 days (74%)	21 days (60.5%)

### LENGTH OF STAY

	2015	2016	2017	2018
Paediatric <16 years	2 days	2 days	2.40 days	1.7 days
Adults <65 years	7 days	8 days	5.8 days	6.3 days
Adults ≥65 years	14 days	14 days	8.7 days	11.3 days

“Overall in 2018, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.”

## Skin cancer care and surgery

Our melanoma and skin cancer unit is the tertiary referral centre for all skin cancers across the south east coast catchment area and is recognised by the Kent and Sussex cancer networks. The multi-professional team consists of consultant plastic surgeons, consultant maxillofacial surgeons, consultant ophthalmic surgeons and a consultant dermatologist. QVH also provides specialist dermatohistopathology services for skin cancer.

Basal cell carcinoma is the most common cancer in Europe, Australia and the USA. Management usually involves surgical excision, photodynamic therapy, curettage, immuno-modulators, or a combination. Surgical excision is highly effective. Complete surgical excision is important however, this may not be possible in some patients because of the size or position of the tumour or because the incomplete excision will only be evident with histological examination of the excised tissue.

In 2018/19, 1761 basal cell carcinomas were removed by QVH and partners in the West Kent Dermatology Service.

Melanomas are excised with margins of healthy tissue around them, depending on the type, size and spread of tumour. These margins are set by national and local guidelines and each case is discussed by the multidisciplinary team. Total excision may not be possible in some patients because of the health of the patient or the size, position or spread of the tumour, and the team may recommend incomplete excision. In 2018/19, 157 melanomas were removed by QVH and partners in the West Kent Dermatology Service.

Complete excision rates in basal cell carcinoma		Complete excision rates in malignant melanoma	
<b>Target</b>	<b>100%</b>	<b>QVH target</b>	<b>100%</b>
<b>NICE guidance</b>	<b>75%</b>	<b>NICE guidance</b>	<b>75%</b>
<b>2018/19</b>	<b>94.4%</b>	<b>2018/19</b>	<b>89.2%</b>
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%

**94.4%** Complete excision rates in basal cell carcinoma for 2018/19

**“The multi-professional team consists of consultant plastic surgeons, consultant maxillofacial surgeons, consultant ophthalmic surgeons and a consultant dermatologist.”**

## Corneoplastic and ophthalmology services

The corneoplastic unit, including our eye bank, is a high-profile and technologically advanced specialist centre for complex corneal problems, oculoplastic and glaucoma conditions. Specialist cornea services include high-risk corneal transplantation, stem cell transplantation for ocular surface rehabilitation, innovative partial thickness transplants (lamellar grafts) and vision correction surgery.

Specialist techniques provided in oculoplastic surgery including Mohs micrographic excision for eyelid tumour

management, facial palsy rehabilitation, endoscopic dacryocystorhinostomy (DCR) for tear duct problems and modern orbital decompression techniques for thyroid eye disease.

The glaucoma team offers the full range of investigations and treatments and specialises in minimally invasive glaucoma surgery.

QVH performs routine and complex cataract surgery and takes referrals for general ophthalmology.

**“The glaucoma team offers the full range of investigations and treatments.”**

## Anaesthetics

**The anaesthetic department at QVH includes 18 consultant anaesthetists, five associate and trust grade specialists and eight senior anaesthetic trainees with responsibilities to patients before, during, and after surgery. The team provides pre-operative assessment, anaesthesia, pain and critical care services in the Trust.**

The QVH anaesthetic department is also responsible for the running of the five bedded intensive care unit. Five consultants who are intensive care specialists or anaesthetists with an interest in intensive care work with a dedicated group of specialist nurses to care for patients after major head and neck surgery, significant burn injuries and for those with the greatest nursing and medical needs within the Trust. The team provides support to all areas of the hospital when patients require enhanced support and monitoring of their condition.

The acute pain team consists of two consultants and two part time specialist nurses and manages regional anaesthetic blocks, epidurals and pump controlled analgesia for postoperative analgesia.

The pre-assessment department is staffed by a team of six nurses who work with over 14,000 elective cases a year. About 70% are seen in the pre-assessment department either on the day of their surgical outpatients appointment or by a separate clinic appointment prior to their surgery. About 30% are triaged by phone after filling in a paper or electronic questionnaire. Approximately 5% of all patients also see an anaesthetist at one of the four anaesthetic clinics a week. The pre-assessment clinics help to make sure patients are fully prepared for surgery, reducing the need to cancel on the day of surgery. The national gold standard is to have an on day cancellation rate of no more than 5%. Despite our large geographical catchment area and the range of ages and conditions we treat, the quality of our pre-assessment services helps us have an on day cancellation rate much lower than this.

QVH is a specialist centre for hand trauma and elective surgery on the hand and upper limb. A large proportion of this surgery is carried out under regional anaesthesia alone, avoiding the need for a general anaesthetic, or in addition to sedation or general anaesthesia, providing excellent post-operative pain relief for these procedures. The anaesthetists are responsible for siting the regional anaesthetic block and there is a dedicated block room in theatres for this purpose.

The anaesthetic department is active in research and we have a research fellow and dedicated research nurse. Recent projects include looking at how facial expressions change in response to painful stimuli. This was a laboratory based study carried out in conjunction with the psychology department at the University of Brighton and the facial palsy surgeons at QVH. A pilot study to assess the feasibility of using inhaled methoxyflurane for burns dressings assessment and treatment was completed and methoxyflurane is now in use for burns procedural pain relief.

QVH also participated in multi-centre studies coordinated by the National Institute of Academic Anaesthesia. These include the SNAP-1, SNAP-2 and the Perioperative Quality Improvement Project (PQIP) is a large national study which evaluates a number key perioperative processes across a range of surgical specialties. Its main aim is improve outcomes for patients having major surgery.

QVH began recruiting patients undergoing major head and neck surgery in July 2017. In conjunction with chief investigators, the team was also pivotal in establishing the protocol for the inclusion of breast and burns patients in to the study with recruitment into this arm of the study beginning in May 2018.

The first annual PQIP report for the Trust was published in August 2018. Eighty-four head and neck patients and 31 breast patients were enrolled in to the study during this 12 month time period. Areas where QVH has performed well include a high percentage (95.2%) of patients receiving face-to-face pre-assessment, enabling identification and planning of services for high risk patients. QVH also achieved 82.1% patient enrolment onto enhanced recovery protocols, well above the national average. This has resulted in patients being able to eat, drink and mobilise early after surgery. Since the introduction of a more comprehensive head and neck protocol, this number is approaching 100%. QVH also performed very well in terms of patient satisfaction, with 100% of patients reporting that they would recommend the anaesthetic service to friends and family.

Engagement with PQIP was supported by the research nurses and anaesthetic registrars who have worked hard to recruit patients and collect data for the study.

**“The anaesthetic department provides pre-operative assessment, anaesthesia, pain and critical care services in the Trust... the team provides support to all areas of the hospital when patients require enhanced support and monitoring of their condition.”**

## Therapies

QVH therapy services include physiotherapy, occupational therapy, dietetics and speech and language therapy. Assessment and treatment services are provided for both inpatients and outpatients and therapies are provided within the hospital, in the local community and at other sites across the south east.

We aim to provide a safe, equitable and patient-focused service that delivers value for money and the highest standards of therapy with effective treatment and advice in accordance with evidence-based clinical best practice. Our assessment and treatment interventions aim to:

- Offer the right care in the right place at the right time
- Identify individual patient needs and address these effectively with evidence-based interventions to achieve optimal improvement and avoid chronicity wherever possible
- Provide advice, education and therapy for short and long term management of acute and chronic conditions
- Improve quality of life by empowering patients with self-management programmes, increasing independence and function
- Promote health and wellbeing for all patients and carers
- Avoid unnecessary hospital admissions and facilitate early discharge.

We also use *service specific surveys* to monitor patient satisfaction:

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>EFFECTIVE (clinical outcomes)</b>							
PSFS change (MSK)	≥ 3	3.99	4.17	4.2	4.24	4.00	4.08
PSFS Change (Hands)	≥ 3	n/a	n/a	n/a	n/a	n/a	6.39**
Quick DASH change – Conservative (Hands)	>18	n/a	19.29	15.16	20.4	21.07*	n/a
Quick DASH change – Surgery elective (Hands)	>18	n/a	22.48	19.18	18.33	18.46*	23.26***
Quick DASH change – Surgery trauma (Hands)	>18	n/a	38.97	31.54	33.5	37.91*	34.04***
POSAS (Burns)	≥5%	n/a	n/a	n/a	7.13%	8.45%	5%
CPAX (Burns) %		n/a	n/a	n/a	n/a	n/a	94.5%
FAB review within 72hrs (%) (Burns)	>90%	n/a	n/a	100%	100%	94.4%	95.7%
FGS (Facial palsy)	≥60%	n/a	n/a	n/a	69%	76%	76%
<b>EFFECTIVE (NP:FU)</b>							
NP:FU ratio (Physio)	≤ 5	4.2	4.6	4.1	3.47	3.44	3.3
NP:FU ratio (OT)	≤ 5	3.9	4.9	4.5	3.71	2.72	2.5
NP:FU ratio (SALT)	≤ 5	4	4.6	3.2	3.09	2.94	1.76
NP:FU ratio (Dietetics)	≤ 5	3	3.7	4.2	4.08	4.34	4.38
Average NP:FU ratio	≤ 5	3.8	4.45	4	3.58	3.09	3.22
Discharge reports sent within 7 working days (MSK)	>90%	n/a	n/a	n/a	95%	96%	91%
Shared Decision Making information issued to patients with Knee and Hip OA	>80%	n/a	n/a	n/a	90%	85%	100%***
<b>PATIENT EXPERIENCE</b>							
Patient satisfaction – MSK (%)	>90%	98%	98%	100%	99%	98%	99%
Patient Satisfaction – Rehab (%)	>90%	n/a	n/a	n/a	100%	95%	100%
Patient Satisfaction – Facial Palsy (%)	>90%	n/a	n/a	n/a	95%	100%	95%
Patient Satisfaction – Hands (%)	>90%	n/a	n/a	n/a	n/a	100%	data unavailable

\* based on data from April 17 to Dec 18 \*\* based on data from Aug 18 \*\*\* based on data from April 18 to June 18

We use a range of validated measures before and after treatment to monitor the effectiveness of our therapy services. These include:

**Patient specific functional score (PSFS)** – an outcome measure which assists in identifying activities impaired by illness or injury. Our target, and an indication of clinical significance, is for a change of 3 points or more.

**QuickDASH** – measures physical function and symptoms in people with musculoskeletal disorders of the upper limb. Until 2016/17 a change exceeding 7 points was the most accurate change score for discriminating between improved and stable patients. More recently this has changed to a change exceeding 18. This outcome tool was replaced with the PSFS mid-way through 2018 for our hand therapy service but continues to be used in our MSK shoulder class

**MSK-HQ** – a short questionnaire that allows people with musculoskeletal conditions to report their symptoms and quality of life in a standardised way. It is a holistic indicator that reflects how well services improve quality of life for people with musculoskeletal conditions. By capturing an overall rating of a person’s musculoskeletal health at any given time, the MSK-HQ enables patients and their clinicians to monitor progress over time and response to treatment. Considering individual components of the score, such as sleep quality or mood can allow particular aspects of musculoskeletal health to be addressed, ensuring a holistic approach to patient needs.

**TOM** – The Therapy Outcome Measure (TOM) allows professionals from many disciplines working in health, social care and education to describe the relative abilities and difficulties of a patient/client in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time.

**POSAS** – The Patient and Observer Scar Assessment Scale (POSAS) is a questionnaire that was developed to assess scar quality. It consists of two separate six-item scales (Observer Scale and Patient Scale), both of which are scored on a 10-point rating scale. An improvement of 5% is deemed clinically significant.

**FGS** – The Sunnybrook facial grading system grades patients based on their Resting Symmetry, Symmetry of Voluntary Movement and Synkinesis (involuntary muscular movements accompanying voluntary muscular movements). A composite score is given with a total possible score of 100.

**New patient to follow-up ratio (NP:FU)** – depending on the service there is often a ‘target’ ratio which is generally less than six follow up appointments to every initial appointment on average. Services such as Musculoskeletal Physiotherapy would be expected to meet a lower ratio of 1:5, whereas services treating long term, progressive conditions may demonstrate higher ratios. Low ratios are not at the expense of clinical outcomes, but instead demonstrate effective and efficient treatment.

**Shared Decision Making** – The Government has made a strong commitment to ensuring that the health service promotes the involvement of patients in decisions about their care and treatment. Our target is to ensure that over 80% of our patients referred with knee and/or hip osteoarthritis receive shared decision making information packs (patient decision aids). Due to a change in reporting requirements and a demonstration that these tools were being used formal data is no longer collected but the tools still utilised.

**The British Burns Association national Burns Standards** (2018) state that burns patients should have access to physiotherapy and occupational therapy five days a week. In the first 72 hours after admission, a comprehensive rehabilitation assessments must be completed including the FAB (Functional Assessment of Burns) as the main outcome measure.

**NICE guideline (CG83)**, Rehabilitation after Critical Illness, states a comprehensive screening and assessment of the rehabilitation needs of critical care patients using an appropriate tools is required on admission. The Chelsea Critical Care Physical Assessment Tool (CPAX) has been validated for critical care unit and produces a pictorial composite of 10 commonly assessed components of physical ability, each graded on a six-point Guttman scale from complete dependence to independence.

**“Assessment and treatment services are provided for both inpatients and outpatients and therapies are provided within the hospital, in the local community and at other sites across the south east”**

**“We aim to provide a safe, equitable and patient-focused service that delivers value for money and the highest standards of therapy.”**

## Sleep disorder centre

The sleep disorder centre was established in 1992 and provides a comprehensive service in all aspects of sleep medicine for adults from the South East of England. It employs over 30 staff including five consultants physicians and 12 technician, supported by administrative staff and secretaries. Disturbances of breathing during sleep constitute the largest portion of the referrals.

The centre is one of only a few designated sleep centres in the UK with onsite facilities for a full range of treatments for sleep disordered breathing, including continuous positive airway pressure (CPAP), non-invasive ventilation (NIV), orthodontic services for mandibular advancement device, surgery including bi-maxillary osteotomy. The treatment of patients with insomnia is undertaken by a team of five clinical psychologists and psychotherapists using cognitive behavioural therapy (CBT).

Patients are triaged by the clinical team to either an inpatient polysomnography or outpatient oximetry to diagnose sleep disordered breathing on the strength of the STOPBang questionnaire. After auditing the findings we found that the Epworth Sleepiness scale does not contribute to overall patient management and the STOPBang score is now used exclusively to determine the type of pathway those patients presenting with sleep disordered breathing enter. This triage system enables us to quickly and efficiently diagnose and treat this patient group.

Continuous training of our clinical team continued and we have three technicians currently working through the American Sleep Technologist Education Programme (ASTEPE) on a pathway to obtaining their Registration of Polysomnographic Technologist (RPSGT).

In January 2018 we moved our satellite clinic previously held at Bognor War Memorial Hospital to the Arundel GP surgery.

GP education on diagnosing sleep disordered has continued which enables them to be more confident in what and where they refer.

## Psychological Therapies

The department of psychological therapies offers a range of evidence-based psychological treatments to patients and staff at QVH. Inpatients can be seen by therapists before and after procedures to help with preparing them for surgery and for adjusting following surgery. They offer a range of therapies to outpatients across departments who may suffer with body image difficulties, Post-traumatic Stress Disorder (PTSD), injury and illness-related Depression and Anxiety and Insomnia and other Sleep Disorders.

The department is made up of clinical psychologists and psychotherapists and a specialist paediatric clinical psychologist is assigned to working with children, adolescents and their families. We have a therapist dedicated to working on the burns ward and we have therapists offering support to the Facial Palsy and Facial Anomaly Clinics, the Insomnia Clinic, and Paediatric and Burns MDTs. Treatments include Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation Reprocessing (EMDR), mindfulness and Brief Solution-Focused Therapy (BSFT).

### Mindfulness Based Stress Reduction Group for Staff

Outcome Measure	Pre to Post Treatment % improvement
Mindfulness Score	25%
Quality of Life	56%
Perceived Stress	47%
Anxiety	54%
Depression	51%

### Mindfulness Based Cancer Therapy Group for Patients

Outcome Measure	Pre to Post Treatment % improvement
Wellbeing	57%
Quality of Life	20%
Self-compassion	18%
Mindfulness Score	17%
Anxiety	23%
Depression	No change

We offer several therapy groups. The mindfulness group is offered to patients and we offer four CBT for Insomnia groups a year for patients who suffer from insomnia, which get very good results. This year the department will be piloting the first "coping with trauma" group. This will be a stabilisation group for patients suffering from PTSD.

The department also offers a staff support service where members of staff may access consultation and support for work-related issues such as stress and anxiety. Staff members are able to access an eight-week mindfulness course which has been found to be very helpful. Last year the department piloted the Food For Thought group for staff members – a group focused on supporting staff members to develop a healthier relationship with food and challenge unhelpful narratives they may already hold. This has been very well received and another one will be run this year.

### CBT For Insomnia Group

Outcome Measure	% Improvement Pre-treatment to Session 4	% Improvement Pre-Treatment to Follow-up (1 Month)
Wellbeing	22%	38%
Depression	22%	30%
Anxiety	17%	27%
Insomnia	29%	37%
Quality of Life	23%	35%

## Radiology department

The radiology department prides itself on being patient focused and aims as far as possible to provide all examinations at a place and time most convenient to the patient. Annual surveys demonstrate that we run a department that is efficient, effective and empathetic.

The radiology department provides General Radiography, Fluoroscopy, Non-Obstetric Ultrasound, CT, and Cone Beam Computed Tomography (CBCT) services on site. We also offer on-site services for diagnostic and therapeutic sialography and MSK ultrasound.

MRI is currently delivered on the QVH site Monday to Wednesday in partnership with a third party provider. We are hoping to extend the MRI services provided at QVH in 2019, by working in partnership with a third party provider.

In December 2018, QVH installed a Philips Ingenuity Elite CT scanner. This CT scanner means the radiology department is now managing and delivering CT scanning for all our patients. We are in the process of working with our referrers to streamline patient pathways and with the aim to offer one-stop access for CT when appropriate.

The CBCT scanner was replaced in July 2018. This scanner is capable of scanning small Field of View (FoV) dental examinations, this means we are able to see patients from the surrounding areas locally rather than having them commute to London for these examinations.

Our radiology services provide access to in patient, out-patient and minor injuries unit patients at QVH and direct access for our GP community.

The radiology department is an Any Qualified Provider (AQP) for ultrasound services for Crawley and Horsham and Mid Sussex CCGs. As part of this contract we report monthly performance figures to the CCGs. These reports demonstrate that we are constantly delivering our service within the performance indicators laid out by the CCGs.

We have partnered with Sussex Community NHS Foundation Trust since November 2015 to provide General Radiography reporting service for Crowborough and Uckfield, radiology management including IRMER and clinical support including staffing for the diagnostic services delivered in the High Weald, Lewes and Havens area.

In 2014, internal Key Performance Indicators (KPIs) were introduced for monitoring Report Turnaround Times (RTT) within radiology. Although there is no agreed national benchmark for this, at QVH we expect to maintain a target for at least 80% of all CT, MRI, ultrasound and general radiography examination will be reported within 48 hours from image acquisition. We are routinely reporting to the trust figures of ~90% RTT.

Monthly returns identify waiting time breaches – patients waiting greater than six weeks where the clock has not been stopped for approved reasons. Over the last three years QVH has seen an increase in patients waiting over six weeks, this is mainly due to increased referrals across all modalities, which is stretching our capacity and the reliance on out-sourcing for all CT and paediatric MRI examinations. Now QVH has its own CT scanner, we have reduced our patients waiting above six weeks. Until November 2018 our Ultrasound department routinely met all six week and AQP access targets, we are addressing this performance breach by training one of our staff to become a sonographer.

The radiology department is in the process of applying for the Imaging Services Accreditation Scheme (ISAS). ISAS supports radiology departments to manage the quality of their services and make continuous improvements. This accreditation process will help ensure our patients and referrers consistently receive high quality of service. Our ISAS submission and completion is due in late summer 2019.

	Measurement	2017/18	2018/19
Report turnaround time	Percentage of CT, MRI, ultrasound and plain film reported within 48 hours	Routinely over 90%	Average over 90%
Diagnostic waiting times	Waiting times for routine ultrasound access	2-3 weeks	3-4 weeks
Diagnostic waiting time performance	Percentage of patients referred for CT, MRI or Non-Obstetric Ultrasound seen within six weeks of referral	Over 95%	Over 95%
AQP Non-Obstetric Ultrasound	95% of all Urgent referrals will be scanned within 5 working days 95% of all Routine referrals will be scanned within 15 working days	Over 95%	Over 95%
DNA rates for Radiology	Percentage of patients that DNA their appointment across Radiology	3%	2.5%
WHO Checklist audit for US and Fluoroscopy	Percentage of patients that have completed checklist forms scanned into the Radiology Information System	95%	100%

## STATEMENTS FROM THIRD PARTIES

### Sussex and East Surrey Clinical Commissioning Groups

Thank you for giving commissioners the opportunity to comment on the draft quality account for 2018/19. We do appreciate the on-going collaboration and continued open dialogue with Trust's senior clinicians at the monthly Clinical Quality Performance Review Group, and in the other quality meetings commissioners are invited to attend. And we congratulate the Trust on the positive work you are doing to drive quality improvements and lead innovation at what we acknowledge is a very challenging time.

The Trust has achieved many successes in 2018/19, most notably:

- The focus, and resulting outcome, on the safety culture in theatres is encouraging to note. Commissioners welcome:
  - The appointment of a Theatre Safety Lead.
  - The enhanced auditing of practice to measure compliance with the World Health Organisation (WHO) Surgical Safety checklist consolidated with simulation training, has been a positive step forward.
  - Additionally, the CCGs support the resulting shared learning from near misses. The reduction of never events from three in 2017/18 to one in 2018/19 is good to see.
- Commissioners acknowledge the Trusts progress on improving quality and effectiveness in Theatres through the Five Steps to Surgical Safety. The CCGs will continue to support the Trust in its drive to improve safety culture in theatres.
- As part of measures to increase theatre productivity, additional resource was procured. Commissioners note that focus on this two year objective changed to embedding quality improvement, with adjusted metrics to support this. This resulted in discontinuation of measurement of original metrics, and performance is therefore not included.
- CCGs also acknowledge the progress on improving clinician communication and customer care expectations, and that this work is ongoing. Although this is not a priority area for 2019/20, CCGs recommend that planned actions are completed.
- We would like to recognise the improvements made over the last year in relation to recruitment and retention, and although recruitment of nurses and operating department practitioners remains a challenge, overall vacancy rates are on a downward trajectory.
- The Trust have been innovative in relation workforce including the development of roles such as the Guardian of Safe Working which protects staff and enhances patient safety and collaborative working with other trusts on international recruitment.
- It is encouraging to see the additional measures taken to ensure staff wellbeing through the access to psychological therapies and unique training and development opportunities, and improved morale and staff confidence in the organisation has been evidenced in the annual staff survey.

These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

During 2018/19 the CCGs recognise the Trust undertook a comprehensive review of its reporting, systems and processes which resulted in an increase in the number of patients waiting longer than national standards require for their treatment.

A recovery plan has been implemented and working in collaboration with NHS partners has delivered improvements. The CCG will continue to support the Trust to eliminate long waits and deliver compliance with national standards.

The CCGs support the Trust's three areas of focus for 2019/20 around meeting the needs of patients with deteriorating physical health, introduction of virtual clinics in some outpatient settings and improving the experience of patients undergoing treatment through the head and neck pathways. These priorities represent the quality domains of patient safety, clinical effectiveness and patient safety, a positive element of setting quality priorities.

- The Trust is commended for its research activity, full (100%) participation in relevant national clinical audits and clinical outcome review programmes and no incidence of Clostridium Difficile in the last two financial years.
- While focus on new priorities begins, commissioners will support the Trust in realising improvement in clinical coding for primary diagnosis in 2018/19. The challenges highlighted by the Trust in this area are noted.
- Commissioners look forward to the publication of the Trust's latest CQC report following inspection in early 2019. The CCGs will continue to support and work with the Trust in driving its plans for improving quality and outcomes for people who use its services. The Quality Account Report reflects tremendous effort from the Trust and its staff, and continuing commitment to improving quality.

10 May 2019

***"...staff are highly motivated and offer care that is exceptionally kind."***



## Statement from QVH Council of Governors

The QVH Council of Governors are pleased to comment on the quality account. In our view the quality account is consistent with the services and activities of the Trust over this last year. In terms of the review of how the Trust performed in respect of the quality account priorities for 2018/19 the Council of Governors note that although there was a never event, which resulted in no harm, increased focus on the surgical safety checklist has resulted in good learning for staff and a better consistency of approach. We are also pleased to note the increasing theatre productivity which has seen a reduction in cancellations and late starts thus further improving the patient experience. As a Council of Governors we welcome all steps that improve clinician communication and customer care expectations and we look forward to seeing further improvements in this regard as the programme is determined.

We welcome the quality account priorities for 2019/20 as the e-Observation tool should help ensure further patient safety improvements helping identify earlier deterioration in a patient's condition and overall care. Similarly the virtual clinics for some outpatients will further reduce waiting times and improve patient experience as well as introducing further efficiencies. Having heard a number of stories from patients about their largely positive experiences at being dealt with by the Trust we are also pleased to see further focus on supporting patients on their individual decision-making in respect of head and neck surgery, this is particularly important given the Trust is a regional centre for head and neck patients.

The Council of Governors commends the remainder of the report which demonstrates the Trust's commitment to the highest standards of patient safety, patient experience and improving our services and activities. We welcome the long list of patient safety achievements as well as the work done within the CQUIN national quality initiatives outlined in the report. Finally the Council of Governors welcomes the CQC findings which rate the Trust overall as 'Good' but 'Outstanding' in the 'Caring' domain. Notwithstanding the well-deserved outcome of the CQC inspection we welcome the fact that the findings of the report are being transferred into a continuous improvement plan. We consider that the result of the CQC review is particularly notable given the breadth of challenges, including financial challenges, faced by all Trusts. The Council of Governors recognises that the Trust can only achieve these results and improvements leading to an outstanding rating for care through the hard and outstanding work undertaken by all staff members of the Trust and we would like to publicly thank all of the Trust staff for everything they have done for the Trust over the last 12 months.

14 May 2019

## West Sussex Health and Adult Social Care Overview and Scrutiny Committee

West Sussex HASC Overview and Scrutiny Committee chose not to comment on this quality account as they had not been involved in any significant work with QVH in 2018/19.

## Healthwatch West Sussex

As the independent voice for patients, Healthwatch West Sussex is committed to ensuring local people are involved in the improvement and development of health and social care services.

Local Healthwatch across the country are asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). In West Sussex this translates to seven Quality Accounts from NHS Trusts.

For last two years we have declined to comment on Quality Accounts, and we are doing this again this year. Each document is usually over 50 pages long and contains lengthy detailed accounts of how the Trust feels it has listened and engaged with patients to improve services.

Prior to taking this decision, we spend many hours of valuable time reading the draft accounts and giving clear guidance on how they could be improved to make them meaningful for the public. Each year we also state that each and every Trust could, and should, be doing more to proactively engage and listen to all the communities it serves.

Whilst we appreciate that the process of Quality Accounts is imposed on Trusts, we do not believe it is a process that benefits patients or family and friend carers, in its current format. This format has remained the same despite Healthwatch working strategically to make recommendations for improvements to increase impact and improve outcomes. We have reducing resources and we want to focus our effort where it has the most impact on patient care and we do not believe quality accounts have this outcome.

We remain committed to providing feedback to Trusts through a variety of channels to improve the quality, experience and safety of its patients.

## 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 2018/19* and supporting guidance *Detailed requirements for quality reports 2018/19*
- 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 2018 to 24 May 2019
  - papers relating to quality reported to the board over the period April 2018 to 24 May 2019
  - feedback from commissioners dated 10 May 2019
  - feedback from governors dated 14 May 2019
  - 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 2018/19.

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



**John Thornton**  
Senior Independent Director  
24 May 2019

- the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication June 2019
- the national patient survey embargoed – publication expected June 2019
- the national staff survey 26 February 2019
- the Head of Internal Audit's annual opinion of the trust's control environment dated 02 May 2019
- CQC inspection report dated 23 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.



**Steve Jenkin**  
Chief Executive and Accounting Officer  
24 May 2019

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

We have been engaged by the Council of Governors of Queen Victoria Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Queen Victoria Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

### Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers; and
- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

We refer to these national priority indicators collectively as the 'indicators'.

### Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the Board over the period April 2018 to May 2019;
- feedback from commissioners, dated May 2019;
- feedback from Governors, dated May 2019;
- feedback from local Healthwatch organisation, dated 30 April 2019;
- feedback from the West Sussex County Council Health and Adult Social Care Select Committee, requested 30 April 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 06 September 2018;
- the latest national patient survey, dated 5 May 2018;
- the latest national staff survey, dated 26 February 2019;
- Care Quality Commission Inspection, dated 26 April 2016;

- the 2018/19 Head of Internal Audit's opinion over the Trust's control environment, dated 20 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Queen Victoria Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Queen Victoria Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Queen Victoria Hospital NHS Foundation Trust.

**Basis for adverse conclusion on the 18 week RTT and 62 day cancer waits indicators**

As set out in the Statement on Quality from the Chief Executive of the Foundation Trust on page 64 of the Trust's Quality Report, the Trust has concerns over the accuracy of data relating to the 18 week RTT and 62 day cancer waits indicators.

With regards to the 18 week RTT indicator, we identified that the satellite site at Medway Hospital could only be included in the indicator from June 2018 onwards, therefore the indicator is not complete. In addition, our sample testing of this indicator identified 26/40 errors, where there were discrepancies between clock start and stop times recorded on the Patient Administration System ("PAS") and patient referral letters, and where incomplete pathways reported in PAS did not agree to underlying patient records.

With regards to the 62 day cancer waits indicator, we identified 17/40 errors in our sample testing of the data comprising the indicator. These errors related to discrepancies between data recorded in PAS and underlying patient records.

As a result of these issues, we have concluded that the 18 week RTT and 62 day cancer waits indicators for the year ended 31 March 2019 has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

**Conclusion**

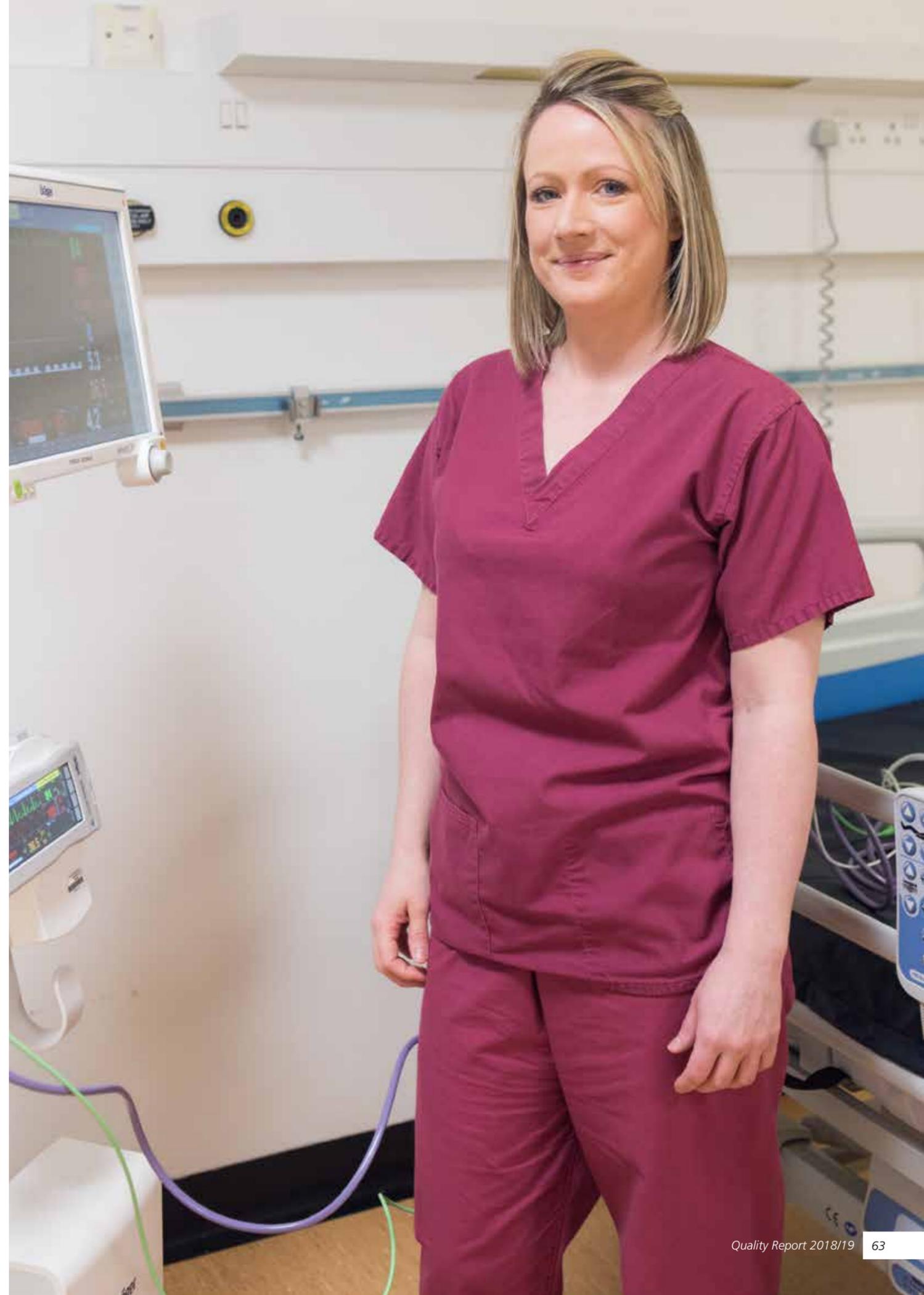
Based on the results of our procedures, except for the effects of the matters described in the 'Basis for adverse conclusion on the 18 week RTT and 62 day cancer waits indicators' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual; and
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance.



KPMG LLP  
Chartered Accountants  
London

28 May 2019



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

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

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

The hospital also provides a minor injuries unit, expert rehabilitation services and a sleep service.

Everything we do is informed by our passion for providing the highest quality care, the best clinical outcomes and a safe and positive patient experience. You can find out more at [qvh.nhs.uk](http://qvh.nhs.uk)

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